

CHAPTER V

PRESENTATION

This chapter deals with a thesis summary, which will be presented to the thesis examination committee. The presentation is divided into four main parts: (1) the introduction, (2) the essay, (3) the data exercise, and (4) the proposal. The thesis topic is “ Training Traditional Birth Attendantss as Health Educators: a strategy for malaria control in pregnant women in O’ Smarh village, Cambodia.

In the first part, I will present about the introduction of malaria problem and its burden. Later in the second part, the problem of malaria in pregnant women in Samrong district will be mentioned including the map of the area and possible strategy malaria control will be presented together with the causal webs of malaria in pregnancy in this area.

In the third part, data exercise, the outcome of a rapid assessment on malaria control activities and explore scio-economic & cultural, environment, knowledge, attitude and practice towards malaria in pregnant women, O’ Smarch village, Samrong district, Odar Meanchey province, Cambodia will be presented. These include objectives, study design, findings, discussion and ending with lesson learned in this part.

In the last part, presenting the proposal, the topic of this thesis will be presented again “Training TBAs as health educators: a strategy for malaria control in pregnant women in O’ Smarch village, Samrong district, Odar Meanchey, Cambodia. This part will describe the context of O’ Smarch village, the objective and rationale of study. Also four main components of the study will be presented: (1) mobilizing community, (2) developing materials and training health educators, (3) Implementation of health education, and (4) the monitoring and evaluation. Lastly the activities time table and budget of the proposal will be presented as well.

Training Traditional Birth Attendants
as Health Educators:
A Strategy for Malaria Control
in Pregnant Women,
O⁴ Smarch Village, Cambodia

Aree Mounsookjareoun

MPH student, Group June 2000

Definition

- TBA : Traditional Birth Attendant
- HEC : Health Education Program Committee
- CHE : Community Health Educator
- Positive attitude : appropriate feeling towards malaria
- Negative attitude : Inappropriate feeling towards malaria

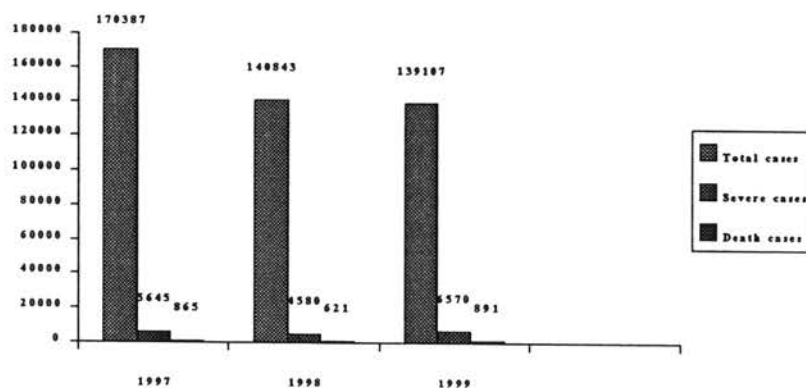
Introduction

- Malaria is a most common and deadly parasite disease in the world.
- About 300-500 million people over the world suffer from malaria and more than 1 million died each year (RBM, 2000).
- In Cambodia about 2 million (18% of pop) people are at risk of malaria (EC- malaria, 2000).
- Malaria clinical incidence: Mekong Sub-region : 1-2 cases

Cambodia : 11-12 cases

(UNICEF/WHO/RBM, 2000)

Pattern of morbidity and mortality malaria cases in Cambodia during 1997-1999



Why Samrong distric?

- Geographic & climate suitable for malaria transmission.
- New resettlement area for IDPs & refugees after war in 1999.
- No Official Health Service available.
- Multi drug resistant & fake drug available

Why targeted pregnant women?

- In endemic countries, women are 4 times more likely to have malaria during pregnancy than any other times (R. Dobson, WHO, 2000)
- Malaria in pregnant women is more likely to develop anemia, and severe anemia is a high risk of with maternal death (R. Dobson, WHO, 2000).

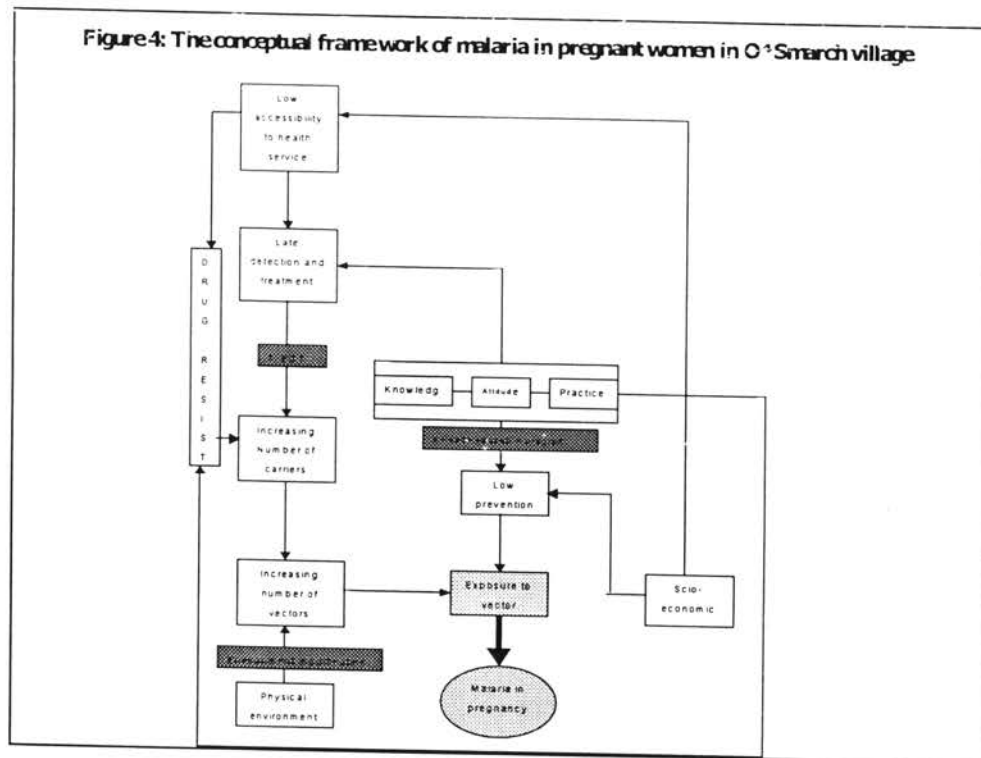
Why targeted pregnant women? (cont)

- Infant born to mothers with malaria are more likely to have low birth weight - the single greatest of life risk factor for death during the first month (RBM,2000)
- A study done in a hos./India: It shows significantly increased mortality rate in pregnant women (37.7%) in comparison to non pregnant women (14.81%) and males (7.64%).

Source: Kochar dk, Thann I, et all, 1999

Table 1: Morbidity of malaria cases in pregnant women
, MHD six road side clinics,
March-April 2000

| Month | No. of cases tested | P. vivo | P. falciparum | % of total malaria positive |
|-------|---------------------|---------|---------------|--------------------------------|
| March | 152 | 2 | 114 | 76% |
| April | 58 | 1 | 43 | 76% |



Data exercise

A Rapid Assessment on Malaria Control Activities and Explore Socio-Economic, and Knowledge, Attitude, and Practice in Pregnant Women towards Malaria

Objectives

- To pretest instruments for data collection technique.
- To identify the existing malaria control activities in the study area.
- To explore socio-economic , cultural& environment, and KAP in pregnant towards malaria

Study Design

- **Method**

- Rapid assessment
- Qualitative and quantitative approach

- **Instruments**

- In depth interview : 4 key informants (drug retailers, pregnant women, TBAs, health staffs)
- Focus Group Discussion : Pregnant women

(cont)

Instrument (cont)

- Observation : Location & environment, vector breeding site, preventive behaviors
- KAP structure questionnaire : pregnant women

Sampling Technique:

- Convenience sampling technique

Findings

- Forest & mountainous area
- Neither Gov. health service nor existing official malaria control program in the village.
- Most of pregnant women delivery at home under attendant of TBAs
- Interview 2 from 13 drug retailers : none of them get training on malaria treatment.

(cont)

Findings (cont)

- House condition: most built like cottages with wooden walls mixed with thick papers and plastics sheets, and leaf roofs.
- Bed nets: 10 observed houses:
 - all have bed net hanging but with poor condition..
tear, hole
 - only 2 houses have 2 nets hanging inside houses

Result: KAP Questionnaire

| Demographic | Frequency | Percentage |
|------------------|-----------|------------|
| Age : 17-39 yr. | 33 | 100 |
| 21-35 yr. | 24 | 70 |
| Abortion history | | |
| • 1-2 times | 13 | 40 |
| Family size | | |
| • > 4 persons | 17 | 51.6 |

Finding KAP Questionnaire (cont)

Level of Education

- In sufficient reading 15 45%
and writing skills

Type of Occupational

- Wood cutter & 12 36.3%
farmer

Income level

- < 5000 B./year 10 30.3%
- 5000-20000 B./year 15 45.5%

Level of Knowledge

| Level of Knowledge | Frequency | Percentage |
|----------------------|-----------|------------|
| Low (0-10 scores) | 28 | 84.8% |
| Fair (11- 13 scores) | 5 | 15.2% |
| High (14- 16 scores) | 0 | 0% |
| Total | 33 | 100% |

Degree of Attitude

| Degree of Attitude | Frequency | Percentage |
|-----------------------|-----------|------------|
| Positive (8-10 score) | 2 | 6.1 % |
| Uncertain (6-7 score) | 13 | 39.4 % |
| Negative (0-5 score) | 18 | 54.5 % |
| Total | 33 | 100 % |

Practice Behavior

| Practice behavior | Frequency | Percentage |
|---|-----------|------------|
| Do you use bed nets? | | |
| ● regular | 32 | 81.8 % |
| What do you do when you (family) get fever/malaria? | | |
| ● go to see Krue Kmere(regulary) | 11 | 33 % |
| ● never go to health post (regulary) | 3 | 9 % |

Discussions

- 36.3 % of participants is farmer and wood cutter
- Even though KAP found 93% (replied) slept under bed nets/ but family size avr. 4 persons/and observation found only 2 from 10 houses have 2 bed nets.
- House condition not suitable for residual spraying.

Lesson Learned

- Develop good & clear instruments are important.
- Using triangulation is useful for checking discrepancy.
- Skill on collecting data esp. FGDs is important for useful data collection.
- Cross language need to be clarify before proceed study.

Thesis Title

Training Traditional Birth Attendants
as Health Educators:
a Strategy for Malaria Control
in Pregnant Women,
O⁴ Smarch Village, Samrong District,
Oddar Meanchey Province, Cambodia

Context

O⁴ Smarch Village

- 46 km from Oddar Meanchey province, north west of Cambodia.
- Mountain surrounds northwest of the village
- Population : 4723 (male : 2328, female: 2395)
- Women in reproductive age (15-49 yr.) : 1070
- Main occupation : Farmer and Wood cutter
- No existing official health service provider
- No school running

Goal:

- " To reduce morbidity and mortality of malaria cases in pregnant women in Oll Smarch village, Cambodia.

General Objectives:

- " To test the effectiveness/feasibility of the malaria control strategy in pregnant women : training TBAs as Community Health Educators

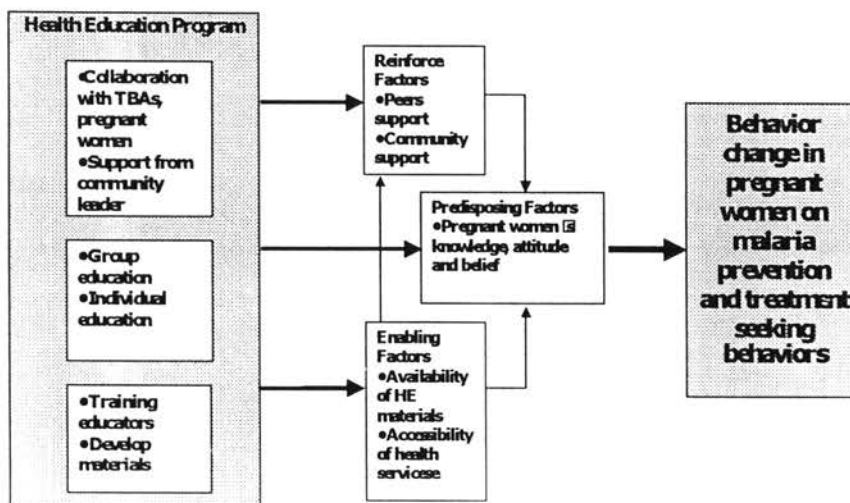
Specific Objectives:

- To mobilize TBAs under support of the chief of village and pregnant women through health education training.
- To develop and implement training program including supervision and monitoring system for community health educators.
- To increase 30% correct KAP towards malaria among pregnant women

Rationale

- In rural area , most pregnant women respected and seek care from TBAs.
- Community participation is important for the program as:
 - people are voluntary
 - sustainability

Figure 5: A conceptual framework of changing behavior towards malaria in pregnant women



Adapted on Green and Kreuter (1991)

Program Description

There are divided into 4 phases:

- (1) Building Program Health Education Committee
- (2) Information Education Communication (IEC)
Development and Training Health Educators
- (3) Implementation Health Education
- (4) Monitoring & Supervision and Evaluation

Evaluation

There are 2 phases:

Phase I : Evaluation the outcome TBAS Training

- by informal question before and after training
- observation and revise demonstrate exercise

Phase II:

- Effectiveness-----> Pre-Post KAP Questionnaire in Preg Women
- Feasibility -----> Meeting with HEC, report from Health Post
----->infor. interview with CHE on job satisfaction

| Activities | Year/Month (number denotes the month June-6, May-5) | | | | | | | | | | | | |
|--|--|---|---|---|----|------|----|---|---|---|---|---|--|
| | 2001 | | | | | 2002 | | | | | | | |
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | |
| Formation HEC ▪ Meeting with O'Pok health staffs & community members ▪ Selection of CHEs | | | | | | | | | | | | | |
| Develop IEC materials | | | | | | | | | | | | | |
| Training CHEs | | | | | | | | | | | | | |
| 1 st KAP survey & data analysis | | | | | | | | | | | | | |
| Implementation Monitoring, supervision & evaluation | | | | | | | | | | | | | |
| 2 nd KAP survey & data analysis | | | | | | | | | | | | | |
| Final evaluation and writing report | | | | | | | | | | | | | |

| Item | Description | Breakdown (\$ US) | Cost |
|-----------------------------|-------------------|----------------------|--------|
| Project administration | 12 months | 20\$ per month | 480 \$ |
| Organize net work (meeting) | 4 times | 20\$ per meeting | 80 \$ |
| Developing materials | | | |
| ▪ Materials documents | 500 leaflets | 0.1 \$ | 50 \$ |
| ▪ Poster | 10 Posters | malaria division | none |
| Training course | | | |
| ▪ Participants | 6 persons, 5 days | 2 \$ /day/person | 90 \$ |
| ▪ Facilitators | 1 persons, 7 days | 25 \$/day/person | 350 \$ |
| ▪ Documents & certificates | 6 sets | 10 \$/set | 60 \$ |

| | | | |
|---------------------------------|------------------------------------|---|--------|
| KAP survey 1 st | | | |
| ▪ Personnel | 2 persons, 5 days | 5 \$/person/day | 50 \$ |
| ▪ Printing documents | 200 questionnaires | .1 \$/ questionnaire | 20 \$ |
| ▪ Data processing | 2 persons, 2 days | 10 \$/person/day | 40\$ |
| Implementation health education | | None | None |
| Monitoring & supervision | | | |
| ▪ Field visit | 14 times (2 times/month), 1 person | None | None |
| ▪ Exit interview | 14 times (2 times/month), 1 person | 5 \$/person/time | 70 \$ |
| ▪ Monthly meeting | 7 times, 15 persons (1 time/month) | soft drink & snack: 1 \$/person/time | 105 \$ |
| KAP survey 2 st | | | |
| ▪ Personnel | 3 persons, 5 days | 5 \$/person/day | 75 \$ |
| ▪ Printing documents | 200 questionnaires | .1 \$/ questionnaire | 20 \$ |
| ▪ Data processing | 2 persons, 2 days | 10 \$/person/day | 40\$ |

**Thank you very much for your
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