

CHAPTER V

DISCUSSION AND CONCLUSIONS

5.1 Discussion

In this chapter, the survey findings will be discussed in the context of research questions and objectives.

Most of the respondents in this study were Myanmar house wives who had lived in Mae Sot for more than 3 years. It was found that majorities of the respondents had received information on Dengue Fever up to some extent. The main source of information was from family, friends or neighbors. This differs from a previous 'KAP' study conducted in Mae Sot with Thai people in which the main source of Dengue information was from health personnel (Swaddiwudhipong et al., 1992).

Overall, the respondents had a moderate level of knowledge on Dengue Fever. Health education programs are, therefore, necessary to help them improving their knowledge. Nearly half of them did not know the biting time of dengue mosquitoes. To know the biting time of dengue mosquitoes is quite important because most people tend to protect from mosquito bites only at night and fail to protect them during day time, which can cause greater risk of getting dengue infection. Around one third of the respondents answered that dengue mosquitoes prefer living in the forests; therefore they might not worry about the biting of 'dengue mosquitoes' living in and around their houses. More than one third of the respondents did not know that dengue mosquitoes usually lay eggs

in clean and clear water stored in water containers in the house; therefore they might not take action against the mosquito breeding in water containers in their houses. Future health education programs for Myanmar migrants in Mae Sot should emphasize on those points.

Regarding beliefs on susceptibility of Dengue Fever, nearly 85 % of the respondents believed that a strong and healthy child is less likely to suffer from DHF than a weak and low immune child. This implies that they may not worry about their child getting Dengue Fever if he/she is healthy. More than 40% of the respondents believed that after a dengue patient had recovered from his/her illness, he/she would not get Dengue Fever again. It is quite worrisome to see such perception, because in spite of taking more care to children after recovering from Dengue Fever, the respondents may take less care of the children and there is a greater chance of getting the severe form of the disease, i.e. DHF/DSS.

With regards to the preventive practices of Dengue Fever, only 41% of the respondents protected themselves from mosquito bite during day time although nearly 57% of them knew the biting habit of Dengue mosquitoes. This result indicates that knowledge is not totally followed-up by preventive behaviors. In addition to health education programs, some other methods to change the behaviors will be necessary.

No significant association was found between demographic characteristics and attitude of the respondents. A similar result was found in a 'KAP' study conducted in Malaysia

in which no significant association was found between demographic characteristics and attitude regarding Dengue Fever (Hairi et al,2003).

There was a significant association between knowledge and attitude towards Dengue Fever. This result is consistent with the result of a 'KAP' study on Dengue in Malaysia by Hairi et al. (2003). However, it is contrary to the findings in Brazil by Donalizio (2001) in which there was no association between knowledge and attitude. A possible explanation about this contradiction is that different questions are used in different studies to determine the same beliefs; consequently, it is difficult both to design appropriate tests of the Health Belief Model and to compare results across studies (Brown, 1999).

There was also a significant association between attitude and practices regarding Dengue Fever prevention. This result is consistent with the findings of the studies in Vietnam in which a significant association was found between attitude and preventive practices on Dengue Fever (Huu, 1998; Quan, 2001). However, it is contradictory to the results of a KAP study in Malaysia in which no association was found between attitude and preventive practices of Dengue Fever. According to Brown, 1999, the reason why research does not always support the Health Belief Model is that factors other than health beliefs also heavily influence health behavior practices. These factors may include: special influences, cultural factors, socioeconomic status, and previous experiences.

A significant association was found between duration of stay of respondents in Mae Sot and their knowledge on Dengue Fever. Those who lived in Mae Sot for more than 3 years had a better knowledge on Dengue than those who lived there for less than 3 years. The former, due to their longer duration of stay, usually could understand Thai better than the latter, and therefore, were more likely to get exposure to Dengue information in Thai language. For migrants who could not understand Thai, the only source of information would be in Myanmar language. However, for those who could understand Thai, they had a chance to get Dengue information broadcasted by both Myanmar and Thai governments and therefore might have a better access to knowledge on Dengue.

Based on related findings, the hypotheses for this study that there is an association between knowledge and attitude ($p=0.002$); and attitude and practice on Dengue Fever prevention ($p<0.001$) are accepted.

5.2 Scope and Limitations

In this survey, systematic random sampling, a probability sampling method was used, in which every one in the Myanmar community in Mae Sot Sub-District had an equal chance of being selected in the sample. The sufficiently large sample size and the probability sampling design can assure the representativeness of the samples, or generalizability of sample findings. Yet, this study represents the Myanmar migrant community in Mae Sot Sub-District only and does not represent the whole migrant population in Mae Sot District.

Nine interviewers (seven interviewers were from Mae Sot General Hospital and the other two were MPH students) have participated in data collection. To minimize the interviewer bias, a standard questionnaire was used to ensure that all respondents were asked exactly the same questions in the same sequences. The exact wording of each question was specified in advance, and the interviewer merely read each question to the respondents. The training of the interviewers and role plays were also conducted before the actual data collection. However, there might be situations in which some respondents did not understand the question that was read, and the interviewers had to rephrase the question in their own words; some biases might be created at that point. Interviewers could also influence the responses by their facial expressions, and even by their tone of voice. In the Myanmar culture, people usually want to please the guests. Seeing the eagerness of the interviewer, respondents might tend to give answers that would please that interviewer.

The study design was a cross-sectional survey; therefore it could not look at practices regarding Dengue Fever prevention over time. Nevertheless, the result of this study is expected to be useful as a baseline data in future health promotion intervention programs including health education programs for Myanmar migrants in Mae Sot Sub-District by International Non-Governmental Organizations.

5.3 Conclusions and Recommendations

The significant associations between knowledge and attitude; and attitude and preventive practices of Dengue Fever in this study imply that if the migrants are

supplied with correct knowledge through appropriate channels, there may be some changes in their attitudes and ultimately practices. Health education programs focusing on the biting time and breeding habits of *Aedes* mosquitoes, as well as on the susceptibility and severity of Dengue Fever, will be beneficial.

The health education programs should be targeted on women who are the main caretakers of the house. They ought to be supplied with knowledge and preventive methods on Dengue Fever and also with enforcing factors such as peer support. KAP surveys among Myanmar migrant women in Mae Sot Sub-District should be carried out over time to evaluate the effectiveness of health education programs.

The survey result also shows that knowledge is not the only factor that will give rise to preventive practices; therefore further study could be useful to explore those factors in the interplay between knowledge, attitude and practice, which can modify the migrants' preventive practices on Dengue Fever.