DEVELOPING A COMMUNITY PROFILE ON SOCIO-ECONOMIC AND HUMAN BEHAVIORAL ASPECTS FOR IMPROVED MALARIA CONTROL IN NEPAL

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health, Health System Development Programme College of Public Health, Chulalongkorn University 1997

ISBN 974-637-374-9

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ABSTRACT

Out of about 20.32 million population of Nepal, approximately 13.17 million (65%) are at malaria risk. Despite of government efforts to control malaria transmission, periodic epidemic outbreaks and persistent transmission in the several areas with tropical and sub-tropical climate, have shown that malaria is still a public health problem in Nepal.

One of the important aspect of any program is availability of update information. In the malaria context, information about all aspects of malaria epidemiology of an area is essential for the reason that the distribution and intensity of malaria vary from one place to other. Many factors such as socio-economic, elements of human behavior, environment, biological factors and provision of health services act together or separately for this and determines the extent of transmission.

At present, epidemiological information on malaria is available throughout the malarious areas of the country. But there is lack of information on socioeconomic and behavioral factors conducive for malaria transmission in different villages of Nepal. Studies have shown that these aspects pose a influence both on malaria transmission and control. This calls for identifying those factors in respect to improve malaria control and develop a information profile. So, the objectives of this study is to develop a socio-economic and human behavioral information profile of Panchkhal village so that a suitable control measures could be recommended for the improved malaria control.

The proposed study will be a cross-sectional survey for exploratory purposes with a qualitative approach. The techniques for collection of required and relevant information will be interviews, observation of study site and households and review of available documents and service statistics. A field observation as a part of data exercise was done in two villages of Kanchanaburi Province, Thailand to test the appropriateness of data collection techniques i.e., pre-test of observation checklist (see Appendix I). Similarly, questionnaire guidelines was also tested through interviews with key informants at Ministry of Public Health, Thailand.

The outcome of the research results will be presented to the planners and administrators of Nepal Malaria Control Program. They are expected to apply research results in the formulation of appropriate anti-malaria intervention in that area and will improve the situation.

ACKNOWLEDGMENTS

This thesis is the final product of my one-year study in M.P.H. (Health System Development) at College of Public Health, Chulalongkorn University, Thailand. My professors, college staffs and colleagues have offered me their innumerable guidance and CO-operation in order to bring it into this structure.

I am very grateful to the Dean, Professor Chitr Sitthi-amorn for his valuable suggestions and guidance all the time throughout the year. I would also like to express my sincere thanks to Associate Dean, Assoc. Professor Wattana S. Janjaroen for her support. Similarly, unforgettable directions and co-operation from my thesis advisors/teachers Assistant Dean (Academic) Dr. Stephen King and Dr. Nuntavarn Vichit-Vadakan made this project possible. I am heartily thankful and grateful to them. During my study at College of Public Health, they pioneered me in every steps.

I could never forget my co-advisor Ajarn Dr. Valaikanya Plasai, Department of Communicable Disease Control (DoCDC), Ministry of Public Health (MoPH), Thailand for her precious guidance, assistance and inspiration. I have the honour to be her advisee. She guided me through the dark and difficult moments during this study and led me into the light. I am cordially thankful and grateful to her. I would

also like to express my special thanks to Khun Jeeraphat Ketkeaw, Khun Siriporn and Khun Prayuth Sudathip of DoCDC, MoPH, Thailand.

I also wish to express my special thanks to Ajarn Wacharin Tanyanont, Ajarn Channawong Burapat and Ajarn Ratana Somrongthong for their kind co-operation and support throughout the year. Similarly, thanks are also extended to Miss Sunanta Wongchalee and Miss Kingkeaw Keawbunroung for their help at Information Centre. Thanks are also due to Khun Mongkol Thapinkkaw, Chief, Vector Borne Disease Control Centre 53, Kanchanaburi and to Khun Phaitun, Chief, Vector Borne Disease Control Unit 6, Tombon Ta-sao, Sai-Yok District, Kanchanaburi for their kind co-operation and guidance during my data exercise there.

Finally, I am grateful and thankful to all those who facilitated me in order to prepare this project.

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