Dissertation Presentation

Presented by

Dr Afaq Amir Ahmad

PGDHM - 17

Roll No 1286

Under Guidance of

Dr Suresh Joshi

IHMR Jaipur

A Study on –

Knowledge Attitude and Practice of Community on Kala Azar Control Activities in Araria District, Bihar

Introduction

- Kala Azar, a protozoan disease is the second largest parasitic killer in the world after malaria.
- It remains to be a neglected and a poverty related disease
- Huge number of cases occur world wide each year.
- Current goal of Government of India is to reduce annual incidence of all Kala Azar cases to less than 1 per 10,000 per year and subsequently, eliminate it by 2017.
- Bihar contributes to more than 80 percent of all cases in the country
- Even after sustained efforts by the government to increase awareness and control the disease by DDT spraying, incidence remains high in most districts of Bihar.

Review of Literature

- Knowledge about Sand flies in relation to public and domestic control activities of kala azar in rural endemic areas of Bihar by Kumar N et al, showed hat majority of respondents were neither aware of the vector – about 61 percent thought kala azar was caused by mosquito bites, nor about the transmission of disease

- Awareness about kala azar and related preventive attitudes and practices in highly endemic rural area of India by NA Siddiqui et al, showed only four percent knew sand fly as the vector, a third did not know any symptoms and two thirds did not use any preventive measures to avoid contracting the disease.

- Knowledge attitude and practices related to kala azar in rural area of Bihar state by Singh et al showed that only 24 percent preferred public health sector for treatment and 56 percent believed facilities at PHC were not adequate.

Rationale

- Since the last few years, in spite of government efforts on IEC and control of kala azar, there is very low awareness even in the high endemic areas.

- Araria district has been contributing among the largest proportion of kala azar cases including 746 in 2013. It is among the eight High Focus districts for kala azar.

- This study attempts to understand the knowledge, attitude and practice of the community towards the kala azar control activities and subsequently help model the IEC/BCC materials for kala azar and help induce effective and acceptable control measures

Research Question

What are the Knowledge, Attitudes and Practices of the community on the various Kala Azar control activities

Objectives

1) To understand the Knowledge and attitudes of the community towards the kala azar control activities.

2) To understand the practices of the community towards the kala azar control activities

Methodology

- Type of study: Descriptive Cross- sectional
- Setting of the study/Study Area : The study was conducted in two blocks of Araria District, Bihar.
- Target Population
  - Household heads were interviewed with an Interview Schedule
  - Homogenous groups of community and health workers for FGDs
- Sampling :
  - Sampling type was Stratified Sampling with Simple Random Sampling.
  - The highest endemic and lowest endemic block were selected.
  - Five Health Sub Centres (HSC) were selected randomly in each block.
  - In each HSC, two villages were randomly selected.
  - Five household heads were interviewed in each village.

Methodology … Continued

- Sample Size :
- 200 House hold heads were interviewed.
- 10 Focus Group Discussions of different groups.

- Methods and Tools of Data Collection: Primary Data was collected through Face to face interviews with an Interview Schedule. A checklist was used to help guide the Focus Group Discussions.

Results

Figure 1 – Knowledge of Communicability of Kala Azar from one person to another (n=200)

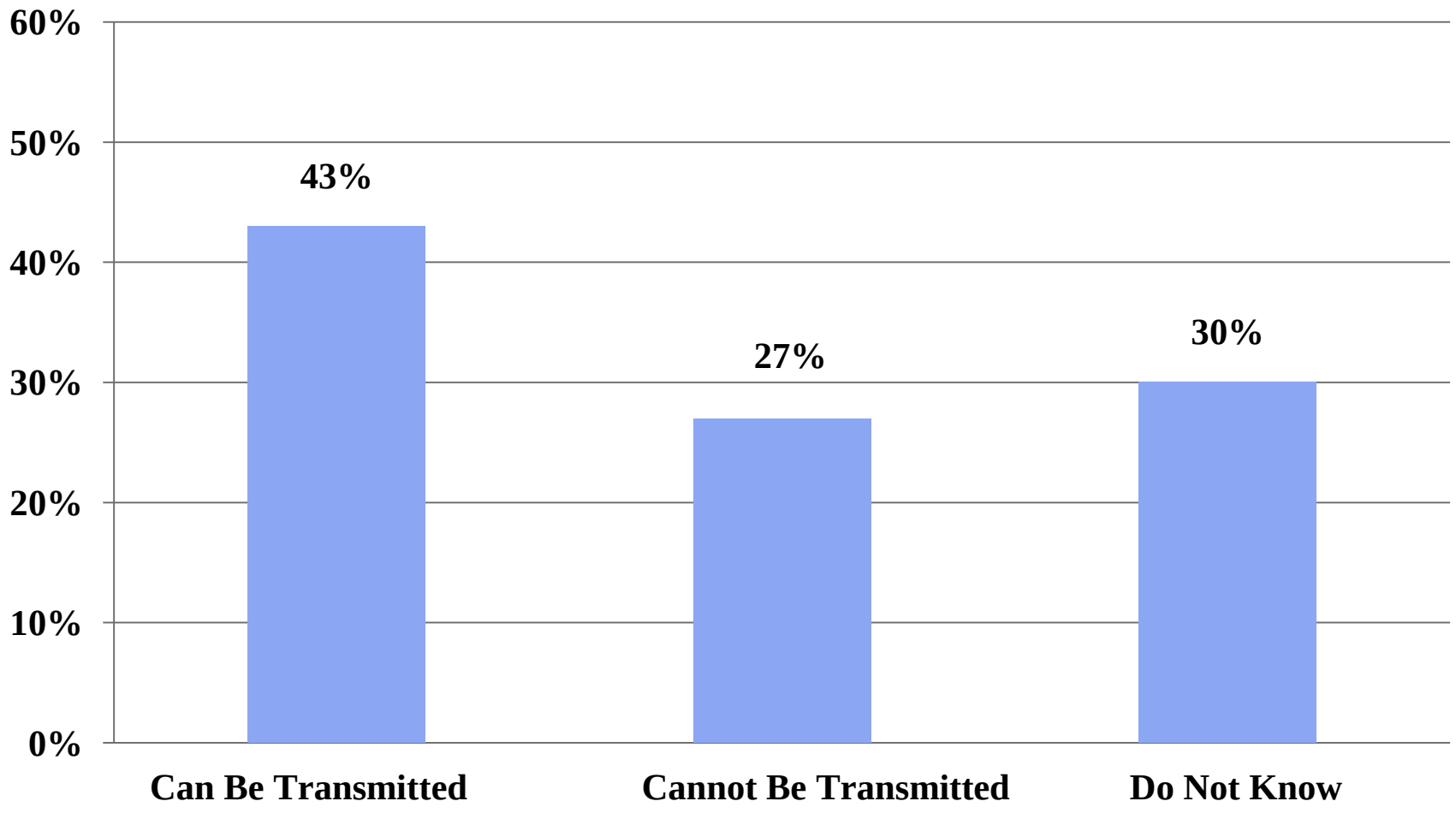


Figure 2 – Knowledge of Vector Responsible to Cause Kala Azar (n=200)

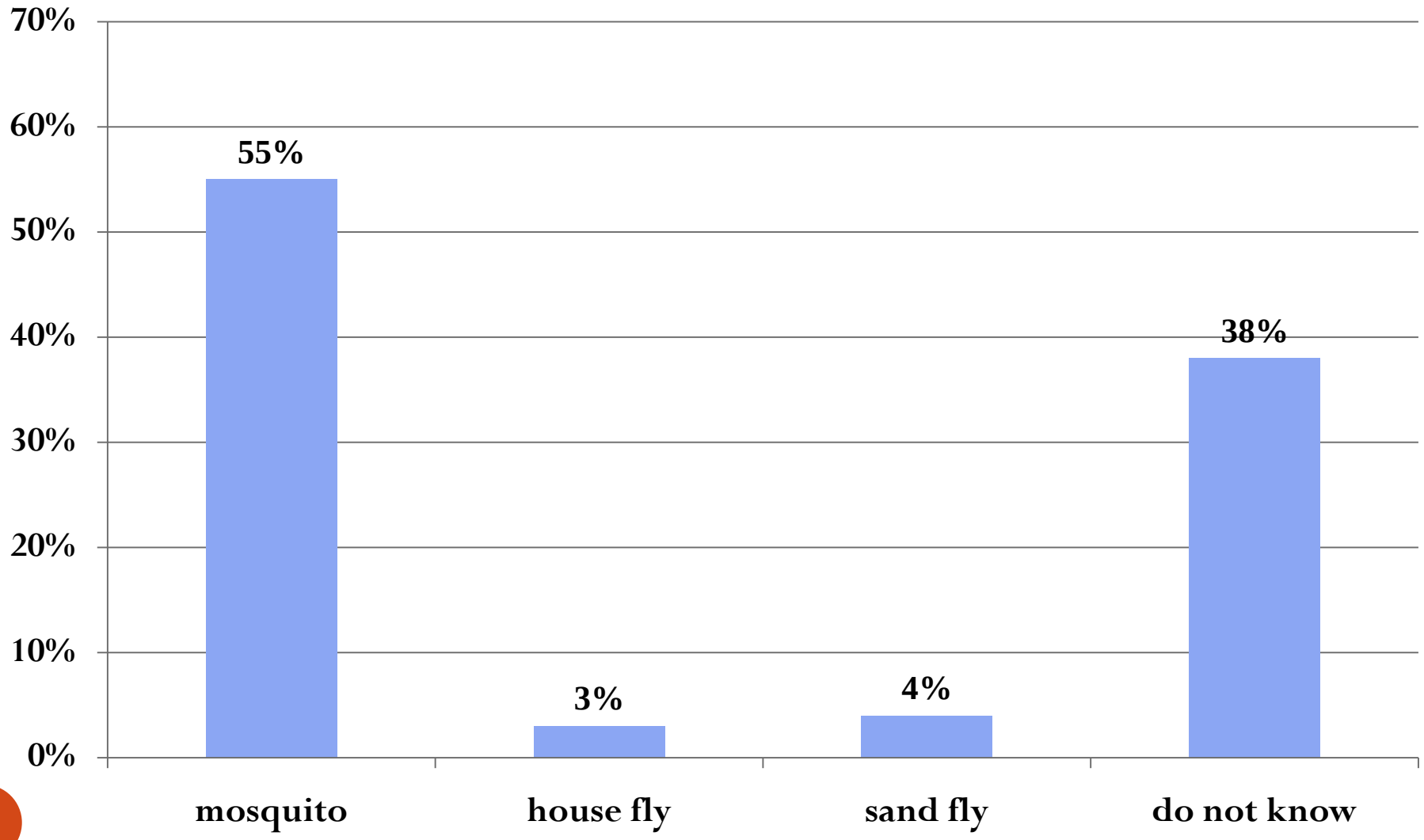


Figure 3 – Knowledge of symptoms (n=130)

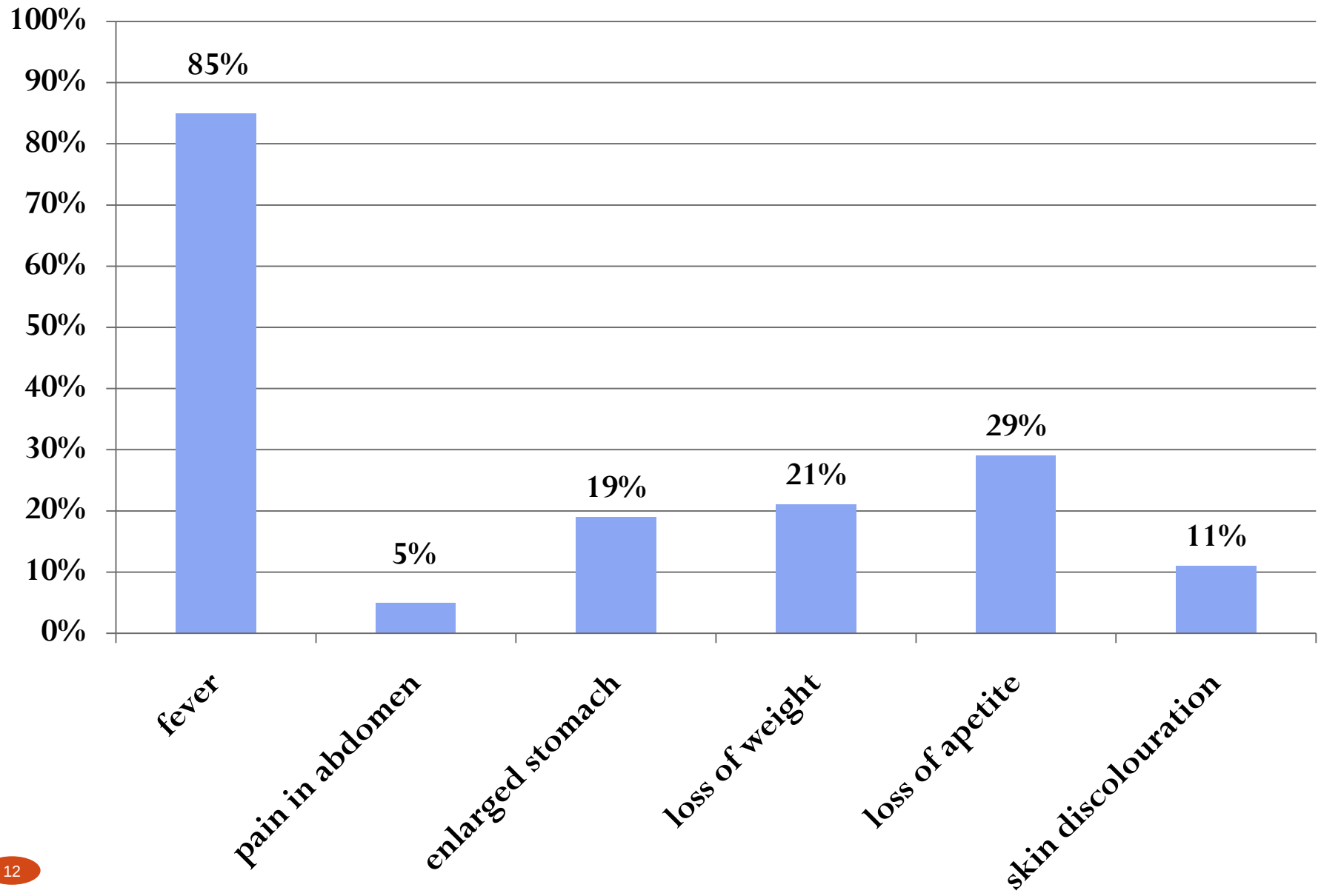


Figure 4 - Knowledge about Free Diagnosis and Treatment Services of Kala Azar in PHC (n=200)

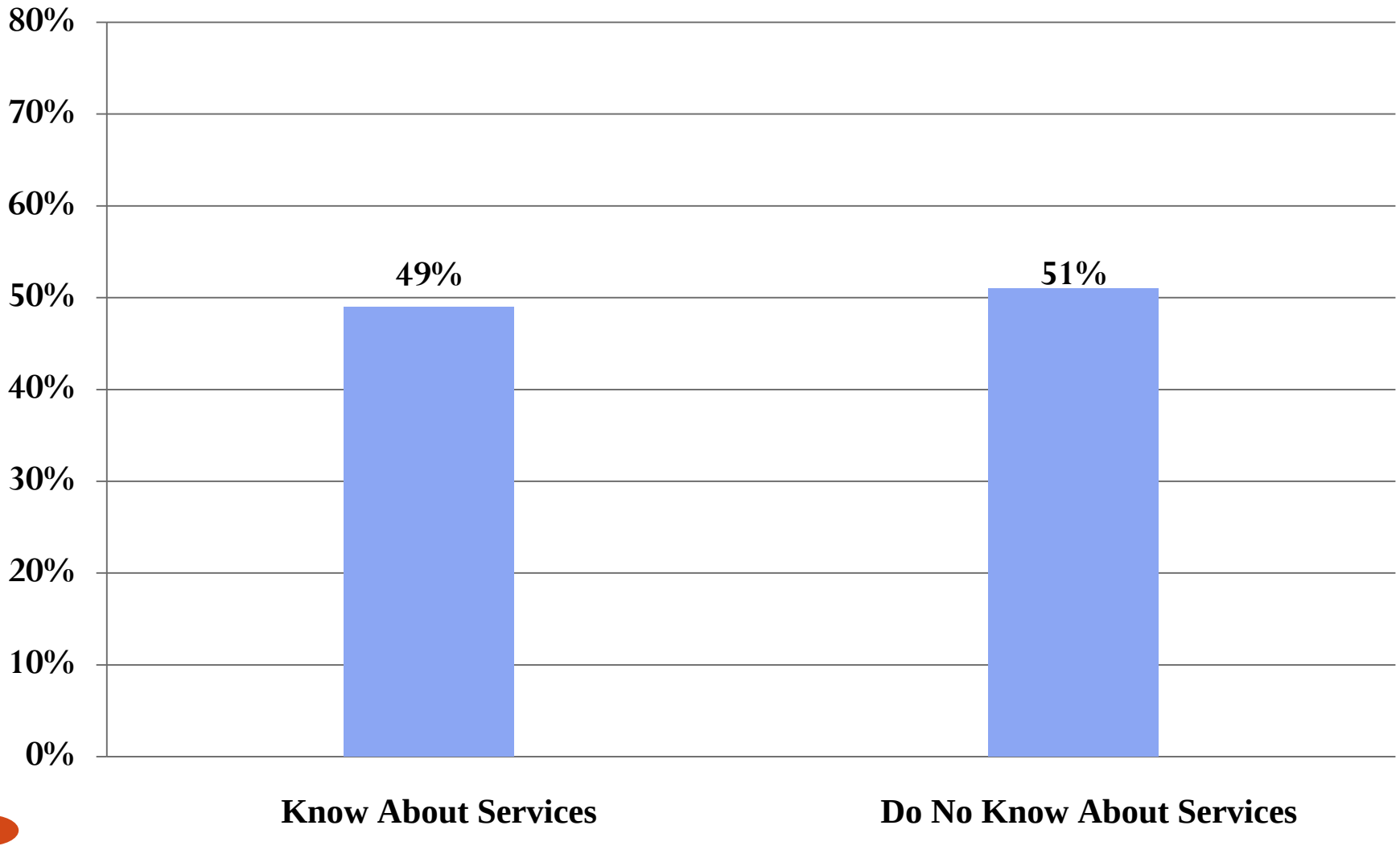


Figure 5 – Perception on PHC having adequate facilities to Manage Kala Azar Cases (n=102)

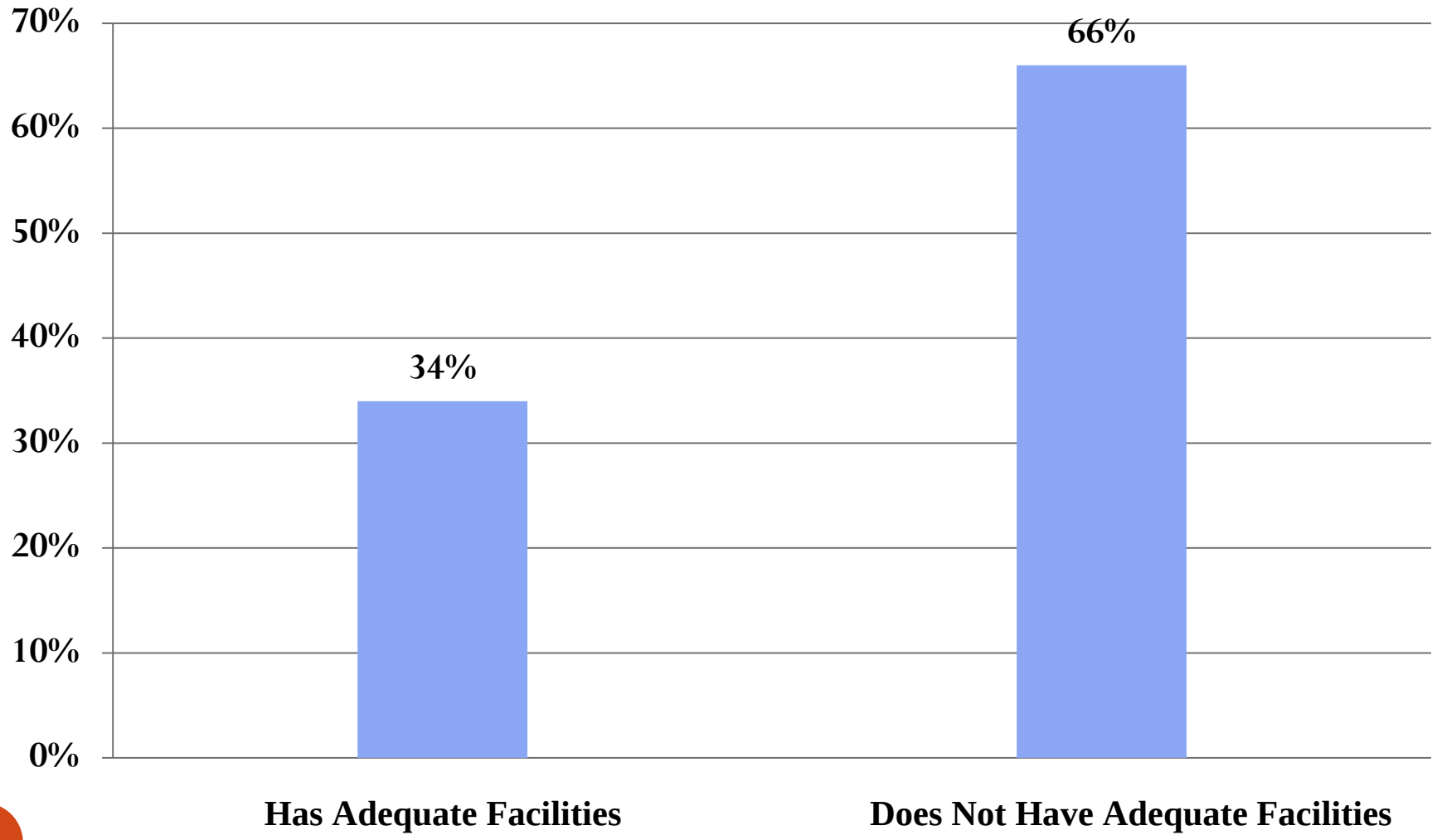


Figure 6 – Perception of Kala Azar being controlled by DDT spraying (n=200)

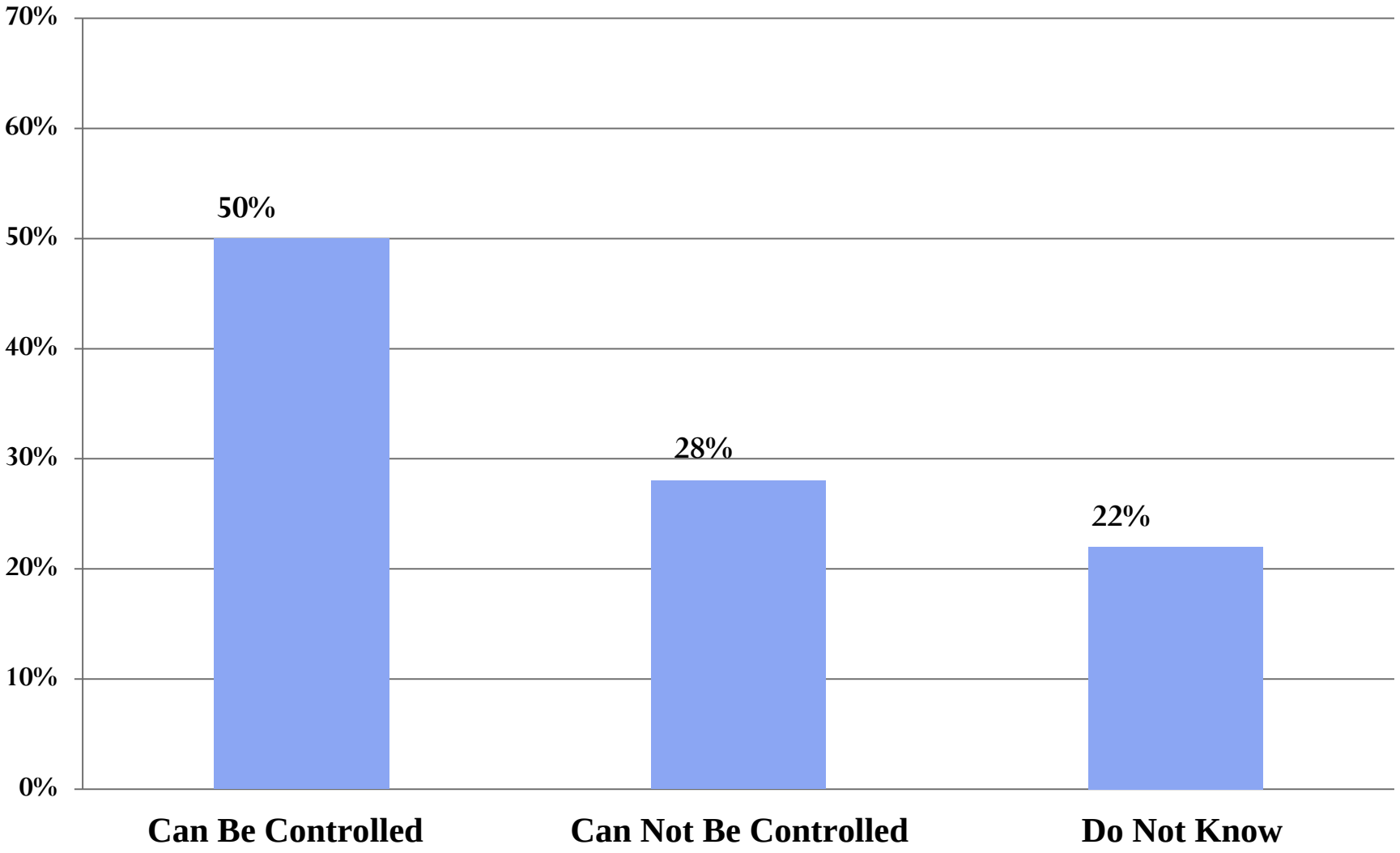


Figure 7 - Satisfaction with the spraying process (n=185)

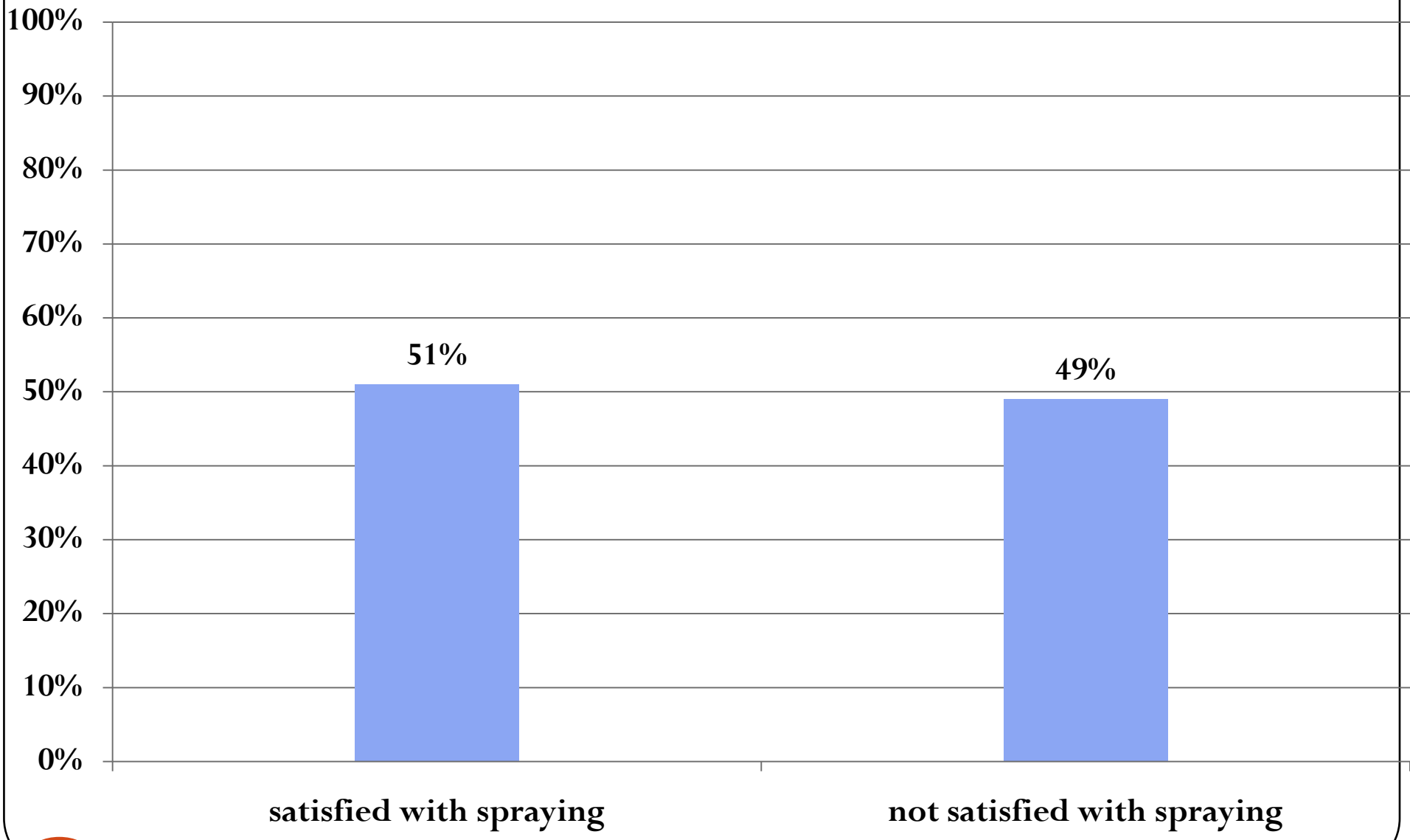


Figure 8 - Reasons for not being happy with spraying (n=95)

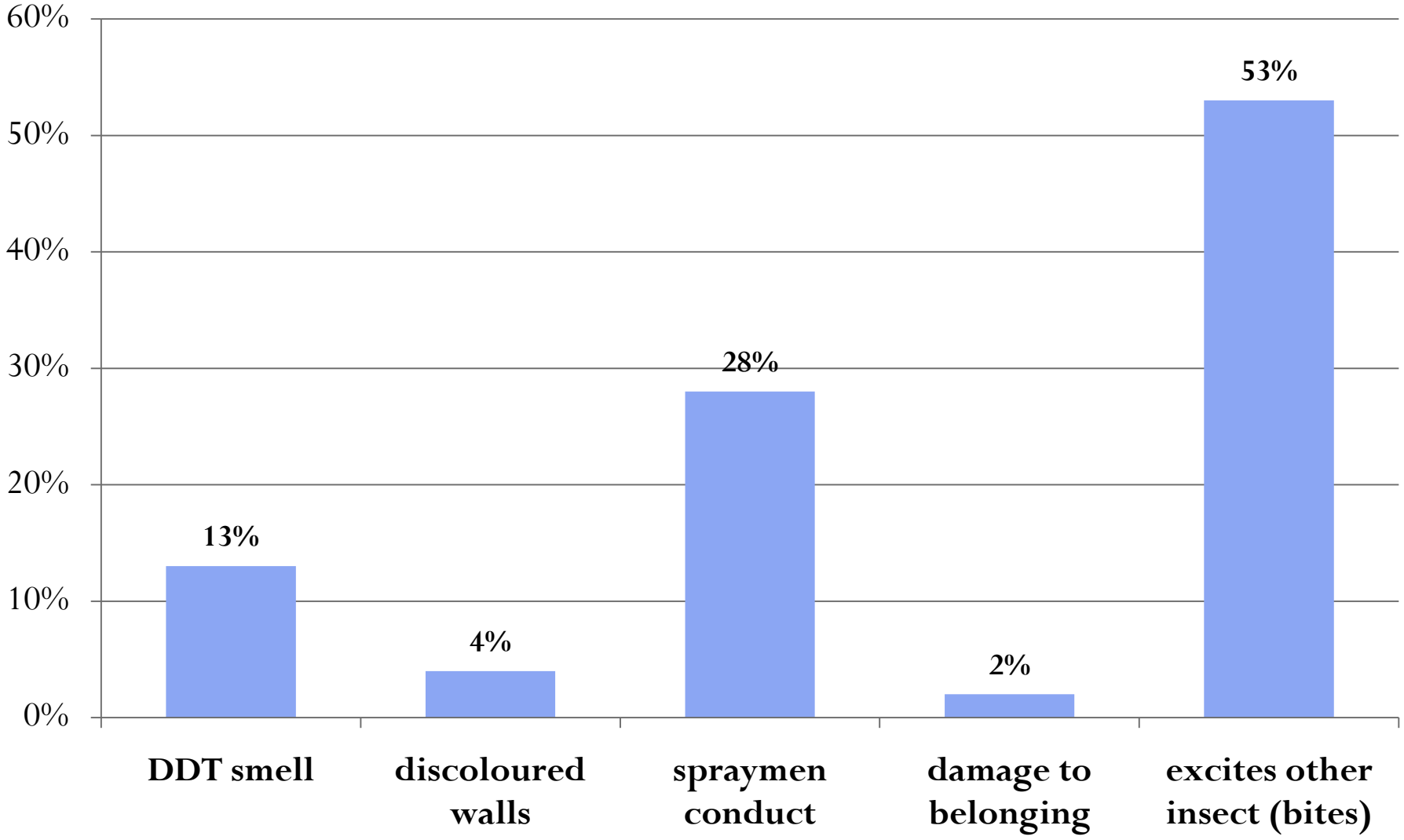


Figure 9 - Allow DDT Spray in the house in future (n=200)

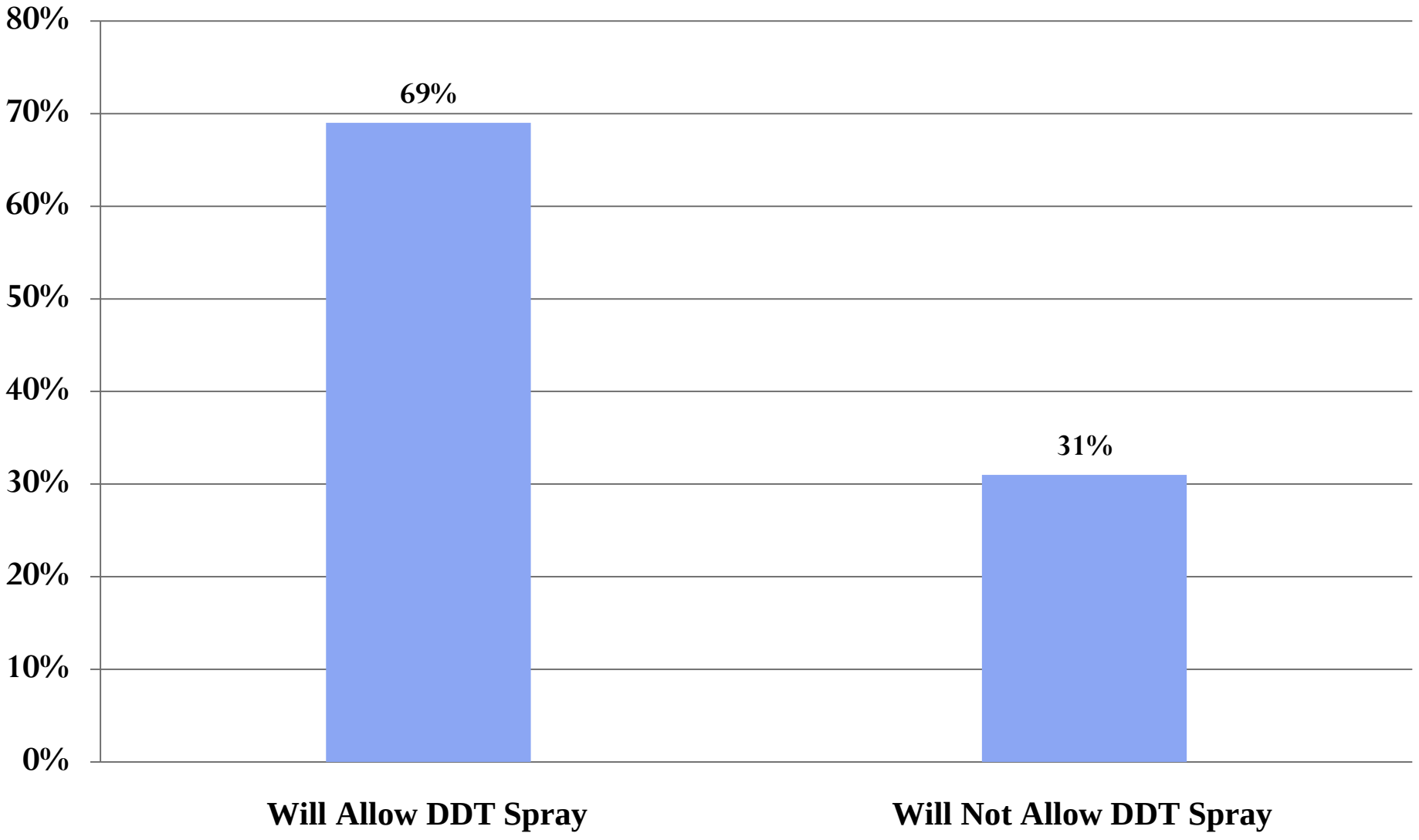


Figure 10 - Use of Protective Measures against Kala Azar (n=151)

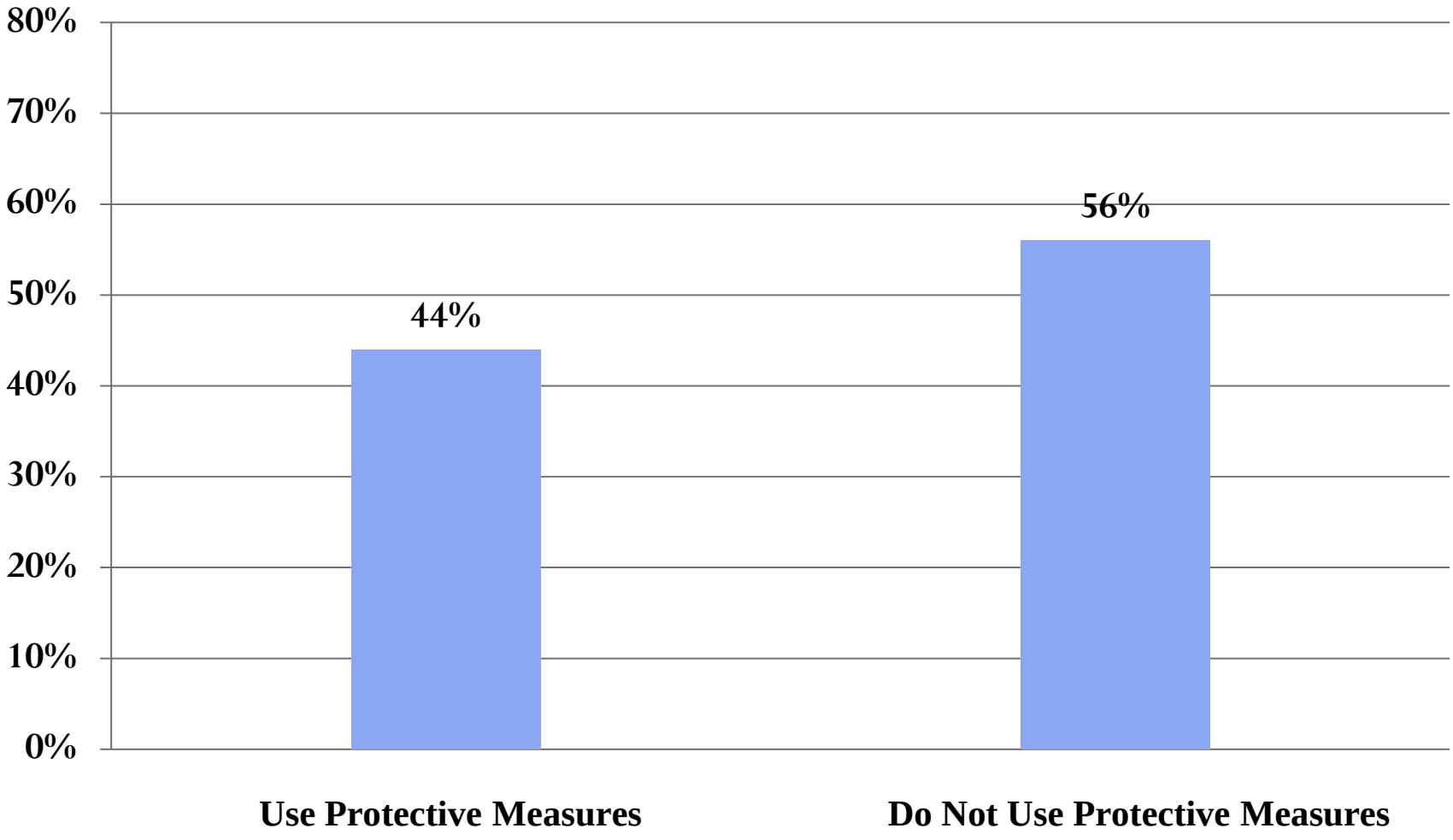
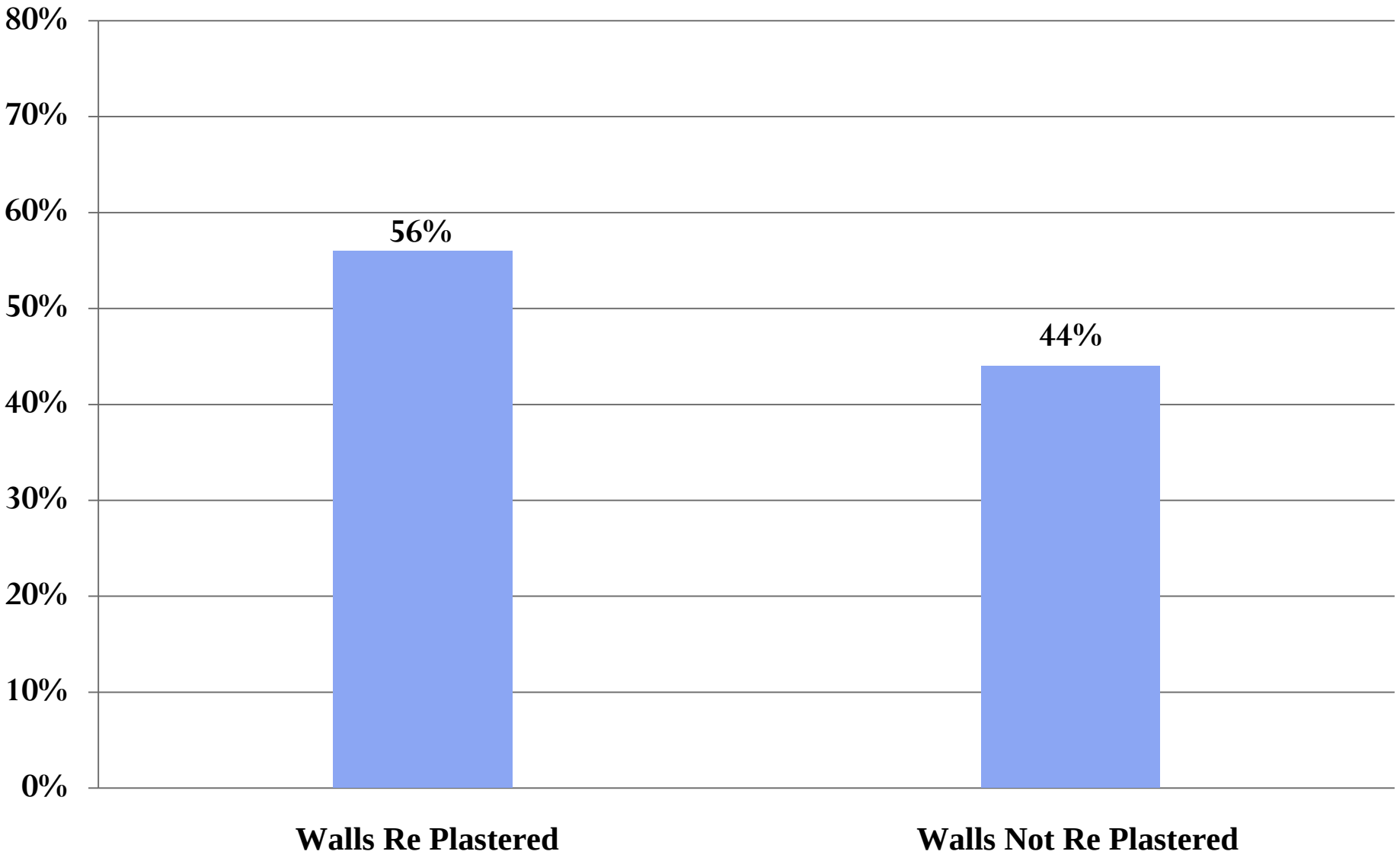


Figure 11 -Inner Walls Re-plastered after spraying (n=185)



Limitations

- The reason for refusal being increase in insects bites being a high proportion needs to be probed more in depth.

Conclusion/The Way Forward

- There is a need to sensitize the community on the correct knowledge, attitude and practices about the control activities.
- Community participation has to be developed through field level workers so that the people can understand the benefits and help in successful implementation of the program.
- Effective Communication tools have to be made to make people aware of correct signs and symptoms.

Thank You