

**EVALUATION OF COMMUNITY BASED EDUCATION
FOR WOMEN OF REPRODUCTIVE AGE GROUP
IN PARO DISTRICT, BHUTAN**



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**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health in Health Systems Development**

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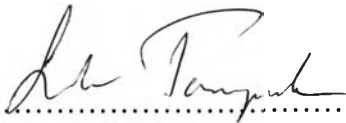
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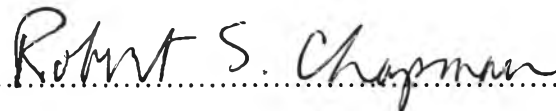
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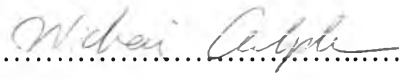
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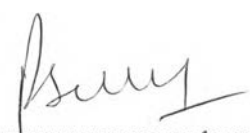
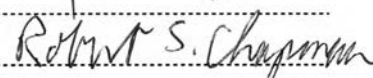
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A community-based education program on recognizing five danger signs of pregnancy was given to women of reproductive age group (15-49 years) in Paro, Bhutan. The five danger signs were bleeding, fever, prolonged labor pain >12 hours, severe headache with blurring of vision and fits. The education program also encouraged women to come to hospital for treatment of these danger signs and for delivery. The education program was conducted from June 2002 to May 2003. The main objective of the education program was to increase knowledge of women on danger signs of pregnancy, and to increase hospital utilization for treatment of complications of pregnancy and delivery. The main objective of this study was to evaluate whether the education program increased the level of knowledge of women on danger signs of pregnancy, and increased hospital utilization for treatment of complications of pregnancy and delivery. Both primary and secondary data were collected. For primary data, a cross sectional study was carried out in Paro (intervention area) and Punakha (control area) The primary data included information on socio-demographic characteristics and knowledge level of the sample population. The secondary data included information on socio-demographic features and diagnosis of women who utilized the hospital. The secondary data were collected for three years (2001-2003). Descriptive statistics were used to describe the socio-demographic characteristics for primary and secondary data. Statistical tests were used on the primary data to assess associations of knowledge with place, program attendance and other independent variables. Statistical tests were also used on the secondary data to assess hospitalization before vs. after the program. The net intervention effect on hospital utilization was also calculated. The association of knowledge with place was statistically significant. ($p < .001$, Paro > Punakha). In Paro, the association of knowledge with program attendance was also statistically significant. ($p < .001$, attended > not attended). Difference in Hospital utilization for treatment of complications of pregnancy was statistically significant in Paro ($p = 0.022$) but not in Punakha ($p = 0.301$). For delivery it was not statistically significant in Paro ($p = 0.172$) or Punakha ($p = 0.310$). For both combined it was statistically significant in Paro ($p = 0.007$) but not in Punakha ($p = 0.775$). The net intervention effect on hospital utilization for delivery was 1%, for treatment of complications of pregnancy was 24% and for delivery and complications treatment combined was 16%. In conclusion, the education program appears to have resulted in increased knowledge of the danger signs of pregnancy. However, baseline (pre-program) knowledge level was not measured, and some degree of confounding by socio-demographic factors cannot be ruled out. The program was evidently successful in increasing hospitalization for complications of pregnancy, but not for delivery.

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TABLE OF CONTENTS

	Page
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	ix
LIST OF FIGURES	xii
ABBREVIATIONS	xiii
CHAPTER I INTRODUCTION	1
1.1 Background.....	1
1.2 Description of the educational program.....	6
1.3 Problem statement.....	7
1.4 Objective of the educational program.....	8
1.5 Method of intervention program.....	9
1.6 Background Information on the Intervention Area (Paro) and Control area (Punakha).....	8
1.7 Research objectives.....	11
1.8 General objective.....	11
1.9 Conceptual frame work.....	12
1.10 Research questions.....	13
1.11 Research Hypothesis.....	14
1.12 Operational definitions of terms.....	15

1.13 Assumption.....	16
1.14 Limitations of the research.....	16
1.15 Expected Benefits.....	16
CHAPTER II LITERATURE REVIEW.....	17
2.1 Health promotion program.....	17
2.2 Factors for utilization of Health services.....	21
2.3 Evaluation.....	22
CHAPTER III RESEARCH METHODOLOGY.....	25
3.1 Study population.....	25
3.2 Study site.....	26
3.3 Research design.....	26
3.4 Sample size.....	27
3.5 Instrument for data collection.....	29
3.6 Content validity.....	30
3.7 Reliability.....	30
3.8 Data analysis.....	31
3.9 Ethical consideration.....	31
CHAPTER IV RESULTS.....	32
4.1 Background.....	32
4.2 Demographic Features.....	34
4.2.1 Age.....	34
4.2.2 Education.....	36
4.2.3 Occupation.....	39

4.2.4 Parity of women.....	40
4.3 Marital status.....	42
4.3.1 Association of marital status with area.....	43
4.4 Transportation: Availability of Transportation among surveyed women in Paro and Punakha.....	43
4.4.1 Transportation used for going to hospital.....	44
4.5 Chi square test for Association of independent variables between Paro and Punakha.....	44
4.6 Knowledge on Danger signs of Pregnancy.....	46
4.6.1 Common Danger signs.....	46
4.6.2 Level of Knowledge.....	46
4.6.3 Frequency distribution of more than one known danger signs from the survey in Paro and Punakha.....	47
4.6.4 Other signs as cited by the respondent in Paro and Punakha.....	47
4.7 Education Program attendance in Paro.....	48
4.8 Source of information.....	49
4.9 Frequency distribution and association of Independent variable with level of knowledge.....	50
4.9.1 Chi-square Test for association of knowledge level between the intervention area (Paro) and control area. (Punakha).....	52
4.10 Secondary data: Monthly hospital utilization for Delivery and treatment of complications of pregnancy in Paro and Punakha.....	52
4.10.1 Chi-square test for association in hospital utilization for delivery in Paro and Punakha.....	54

4.10.2	Chi-square test for association in hospital utilization for treatment of complications of pregnancy in Paro and Punakha.....	57
4.10.3	Chi-square test for association in hospital utilization for Delivery and treatment of complications of pregnancy in Paro and Punakha...	59

CHAPTER V	DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS	62
	Introduction.....	62
	Demographic features.....	63
	Association of dependent variable with area.....	67
	Knowledge on danger signs of Pregnancy.....	68
	Program attendance.....	69
	Conclusion.....	75
	Recommendations.....	76
	Limitations of the study.....	78
REFERENCES	79
APPENDICES		
APPENDIX I	Questionnaire.....	84
APPENDIX II	Month wise hospital utilization for delivery and treatment of complications of pregnancy.....	87
APPENDIX III	Frequency distribution of more than one danger sign from survey in Paro and Punakha.....	90
APPENDIX IV	Frequency distribution of other signs from the survey in Paro and Punakha.....	91
BIOGRAPHY	92

LIST OF TABLES

	Page
Table 1: Specific interventions for reducing maternal deaths	2
Table 2: Specific interventions for reducing maternal deaths	20
Table 3: Age distribution of the surveyed population in Paro and Punakha	34
Table 4: Age distribution of women who utilized the hospital for delivery and treatment of complications of Pregnancy. (Punakha and Paro from 2001-2003)	36
Table 5: Age distribution of women who utilized the hospital for delivery and treatment of complications of Pregnancy in Paro and Punakha. (2001-2003)	36
Table 6: Education level of women from the survey in Paro and Punakha.	37
Table 7: Education level of women who utilized the hospital for delivery and treatment of complications of pregnancy in Paro and Punakha. (2001 to 2003)	38
Table 8: Occupation distribution of women from the survey in Paro and Punakha.....	39
Table 9: Occupation of women who utilized the hospital for delivery and treatment of complications of Pregnancy in Paro and Punakha. (2001 –2003)	40
Table 10: Parity of women from the survey in Paro and Punakha	41
Table 11: Parity distribution of women in the survey in Paro and Punakha	41

Table 12: Parity of women who utilized the hospital for delivery and treatment of complications of Pregnancy in Paro and Punakha. (2001- 2003)	42
Table 13: Marital status of the surveyed women in Paro and Punakha	43
Table 14: Chi-square test for Association of marital status with area	43
Table 15: Availability of Transportation	44
Table 16: Transportation used for going to hospital	44
Table 17: Chi-square test for association of independent variables in Paro and Punakha from the survey	45
Table 18: Danger signs taught in the education Program as cited by the respondents in Paro and Punakha	46
Table 19: Level of knowledge of women on Danger signs in Paro and Punakha	47
Table 20: Program Attendance in Paro	48
Table 21: Association between knowledge on danger sign and program attendance	49
Table 22: Source of information on Danger signs in Paro and Punakha	49
Table 23: Associations between level of knowledge and the independent variables among surveyed women of Paro and Punakha	51
Table 24: Test of association in the level of knowledge between Paro and Punakha	52
Table 25: Half yearly hospital utilization for delivery and Treatment of complications of pregnancy in Paro and Punakha (2001-2003)	53

Table 26: Chi square test for association in hospital utilization for delivery and treatment of complications of Pregnancy in Paro and Punakha	55
Table 27: Chi square test for association of hospital utilization for treatment of complications of Pregnancy in Paro and Punakha	57
Table 28: Chi-square test for association in hospital utilization for delivery and treatment of complications of pregnancy in Paro and Punakha	60

LIST OF FIGURES

	Page
Figure 1 : Conceptual Framework.....	13
Figure 2 : Framework for evaluation.....	23
Figure 3 : Process evaluation can be done at five points.....	24
Figure 4 : Line graph showing hospital utilization for delivery in Paro and Punakha from Jan-2001 to Dec-2003.....	54
Figure 5 : Line graph showing the hospital utilization for complications treatment in Paro and Punakha from Jan 2001-Dec.2003.....	56
Figure 6 : Line graph showing hospital utilization for delivery and complication treatment in Paro and Punakha combined from Jan 2001 to Dec.2003.....	59

ABBREVIATIONS

WHO	World Health Organization
UNICEF	United Nations Children's Economic Fund
UNFPA	United Nations Fund for Population Activities
EmOC	Emergency Obstetric care