

Original Research Article

Knowledge and Beliefs, towards Sickle Cell Disease among Senior High School Students in Tamale Metropolis.

ABSTRACT

Aim: Sickle cell disease is a public health problem with a global spread. As a hereditary disease, sickle cell disease comes with many complications, including anemia. With the increasing incidence of Sickle cell disease in Ghana, the study assessed the knowledge, attitude and belief of students about the disease.

Methods: a descriptive cross-sectional design was used in the study. A systematic sampling technique was used to select 386 participants. A questionnaire was used to gather the data in four selected schools. Data were analyzed using SPSS.

Results: About 47% of the participants were between 18-20 years. The study found that 81% of the participants have heard about Sickle cell disease. A few of them (11.66%) could tell their sickle cell status. Again, 31% believed that sickle cell disease is curable. The majority, 48.70%, would seek spiritual intervention to treat Sickle cell disease. Different attributions were advanced to explain the causes of the sickle cell including the belief that sickle cell disease is transmitted at birth (72.28%), sexual intercourse (20.21%), airborne (3.37%), food (1.5%), and spiritual (13.47%). Again, 88.34% had not been screened for sickle cell disease, and the reasons assigned included not falling sick easily (22.22%), not considering it as necessary (14.53%), and the fear of testing positive (13.11%).

Conclusion: There was fair knowledge of Sickle Cell Disease, with few knowing their status. There were statistically significant associations between class, the course of study, and knowledge of Sickle Cell Disease. their beliefs include; Sickle Cell Disease is transmitted at birth, through sexual intercourse, airborne, through food, and spiritually.

Keywords: Belief, Knowledge, Sickle Cell Disease, Senior High School,

1.0 Introduction

Sickle cell disease is a genetic blood disorder, and is associated with complications such as severe anemia, chronic pain, acute chest syndrome and stroke [1-4]. These complications are the major causes of hospitalizations, morbidity, and premature mortality among sickle cell patients [5]. The World Health Organization [6] has designated Sickle Cell Disease (SCD) as a global health problem. Estimates since 1992 reveal that SCD is an important public health concern in sub-Saharan Africa [7-8]. Research show that only 10% of the world's sickle cell disease patients are from the advanced economies [9].

Early childhood mortalities from SCD-related complications ranged between 50% in places with good access to health care, and 90% in places where access to health care is limited [10-11]. Though it is a global problem, sickle cell disease is most common among people with lineages coming from African countries, and there is growing evidence that the presence of malaria in Africa is influencing sickle cell disease, and if not treated, may lead to infant death [12-14].

Pain is very common among sickle cell patients [15], and reflects the type of names given to the disease in parts of West Africa [13]. For instance, in Ghana, SCD is called 'Ahotutuo' by the people who speak Twi, which literally means 'body biting,' 'body chewing,' or 'beaten up' [13]. It is called 'chwechweechwee' among the Ga people and 'nuidudui' among the Ewes people [16]. In Ghana, more than 2% of the population is born with sickle cell disease every year, and about 25% to 30% are sickle cell carriers [17]. In Ghana, about 5,815 people had SCD in 2010, with an estimated 32.3% growth globally, 46.0% increase in the Sub-Saharan regions, and is projected to increase to 17.9% by 2050 [18].

Good knowledge about SCD is an important strategy for its prevention. A study among university students in Ghana found limited understanding and inadequate knowledge of SCD [19]. A similar study in Nigeria, revealed that 55% of students did not know their genotype and only 18% had some right ideas about SCD [20]. There exists a knowledge gap regardless of the high prevalence of sickle cell carrier status and the current newborn screening program in Ghana [21]. This makes it imperative to educate people on the misconceptions about SCD and make them understand the risks of having a child with SCD. This study sought to explore the knowledge of SHS students on SCD so that gaps if any could be identified for proportionate interventions to be instituted.

2.0 METHODOLOGY

2.1 Research setting and design

The study was conducted in the Tamale Metropolis in the Northern Region of Ghana. The Tamale Metropolis is made up of three constituencies (Tamale Central, Tamale South, and Tamale North constituencies). The metropolis shares boundaries with the Sagnarigu District to the west and north, Mion District to the east, East Gonja to the south, and Central Gonja to the southwest. Geographically, the Metropolis lies between latitudes 9°16 and 9° 34 North and longitudes 0° 36 and 0° 57 West. The Metropolis has a total estimated land size of 646.90180sqkm. The design used in the study was a quantitative research approach. A descriptive cross-sectional study design examined senior high school students' knowledge, beliefs, and attitudes towards sickle cell disease in the Tamale Metropolis.

2.2 Study Population and Sampling

The study population consisted of students from Senior High School (SHS) (year 1 to year 3) in the Tamale Metropolis. The respondents were drawn from each academic year group (SHS 1-3). Simple random sampling by ballot method was used to select four out of the ten public SHS schools in the Tamale Metropolis. The selected schools were Ambariya SHS, Vittin SHS, Business SHS, and Ghana SHS. A proportionate sampling technique was used to ensure fairness and equity in the selection process. In all, 386 participants, consisting of 168 males and 218 females were selected.

2.3 Inclusion and exclusion criteria

Participants were eligible if they were aged 15 to 24 years and were in SHS.

Participants were not eligible if they were below 15 years or above 24 years and were in SHS.

2.4 Recruitment and training of field assistants

The study employed three field assistants who were trained for the data collection. They were trained to administer the research questionnaires.

2.5 Data Collection and Analysis

Structured open and closed-ended questionnaires were used to gather responses for this study. Statistical Package for Social Sciences, version 23 was used in the data analysis. The results were presented in tables. A determination of the association between variables was done with Chi-

square. A statistical significance level of $p < 0.05$ was applied in statistical tests.

2.6 Ethical Approval and Consent to participate

The research protocol was submitted to the University for Development Studies Institutional and Ethical Review Committee. The study was approved by the University for Development Studies Institutional and Ethical Review Committee. All methods in the study were carried out in accordance with the relevant regulations and guidelines of the Ethical Review Committee. All the participants provided Informed consent to participate before the survey questions were sent to them. The survey questions did not capture the personal identities of the participants.

3. Results

3.1 Sociodemographic Characteristics

A total of 386 participants took part in the study, which included 43.52% males and 56.48% females (Table 1). The mean age was 17.94 (SD: 1.97) years. Also, 47% were between 18 - 20 years representing the highest proportion. Again, 43% of the participants were in Form 1, 36.53% were in Form 2, and the remaining 20.73% were in Form 3. Most of the participants were Muslims (68.65%), 0.78% were traditionalists, and 30.57% professed Christian religion. About 33% of the participants were General Science students, 31.35% were Home Economics students, and 18.91% and 16.32% were offering General Arts and Business, respectively.

Table 1: Distribution of sex, age, Form, religion, and course

Variable	Frequency	Percent
Sex		
Male	168	43.52
Female	218	56.48
Total	386	100.00
Age		
15 - 17	171	44.30
18 - 20	182	47.15
21 - 22	21	5.44
23 - 24	12	3.11
Total	386	100.00
Form		
One	165	42.75
Two	141	36.53
Three	80	20.73

Total	386	100.00
Religion		
Christian	118	30.65
Islam	265	68.83
African Traditional Religion	2	0.53
Total	386	100.00
Course		
General Science	129	33.42
Home Economics	121	31.35
General Arts	73	18.91
Business	63	16.32
Total	386	100.00

Source: Field data, 2020

3.2 Distribution of age, sex, and course of study

Regarding the sex distribution, the majority (56.48%) of the students interviewed were females, with the remaining about 44% reported as males. The highest number (33.42%) of students interviewed pursued General Science, 31.35% were Home Economics students, 18.91% were General Arts students, and the remaining 16.32% offered Business (Table 2).

Table 2: Distribution of age, sex and course across selected schools

Variables	Bisco		Ghanasco		Ambariya		Vittin		Pooled	
	Fre	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Course of study										
Home Economics	41	10.62	40	10.36	25	6.48	15	3.89	121	31.35
General Science	40	10.36	39	10.10	30	7.77	20	5.18	129	33.42
General Arts	18	4.66	22	5.70	23	5.96	10	2.59	73	18.91
Business	20	5.18	21	5.44	20	5.18	2	0.52	63	16.32
Total	119	30.83	122	31.61	98	25.39	47	12.18	386	100.00

Source: Field data, 2020

3.3 Level of Knowledge on Sickle Cell Disease among Participants

About 81% of the participants have heard of SCD, and the majority of them, 38.08%, heard it from their friends (Table 3). A few (11.66%) could tell their sickle cell status, and the majority (88.34%) did not know their status. About 44% were of the genotype AA, 34.88% were of the

genotype SS, 18.60% were of the genotype AS, and 2.33% were of the genotype SC. About 7% of the participants responded that they had family members who suffered from SCD, and 59.22% responded none of their family members had SCD. The rest of the 33.51% were not sure if any family members had SCD. Also, 15% knew people outside their families who had SCD, 67.27% did not know anyone outside their family having SCD, and 17.92% were not sure if they knew anyone outside their family who had the condition.

Table 3: Knowledge of sickle cell disease

Students' knowledge of SCD	Frequency	Percent
Have you ever heard of SCD?		
Yes	313	81.09
No	73	18.91
Total	386	100.00
If yes, from where?		
Relatives	31	9.60
Friends	123	38.08
Health personnel	97	30.03
Media	48	14.86
Others	24	7.43
Total	386	100.00
Do you know your status?		
Yes	45	11.66
No	341	88.34
Total	386	100.00
If yes, which of the following is it?		
AA	19	44.19
SS	15	34.88
AS	8	18.60
SC	1	2.33
Total	386	100.00
Does anyone in your family have SCD?		
Yes	28	7.27
No	228	59.22
Not sure	129	33.51
Total	386	100.00
Do you know anyone outside the family?		
Yes	57	14.81
No	259	67.27
Not sure	69	17.92
Total	386	100.00

Source: Field data, 2020

3.4 Association between sociodemographic characteristics and level of knowledge of SCD

Pearson's chi-square test of association was conducted to examine any statistical associations between whether the participants have heard about SCD and the characteristics mentioned (Table 4). Out of 386 participants, 81.09% responded in the affirmative that they have heard about SCD across age groups. However, the statistical association test was not significant ($\chi^2 = 2.86$; $P\text{-value} = 0.413$), which indicates that there was no statistical association between having heard about SCD and the ages of the participants. The results for sex, form and the various courses of study are similar to age. Regarding the distribution of participants who have heard about the disease by sex, form, and courses, 44% were female, with most of them in Form One (33.16%) and pursuing Home Economics (26.17%). In terms of statistical association among the variables, Pearson's chi2 test outcome was insignificant in all four (4) tests, implying no associations between sex, form, and courses; and having heard about SCD.

Table 4. Knowledge of students on the sickle cell disease and student characteristics

Variables	Have you ever heard of SCD?						Pearson's chi2 (p-value)
	Yes		No		Pooled		
	Freq.	%	Freq.	%	Freq.	%	
Age							$\chi^2 = 2.86$
15 – 17	144	37.31	27	6.99	171	44.30	p-value =
18 – 20	144	37.31	38	9.84	182	47.15	0.413
21 & 22	15	3.89	6	1.55	21	5.44	
23 & 24	10	2.59	2	0.52	12	3.11	
Total	313	81.09	73	18.91	386	100.00	
Sex							$\chi^2 = 2.29$
Male	142	36.79	26	6.74	168	43.52	p-value =
Female	171	44.30	47	12.18	218	56.48	0.130
Total	313	81.09	73	18.91	386	100.00	
Form							$\chi^2 = 3.49$
One	128	33.16	37	9.59	165	42.75	p-value =
Two	115	29.79	26	6.74	141	36.53	0.174
Three	70	18.13	10	2.59	80	20.73	
Total	313	81.09	73	18.91	386	100.00	
Course							$\chi^2 = 5.86$
Home Economics	101	26.17	20	5.18	121	31.35	p-value =

General Science	96	24.87	33	8.55	129	33.42	0.118
General Arts	63	16.32	10	2.59	73	18.91	
Business	53	13.73	10	2.59	63	16.32	
Total	313	81.09	73	18.91	386	100.00	

Source: Field data, 2020

3.5 Knowledge of cure across age, sex, and course

The results indicate that 31% thought SCD is curable. Most of the participants who indicated that SCD was curable were aged 18 - 20 (17.62%), were female (19.43%) and were doing Home Economics (11.40%). For those who stated that the disease was not curable, again, most of them were aged 18 - 20 (14.25%), female (17.62%), and pursuing General Science (12.44%). In terms of statistical association, there was no statistical association between age and SCD being curable on the one hand and sex and the disease being curable on the other hand (Table 5). However, there was a statistical association between the course of study and the perception of whether the condition is curable ($\chi^2=18.77$, P-value = 0.027).

Table 5: Knowledge on cure across age, sex, and course

Variables	Do you think the disease is curable?								Pearson's chi2 (p-value)
	Yes		No		Not sure		Don't know		
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Age									$\chi^2=13.74$
15 - 17	39	10.10	54	13.99	36	9.33	42	10.88	p-value =
18 - 20	68	17.62	55	14.25	27	6.99	32	8.29	0.132
21 & 22	8	2.07	5	1.30	5	1.30	3	0.78	
23 & 24	6	1.55	2	0.52	2	0.52	2	0.52	
Total	121	31.3	116	30.0	70	18.1	79	20.47	
		5		5		3			
Sex									$\chi^2=4.16$
Male	46	11.92	48	12.44	36	9.33	38	9.84	p-value =
Female	75	19.43	68	17.62	34	8.81	41	10.62	0.244
Total	121	31.3	116	30.0	70	18.1	79	20.47	
		5		5		3			
Course									$\chi^2=18.77$
Home Economics	44	11.40	31	8.03	20	5.18	26	6.74	p-value =
General Science	26	6.74	48	12.44	24	6.22	31	8.03	0.027
General Arts	33	8.55	19	4.92	13	3.37	8	2.07	
Business	18	4.66	18	4.66	13	3.37	14	3.63	
Total	121	31.3	116	30.0	70	18.1	79	20.47	
		5		5		3			

Source: Field data, 2020

3.6 Knowledge of prevention across age, sex, and course

Results show that 52% of the participants thought SCD was preventable. Those who were neither sure nor knew about the preventable disease constitute 14% each. For those participants who perceived SCD as preventable, most of them were aged 18 - 20 (24.35%), were female (29.79%), and were doing Home Economics (17.88). Participants who perceived SCD to be unpreventable mainly were aged 18 - 20 (10.10%), also female (11.92%) but were Science students (8.55%). Regarding any statistical associations among the variables, the P-values from all three tests indicate no statistical associations at the 5% level (Table 6).

Table 6: Knowledge of prevention across age, sex, and course

Variables	Do you think the disease is preventable? (n = 386)								Pearson's chi2 (p-value)
	Yes know		No		Not sure		Don't		
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Age									
15 - 17	87	22.54	35	9.07	23	5.96	26	6.74	$\chi^2=7.88$ p-value = 0.546
18 - 20	94	24.35	39	10.10	28	7.25	21	5.44	
21 & 22	11	2.85	2	0.52	3	0.78	5	1.30	
23 & 24	9	2.33	1	0.26	0	0.00	2	0.52	
Total	201	52.07	77	19.95	54	13.99	54	13.99	
Sex									
Male	86	22.28	31	8.03	28	7.25	23	5.96	$\chi^2=1.92$ p-value = 0.589
Female	115	29.79	46	11.92	26	6.74	31	8.03	
Total	201	52.07	77	19.95	54	13.99	54	13.99	
Course									
Home Economics	69	17.88	19	4.92	14	3.63	19	4.92	$\chi^2=9.31$ p-value = 0.409
General Science	59	15.28	33	8.55	17	4.40	20	5.18	
General Arts	36	9.33	16	4.15	13	3.37	8	2.07	
Business	37	9.59	9	2.33	10	2.59	7	1.81	
Total	201	52.07	77	19.95	54	13.99	54	13.99	

Source: Field data, 2020

3.7 Beliefs about Sickle Cell Disease

The results show that the majority (72.28%) of the participants believed that the SCD is transmitted at birth. Interestingly, 58% thought that SCD is a problem in Ghana. The majority (61.66%) stated that SCD is not transmitted spiritually. Again, 48.70% indicated they would seek spiritual intervention when they are confronted with SCD. Additionally 34% agreed that

having a child with SCD can be challenging and scary (Table 7).

Table 7: Students' Beliefs about SCD

Summary of beliefs of students	Frequency	Percent
SCD transmission		
Sexual intercourse	78	20.21
Birth	279	72.28
Airborne	13	3.37
Food	6	1.55
Others	10	2.59
Is SCD a problem in Ghana		
Yes	225	58.29
No	43	11.14
Not sure	65	16.84
Don't know	53	13.73
Is the transmission of SCD spiritual?		
Yes	52	13.47
No	238	61.66
Not sure	54	13.99
Don't know	42	10.88
Would you seek spiritual intervention?		
Yes	188	48.70
No	149	38.60
Not sure	49	12.69
Having a child with SCD could be scary		
Strongly disagree	52	13.47
Disagree	79	20.47
Don't care	43	11.14
Agree	132	34.20
Strongly agree	80	20.73
Total	386	100.00

Source: Field data, 2020

4. DISCUSSION

It was acknowledged in this study that 88.84% of the participants did not know of their SCD status. This demonstrates a low level of knowledge among the participants who may soon transition into adults and procreate subsequently. This ties in well with Ogamdi [22] and Singh et al. [23] findings which suggest that majority of their participants, mostly students, were unaware of their SCD status. Though this may be the case for the current cohort of study participants, other studies such as Acharya et al. [24] and Ameade et al. [25] revealed that over half of married couples were aware of their genotypes of hemoglobin.

These differences in knowledge could partially be explained by the differences in the sample size and the fact that some of the participants could have gone for test when they were getting married. Notwithstanding these differences, the statistics portrayed in these studies remain significant and disturbing, as knowledge about carrier status would guide individuals to make good decisions when it comes to making decisions concerning their reproductive choices. The use of the HBM in this study demonstrated that it could be relied on to provide good information for sickle cell screening programs. Some previous studies have also reported little or no knowledge of SCD, even among individuals who may be at risk of SCDs.

The observation of knowledge about SCDs in the current study, combined with other studies by Acharya et al. [24], Ameade et al. [25], and Boyd et al. [26] gives enough evidence that most populations of reproductive age are not adequately informed on SCDs. This observation is disturbing as most of these populations would start childbearing. Adequate information about SCD its incidence, and the inheritance patterns among individuals within the reproductive stage are considered instrumental in decisions concerning marriage and childbearing [27].

Beliefs on Sickle Cell Disease among Study Participants

The current study noted that 88.34% had not been screened for SCD. Reasons for not screening include not falling sick easily, not considering it as necessary, fear of testing positive, and other reasons. Belief regarding the causes of SCD point to the fact that it is an inherited disorder [28-29]. However, other perceived causes, as noted among the participants in the current study, included airborne (3.37%) and food (1.5%). This observation reflects the misconceptions and the shared lack of knowledge of SCD among the participants. It rings the clarion call for stakeholders to address the observed misconceptions, especially among students who also form an important part of the general population. Alghamdi et al. [30] highlighted some misconceptions

about SCDs in a related study, indicating that some participants reported fever, infection, and high altitudes believed to be responsible for SCDs. Alghamdi et al. [30] equally added that foods, including fava beans, lentils, falafel made with fava beans, and vigna nuts, were associated with SCDs by some participants.

Though adolescents may have several years to live before dying [31], if these misconceptions on SCDs, as noted among the current study participants, are not addressed, it may go a long way to influence their health-seeking behaviors negatively. Another study in Ghana has shown a significant relationship between religious beliefs and medical care. Dennis Antwi et al. [32] and Cotton et al. [33] have indicated that young adults with SCD typically attended religious events, believed in God, prayed regularly, and had elevated levels of spirituality.

There was a significant association between sex (p-value = 0.004), religion (p-value = 0.004) and belief that SCD is a problem in Ghana. These findings are important for prevention programs. It is worth noting that another prevention planning measure relates to demographic differences. Results reveal no significant association between age, sex, course, form, and ever having sickle cell screening. There was a significant association between sex (p-value = 0.030) and making friends with people with SCD. Many of the participants (43.59%) could not provide any reason for not testing. Again, 13.11% were scared of testing positive, 14.53% considered it unnecessary to screen, and 22.22% said they did not test because they don't fall sick easily. Consistent with similar findings from other studies [34; 35], females in this study had more knowledge about SCD than males. Looking at the hereditary nature of SCD, both sexes must know about the disease, especially the reproductive consequences.

Conclusion

The study concluded that most of the study participants have heard about SCDs, with only a few knowing their SCD status. There was an observed statistically significant association between the levels of students (Form) and knowledge of SCD, the course of study, and whether they knew SCD or not. The beliefs of students on sickle cell disease among the participants included the belief that SCD is transmitted at birth (72.28%), sexual intercourse (20.21%), airborne (3.37%), food (1.5%), and spiritual as a mode of transmission (13.47%). There were significant associations between mode of transmission and sex ($\chi^2=13.31$, p-value = 0.010) and mode of transmission and course of study ($\chi^2=22.02$, p-value = 0.037). Also, most of the participants had not been screened for SCD, and the reasons assigned included not falling sick easily and not

considering the fear.

Declaration

Ethical Approval and Consent to participate

The research protocol was submitted to the University for Development Studies Institutional and Ethical Review Committee. The study was approved by the University for Development Studies Institutional and Ethical Review Committee. All methods in the study were carried out in accordance with the relevant regulations and guidelines of the Ethical Review Committee. All the participants provided Informed consent to participate before the survey questions were sent to them. The survey questions did not capture the personal identities of the participants.

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