

CHAPTER III

A Rapid Assessment on Guidance by Doctors and Practice in Home Care by Mothers for Children with Diarrhoea in Ho Chi Minh city, Vietnam.

3.1. INTRODUCTION

Recently, in Vietnam diarrhoeal diseases were reported in the tenth leading cause morbidity and mortality. Among the children under five years of age diarrhoea is known as the second sickness with 3.02 episodes per child per years (Tien, 1998). Several studies and have pointed out that incorrect home care of mothers is a problem. (NCDDP,1998; Sac,1997; Tien,1998).

In this chapter I aim to explore home care for children under five years old with diarrhoea in South Vietnam, through a rapid assessment, in preparation of a community-based intervention. The rapid assessment took place at the Children's hospital number 2 Ho Chi Minh City, Vietnam. Assessment outcomes are also complementary to the literature search conducted for the essay on the problem of home care for children under five years old with diarrhoea.

This chapter will describe the process of the assessment and will discuss the findings, including the limitations and lessons learned.

3.2. RATIONAL

The purpose of this study is to compliment findings from the literature in Vietnam with a focus on health care providers because health services are important in providing support to community based intervention.

Based on the purpose of the study and limitations in terms of time to visit Vietnam, a rapid assessment approach has been selected. This approach allows flexibility, is pragmatic in nature, and provides sufficient direction to further develop an intervention proposal.

3.3. RESEARCH QUESTION

- Is the KAP questionnaire clear for respondents?
- Do mothers of children with diarrhoea receive appropriate health education when visiting health care services?

3.4. OBJECTIVE

1. Pre-test the KAP questionnaire on home care for children with diarrhoea.
2. Explore the practice of health care providers in term of health education for mothers with children suffering from diarrhoea in the Children's hospital in Ho Chi Minh City in Vietnam.
3. To explore and experience scope and limitations in data collection.

3.5. METHOD

3.5.1. Study design

A rapid assessment approach was applied using quantitative and qualitative data collection techniques (Scrimshaw et al, 1987).

3.5.2. Study location

The rapid assessment took place at the Out Patient Department (OPD) of Children's hospital number 2 in Ho Chi Minh city, Vietnam.

3.5.3. Study duration

The rapid assessment study was carried out from 9th October to 13th October 2000.

3.5.4. Sampling

- A convenience sample was used in selecting mothers for testing the structured questionnaire.
- A convenience sample was also used in selecting doctors to explore health education practices for mothers with children suffering from diarrhoea.

3.5.5. Sample size

The sample sizes are:

- One key informant for an indept interview: the chief of the gastroenteritis ward.
- 30 mothers for interviews using the structured questionnaire.
- 30 mothers for covert observation to examine the guidance mothers receive in home care from doctors (Bencha, 1989)

3.5.6. Instruments and data collection

- Open ended questions were used for the indept interview with key informant for collecting information on the practices of health care providers in terms of IEC for mothers on home care for children with diarrhoea.
- An observation checklist was used to examine guidance by doctors for mothers in home care for children with diarrhoea.
- A structured questionnaire was used to interview by mothers on home care for children with diarrhoea.

3.5.7. Data analysis

- A descriptive qualitative analysis has been used for the indept interview.
- A simple descriptive quantitative analysis has been applied for frequency calculation and distribution by using SPSS software for the questionnaire and observation.

3.6. FIELD ACTIVITY

3.6.1. Preparation of instruments, and documents

Mid September 2000, instruments such as guidelines for the indept interview, the structured questionnaire, and an observation check list were developed. An official letter was prepared and sent to the director of the Children hospital so as to inform her on the purpose of the study, and to request cooperation from the hospital.

3.6.2. Introduction to the hospital management

An appointment was made with the hospital director to explain the purpose of the rapid assessment, to obtain support, and to discuss the plan of action.

3.6.3. Action plan

The action plan included dates, timing, a list of respondents, and a budget. The action plan was reviewed at the OPD of the Children hospital.

3.6.4. Implementation the study

Interviews and observations were conducted from 9 to 13 October 2000.



3.7. FINDINGS

All of data were collected from the OPD of the Children hospital through:

- An indept interview with the ward chief.
- Observations during 30 consultations.
- 30 structured questionnaires with mothers.

3.7.1. Result of indept interview

- Characteristics of the respondent:

The chief of gastroenteritis ward is a female doctor, she 45 years old, she has 20 years experience in paediatrics, and she is working at the gastroenteritis ward since 11 years. In 1990 she attended the CDDP training course on management of patients with diarrhoea and communication skills.

- Result of the indept interview
 - Policy on EIC in home care diarrhoea for mothers

The hospital or ward do not have any policy on EIC in home care for mothers with child suffering from diarrhoea. According to the chief, although the director has been informed about the recommendations of the NCDDP in EIC for mothers of children with diarrhoea, the management do not pay attention. Therefore, policy, facilities, EIC materials and rewards are not in place at the gastroenteritis ward.

The chief stated that the policy in EIC need to be discussed and approved in the meeting of directors to mobilize resources. The EIC policy has not been presented in the meeting, therefore, so far the hospital and ward do not have a policy implemented.

– Implementation of EIC in home care for mothers

Despite of having no policy, the chief said some EIC activities are being implemented in her ward recently such as:

- Training in communication skills: 1 out of 23 staff (5 doctors / 18 nurses) has been trained.
- EIC activities:
 - Fluid intake: all doctors prescribe ORS solution and advice mothers give more fluid for the child.
 - Continue feeding: 4 out of 5 doctors are not concerned about feeding guidance. They do not think that this is their responsibility.
 - Advice on danger signs: all doctors and nurses only give oral advise on danger signs for mothers to return for a check up the child, but this not often , they only answer when mothers ask.
- EIC activities on antidiarrhoeal drugs: doctors do not prescribe antidiarrhoeal drug for children with diarrhoea, but they never tell mothers about harmful effects of this drugs.
- The chief acknowledged that the EIC in home care and antidiarrhoeal drug was inadequate. According to the chief, this because they do not have a hospital policy in EIC, staff shortness, and they did not train staff, so staff lack knowledge and skills in EIC for mothers. There is also no budget for EIC.

– EIC material in home care for mothers

Five years ago, they received EIC material such as leaflets, posters, and flip charts from CDDP South Vietnam. But stocks exhausted since 3 or 4 years. Recently, the nutrition program for children provided leaflets and flipcharts on guidance for nourishing food. This stock is sufficient enough for distribution among mothers.

– Improve EIC in home care for mothers

According the chief, to improve EIC on home care for children with diarrhoea the policy need to be enforced by the hospital. Only then responsibilities among staff can be defined, training planed, resource material ordered. In absence of a policy there is no budget allocation possible.

3.7.2. Result of observations

There were three doctors out of 5 observed on their practice in guidance on home care in the gastroenteritis ward. The three doctors had consultation with 30 mothers having a child with diarrhoea.

Table 4.1 Advise on fluid intake from the doctor

Advise on fluid intake	Frequency	Percentage (%)
Yes	25	83.3
No	5	16.7
Total	30	100

All children were assessed for dehydration, but no one had dehydration.

The majority of mothers received advise on fluid form doctor.

Table 4.2 Advise on feeding from the doctor

Advise on feeding	Frequency	Percentage (%)
Yes	2	6.6
No	28	93.4
Total	30	100

The majority of mothers (93.4%) did not receive advise on feeding from the doctor

Table 4.3 Advise on dangerous signs from the doctor

Advise on dangerous signs	Frequency	Percentage (%)
Yes	5	16.7
No	25	83.3
Total	30	100

Most of mothers (83.3%) did not receive advise on dangerous signs from doctors

Table 4.4 Advise on antidiarrhoeal drug from the doctor

Advise on antidiarrhoeal drug	Frequency	Percentage (%)
Yes	1	3.3
No	29	96.7
Total	30	100

The majority of mothers (96.7%) did not receive advise on antidiarrhoeal drug from doctors

Table 4.5 Mothers educated by IEC material

Mothers were educated by IEC material	Frequency	Percentage (%)
Yes	2	6.6
No	28	93.4
Total	30	100

Most of mothers (93.4 %) did not receive education by IEC material.

Table 4.6 Distribution of mothers received advice on home care by doctors

(3 doctors, each doctor give guidance 10 mothers, total 30 mothers)

Mother received :	Frequency	(%)	By doctors 1	By doctors 2	By doctors 3
Advice on fluid	25	83.3	7	10	8
Advice on feeding	2	6.6	0	1	1
Advice on danger signs	5	16.7	1	3	1
Advice on antidiarrhoeal drugs	1	3.3	0	1	0

Table 4.7 Mothers receive IEC material from the doctor

Distributed IEC material	Frequency	Percentage (%)
Yes	2	6.6
No	28	93.4
Total	30	100

Most of mothers (93.4%) did not receive IEC material from the doctor.

3.7.3. Result of KAP structured questionnaire

3.7.3.1. Demographic characteristics of respondents

Table 4.8 Distribution age of respondents

Age of respondents	Frequency	Percentage (%)
18 - 24 years old	15	50
25 – 34 years old	12	40
Over 35 years old	3	10
Total	30	100

Half of the respondents are in the range of 18 –24 years old. Evidently most of the mothers range between 18 –34 years old.

Table 4.9 Distribution education of respondents

Education of respondents	Frequency	Percentage (%)
Illiteracy	1	3.3
Primary school	18	60
High school	10	33.4
Over high school	1	3.3
Total	30	100

3.3 % of respondents are illiteracy while 60% had primary school level education.

This is important for developing of IEC material.

Table 4.10 Distribution occupation of respondents

Occupation of respondents	Frequency	Percentage (%)
Farmer	2	6.6
Small business	8	26.7
Housewife	9	30
Others	11	36.7
Total	30	100

There are only 2 % of respondents are farmer, this can be explained by the fact that data collection took place at an urban area.

Table 4.11 Distribution number of children of respondents

Number of children	Frequency	Percentage (%)
1 to 2 children	24	80
3 and more children	6	20
Total	30	100

Most of respondents (80%) have 1 to 2 children. This compared with the findings of table 4.12 provides evidence that 70% of the mothers are first parents.

Table 4.12 Distribution number of children under five years of respondents

Number of children	Frequency	Percentage (%)
Only 1 child	21	70
More than 1 child	9	30
Total	30	100

Most of respondents (70%) have only one child under five years old.

Table 4.13 Distribution family income of respondent

Occupation of respondents	Frequency	Percentage (%)
Very poor (less than 500 thousand VND)	1	3.3
Poor (500 thousand – 1 million VND)	12	40
Middle (over 1M – 2 M VND)	11	36.7
Upper middle (over 2 M VND)	6	20
Total	30	100

There are 43.3 % respondents poor. Among the respondents, the children hospitalize in a public hospital.

3.7.3.2. Knowledge , attitude and practice in home care for children with diarrhoea

Table 4.14 Distribution of correct¹ knowledge of respondent on home care

Knowledge of respondents	Frequency	Percentage (%)
Correct give fluid	12	40
Correct feeding	18	60
Correct in know dangerous signs	30	100
Correct in using antidiarrhoeal drugs	20	66.7

Only 40% respondents give more fluid intake for their child than usual, while there are still 40% mothers who practice incorrect feeding.

Table 4.15 Distribution of knowledge of respondent on ORS solution

Knowledge of respondents	Frequency	Percentage (%)
Know ORS	22	73.3
Do not know ORS	8	26.7
Total	30	100

Most of respondents are acquainted with ORS (73.3%)

Table 4.16 Distribution of respondent preparation practice on ORS solution

Prepare ORS solution	Frequency	Percentage (%)
Correct	10	40
Incorrect	12	60
Total	20²	100

There are 60% of respondents who prepare ORS incorrectly.

Table 4.17 Distribution of respondent on give fluid

Respondents give fluid	Frequency	Percentage (%)
Give fluid	29	96.7
Do not give fluid	1	3.3
Total	30	100

Most of respondents give fluid for the child in the cases of diarrhoea (96.7%) but this finding is in conflict with table 4.14 and 4.18 on correct fluid intake.

Table 4.18 Distribution on the amount of fluid given by respondents

Respondents give amount of fluid	Frequency	Percentage (%)
More than usual	12	41.4
As usual	15	51.7
Less than usual	2	6.9
Total	29	100

There are 6.9% of respondents who give less fluid for the child than usual in the case of diarrhoea.

¹ Correct knowledge was defined include as: (1) give more fluid than usual. (2) continue feed usual or more than usual. (3) know one dangerous sign. (4) not give antidiarrhoeal drugs for the child.

² Have 10 respondents not use ORS.

Table 4.19 Distribution of respondents on feeding habits

Respondents feeding	Frequency	Percentage (%)
Stop feed	2	6.6
Reduce feed	10	33.4
Continue feed as usual or more	18	60
Total	30	100

There are still 40 % respondents who practice incorrect feeding habits for a child with diarrhoea.

Table 4.20 Distribution of attitude of respondents on fluid and food intake

Children with diarrhoea need to be given more fluid and continue feed	Frequency	Percentage (%)
Agree	15	50
Uncertain	11	33.6
Disagree	4	13.4
Total	30	100

There are still 47 % of respondents with incorrect perspectives on fluid and food intake for a the child with diarrhoea.

Table 4.21 Distribution of respondents who give self administered antidiarrhoeal drugs for children with diarrhoea

Give antidiarrhoeal drug for children with diarrhoea	Frequency	Percentage (%)
Yes	10	33.3
No	20	66.7
Total	30	100

There are still 33.3 % respondents that give antidiarrhoeal drugs without prescription for the child with diarrhoea.

Table 4.22 Distribution of attitude of respondent on antidiarrhoeal drug

Antidiarrhoeal drugs can harm children with diarrhoea	Frequency	Percentage (%)
Agree	8	26.7
Uncertain	12	40
Disagree	10	33.3
Total	30	100

Most of respondents (73.3%) are uncertain or disagree that antidiarrhoeal drugs can harm the child with diarrhoea.

Table 4.23 Distribution of knowledge of respondent on dangerous signs

Respondents realize dangerous signs	Frequency	Percentage (%)
Has fever	18	60
Vomits repeatedly	25	83.3
Blood in stool	15	50
Drink poorly	10	33.3
Not able to drink or breastfeed	26	86.6
Does not get better	30	100
All 6 danger signs	0	0

All of 30 respondents could not recognize all 6 danger signs. The dangerous signs 'drink poorly' and 'not able to drink or breastfeed' are only recognized by few respondents

Table 4.24 Distribution of belief among respondents on home care guidance

Belief in	Frequency	Percentage (%)
Physician check up the child	28	93.3
Health volunteer	18	60
Teacher of children	15	50
Health staff of health station	21	70
Others	9	30

Most of respondents believe in home care guidance from physicians check up their child (93.3%)

3.8. DISCUSSION

3.8.1. Indept interview:

Although not generalizable the case indicates that home care guidance for mothers with children suffering from diarrhoea to be successful will need to consider the bureaucratic system in public health services. Policies need to be re-enforced by the services management if change is aimed at.

3.8.2. Observation

There is only one doctor out of 3 doctors give advice on all 4 rules of home care for mothers.

In total 30 mothers having a child with diarrhoea consulted a doctor. Although most of the mothers (83.3%) received advise on fluid from the doctors but the majority of them (93.4%) did not receive advise on feeding. This confirmed the opinion of the chief of the gastroenteritis ward.

Most of the mothers (83.3%) did not receive advise on dangerous signs in diarrhoea from doctors. The finding indicated that doctors not pay attention on guidance for mothers on dangerous signs in the child so that mothers do not know when they have to bring their child for a recheck up.

Doctors also did not advise mothers on the harm antidiarrhoeal drugs can cause to their child. The majority of mothers (96.7%) did not receive advice on antidiarrhoeal drug from doctors.

Most of the mothers (93.4 %) did not received health education by EIC material even when leaflets on nutrition are available. The finding contradicts with the suggestion of the chief in the interview. This may indicate that availability of material is not enough. The attitude of physicians is equally important.

Findings indicated that implementing guidance on home care depend on re-enforcement of policies for health care providers in EIC, and the importance on guidance for mothers among doctors.

3.8.3. KAP questionnaire

3.8.3.1. Demographic characteristic of respondents

The study has been carried out in a city so that demographic characteristic of respondents are characteristic for an urban population: There are only 2 % of respondents are farmer they came from some provinces in the South. The majority of them have an education at primary school level this is important to know in the development of the education program. Most of respondents have a small size family 70% of them have only one child under five years old. Among of respondents there

are still 43.3 % respondents who are poor, home care could be influenced by this factor.

3.8.3.2. Home care

In general, most of the mothers (96.7%) give their child fluid but among them only 40% give fluid intake for their children more than usual. 40% of them have incorrect knowledge in feeding and 33.3% using antidiarrhoeal drugs. All of respondent could not recognize all 6 danger signs. This finding agree with previous study that mothers lack of home care for children with diarrhoea (Sac,1997; Tien,1998). This also indicate that attention need to be given to all 4 rules in home care: (1) Give more fluid intake than usual, (2) continue feeding, (3) recognize danger signs and bring the child to health worker for check up, and (4) avoid antidiarrhoeal drugs in home care.

ORS was known widely (73.3%) but among the respondents who used ORS there are 60% incorrect prepare ORS. This can be either harm their child or reduce the effect of ORS solution in dehydration.

There are 40 % of respondents who practice incorrect feeding for the child with diarrhoea. This refers to respondents' lack of knowledge on feeding or certain beliefs, and their children could easier suffer from malnutrition or prolonged diarrhoea, and severe diarrhoea.



For the attitude of the respondents on “need give more fluid and continue feeding” for the child with diarrhoea, nearly half (47 %) was uncertain or disagreed.

Although, there are 16.7 % of respondents that give antidiarrhoeal drug for the child with diarrhoea, but most of respondents (73.3%) are uncertain or disagree about antidiarrhoeal drugs can harm the child with diarrhoea. This referred that they lack of knowledge in antidiarrhoeal drug, and can easy encourage them do not use antidiarrhoeal drugs for their children with diarrhoea.

The finding on dangerous signs indicated that mothers are ill-informed about the various signs as the result shown that all of 30 mothers could not recognize all 6 danger signs.

The majority of respondents value physicians (93.3%) and health station staffs (70%) for home care guidance. This indicates that they trust health professionals.

3.9. LIMITATION

The first and also the largest limitation of this study was that at the time of planing to do study in the Mekong delta, the intended place for rapid assessment, there happened to be a big natural disaster: the flood. The flood stretched for 3 months, so that all strenuous effort to implement the study in this area were unsuccessful. Therefore, the rapid assessment study had to change location. The Children hospital number 2 in Ho Chi Minh city substituted for Cai Be district

hospital. Therefore, the purpose of preparing for an intervention proposal failed. This because assessment findings collected in Ho Chi Minh city do not reflect the Mekong delta situation.

Because I had to change the study location, time for establishing contact with the Children hospital was short. The limitation of time also influenced the action plan of the assessment. At that time it was not the diarrhoea season, as the result rapid assessment had to be stretched for 5 days so as to collect enough mothers participate.

Manpower for implementing the rapid assessment was limited at that time, because of the flood all staffs ready for participating in the rapid assessment were mobilized for helping people in the flood. Thus, not enough participants for conducting a focus group discussion, a technique necessary and effective to explore the behavior aspects of mothers.

The investigator for this study is student and still in the learning process, and is lacking experience in doing research. I was also limited in contacting my advisor because the rapid assessment was conducted in Ho Chi Minh City while my advisor was in Bangkok.

3.10. LESSONS LEARNED

I learned that the findings from the indept interview technique were different from observation findings because it can depend on the view point of key informant.

Therefore using triangulation technique will be useful to detect the discrepancy so that we will get more reliable and valid data. For example, the chief, key informant from the in-depth interview, concluded that if material is available, health staff will distribute this to mothers. But in fact, the results from the observation indicated that although leaflets were available, doctors still did not distribute these to mothers.

I also learned that making a structured questionnaire is not easy; although I had tested it before the use in Vietnam, some words were not easy to understand for respondents. Therefore, it is important to pre-test a questionnaire in a population equal to the study sample.

Some respondents (mothers) could not concentrate during the interview because their child cried, passed urine during the interview, but had no relatives to take care of their children during the interview. One could make it more convenient for respondents by organizing a baby sitter.

I also learned that, in a study located in a hospital OPD, respondents having a child with diarrhoea offer very accurate information compared to respondents who are in the community because respondents in the community may forget aspects of their management for the child over time.