

Trichomatous Trichiasis Surgical Refusals in Mtwara, Tanzania

Ntuli Mwaingwisya¹, Alex Msumanje¹, Saidi Mgata¹, William Ngella¹, Lali Chania¹, George Kabona², Kerry Laurino³, Emma Edwards³,

¹IMA World Health, Dar es Salaam Tanzania

²Neglected Tropical Diseases Control Programme, Dodoma, Tanzania

³Corus International, Washington DC, USA

ABSTRACT

Trachoma is a crucial public health problem in Tanzania and a leading cause of preventable blindness globally. Repeated trachoma infections can result in the development of scar tissue on the inner side of the eyelid, pulling the eyelashes inwards; this condition is known as trichomatous trichiasis (TT). IMA World Health (IMA) is one of the International Coalition for Trachoma Control (ICTC) members implementing the SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental change) to eliminate blinding Trachoma in the Mtwara and Pwani regions of Tanzania. Before embarking to the field to conduct TT surgery, IMA conveys health messages about the program to a wide range of community members through local radio shows, village leaders, and case finders during household TT screenings. Case finders are trained to identify and bring TT patients to surgical outreach camps where a program screener confirms the TT case before surgery. In one of the surgical outreach camps held in the Tandahimba District of the Mtwara region, 1,625 individuals were confirmed to have TT. Of the confirmed TT cases, 1,247 (77%) underwent surgery, 69 (4%) underwent epilation, and 302 (19%) refused surgery even though thorough counseling by a program counselor IMA has documented several reasons why patients decline TT surgery despite the service being free of charge. Among many other reasons for surgical refusal, primary reasons included: time constraints due to socio-economic activities, opposing opinions from family members, negative perceptions towards surgery, elderly patients feeling they are too old to withstand eyelid surgery, female patients lacking consent from their husbands, skepticism about the outcome of surgery, and lack of caretakers after surgery, especially for elderly patients who live alone. IMA is closely working with the district eye health care units to strengthen social mobilization and sensitization to address surgical refusal and increase service uptake.

