

Abstracts of AMS Research Projects 2007-8

Name of Student: Carolyn Ru-Hsin CHEW

Project title:

Pilot study for evaluation of the impact of rainwater collection systems provided by the organization Rainwater Cambodia to villagers in rural Cambodia

Access to sufficient amounts of clean water is a basic human right. Around the world, one in six people face a daily struggle to obtain clean, safe water for consumption. The provision of adequate quantities of safe water has significant benefits, which go far beyond health. These include increased school attendance resulting from time saved from fetching water, greater income, and increased productivity.

RainWater Cambodia ('RWC') is an organisation which works to provide the poorest of the poor with rainwater harvesting facilities and thus safe drinking water. This study aims to pilot an evaluation of the impacts of the RainWater Cambodia program in a single rural Cambodian village by identifying and exploring the community's perceptions of the RWC program, as well as a comparison of the water practices, access, social conditions and hygiene practices in recipient and non-recipient household.

Data was collected through interview and validated with a community group discussion as well as observations. Comparison of water practices, health and access was carried out on two levels: a cross sectional comparison between recipient and non-recipient households, as well as a before and after comparison based on the reported changes from recipient households. In total 14 recipient and 15 non-recipient households were interviewed for the evaluation. The findings were discussed within the context of RWC's program's policies and aims. The majority of the study's limitations centred around cross-cultural research and the complications arising from translation, language and differences in cultural norms.

The pilot study revealed positive impacts on health and improvements in the livelihood of recipients of the RWC program. However, it also uncovered concerns of the villages about the fairness of the program's selection process. Challenges facing RWC include finding ways in which to achieve sustainability, while maintaining equity and providing access to the poorest of the poor. The value of the study as a pilot for a larger evaluation was discussed as well as possible limitations and modifications required to replicate the study on a larger scale.

Name of Student: Hui Ling CHIA

Project title:

“I never get to talk with anyone about this kind of thing”—Assessing the cultural acceptability of the locally-adapted anxiety and depression screening tool in the KC Patty region of Tamil Nadu, South India

Background

As many as 450 million people in the world today are suffering from a mental disorder. In India, 75% of its population lives in rural areas and 90% of them do not have access to mental health care. One quarter of outpatient attendees of the KC Patty Primary health Centre (KCPPHC) in Tamil Nadu, rural South India present with emotional and physical symptoms caused by depression and anxiety. Local adaptation of the Hospital Anxiety and Depression (LHAD) scale aims to provide healthcare staff at KCPPHC with a simple, reliable screening tool to assist the doctor in identifying patients at risk of depression and anxiety. This tool has recently been introduced and the local attitudes to the screening process generally and the tool in particular are poorly understood. This study aimed to contribute to an assessment of the cultural acceptability of the locally-adapted anxiety and depression screening tool (LHAD) in the KC Patty region of Tamil Nadu, South India.

Method

Semi-structured in-depth interviews were conducted with three key informants, five Middle Level Health Workers (MLHWs) and nine patients. Focus Group Discussions were conducted with the Village Level Health Workers (VLHWs), MLHWs and community members from four villages. Participants were asked about the community understandings of mental health and the ease of use, local appropriateness and perceived usefulness of the LHAD.

Findings

The symptoms associated with depression and anxiety are generally attributed to stress and physical problems. Patients' main fears are physical problems, but personal counselling for mental problems is increasingly being sought at KCPPHC. The LHAD was generally accepted by MLHWs, patients and community members, particularly by patients experiencing symptoms of depression and anxiety. However, MLHWs face significant difficulties in delivering the tool due to locally-inappropriate translations and poor communication between patients and the different levels of staff. Many patients initially experienced fear due to a poor understanding about the tool, but they are carried through their fears by their relationships with KCPPHC, and positive experiences of its usefulness eventually ground their positive attitudes to the tool. Patient's rush to catch the bus is a consistent barrier against the use of the LHAD.

Conclusion

Personal relationships between KCPPHC and patients, good communication and personal experiences of the tool's usefulness are important for its acceptance.

Name of Student: Felicity Jane CREELMAN

Project title:

The barriers to the diagnosis and management of epilepsy in and around Dharan, Eastern Nepal

Epilepsy is a common, chronic neurological condition with an estimated prevalence in Nepal of 7.3 per 1000 population. Research regarding epilepsy in Nepal is scarce, but indicates significant delays in diagnosis and a large treatment gap. This study investigated the barriers to diagnosis and management of epilepsy in the area around Dharan, Eastern Nepal.

Qualitative methods were used to explore seizure attribution, pathways to care and the experience of living with epilepsy. Semi-structured interviews were conducted with 21 patients diagnosed with epilepsy and/or their relatives. Patients ranged in age from 3 to 47 years and in all but one case were receiving treatment at B.P. Koirala Institute of Health Sciences (BPKIHS) or the Disabled and Helpless Rehabilitation and Service Centre associated with the hospital. Six key informants involved in epilepsy healthcare provision in Dharan were also interviewed.

Sixteen participants attributed seizures to spiritual causes, which encouraged the use of traditional healers and delayed medical diagnosis. Geographical and financial factors also contributed to delays. The latter limited the use of diagnostic investigations and affected follow-up and compliance with medication. The friendships, marriage prospects, education and employment of patients were profoundly affected by having seizures. Doctor-patient interactions did not adequately dispel uncertainties about seizures nor impart sufficient knowledge of appropriate first aid measures. Disparate delivery of epilepsy care at BPKIHS and inadequacies in the expertise of community-based providers compromised the quality of care.

The diagnosis and management of epilepsy is beset by many barriers. Education of the general community, patients and health providers about epilepsy and assistance for patients in purchasing anti-convulsants would assist in overcoming these.

Name of Student: Stephanie Jane HEPWORTH

Project title:

Family and foreknowledge: Factors affecting access to delivery care in Eastern Nepal

This paper explores the factors that affect access to delivery care in Eastern Nepal. Semi-structured interviews, conducted with twenty women who were patients in the postnatal ward of B.P. Koirala Institute of Health Sciences (BPKIHS), formed the core of my research. Observation of antenatal care consultations at BPKIHS was also undertaken.

Participants' antenatal care (ANC), labour and delivery experiences were explored. ANC was generally viewed very favourably by participants, with most very positive about nutritional supplements such as iron. Although many participants reported being given advice at ANC, advice focused on nutrition or refraining from hard work, rather than delivery planning. Delivery planning advice was limited to telling the participant to go to hospital for delivery. Though very limited, those that were given this advice were much more likely to have planned to go to hospital and sought delivery care more rapidly than those who weren't given such advice, suggesting that delivery planning during ANC does impact delivery outcomes

Many participants experienced significant delays in accessing appropriate delivery care. Delays in deciding to seek care were common, as were delays in reaching care, with barriers including inadequate transport, poor referral systems and interruptions by political strikes. The support of family at the time of labour was a crucial facilitator of access to hospital for many participants, with the decision to seek care being almost always made by, or in conjunction with, the participant's husband or wider family.

Given their critical role in delivery care access, it is recommended that family be involved in maternal health programmes. In addition, ANC consultations should include more detailed delivery planning if the potential to affect delivery outcomes is to be utilised.

Name of Student: Peter Mohan MCINNES

Project title:

Evaluation of the impact of rain water collection systems for villagers in rural Cambodia

Rainwater collection is an ancient practice in many cultures around the world that is receiving renewed interest in recent times. This study was conducted as a pilot evaluation to understand the impact of provision of rainwater collection systems to villagers in Kraing Serey village, Kampong Speu province, Cambodia. Rainwater collection systems were provided by RainWater Cambodia, a non-government organisation. Recipient households (beneficiaries of the rainwater collection systems) were matched to non-recipient households with a similar socioeconomic status and distance from water sources. A member of each household was interviewed with a total of 14 recipient households and 14 non-recipient households taking part in the study. Questions were asked concerning three main areas; water quality, household water requirements and awareness of vector-borne diseases associated with water collection especially dengue fever and malaria. The rainwater collection systems were inspected to assess the effectiveness of maintenance techniques and the remaining water volumes.

Results showed that rainwater was considered to be of very high quality by both recipients and non-recipients and was thus used extensively. Both categories of participants still collected large quantities of water and although the majority of recipient households still had most of their tank water remaining, several used it all for non-essential purposes. There were some quality concerns regarding the taps used for the rainwater tanks.

Overall an emphasis needs to be placed on continued education and follow up of recipient households to conserve their rainwater, prioritise its use, and maintain their tanks to maximize their household's access to the high quality drinking water it provides.

Name of Student: Jane Winter MAXWELL

Project title:

Hidden dangers: An exploration of knowledge, attitudes and practices of pesticide handling and risk of chronic exposure, KC Patty, Tamil Nadu, India

Background

Pesticides are an environmentally pervasive and insidious poison. Despite significant health, environmental and economic risks; international guidelines; and national policies; pesticide distribution and use remains largely unchecked. Unsafe use is a reality. In less developed countries, alternatives to chemical farming are largely deemed unrealistic, meanwhile, education about dangers and precautions for chemical farming is insufficient. Social poverty and powerlessness influence local communities' risk assessments and opportunities for risk reduction. For less developed countries, poisoning is a mounting burden resulting from a complex interplay of knowledge, opportunity, attitude and practice that is poorly understood. The aim of this study is to explore community understanding and use of pesticides to inform and raise awareness of opportunity for risk reduction in rural south India.

Method

Semi-structured in-depth interviews, focus group discussions and observations were conducted with 137 participants in early 2008. Agricultural workers, health-workers, landowners and local government scientists were asked about local pesticide practice, their understanding and attitudes regarding pesticide poisoning and their approach to risk reduction. The data were thematically analysed.

Findings

Community understanding was largely limited to subacute poisoning, with little appreciation of chronic poisoning, environmental cycling of pesticides and danger to non-workers. Workers had a good appreciation of the means of pesticide poisoning, pointing to workers' potential to highlight areas for risk reduction. Nevertheless knowledge of poisoning and precautions did not always translate into safe practice, the handling, transport, storage, use and disposal of pesticides were frequently unsafe. Financial pressures, practical constraints, environmental factors and inadequate knowledge contributed to a lack of concern which perpetuates unsafe practice.

Conclusion

Unsafe pesticide use and pesticide poisoning have roots in history, politics, commerce, agriculture and poverty. Community empowerment, understanding and approach to pesticides affect practice. Multi-sectoral involvement and consideration of these interacting factors is needed to ensure safe pesticide practice and a reduction in pesticide poisoning.

Name of Student: Helen Kim Hong NGUYEN

Project title:

Guiding Change: Provider Voices in Youth Pre-abortion Counselling in Urban Vietnam

Pre-abortion counseling has a demonstrated role in promoting safe sex practices and in reducing risks for repeated unplanned pregnancies and repeated abortions among abortion-seeking females. Such counselling is essential for abortion-seeking females in Vietnam, especially as abortion reliance and repeated abortion reliance are common in Vietnam. Arguably, the delivery of pre-abortion counseling is more urgent for young Vietnamese females than adult women. This is because young females in Vietnam are exposed to a greater number of risk factors for unsafe sex practices, STI/HIV transmission, unplanned and unwanted pregnancies, and abortion. These risk factors primarily relate to social stigma surrounding youth sexuality, taboos surrounding discussions on sex, and females' insufficient life skills and sex negotiation skills. To address the current research gap regarding youth pre-abortion counseling in Vietnam and the lack of pre-abortion counseling practice guidelines, the aim of this study was to chart urban Vietnamese providers' discourses in components of pre-abortion counseling specific for reducing risks of additional unwanted pregnancies, repeat abortion, and STI/HIV transmission among young Vietnamese females. To achieve this, fourteen providers, with varying duties in counselling delivery, management and programme-planning at the Reproductive Health Care Centre of Ho Chi Minh City (RHCCHCMC), were selected to participate in this study, thirteen among whom agreed to participate. Through qualitatively styled interviews conducted at the RHCCHCMC, this study elicited a range of provider pre-abortion counselling attitudes, considerations and approaches and presented these discourses using participant anecdotes. Respondents illustrated five important pre-abortion counseling phases to promote effective family planning among young women. These counselling phases mainly focused on topics including adverse abortion complications, rapid post-abortion fertility return, contraception, behaviour change and STI/HIV prevention, and the basics of reproductive and sexual health. The provider discourses gleaned from this study are foundational for further research and development of best practice guidelines in pre-abortion counselling.

Name of Student: Alice TRUONG

Project title:

“If we want to live, then we must take it.”-- A qualitative study exploring factors that affect adherence to antiretroviral therapy in Ho Chi Minh City, Vietnam

As at December 2007, there were an estimated 33.2 million people living with HIV (PLHIV), of which 293,000 live in Vietnam. While the response to HIV/AIDs has been largely focused on prevention, in recent years, antiretroviral therapy (ART) has proved to have many benefits, including increased survival time and an improved quality of life for PLHIV. However, research has shown that ART is only effective with very high rates of adherence. Furthermore, there is the risk of development of drug resistance for those who have insufficient adherence.

While ART has been available in developed countries for more than 10 years now, it has only recently been implemented in developing and transitional countries such as Vietnam. With the help of international donors, Vietnam has been able to provide ART free-of-charge to thousands of PLHIV since 2003. In Ho Chi Minh City (HCMC), a province with one of the highest rates of HIV prevalence per 100,000 people in Vietnam, 11 outpatient clinics (OPC) for ART provision have been opened. In such a new context, the factors affecting adherence to ART have yet to be explored.

This research was a qualitative study exploring the factors that impede or promote adherence in those receiving ART in HCMC. The study was conducted in an OPC in District 8 using group discussions and in-depth semi-structured interviews with patients at the clinic, and various key informants. Factors that were found to lead to reduced adherence included: fear of disclosure of status due to experience and perception of stigma from the community, forgetting while working, relapse into injecting drug use, and lack of family support. Surprisingly, side-effects were not reported to be a barrier as patients were warned about these prior to treatment. Factors that were reported to promote adherence included: the friendly, flexible and approachable clinical environment; good family support; the motivation to live for children or elderly parents; the clinical benefits of ART; disclosure of status, and employment. Gender was also regarded as a predictor of adherence, as men were reportedly more emotionally unstable than women, and tended to turn to alcohol and drugs when depressed.

This study found that the OPC is an effective model of care, and future scale-up of treatment efforts should be centred on this model.

Name of Student: Eloise WILLIAMS

Project title:

Knowledge, attitudes and practices toward disability: experiences of mothers of children with disabilities in Dharan, Nepal

Disability is a global issue. The United Nations estimated that at least 25% of any population is directly or indirectly affected by the presence of disability (UN 1984, 15). Disability and poverty are “inextricably linked” (Elwan 1999, 1) in a reinforcing cycle that creates vulnerability in those affected, their families and communities. Van Kampen et al. (2005) emphasize the unstated missing link of socially constructed stigma and discrimination that create the disability-poverty association (van Kampen 2005, 33),

The current gold-standard model of disability is the World Health Organization’s International Classification of Functioning, Disability and Health which describes disability as a function of the interaction between impairment and environment. This research investigates the experience of families of children with disabilities (CWD) in Dharan, East Nepal.

In-depth interviews with a convenience sample of 12 mothers of CWD who were accessing medical services and a purposive sample of 4 service providers investigating knowledge, attitudes and practices toward disability of mothers of children with disability and perceptions of the social, economic and personal impact of having a child with a disability took place in Dharan, East Nepal.

Findings indicated that mothers’ medical understanding of disability was limited, that access to health care was restricted by expense and that CWD were perceived cost more than other children. Mothers believed that education was essential for their CWD to gain employment in the future. Service providers had a more negative perception of the attitudes and practices of parents toward their CWD. The lack of information given to families by health professionals about disability and the unavailability of rehabilitative care in the community need to be addressed. Institutional and societal stigma was also present, reinforcing the poverty-disability association. Mothers’ love and devotion to their children correlated with positive attitudes toward disability.

Building the capacity of mothers of CWD to take on an advocacy role in their local community and disseminating the ICF model of disability in Nepal would enable CWD to take their place in society.

Name of Student: Jenny Jia YU

Project title:

A qualitative study in HIV-related stigma among health care professionals in Chengdu, China

The number of HIV infections in China is increasing alarmingly every year. Efforts to address the HIV epidemic in China have met many challenges, including the stigma that surrounds HIV and people living with it. Health care professionals (HCP) play a major role in the fight against HIV; the stigmatizing attitudes they hold also impede efforts to address the epidemic. Currently, there is a gap in knowledge with regards to *whether* and *why* this population holds stigmatizing attitudes. This study aims to address this gap by documenting any stigmatizing attitudes held HCPs in Chengdu, China and also delving into the reasons behind these attitudes.

Individual semi-structure interviews and focus group discussions were used as research tools. Twenty-five HCPs participated in individual semi-structured interviews; twenty-three participated in a total of four focus group discussions. All participants were HCPs from the Chengdu area.

Findings show that many respondents didn't recognize HIV-related stigma as an issue in their profession. They were also seemingly unaware of the far-reaching effects of stigma and displayed a lackluster attitude to changing the situation of stigma. Social and cultural norms and even some government policies, which all single people living with HIV/AIDS (PLWHA) out as "abnormal", seem to be part of the reason for these attitudes.

More research into whether similar attitudes are held by other HCPs in other parts of China is needed. Future efforts to fight HIV need to include strategies that address HCPs in particular. These strategies need to firstly encourage HCPs to recognize that HIV-related stigma is a problem that needs to be addressed both in the wider population and amongst their profession; and secondly these strategies need to empower HCPs to be individually active in addressing the issue of stigma by emphasizing the influence HCPs have in the fight against HIV.

Name of Student: Jesse Randall ZANKER

Project title:

***This need not be:* mental illness, recovery and reintegration in resource-poor settings of low-income countries**

Introduction

The concept of recovery from mental illness has gained much attention in high-income countries in the last three decades. Understanding how people recover from mental illness and reintegrate into communities has revolutionised mental health service provision in these settings. Little research has been undertaken on recovery and reintegration following mental illness in resource-poor settings of low-income countries.

Aim and Objectives

This study aimed to investigate the concepts of recovery and reintegration relative to mental illness in resource-poor settings of low-income countries. The objectives were to understand how persons with mental illness conceptualise recovery and reintegration, and what factors contribute to these terms. The findings of this study are intended to inform BasicNeeds, an international Non-Government Organisation specialising in mental health, on policy and practice development.

Method

This study used a qualitative design and thematically analysed data from 54 Life Stories and two focus group discussions. The Life Stories were collected by BasicNeeds in resource-poor settings in Ghana, Kenya, Tanzania, Uganda, India and Sri Lanka. The two focus group discussions were held in urban-poor settings in Bangalore, India. Thematic analysis focussed on conceptualisations of, and factors contributing to, recovery and reintegration.

Findings

This study found that although the experience of mental illness is a highly subjective one, people recover from mental illness in shared ways. Recovery was conceptualised as a process and an outcome, and reintegration was conceptualised as an outcome. Themes pertaining to recovery and reintegration were supported by the Mental Health Promotion Framework which identifies three key determinants of individual and community mental health; social inclusion, freedom from discrimination and violence, and access to economic resources. The role of family, employment, hope, self-efficacy, alleviation of stigma and discrimination, and poverty reduction emerged as important for recovery and reintegration.

Conclusion

The findings of this study suggest that promoting the key determinants of mental health supports the recovery and reintegration of persons with mental illness. Instilling hope, allowing for self-efficacy and economic participation, and supporting families are ways to facilitate recovery and reintegration. More systematic research to explicitly explore the concepts of recovery and reintegration in low-income countries is required.