

## **Abstracts of AMS Research Projects 2004-5**

### **Exploring the relationship between Female Genital Cutting (FGC) and obstetric vesico-vaginal fistulae (VVF) amongst Ethiopia women**

*Emily Boyd*

Obstructed labour occurs in pregnant women throughout the world, but in western countries, its serious consequences have nearly been eradicated as a result of appropriate medical care. However, in many low-income countries, where medical access and resources are poor, obstructed labour continues to be an unaddressed problem, with thousands of women suffering significant morbidity each year.

The obstetric vesico-vaginal fistula is one of the serious consequences of obstructed labour. It is an abnormal connection between the bladder and the vagina, resulting from prolonged tissue compression because of the unrelieved pressure from the dead foetus. The maternal malnourishment and underdevelopment contributes significantly to the occurrence of obstructed labour.

Female Genital Cutting (FGC) is a widespread harmful traditional and religious custom still practised in 28 countries, particularly north eastern African countries, with approximately 2 million girls exposed to the practice annually.

During fieldwork from November 2004 - March 2005, qualitative and quantitative research was undertaken to explore whether there is a relationship between FGC and the size, site and severity of obstetric fistulae. A total of 1896 records from 2001-2004 were examined and 12 semistructured interviews with health workers and Traditional Birth Attendants were conducted. This report will summarise the results of this fieldwork.

### **What social factors impact on the physical and mental health of adolescent girls in Oddanchatrum, India?**

*Mahtab Ghadiri*

Adolescence is an important developmental period in which challenges are met, and health behaviours formed, greatly influencing health in adulthood. Socio-economic, cultural, religious, educational and work-related factors were examined that might influence the health of unmarried adolescent girls aged 16-19 in the region of Oddanchatrum, in the southern Indian state of Tamil Nadu. A qualitative approach was taken, utilising methods of free listing and ranking exercises and semi-structured in-depth interviews, and data were analysed using thematic analysis. The findings indicated that poverty, duty to family, parental, community and peer attitudes, traditional female roles and seclusion of girls were important factors influencing physical and mental health. Further research is needed to fully explore these and other issues, and how best to plan interventions. The introduction of counselling services for youth is recommended.

### **Knowledge, attitudes and practice in Sattayappanoor, India regarding latrines and open defecation, and response to new ventilated improved pit latrines.**

*Ingrid Laemmle-Ruff*

Open defecation has been consistently linked with spread of infectious disease and significant social and practical difficulties. Despite investment in sanitation programs, open defecation is still widespread globally, in India, and in the Sattayappanoor area, Tamil Nadu. Success and sustainability of latrine programs has been associated with

consideration of local attitudes, practices and wishes and strong community involvement, ownership and management. This study qualitatively investigates the knowledge, practices and attitudes in the Sattayappanoor project area, Tamil Nadu, India regarding latrines and open defecation and the response to new ventilated improved pit latrines (VIPs) being proposed for the area. This study explores factors that influence whether people obtain and use latrines and seeks to identify possible avenues that may improve latrine utilisation in the project area in the future. Methods employed included observations, key informant interviews and focus group discussions. Findings demonstrated significant perceived difficulties in open defecation, namely regarding safety, privacy, convenience and health concerns. Benefits of latrines were acknowledged. However, barriers to latrine acquisition and use included insufficient funds, lack of space, water shortages, concerns of septic tank filling, latrines not being considered necessary, lack of motivation and awareness and negative perceptions of latrines associated with odour. Little knowledge of the VIP model existed, however when explained, participants expressed both approval regarding water savings and reservations regarding cleanliness. Future suggestions included increased education, personal latrines for every household and restricting open defecation sites. This study concludes that greater consultation and information in the process of latrine acquisition and stronger community demand and involvement is required for future latrine programs to succeed.

### **Vulnerability of female migrant workers to HIV/AIDS – to investigate the knowledge, attitude, practice and health seeking behaviour in relation to HIV/AIDS among female migrant workers in Chengdu**

*Yun Ma*

The number of HIV/AIDS cases reported has increased dramatically in China in recent years. Because of the insidious nature of HIV and lack of adequate HIV testing system, China is now facing a major HIV/AIDS epidemic. The booming economy in China has attracted a large number of workers from less developed areas to seek work opportunities. Women make up more than a third of the migrating population in China, most of whom work in the service sectors or small factories. Women have been recognized to be more vulnerable to HIV than men physiologically, socially and psychologically in most developing countries. Hence, female migrant workers are considered as a vulnerable group to HIV infection. Despite many studies on migrant worker's knowledge, attitude and practice (KAP) in China, very few have addressed the factors that influence the health of female migrant workers nor the importance of knowledge of HIV/AIDS for the control of HIV transmission among this group of people. This study investigated the knowledge, attitude, practice and health seeking behaviours in relation to HIV/AIDS among the female migrant workers in order to identify social, cultural and personal factors that influence women migrant workers' health in regard to HIV/AIDS in Chengdu, China. Qualitative research methods were used in the study including the in-depth interview and group discussion.

It finds that the female migrant workers had become more aware of AIDS, however, there were still some misunderstandings and confusions about the transmission, prevention and presentation of the disease. There were also gaps of applying the AIDS knowledge into actual practice. Many participants showed the fear of the disease whereas most of them expressed sympathy to HIV infected people. Most of the women thought that they were relatively healthy, but their choices of health care service when they were sick were usually limited by their financial situations and working hours. The findings were then interpreted in relation to the social economic and cultural background of the female migrant workers. These results suggest that more actions need to be done to correct the misunderstandings and to improve the health services to female migrant workers in China and we should also put more attention on the health of young female migrant workers.

## **Antenatal Care in Rural North India: Services, Perspectives and Barriers**

***Elissa McNamara***

This paper reports on data collected from semi-structured, in-depth interviews with mothers and key-informants in rural north India. The research explored the provision of antenatal services, knowledge and perspectives of antenatal care and barriers to antenatal care.

A wide variety of government, private and traditional practitioners offered antenatal services in the area. There was limited integration and communication between the various providers, and a reasonably high level of distrust among the providers was described. The reported content of antenatal visits was highly variable, with many providers not offering the minimum components of antenatal care set out by the WHO.

Most mothers had received some kind of antenatal care for their last pregnancy. While the majority of women had heard of antenatal care, there was a widely held perception that antenatal care was a curative, rather than preventive, service. Tetanus immunisations were widely used, although the benefit of these was not well understood. Most women reported receiving iron/folic acid supplements, although few women actually consumed them. All women reported that the decision to utilise antenatal care and the decision on where to deliver the baby were made by the family.

Numerous barriers to utilising antenatal services were identified, including gender, lack of education, cost, time, distance to services and knowledge and perceptions of antenatal care.

There continues to be debate around the contribution antenatal care can make in reducing maternal deaths and disability. This study found that the services described as antenatal care in this area of rural north India are very disparate. Research into the benefits of antenatal care needs to consider the type of antenatal care offered in addition to simple coverage rates.

## **Without blood there is nothing: Beliefs informing the practice of blood donation in a rural north Indian community.**

***Lucy Ralston***

Background:

Blood is a valuable and scarce commodity. In rural India demand for blood is much greater than the supply because blood banks are not always accessible or affordable and voluntary donation is uncommon. The commonest method of sourcing blood is directed donation i.e. asking relatives to donate blood for patients requiring transfusion. This system is problematic primarily because of people's unwillingness to donate, even in emergency situations. Unwillingness to donate blood in these circumstances is poorly understood. The aim of this study was to investigate community and staff member's beliefs and knowledge informing the practice of blood donation in a rural north Indian hospital.

Method:

Semi-structured in-depth interviews were conducted with 18 community and 18 staff members in early 2004. Participants were asked about their beliefs, attitudes and knowledge of blood and blood loss, and how this affects blood donation practices. The data were thematically analysed.

Findings:

Community members believed that loss of blood results in a progression from weakness to illness, disease, loss of productivity, and maybe even death. This belief and their poor knowledge of blood donation procedures contributed to their unwillingness to donate blood. Other reasons included fear of medical procedures, blood and the unknown, and

mistrust of hospital staff. In contrast, staff members had a bio-medical understanding of blood and blood loss and an altruistic, moral view of blood donation. These different perspectives contributed to misunderstanding and communication breakdown when staff tried to persuade relatives to donate blood.

Conclusion:

These contrasting perspectives need to be accounted for when developing strategies to promote blood donation in rural north India.

## **Knowledge, attitudes and practices (KAP) of community members in Sri Lanka regarding the early care and development of young children**

***Patrick Ruane***

An Early Childhood Care and Development (ECCD) program has been introduced in a number of Divisional Secretariat (D.S.) areas in Sri Lanka. A key component of this involved further training for Public Health Midwives (PHMs) on how to counsel caregivers about caring for their child's psychosocial development.

This study consisted of a group interview of PHMs and 23 semi-structured qualitative interviews with caregivers of children below three years of age about their knowledge, attitudes and practices relating to the ECCD program. Feasibility and acceptability of UNICEF and WHO age-appropriate care for psychosocial development recommendations were also tested. The participants were from 8 different PHM areas in the Beruwela D.S. area, Sri Lanka.

Caregivers primarily associated the term ECCD with proper growth and nutrition, reflecting information they had received through a number of sources. Until prompted, specific activities associated with care for psychosocial development were less understood. Caregivers relied on both the PHM and extended family members as major sources of information regarding ECCD.

Caregivers would benefit from more focused counseling on age-appropriate psychosocial intervention. The PHM remains the most effective instrument to counsel caregivers, however the issue of workload must be addressed if this is to be sustainable.

## **Tuberculosis treatment: experiences and barriers in Lakhnadon Hospital, rural India**

***Alexandra Shannon***

Background: India has the highest incidence of Tuberculosis (TB) in the world, with 1.8 million new cases every year, and a staggering 350,000 deaths. The process of treating individuals and preventing spread of TB or conversion to Multi-Drug Resistant TB is hindered by the high rates of non-compliance with the 6-9 month drug regimen used to cure patients. The national TB programme in India is now available to most of the population, and has achieved very good cure rates, although the case detection has not been as high as hoped. LCH does not use all of the components of this holistic programme.

Lakhnadon Christian Hospital, where this research was carried out, is in the state of Madhya Pradesh in central India. It is a rural area and has a high TB disease burden. No research has been published about non-compliance with TB treatment in this area.

Aim: To investigate the experience of Tuberculosis and Tuberculosis treatment at Lakhnadon Christian Hospital and the perceived barriers to diagnosis and treatment.

Method: Hospital observation, study of routine data about TB patients, semi-structured interviews with healthcare professionals (HCPs) and TB patients over a two-month interval in 2004-2005 were carried out. Interviews were conducted with 7 HCPs, who were treating doctors and nurses at Lakhnadon Christian Hospital and 15 TB patients. Interviews were audio taped and transcribed, then thematically analysed.

Results: All the doctors and nurses had a good level of knowledge about TB, and gave similar accounts of how TB patients were diagnosed, counselled and treated. All listed the cost of treatment as a potential barrier to seeking diagnosis and treatment, and for completing treatment.

Financial input from family members was sought by several of the patients interviewed and 11 of the 15 patients interviewed found the cost of treatment a difficulty. A third of patients, an unexpectedly high proportion, described experiencing bad side-effects of the TB drugs. Most of the patients interviewed had to travel for at least an hour to get to the hospital, and 8 had to travel for at least 2 hours.

### **THROUGH THEIR EYES: An exploration of the issues facing adolescent girls and young women in Herbertpur, rural North India, using Photovoice.**

***Megha Singh***

India has been identified as a country in which the issue of gender discrimination is paramount. The widening disparity in health indicators between males and females, is a testament to this problem.

This project asks young women in Herbertpur, rural North India, to identify the issues most important to them, using the participatory action technique of Photovoice. First piloted by Caroline Wang (1996), Photovoice puts cameras into the hands of the disempowered in society, and asks them to identify the problems and assets in their society, to give a unique visual perspective into their lives. Photographs are then used as a basis to encourage critical discussion, and are presented to community members to increase awareness and have the potential to lead to social change.

### **What are the attitudes, beliefs and understanding of tuberculosis in a rural setting in India?**

***Julia Spicer***

SETTING: Lakhnadon, Madhya Pradesh, India.

OBJECTIVES: To investigate: 1) how tuberculosis (TB) is perceived; 2) what sources of TB information are available; 3) what is common health seeking behaviour for TB; 4) what are the social consequences of having TB?

METHOD: Eight focus group discussions with community members, and 10 interviews with health staff from Lakhnadon Christian hospital were conducted.

RESULTS: It was found that there is very little understanding of TB in Lakhnadon, and village people are largely neglected by efforts to increase disease awareness. Lack of knowledge of available TB services was also widespread, and most participants would see local healers or private doctors before seeking help at Government facilities. This has implications for access to treatment, as uncertainty pertaining to the disease and its treatment appeared to potentially delay treatment initiation. Infection with TB was perceived to be associated with social isolation, neglect and avoidance, and women were thought to suffer more social discrimination than men for their disease condition. Participants suggested they would hide their disease from others so as to avoid stigma and social rejection. Given that cured patients were the most common information source for villagers, their role in potentially contributing to increasing TB awareness could be expanded.

CONCLUSION: To improve TB control in Lakhnadon, efforts need to be made to increase awareness of TB and the available treatment services. More emphasis on health education and collaboration between individuals from every aspect of society is recommended.

**“I have become bold and brave” An evaluation of an adolescent girls, program in Jamkhed, Maharashtra, India.**

***Jennifer Yan***

Adolescence is a time of change, of risk and opportunity. There are more than 1.2 billion adolescents in the world; four out of five live in developing countries. Work in adolescent health to date has focussed on specific issues such as reproductive health, and HIV/AIDS. Less is known about programs that have a broader focus on adolescent development in the developing world. One such program is the Adolescent Girls, Program (AGP) at Jamkhed, India, for unmarried adolescent girls. Through activities including health education, social awareness discussions, self-defence, singing, dancing and ranguli (a traditional art) the program seeks to increase girls, confidence, promote their overall development, give them greater choices and increase the age at which they are married. This presentation looks at the findings of a recent evaluation of the program, reported against a resiliency framework.