

## CHAPTER V

### Presentation

My presentation contained 3 parts: the essay, the proposal, and the data collection exercise. In the first part I introduced my problem issue, caretakers of children under five years old in developing countries often present their children with pneumonia too late to a trained health worker. This was followed by my proposal for a solution, the use of PAR as a means to reduce unwarranted delays. I further showed how my approach is based on the concepts of health promotion and community empowerment.

In the second part I presented my proposal. Pointing at caretakers' lack of knowledge about ARI, and at practical obstacles in their environment, as reasons of unwarranted delays, I explained that my project proposal aimed at strengthening caretakers' ability to bring their sick children in time to a trained health worker by linking health education to training in life supporting skills. I explained that PAR is a methodology that can be used to this end, and gave some examples of how it can work in practice.

In the third part I presented my data collection exercise. I stressed that this exercise had been the fruit of a participatory approach, involving officers of Chonburi Province Ministry of Public Health, and myself. I used a model of PAR as a

framework to reconstruct our participatory approach and present the content of the data collection exercise.

I used transparencies for my presentation. The contents of the transparencies are shown below, in the sequence as shown to the examination committee.

Thesis Title:

PAR as a tool to combat fatal delays in  
presenting children with pneumonia to a  
trained health worker

## 1. The theory: an essay

Issue: caretakers bring their children with pneumonia often too late to a trained health worker

The solution I propose:

Participatory Action Research, a tool to  
reduce unwarranted delays

## Reasons:

- Some factors located in caretakers' environment
- Caretakers can learn about them and acquire skills
- Caretakers can act upon them

Health promotion:

Control health hazards in people's  
environment

## Empowerment:

Enable people to exert control  
on health hazards in their environment



# Participatory Action Research:

Learn

Act

Improve one's own life

## 2. Preparing for practice: a project proposal

PAR, a tool to increase caretakers who bring their children with fast breathing in time to a trained health worker

Problem statement: unwarranted delays

Reasons:

Lack of knowledge

Practical obstacles

## Solution:

- Linking health education to training in life supporting skills
- Target group: all women above 15 in “the community”

## Project objectives:

- More caretakers bring their child with pneumonia in time to a trained health worker
- Better hygiene
- Better feeding practices
- Better responses to ARI

## PAR process:

- Facilitator
- Problem-posing
- Identify problems
- Set objectives
- Strategies (health education & skills training)

### 3. Practice: a data collection exercise

- Linked to recognition of fast breathing
- In cooperation with officers of provincial MOPH
- Participatory approach

## PAR: facilitator and participants

- Concern
- Identifying problem
- Setting objectives
- Determining strategy
- Discussing results



Marc

MOPH

- Like researcher
  - Focus on validity of results
- Provide expertise
  - Local insights

- Using each other's strengths
- Looking for common denominator
- Group process
- Both sides learn

## Concern:

- MOPH:
  - over-consumption  
of antibiotics
- Marc:
  - recognition of fast  
breathing

## Problem: no information available

- Research questions:
  - Do caretakers recognize:
    - the symptoms of ARI?
    - the danger sign of fast breathing?
  - Do caretakers consult a trained health worker in time?

## Objectives:

- describe knowledge and practices with regard to ARI (and pneumonia).
- Focus on fast breathing:
  - recognition
  - response
  - delays

## Strategy: survey with questionnaire

- Study population from hospital list
- Questions with answering options
- Respondents report symptoms observed
- Respondents report their responses

## Results:

- Caretakers do normally not consult health volunteers
- Caretakers recognize danger signs
- Do not always go immediately to a trained health worker

## Conclusion:

- there may be a need to review health education practices in the province



Greatest satisfaction of writing my thesis:

To use feed-back to further explore my own  
thoughts