

## Abstracts of AMS Research Projects 2005-6

### **“Everything is hidden, hidden, hidden, but the behaviour is definitely there.” Exploring young men’s reproductive health in rural South India** *James Carter*

With the human immunodeficiency virus (HIV) epidemic affecting every country and a high prevalence of sexually transmitted infections (STI) worldwide, reproductive health has become a pivotal component to comprehensive health care. The project explores young men’s reproductive health in a resource poor setting in South India. The focus is particularly on the knowledge, attitudes, practices and health seeking behaviors of young men, to assess their vulnerability to reproductive health problems, and to recommend strategies for positive change. Qualitative methods were applied using key informant interviews, in-depth interviews and focus group discussions. The study found cultural barriers present and restricted sources of information, leaving young men with an incomplete and poor knowledge of reproductive health matters. This situation contributes to high rates of premarital sex, multiple partner sex, commercial sex worker use, and poor application of protective behaviors such as condom use. Cultural attitudes and stigma result in poor health seeking behavior, and therefore poor treatment and counseling of sexually transmitted diseases. Improving knowledge, access to services and reducing the stigma associated with reproductive health, are all important steps to improve young men’s reproductive health in this setting.

### **Putting worms back in the community vocabulary; a study in rural India on community knowledge, attitudes and practices regarding intestinal helminths in children** *Matthew Guest*

**Introduction:** Intestinal helminths are responsible for a significant burden of disease, globally an estimated 39 million disability adjusted life years (DALYs) are lost due to infection. The majority of this burden is endured by children in developing countries.

**Setting:** Two rural villages in Vellore District Tamil Nadu, India.

**Objectives:** To explore: community understanding of childhood intestinal helminth infection; the health seeking behaviours related to childhood intestinal helminth infection; the current burden of intestinal helminth infection as recorded by outpatient records; reported community sanitation and hygiene practices; health information provided by health workers regarding intestinal helminth infection.

**Method:** Qualitative research involving nine key informant interviews with health workers in the area and six focus group discussions with community members. Examination of local hospital outpatient records.

**Findings:** The community understanding of intestinal helminths was generally poor and infection in children was not seen as a major health problem. Home remedies were reported as being rarely used, with a preference for treatment at readily available health services. Over an eight month period less than 2% of the children seen in the local hospital outpatients department were treated for intestinal helminth infection. This is in a context where most children receive periodic anti helminth treatment through a government lymphatic filariasis control program.

Sanitation was poor in the villages. Most people did not use latrines and open defaecation was common. Most children did not wear shoes. Community understanding of the dangers of poor sanitation were not well described. Information given by health workers failed to address the underlying knowledge deficits.

**Conclusion:** In these villages the burden of childhood intestinal helminth infection appears to be low. The poor understanding of intestinal helminths by the community

suggests that the management of intestinal helminths has been undertaken without significant community involvement. The implications of addressing health problems without involving the community are discussed.

### **Knowledge, attitudes and practices of health care workers and other key informants regarding disability and disability issues in Kalutara district, Sri Lanka**

*Khai Lin Huang*

**Introduction and Aim:** Little research has been conducted in the past regarding disability in Sri Lanka. The aim of this research project was to investigate the knowledge, attitudes and practices of people in key positions involved with the disability sector in Kalutara District, Sri Lanka.

**Method:** Twenty two semi-structured interviews were conducted over four weeks with Public Health Midwives (PHMs) and other key informants.

**Results:** The PHMs provided a range of services for the disabled although most had not been formally trained to do such work. The PHMs identified small numbers of disabled people in their service areas compared to what would be expected for the population. There appeared to be a lack of formal links between these services.

There were some cultural influences on beliefs and there was a suggestion of stigma in the community. Attitudes of the participants were generally positive. Priority issues were mostly concerned with a lack of economic and human resources.

**Conclusion:** This research suggests that there needs to be a more comprehensive system for the identification of the disabled as there may be people missing out on services due to under-reporting. This could possibly be addressed by further training of PHMs. Also, links between various services need to be strengthened.

### **Mangoes or mothers-in-law? A study into the knowledge, attitudes and practices surrounding food in pregnancy in Tamil Nadu, India**

*Anna Watts*

Is a pineapple hot or cold? What about papaya, does it change when it ripens? What do eggplant, coriander, drumstick leaves and pumpkin have in common? Do you eat the foods you enjoy, follow the advice of the health workers, or keep your mother in law on side? Is this even a choice that you can make for yourself?

Indian women have a broad range of beliefs about the ideal pregnancy diet; these beliefs can be paralleled to those depicted by Ayurveda, the traditional medical system of India. A qualitative study to investigate these beliefs was conducted during December 2005 – January 2006 using observation, in depth interviews and a small group activity. The study found that although food beliefs remain a part of many women's pregnancy experience, they are not well understood. Older women continue to make the decisions for the household and younger women, despite much advice from health professionals, continue to follow the wishes of their mother or mother in law. This contrasted with the views of many health professionals interviewed who stated that they had implemented an education program on nutrition in pregnancy which was so effective that women no longer followed traditional food beliefs.