

## **Chapter V**

### **Presentation**

This chapter deals with a thesis summary, which will be presented to the thesis examination committee. The presentation is divided into three main parts: (1) the essay, (2) the data exercise, and (3) the proposal. The thesis topic is “ An action research on improving knowledge, attitude and practice of mothers in home care for acute diarrhoea in children under five years of age through health education program”.

In the first part, I present my argument on “incorrect home care for children under five years of age with acute diarrhoea in the Mekong delta, Vietnam. This argument includes four sections: The first section is definitions of acute diarrhoea and home care for children with diarrhoea under five years. The second section is a problem statement including figures of some previous study be done in the Mekong delta showing a lack of knowledge, attitude and practice among mothers on home care for children with diarrhoea. In this section I also analyze the causal relationship of different factors affecting home care of acute diarrhoea in children. The third session is the acute diarrhoea situation among children, including morbidity, mortality and incidence rate. The last section deal with the consequences of incorrect home care of acute diarrhoea in children under five years old.

In the second part, the data exercise, I present the outcome of a “rapid assessment on guidance by doctors and practice in home care for children with

diarrhoea by mothers in Children's hospital number 2, Ho Chi Minh City, Vietnam". The presentation on my data exercise includes: objectives, study design, findings, discussion and closed with lesson learned.

The third part, the proposal, present the topic "An action research on improving knowledge, attitude and practice of mothers in home care for acute diarrhoea in children under five years of age through health education program in Thien Tri village, Vietnam". This part describes the context of Thien Tri village, the objectives and rationale of study. A home care education program is suggested as intervention, using a control group with pre and post test evaluation. The intervention strategy includes three components: community support, develop materials – training and education the mothers. The activities timetable and budget of proposal are also included in this part.

**AN ACTION RESEARCH ON IMPROVING KNOWLEDGE,  
ATTITUDE AND PRACTICE OF MOTHERS IN HOME CARE FOR  
ACUTE DIARRHOEA IN CHILDREN UNDER FIVE YEARS OF AGE  
THROUGH A HEALTH EDUCATION PROGRAM  
IN THIEN TRI VILLAGE, VIETNAM.**

LE VAN TUAN , MPH STUDENT GROUP JAN. 2000

**ESSAY**

**“Incorrect Home Care for Children  
under Five Years of Age with Acute Diarrhoea  
in the Mekong delta, Vietnam”.**

### Definitions

- **Acute Diarrhoea:** “The passage of three or more loose or watery stool in a 24 hours period in an episode lasting less than 2 weeks” (WHO,1990)
- **Home care for children with diarrhoea:** was defined included 4 rules as:
  - 1/ Give extra fluid
  - 2/ Continue feeding
  - 3/ Recognize danger signs & bring the child to health worker for check up.
  - 4/ Do not give antidiarrhoeal drugs.

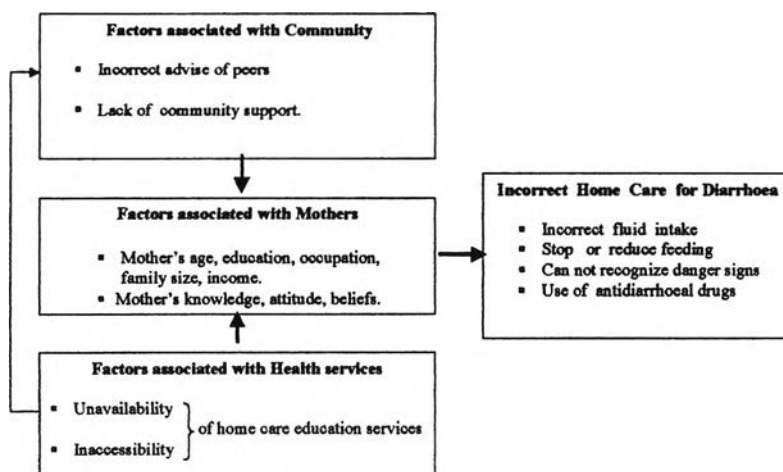
(WHO,1995)

### Problem Statement

- **Knowledge:**
  - 64 % of mothers lack knowledge in the 4 rules of home care (Household survey,1998).
- **Fluid intake:**
  - \* 50% prepare ORS incorrect. (Tien,1998)
  - \* 50% Give not more than 60ml/24h (Sac,1997)
- **Feeding:**
  - \* 63% reduce feeding or stop feeding.
  - \* 30 % give only rice gruel + sugar/salt.
- **Danger signs:**
  - \* 87% can not recognize all 6 danger signs (Sac,1997)
- **Use drugs:**
  - \* 42% buy antidiarrhoeal drugs to treat the child at home (without prescription)
  - \* 67% don't know the effect of drugs.

(Tien,1998)

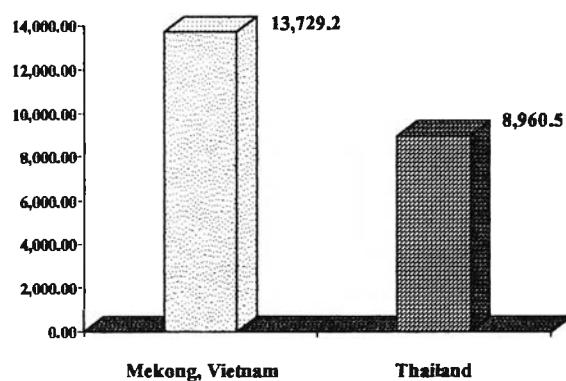
### Causal Relationship of different Factors Affecting Home Care of Acute Diarrhoea in Children



Source: Based on Green and Kreuter (1991).

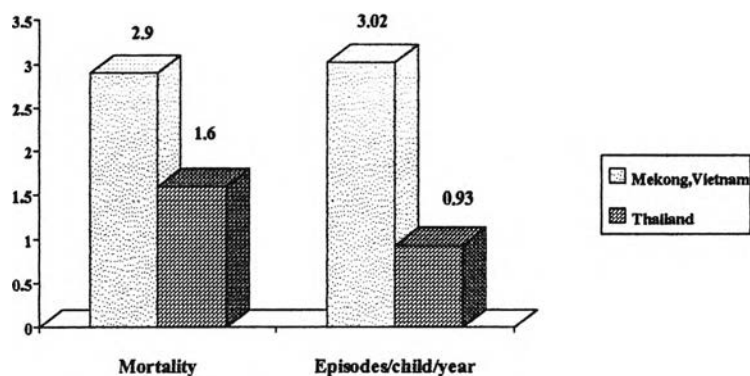
### Diarrhoeal Diseases Morbidity in 1998

(cases/100 thousand) among Children under five years old



Data source: MoH Vietnam, MoPH Thailand

**Diarrhoeal Diseases Mortality & Incidence Rate in 1998**  
among children under five years old.



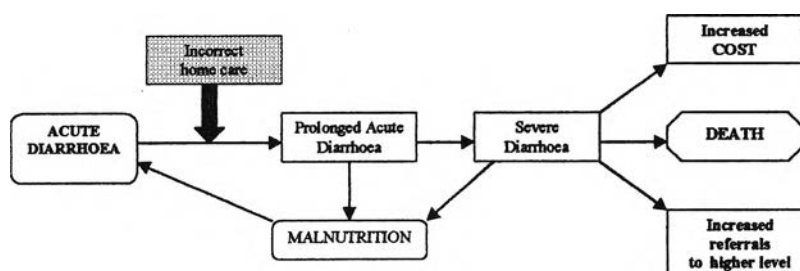
Data source: MoH Vietnam, MoPH Thailand

**Diarrhoeal Treatment Cost among Children under Five Years old,**  
**in the Mekong delta, in 1998**

- Number of children under five: 1,655,000
- Incidence rate : 3.02 Episodes/child/year
- Approximately 5 million diarrhoeal episodes/year
- Calculate only Treatment cost: 21 million USD/year.

(H.Ninh,1998)

**1. Consequences of Incorrect Home Care of Acute Diarrhoea  
in Children Under Five Years old**



**DATA EXERCISE**

**“A Rapid Assessment on Guidance by Doctors and Practice in  
Home Care by Mothers for Children with Diarrhoea  
in Children’s Hospital Number 2,  
Ho Chi Minh City, Vietnam”.**

**Objectives:**

- \* Explore practice of health care providers in health education for mothers with children suffering from diarrhoea in Children's hospital, HCM City, Vietnam.
- \* Pre-test the KAP questionnaire on home care for children with diarrhoea.

**Rationale:**

- Using a rapid assessment approach: pragmatic, flexible and suitable with objective and limitation (time, personnel, money)
- Provides sufficient direction to further develop an intervention proposal.



### Study design:

#### Method:

- Rapid Assessment (Scrimshaw et al,1987)
- Quantitative & qualitative approach

#### Instruments:

- \* KAP structured questionnaire.
- \* Observation guidance practice of doctor on home care.
- \* Indept interview.

#### Sample:

- \* Used convenience sampling technique:
  - 30 mothers for KAP structured questionnaire.
  - 3 doctors for observation.
  - 1 ward chief for indept interview.

#### Findings indept interview:

- Hospital has no EIC policy on home care for diarrhoea.
- Practice of doctors/nurses in EIC on home care is inadequate.
- Staffs: shortage & lack of knowledge, skill in EIC on home care.
- Material on diarrhoeal home care: stock exhausted since 3-4 years.

**Findings observation:** each doctor had 10 consultations observed.

M other received:	Frequency	( % )	By	By	By
			Doctor 1	Doctor 2	Doctor 3
Advice on fluid	25	83.3	7	10	8
Advice on feeding	2	6.6	0	1	1
Advice on danger signs	5	16.7	1	3	1
Advice on antidiarrhoeal drugs	1	3.3	0	1	0

### Findings KAP questionnaire

**\* Only 40% respondents maintain all 4 rules in home care**

<b>Knowledge of respondents (n = 30)</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Give correct fluid	12	40
Correct feeding	18	60
Recognize 6 danger signs <sup>(*)</sup>	0	0
Avoid antidiarrhoeal drugs	20	66.7

**(\*) 6 Danger signs of acute diarrhoea (WHO,1995)**

- Has fever
- Vomits repeatedly
- Blood in stool
- Drink poorly
- Not able to drink or breastfeed
- Does not get better (passage of many watery stools)

**Findings KAP questionnaire (cont.)**

**Distribution of belief among respondent on home care guidance**

<b>Belief in</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Physicians	28	93.3
Health staff of health station	21	70
Health volunteer	18	60
Teacher of children	15	50
Others	9	30

**Discussion**

**Guidance on Home care:**

- EIC policies on home care need to be re-enforced by the services management.

**KAP of mothers:**

- 60% give incorrect fluid intake.
- 40% incorrect feeding practice
- 0% recognize all 6 danger signs.
- 33% use antidiarrhoeal drugs
- \* There is a need to improve home care in term of fluid intake, continue feeding, danger signs and avoidance use antidiarrhoeal drugs.

**Lesson learned:**

- Alternative plans are needed to overcome obstacles in implementation Rapid Assessment.
- \* Develop good & clear questionnaire is important.
- \* Using triangulation is useful to detect the discrepancy --> reliable & valuable data.

In a future study is needed to consider the bureaucratic system in public health services.

**PROPOSAL**

**“An Action Research on Improving Knowledge, Attitude and Practice of Mothers in Home Care for Acute Diarrhoea in Children Under Five Years of Age Through a Health Education Program in Thien Tri Village, Vietnam”**

**Context:****Local community:** Thien Tri village

- In middle of Tien Giang province, the Mekong delta
- Population: 9000 divided into 5 hamlets; household: 1831
- Number of children under five: 864
- Number of mother with children under five: 580
- Occupation: - farmer :79% - small business: 7.1%
- Education: 5 % illiterate (age group > 16)
- Family income: 35 USD/month.
- Treatment children with diarrhoea at home: 78%
- 92% use river water.
- 96.4 % use fish-pond latrine.

**General Objective:**

To explore the feasibility & effectiveness of a community-based education program to improve knowledge, attitude and practice of mothers in home care for acute diarrhoea among children under five.

### **Specific objectives :**

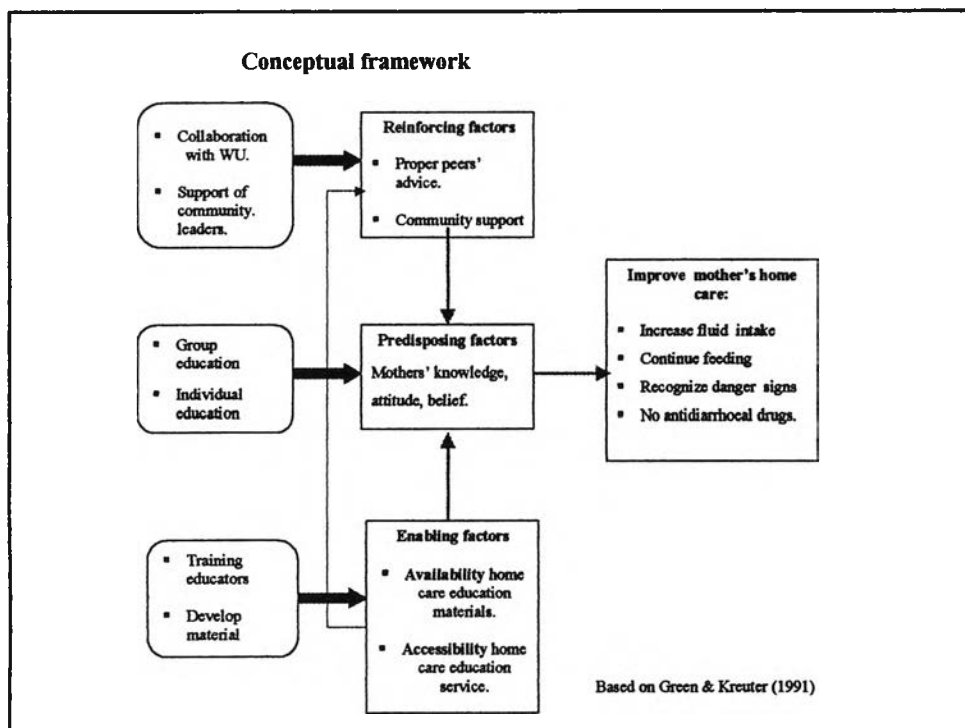
- To mobilize the collaboration of women's union & support of village and hamlet leaders for home care (HC) education program
- Among mothers increase with 30% correct knowledge, attitude and practice in HC for children with diarrhoea.
- Improve guidance for mothers on HC of acute diarrhoea in health services through training.

### **Rationale**

- An action research to provide evidence on feasibility & effectiveness of HC education program → Setting a strategy for CDDP.

A strategy with 3 components :

- Community-based HC education to improve KAP.
- Training & material production to improve HC education service.
- Mobilizing community support through networking.



### Study design

- An action research approach using quantitative & qualitative data collection technique.
- Evaluation before & after intervention and using control group(2 group as close as possible: age, education, income...)

	Action	Group A	Group B
* Before intervention	K.A.P survey 1 <sup>st</sup>	X	X
* During intervention	HC Education program	X	O
* After intervention	K.A.P survey 2 <sup>nd</sup>	X	X

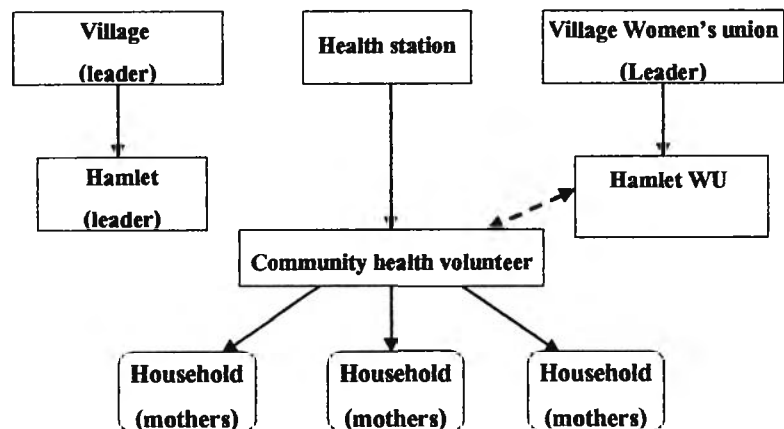
• **Estimated program effect = (A2 - A1) - (B2 - B1)**

(Dye, 1987)

### Study design (cont.)

Feasibility		
Criteria	Source	Indicator
Support	Leaders support	- Meeting attendance - Regularity monitoring report
	Health station support	- Home care guidance during consultations - Availability of EIC material - Use of material
Collaboration	Contribution	- Time - Number of WU members
	Satisfaction	- Type of work - Time - Incentive - Networking

### Current Community organization







## BUDGET

Item	Description	Breakdown (\$/S)	Cost
Project administration		20 \$/month x 12 months	1,440
Organize Network (meeting)	5 meetings	20 \$	100
Materials & Documents	4000 leaflets	0.1 \$	400
	50 booklets	2 \$	100
Develop materials			150
Training course	3 courses	450 \$	1,350
K.A.P survey 1 <sup>st</sup>	1 survey		370
Implement Education program	30 person	20 \$/month x 5 m	3,000
Monitoring	8 person	20 \$/month x 5 m	600
K.A.P survey 2 <sup>nd</sup>	1 survey	400 \$	370
Evaluate program, data analyze, write report	6 person	50 \$	240
Miscellaneous			310
<b>Grand total</b>			<b>8,420</b>