

Ministry of health  
CENTRE FOR HEALTH EDUCATION

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(Study)*

**Report on**  
**Baseline survey on trachoma situation**  
**in endemic districts**

*Hanoi, February 2001*

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**KAP SURVEY FINDINGS  
ON TRACHOMA PREVENTION OF MOTHERS  
WITH CHILDREN UNDER 15 IN 13 UNICEF TARGETED DISTRICTS**

**1. INTRODUCTION AND BACKGROUND:**

According to the National Survey Data in 1995, trachoma has reduced in general but it remains high in northern provinces and mountainous areas. 8.5-17% of school children is suffering active trachoma. 13 UNICEF targeted districts in 8 provinces (namely Thanh Hoa, Hai Duong, Vinh Phuc, Ha Nam, Thai Binh, Ninh Thuan, Yen Bai, and Binh Phuoc) are among the epidemic areas (data by National Institute of Ophthalmology in 1999). A comprehensive, specific and timely measure should be taken to address the issue. Such communication interventions as providing and improving people's knowledge and attitude, instructing people to have good practices based on their potentials and available conditions are considered to be positive solutions for trachoma situation in community that will bring a long-term and sustainable efficiency.

To set a firm foundation for effective health education and communication interventions and to be able to assess the trachoma prevention project efficiency after the interventions, with UNICEF support, the Centre for Health Education-MoH (CHE) in collaboration with district health centres of 13 UNICEF targeted districts conducts the baseline survey of knowledge, attitude and practice of mothers having children under 15 to prevent trachoma in the targeted districts.

The survey objectives are as follows:

1. To assess knowledge, attitude and practice of mothers with children under 15 on trachoma prevention.
2. To identify main causes barriers and favorable conditions for mothers in taking behavior of trachoma prevention.

**II. SURVEY TARGET AND METHOD:**

**1. Survey Target Group:** Mothers with children under 15 years old.

**2. Survey method:**

- Cross section study was applied.
- Local interviewers were trained to interview mothers having children under 15.

### III. SURVEY CONTENT:

#### 1. Survey scope:

The survey was conducted in 13 Unicef targeted districts of 8 provinces, namely Thanh hoa, Hai duong, Ha nam, Vinh phuc, Thai binh, Yen bai, Ninh thuan and Binh phuoc.

#### 2. Sampling design:

Sample size is estimated based on the formula:

$$n = \frac{Z^2 pq (DEFF)}{d^2}$$

In which:

*Estimated for expected proportion = 95% (p = 0.5), confident level = 95% (Z = 1.96), desired absolute precision = 10% (d = 0.1), design effect (DEFF) = 1, missing data = 20%*

Sample size = 120. Each district is supposed to be an independent study area in the survey, thus, total sample size of the survey is : 120 x 13 = 1560

#### 3. Selection of interviewees

- Random sampling system was applied in this survey. In each district, 3 communes were selected randomly from the list.
- In each commune 40 mothers with children under 15 were selected.

#### 4. Survey implementation: The survey was implemented in 3 stages:

##### *Stage 1: Preparation for the survey*

- *Design the proposal, questionnaires and instruction form; prepare budget:*
  - The CHE submitted the survey proposal and designed questionnaires based on the suggestions and comments from relevant agencies such as UNICEF, ITI.
  - The questionnaires were pretested in a district of Ha Tay province before it was used as the final questionnaires.
- *Train central trainers and supervisors:*
  - Central trainers and supervisors are staff members of the CHE who are experienced in similar survey.
  - Training content: design training content for interviewers and instructions for supervisors. The most appropriate method to ensure randomness and representative for this survey was determined. Design a checklist for supervisor and interviewers in field.
- *Train interviewers:*
  - Interviewers are staff members of 13 District Health centres who are experienced in survey.
  - Training process was divided into 2 steps:
    - Step 1: a pilot course was conducted in the CHE for interviewers who came from 4 districts nearby Ha Noi.

- **Step 2:** train interviewers in the remain 9 districts. Training course was conducted in District Health Centres where the survey was carried out.

**Stage 2:** Data collection in field

- The trained interviewers went to selected communes to interview the mothers with children under 15.
- Data collection in field was conducted under the supervision of the central supervisors.

**Stage 3:** Data entry and analysis, making report

- Data entry and analysis was done by the CHE using the designed software of EPI INFO and SPSS program.
- Make report
- Meeting for the survey findings; put forward recommendations for interventions.

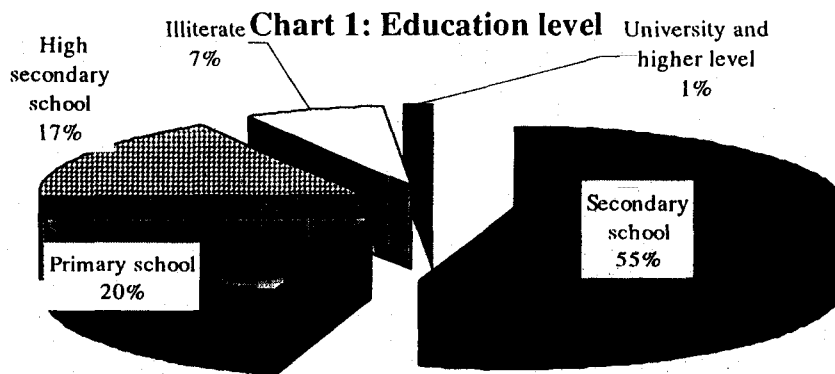
**III. FINDINGS:**

**1. Results of data collection:**

- 1,560 questionnaire forms were collected in CHE. This number is the same as the number of interviewed mothers. All forms were conformable to requirements.

**2. General information about interviewed mothers:**

- The mean mother's age is 34 (SD=7.3).
- The interviewees are mostly King people (87.1%). The rest are Thai people (7.2%) who live mainly in Van chan district-Yen bai province and others minority people such as Cham, Stieng, Khmer, San diu, etc (less than 1%).



- Education level: Mothers' education is mostly at secondary school level (54.6%).
- Primary school level accounts for 19.9% and high secondary school level 17.1%

Mothers' education in each district is shown in the following table:

No	Districts	Education level (%)					
		Illiterate	Primary school	Secondary school	High secondary school	Vocational school	University/ higher level
1	Văn chấn	39.2	55.8	5.0	0.0	0.0	0.0
2	Lộc ninh	20.8	43.3	27.5	8.3	0.0	0.0
3	Ninh phước	19.2	41.7	26.7	9.2	2.5	0.8
4	Ninh hải	7.5	57.5	30.0	4.2	0.0	0.8
5	Tam dương	0.8	16.8	68.9	12.6	0.8	0.0
6	Phan rang	0.8	22.5	35.0	40.8	0.8	0.0
7	Thọ xuân	0.8	4.2	50.0	44.2	0.8	0.0
8	Tứ kỳ	0.0	6.7	78.3	12.5	1.7	0.8
9	Bình lục	0.0	5.0	85.0	9.2	0.0	0.8
10	Thanh miên	0.0	2.5	82.5	15.0	0.0	0.0
11	Quỳnh phụ	0.0	1.7	75.8	19.2	2.5	0.8
12	Vĩnh lộc	0.0	0.8	64.2	31.7	0.8	2.5
13	Kiến xương	0.0	0.8	81.7	15.0	0.8	1.7

In Van Chan, Loc Ninh and Ninh Phuoc districts, mothers' education level is very low. There exists a high rate of illiterate mothers. Only some of mothers are at high secondary level and none of them are university graduate. This feature may have an impact on the mothers' perception of trachoma.

- Occupation: 74.4% of mothers live on farming. Details are presented in the following table:

No	Districts	Mother's Occupation (%)				
		Unemployed/ housewife	Farmer	Civil servants	Small business	Others
1	Phan rang	37.0	17.6	10.1	10.1	25.2
2	Ninh hải	34.2	30.0	4.2	1.7	30.0
3	Ninh phước	27.5	43.3	5.8	3.3	20.0
4	Lộc ninh	20.8	50.0	0.0	1.7	27.5
5	Thọ xuân	8.3	69.2	4.2	2.5	15.8
6	Vĩnh lộc	1.7	87.5	6.7	1.7	2.5
7	Tam dương	0.8	85.8	5.0	7.5	0.8

8	Thanh miên		95.8	4.2		
9	Tứ kỳ		95.8	2.5		1.7
10	Bình lục		95.0	3.3	1.7	
11	Quỳnh phụ		96.7	3.3		
12	Kiến xương		98.3	1.7		
13	Văn chấn		100.0			

The number of housewives/unemployed is at fairly high rate 10 %. They live mainly in Ninh phuc, Ninh hai and Phan rang districts (32.8%) and in Loc ninh district (20.8%).

- No of children: Most mothers have 2 children (SD=1.4). The maximum number of children of a family is 10. Households that have over 3 children live mostly in 3 survey districts of Ninh thuan province.
- Economic status: 77.7% of households have sufficient food, 9.8% are well off family and 12.5% have insufficient food. Results of each district are shown below:

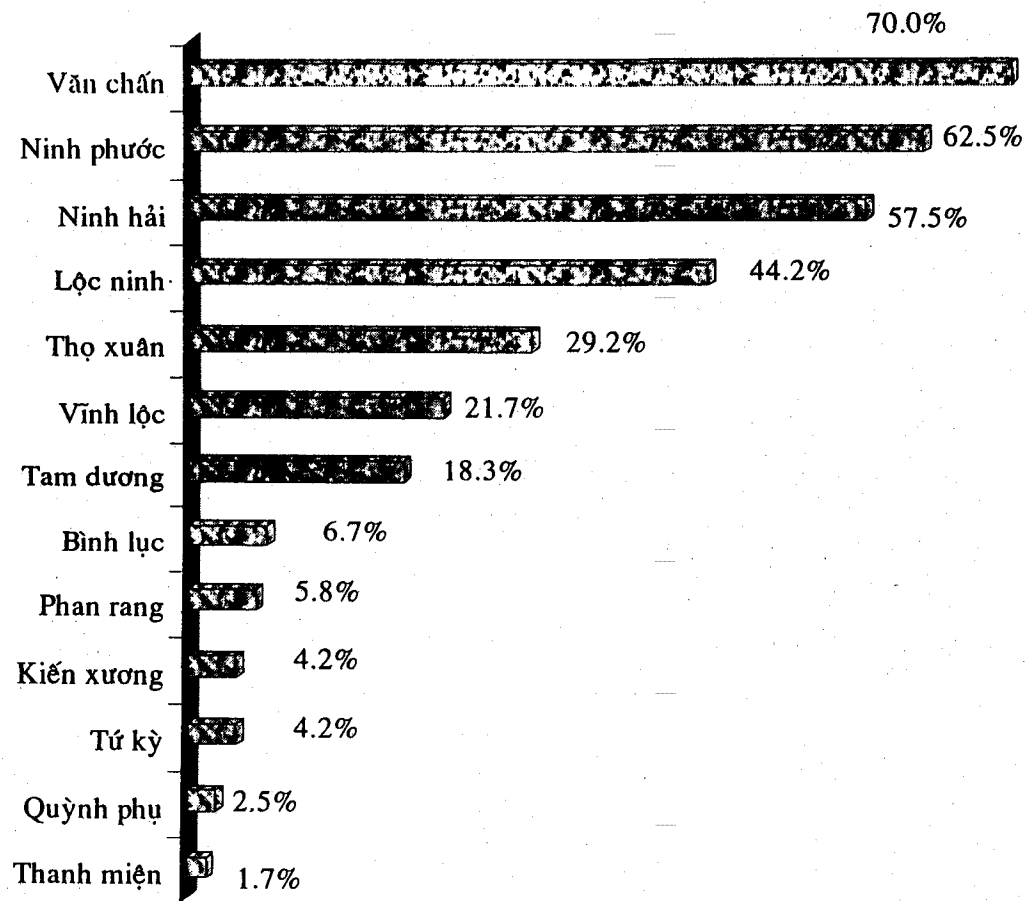
No	Districts	Economic status (%)		
		Lack food	Enough food	Well off
1	Ninh hải	31.7	63.3	5.0
2	Văn chấn	24.2	75.0	0.8
3	Ninh phước	23.3	66.7	10.0
4	Lộc ninh	21.7	50.0	28.3
5	Vĩnh lộc	16.7	78.3	5.0
6	Phan rang	11.0	86.4	2.5
7	Tam dương	10.8	78.3	10.8
8	Thọ xuân	7.6	84.9	7.6
9	Tứ kỳ	6.7	71.7	21.7
10	Thanh miên	4.2	75.0	20.8
11	Bình lục	2.5	90.8	6.7
12	Kiến xương	2.5	95.0	2.5
13	Quỳnh phụ		95.0	5.0

According to these results, there remains a fairly high rate of lack-food families (*the fact that the results were obtained through the interview and depended much on the interviewees' ideas*).

### 3. Mothers' knowledge, attitude of trachoma prevention:

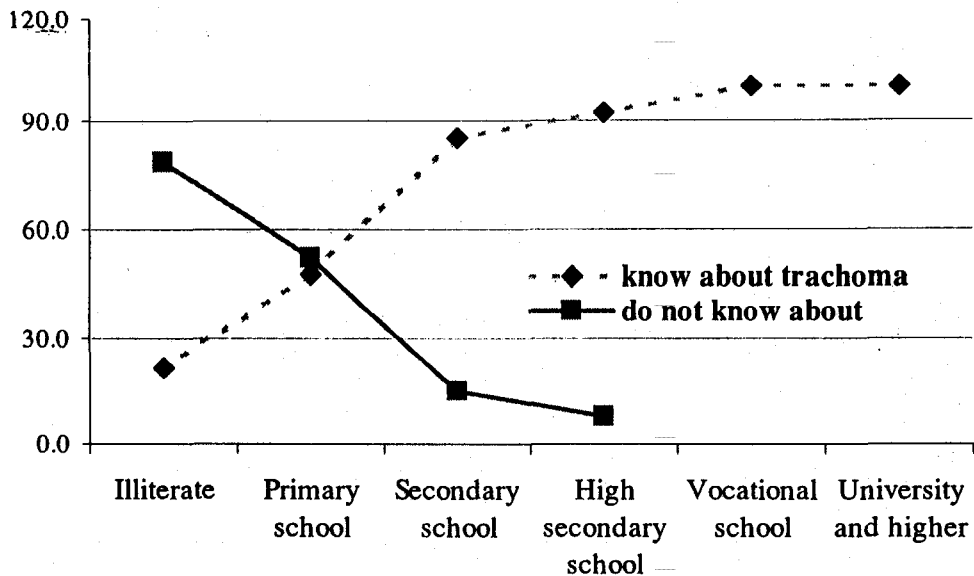
- Mothers unaware of trachoma account for 25.3%. Details are presented in the chart below:

Chart 2: % of mothers unaware of trachoma



The chart shows that a high percentage of mothers in Văn chán district were unaware of trachoma (70%), in Ninh phước 62.5%, in Ninh hải 57.5%, in Loc ninh and Bình dương 44.2%. These results are involved with unemployed rate and education level of mothers in these districts as presented in chart 3 and 4.

**Chart 3: Comparison between mothers' knowledge and their education**



The chart reveals a close relation between trachoma knowledge and education level. Mothers with high education level had good trachoma knowledge and vice versa.

**Chart 4: Comparison between mothers' knowledge and their occupation**

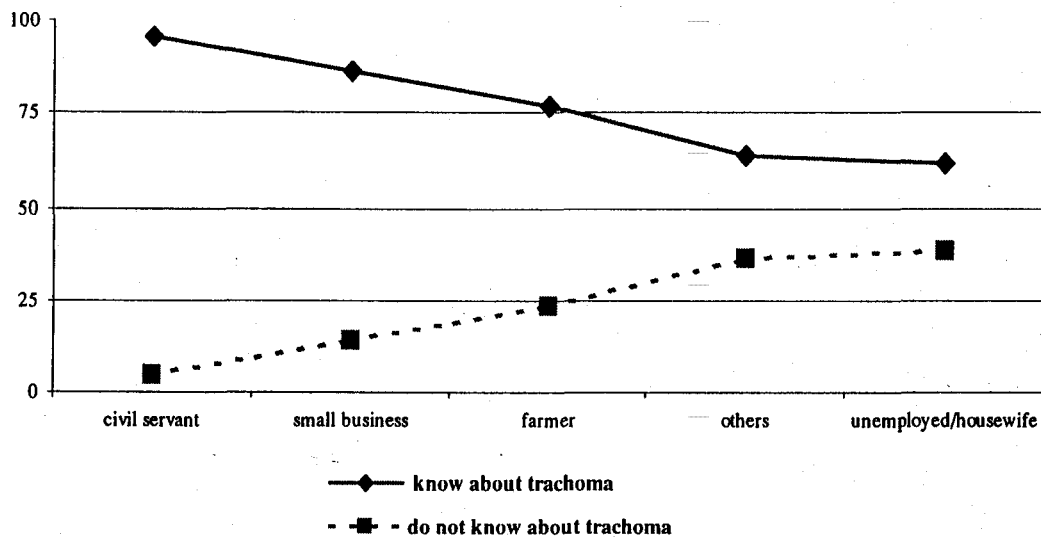


Chart 4 shows that the unemployed mothers, housewives or mothers doing other work had poorer knowledge on trachoma than that of mothers who are working in state company or in small business.

- For the mothers aware of trachoma, replies to question "What symptoms do you suspect to be related to trachoma" are presented as follows:

No	Main symptoms of trachoma	N	%	%
1	Itchy eyes	1000	64.1	50.7
2	Red eyes	345	22.1	17.5
3	Sore eyes	284	18.2	14.4
4	Have rheum when waking up	263	16.9	13.3
5	Sight gets dim in the dawn	39	2.5	2.0
6	No idea	41	2.6	2.1
	Total	1972		100.0

64% of interviewed mothers named correctly main trachoma symptoms i.e. itchy eyes, rheum from eyes when getting up in the morning. 2.1% of interviewees said that they did not know the symptoms and 32.9% gave incorrect answers.

- As many as 85.6% of mothers thought trachoma to be infectious. 9.4% thought trachoma not to be infectious and 5% said they did not know. So major number of mothers knew trachoma to be infectious. Details of each district are presented in the table below:

No	Districts	Percentage		
		Answer "Infectious"	Answer "not infectious"	No Idea
1	Quỳnh phụ	96.5	2.7	0.9
2	Phan rang	95.5	3.6	0.9
3	Văn chấn	93.8	3.1	3.1
4	Kiến xương	91.3	6.1	2.6
5	Ninh phước	91.1	4.4	4.4
6	Tam dương	87.8	9.2	3.1
7	Bình lục	87.4	9.9	2.7
8	Thọ xuân	84.5	8.3	7.1
9	Thanh miên	82.9	8.5	8.5
10	Tứ kỳ	80.9	9.6	9.6
11	Lộc ninh	77.6	19.4	3.0
12	Vĩnh lộc	70.2	18.1	11.7
13	Ninh hải	66.7	25.5	7.8

In some districts there is a large number of mothers who answered "not infectious" and "no idea", i.e. in Ninh Hai district 33.3%, Vinh Loc district 29.8% and Loc Ninh 22.4%.

- Replies to the question " What are the bad effects of trachoma " are summarized in the following table:

Bad effects of trachoma	%
1. Itchy eyes	60.7
2. Sight gets dim	51.5
3. The disease may lead to blind	33.4
4. No idea	4.7
5. No bad effect	1.2

5.9% of mothers said they did not know or trachoma did not affect the health. 33.4% thought trachoma might lead to blind. So, only 50-60% of mothers has perceived this matter precisely.

- Regarding causes of trachoma, only a small number of mothers knew some major trachoma causes i.e. sharing a face towel with other members in family (54%), sharing a basin with other members in family (13%).

Causes	%
1. Use dirty water to wash face	71.3
2. Share the face towel with others	54.0
3. Polluted environment	38.7
4. Wash their face irregularly	22.0
5. Share the basin with others	13.0
6. Do not take tonic for eyes	1.6
7. Lack nutrient food	0.7
8. Have meals with other people	0.2
9. Others	2.0
10. No idea	5.2
Total	100%

- The above figures also match with mothers' knowledge on trachoma prevention as follows:

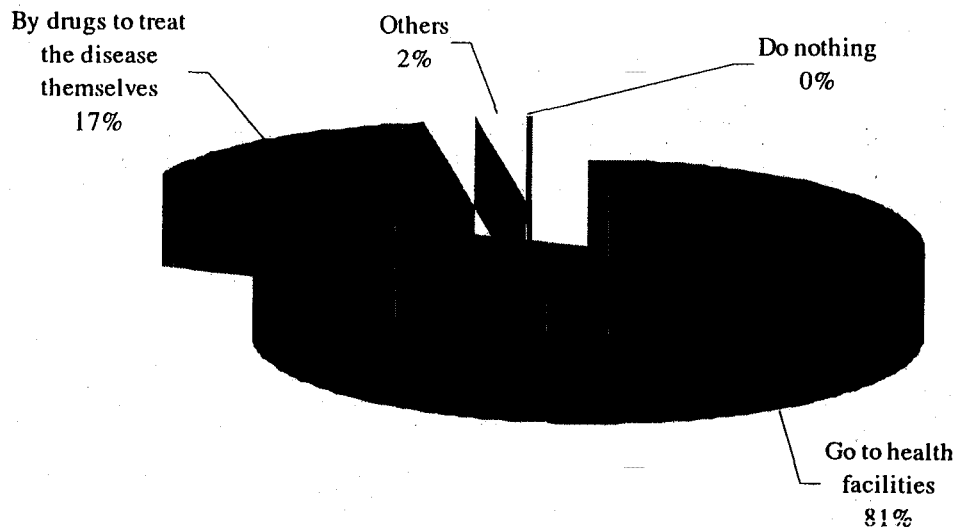
No	What to do to prevent trachoma	%
1	<i>Do not share face towel</i>	69.0
2	Use clean water	56.9
3	Wash face with clean water regularly	51.2
4	<i>Do not share the same basin</i>	13.0

5	Wash the face towel regularly	20.2
6	Clean the basin regularly	3.9
7	Wash hands before meal and after going to toilet	7.0
8	Keep clean inside and outside house	12.2
9	Place cattle shed far from house	0.3
10	Take tonic regularly	1.3
11	Others	1.5
12	No idea	2.1

69% of interviewees reported that they did not share face towel with other people and 13% of interviewees said they did not share basin with other people.

- Mothers' attitude toward the disease is shown in the chart below:

**Chart 5: Mothers's attitude toward the disease**



Answers to question "What do you do when a member in your family is affected by trachoma" reveal that 80.8% of respondents would take their relative to health facilities; 16.8% of respondents would buy drugs to treat the disease themselves. 0.3% of respondents would do nothing and other treatments (2.1%). Despite poor knowledge on trachoma most of mothers had the right attitude toward the disease. However, mothers in such districts as Tam duong (47.9%), Loc ninh (25.3%), Ninh hai (25.5%) answered they would treat the disease themselves or would do nothing in case their family member suffered from trachoma.

**Comments:**

- *Most of mothers with children under 5 are King people and have low education level. They are mainly working as farmer. Living conditions is low and there exists a high rate of lacking food households.*

- As many as 25.3% of mothers did not know about trachoma particularly in Van Chan district (70.0%), in southern districts such as in Ninh Phuoc (62.5%), Ninh Hai (57.5%) and Loc Ninh (44.2%). These findings are related closely to the mothers' occupation and education.
- Mothers who were aware of trachoma did not know well about causes and symptoms, had effects and prevention of the disease.
- Most of mothers had the right attitude toward the disease. They would take their family members to the health facilities if they suffered from the disease.

#### 4. Mothers' practices:

- Replies to question "Do you have a face towel and a basin of your own" compared with observation are presented in the table below:

Basin, face towel	Answer "yes" (%)	Observation (%)
Have private basin	18.2	11.9%
Have private face towel	74.1	64.4%

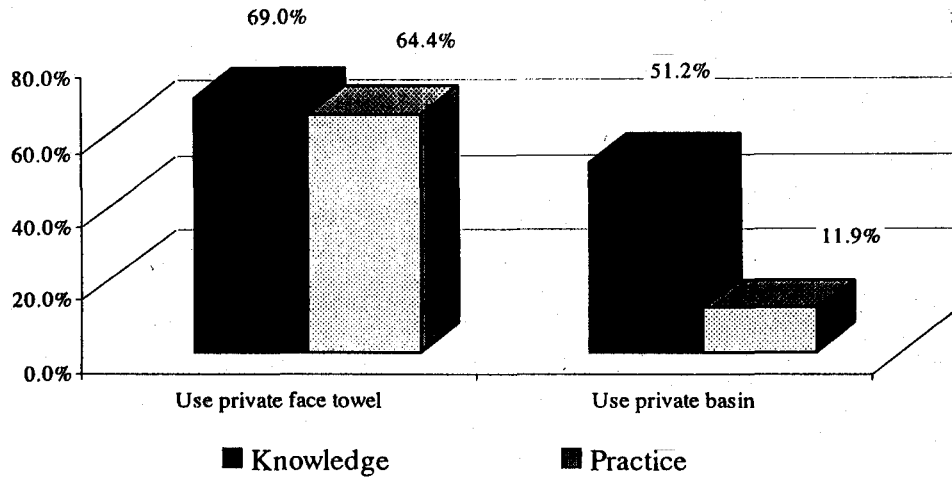
Through observation, it was found that only 11.9% of households had private basins and 64.4% had private face towels. The observed results are lower than the interviewed answers. Results of each district are summarized in the table below:

No	Districts	% of household having private basin	% of household having private face towel
1	Phan rang	31.7	85.8
2	Thanh miên	17.6	84
3	Quỳnh phụ	17.6	84.9
4	Thọ xuân	16.7	63.3
5	Vĩnh lộc	15.8	57.3
6	Tứ kỳ	10.2	80.8
7	Ninh hải	9.2	47.4
8	Kiến xương	8.3	68.1
9	Bình lục	7.5	75.8
10	Văn chấn	7.5	30.3
11	Tam dương	4.2	45.8
12	Lộc ninh	3.9	68.4
13	Ninh phước	1.8	43.4

The highest rate of households having separate basin for each family member is 31.7% in Phan rang district and the lowest one is 1.8% in Ninh phuoc district. The percentage of households using separate face towels is higher than the ones using separate basins.

- Comparison of mothers' practice with their knowledge on this issue is presented in chart 6:

**Chart 6: Comparison between mothers' knowledge and practice on using private basin and face towel**



The chart reveals that mothers' practice is much lower than knowledge, especially practice of using separate basin.

- Reasons for this matter are shown in the table below. 50% of mothers said they did not have private face towel or a basin because of their habits. Mothers still did not know the benefits of using the private basin and face towel (25.3%-20.3%). Another reason is lack of money (18.0-24.8%).

Main reasons	Face towel (%)	Basin (%)
1. Habits	49.0	53.7
2. Find unnecessary	25.3	20.3
3. Lack money	24.8	18.0
4. Do not have space	0.5	3.7
5. Others	0.5	4.3
Total	100.0	100.0

- Hygienic conditions of basins are summarized in the table below:

No	Districts	Status (%)	
		Clean basin	Clean face towel
1	Thanh miên	96.6	99.2
2	Tam dương	96.6	95.8
3	Bình lục	93.3	92.5
4	Phan rang	93.3	89.8
5	Tứ kỳ	88.3	91.7
6	Kiến xương	86.2	84.0
7	Thọ xuân	85.8	78.3
8	Ninh hải	81.0	69.2
9	Vĩnh lộc	77.5	62.4
10	Quỳnh phụ	65.8	78.8
11	Lộc ninh	63.6	72.6
12	Văn chấn	51.4	51.3
13	Ninh phúc	42.9	71.7

By observing basins, it was found that dirty basins accounted for 18.3%. The percentage of dirty basins is rather high in such district as in Van chan district 48.6%, in Loc Ninh 36.4%, in Quỳnh Phu 34.2% and in Vinh Loc 22.5%.

By observing face towels, it was found that dirty face towels accounted for 20.1%. In Van chan the percentage is 48.7%, in Vinh Loc 37.6%, Ninh Phuoc 28.3%, Vinh Loc and Quỳnh Phu 21.2%.

- No of times of washing face: 54.1% of interviewees reported that they washed their face 3 times a day (SD=1.1).
- Regarding moment of hand washing, mothers mostly did before meals (74.5%) and after coming back home from work (68.1%).

Moment to wash hands	%
1. Before meals	74.5
2. After working	68.1
3. After going to toilet	42.1
4. Before cooking	11.7
5. Others	7.8

- With question "Do your family have private pillows for each member?" 74.3% of respondents said "yes" and 25.7% said "no". So there remains a high rate of households

sharing a pillow between family members particularly in such district as Thanh Mien, Ninh Phuoc and Kien Xuong. The results are presented in the following table:

No	Districts	% of household having private pillow	
		Yes	No
1	Quỳnh phụ	90.6	9.4
2	Phan rang	90.4	9.6
3	Thọ xuân	89.2	10.8
4	Lộc ninh	89.1	10.9
5	Văn chấn	82.1	17.9
6	Tứ kỳ	77.3	22.7
7	Vĩnh lộc	72.5	27.5
8	Tam dương	67.5	32.5
9	Bình lục	65.2	34.8
10	Ninh hải	64.2	35.8
11	Kiến xương	61.9	38.1
12	Ninh phúc	58.8	41.2
13	Thanh miện	56.9	43.1

Reasons for not having private pillow were reported that mothers did not find necessary (39.2%), mothers did not have money to buy (21.4%) and mothers did not have this habit (39.4%). So mothers still did not understand the benefits of using private pillow.

- Water supply and quality: with question "Which water supplies do you think to be clean" most mothers thought of water from dug well (46.8%), raining water (24.1%) and water from drilled well (16.3%). These numbers are compatible with observation results. 52.2% of households used water from dug well; 22.5% used raining water 12.2% used water from drilled well.

Main water supplies	Answer (%) "The water is clean"	Observation (%)
1. Water from dug well	46.8	52.2
2. Rain water	24.1	22.5
3. Water from drill well	16.3	12.2
4. Public tap (filter water)	11.1	9.4
5. Water led from mountain	0.1	0.2
6. Water from lake, river and stream	1.3	2.4
7. Others	0.3	1.1
Total	100.0	100.0

- Water container: 27.1% of households did not have water container. 32.6% of water containers lacked its caps. 14.5% of water containers had the tap.
- Regarding the quality of water for drinking and eating, muddy water accounted for 8% particularly in Van Chan district (38%), Thanh Mien and Quynh Phu (10.3%).
- Hygienic status of surveyed household: the table below presents the result of observing mothers' house inside and outside.

Hygienic status	Inside house (%)	Outside house (%)
1. Clean	42.1	30.5
2. Dirty	9.1	20.4
3. Have flies	32.4	38.3
4. No flies	16.4	10.8

There is a fairly high percentage of flies inside the house (63.0%) and outside the house (74.9%) although the survey was conducted in October-November when the season was changing into winter.

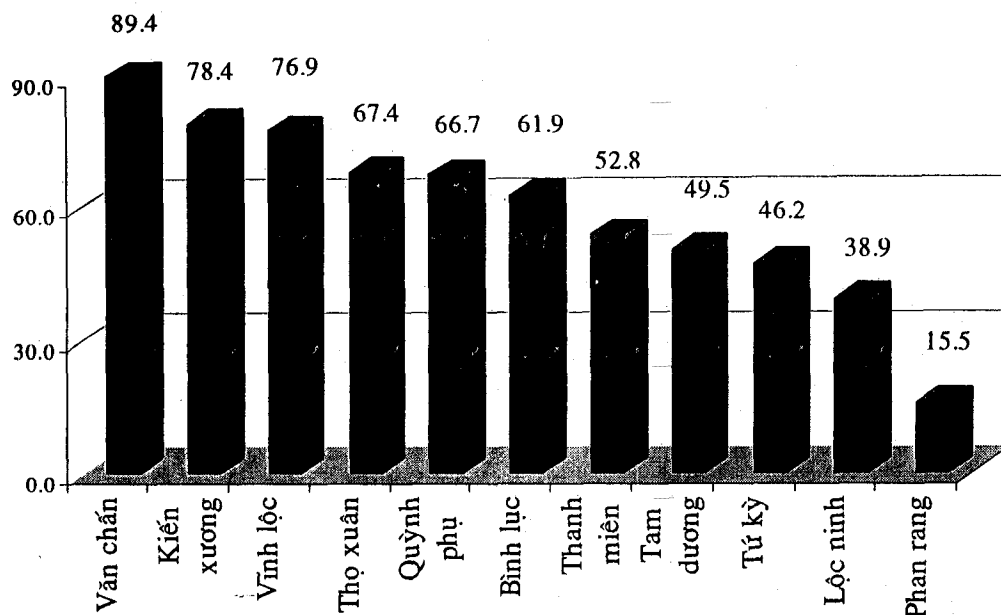
Details of each district are shown in the following table:

No	Districts	% of observed households with flies	
		Inside house	Outside house
1	Thanh miện	93.3	91.7
2	Tứ kỳ	93.3	97.5
3	Quỳnh phụ	90.8	97.5
4	Kiến xương	85.0	97.5
5	Vĩnh lộc	65.0	77.5
6	Phan rang	63.3	85.0
7	Bình lục	61.7	80.8
8	Ninh hải	58.3	70.0
9	Ninh phước	51.7	62.5
10	Thọ xuân	48.3	61.7
11	Văn chấn	45.8	72.5
12	Tam dương	35.0	45.0

In such district as Thanh Mien, Tu Ky and Quynh Phu, over 90% of households had a lot of flies inside and outside houses.

- Observing latrine: As many as 20% of households did not have latrine. In Ninh phuc district the percentage is 70%, in Ninh hai 62.4%, in Loc ninh 41.7% and in Van chan 28%. Among households having latrine, 45.4% of latrines did not meet the hygienic requirements (*closed, dry and clean*).

**Chart 7: % of households not having hygienic latrines**



The chart shows that Van Chan, Kien Xuong and Vinh Loc districts have the highest rate of dirty latrines.

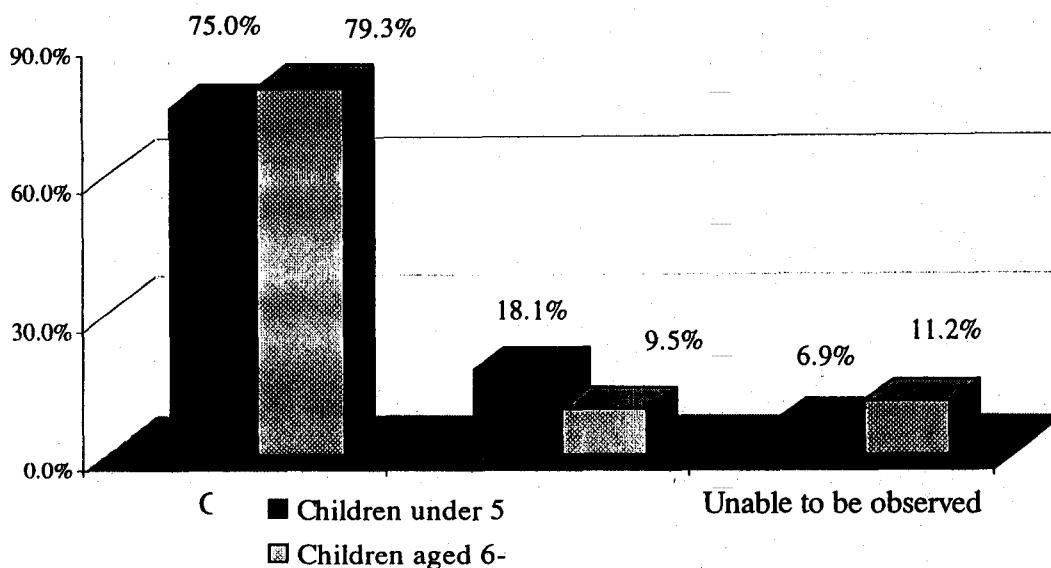
- Cattle shed: 24.9% of households did not foster any cattle. Households who fed cattle still kept the shed near their house (64.7%). The number of cattle shed under the house is 4.4% and the number of cattle shed far from the house is 35.3%.

Most of cattle shed was observed dirty and with a lot of flies. Only 28.6% of cattle shed were clean.

#### **4.1. Mothers' care of children**

- 94% of interviewed mothers reported that they did remind their children to wash their hands. 6% respondent said they paid little attention to their children because of the following reasons: habit (41%), lack of time (13%) and the children were still small (35%).
- Results of observing the face, hands and clothes of children under 5 and under 15 are presented in chart 8:

**Chart 8: Observed hands, clothes of children under 5 and 6 -15 yrs old**



Children under 5 with dirty face, hands and clothes accounted for 18.1% and children at the age 6-15 with dirty face, hands and clothes accounted for 9.5%. Percentage of children under 5 with dirty face, hands and clothes is higher than children aged 6-15. The reason is that small children might not know how to take care of themselves; thus, they need more care from caretakers.

**Comments:**

- There is a very low rate of households using private basin and face towels for each family member (11.9%). No of family having private face towels is higher (64.4%). In fact, families used private basins and also used private face towels. In many districts, the percentages are very low, especially the percentage of private basins.
- Mothers reported that they did not use private basin and face towel as they did not have that habits (50%) and they did not find it necessary (25%). Financial problems and convenience are named as the 3<sup>rd</sup>-ranked reasons.
- Quite a few families had the habit of sharing a pillow. No of families using private pillows is not a high rate (74.3%). Mothers still did not know the benefits of using private pillows to prevent trachoma.
- Most of mothers had the habit of washing their face 3 times a day (SD=1.1) usually in the morning, at noon and in the evening (54.1%).
- There remain very poor hygienic conditions inside and outside the houses. No of households with flies inside and outside stand at high rate despite the fact that the time during the survey was not suitable for flies to develop.
- There is a very high rate of households that did not have a latrine or had dirty latrines.
- Cattle sheds were mostly placed near or under the houses. The cattle shed were dirty with so many flies.

- The main water supplies for the family were from dug well (52.2%) and rainwater (22.5%). Many families did not have water containers or the containers did not have its caps. Muddy water was still used in some districts especially in mountainous areas.

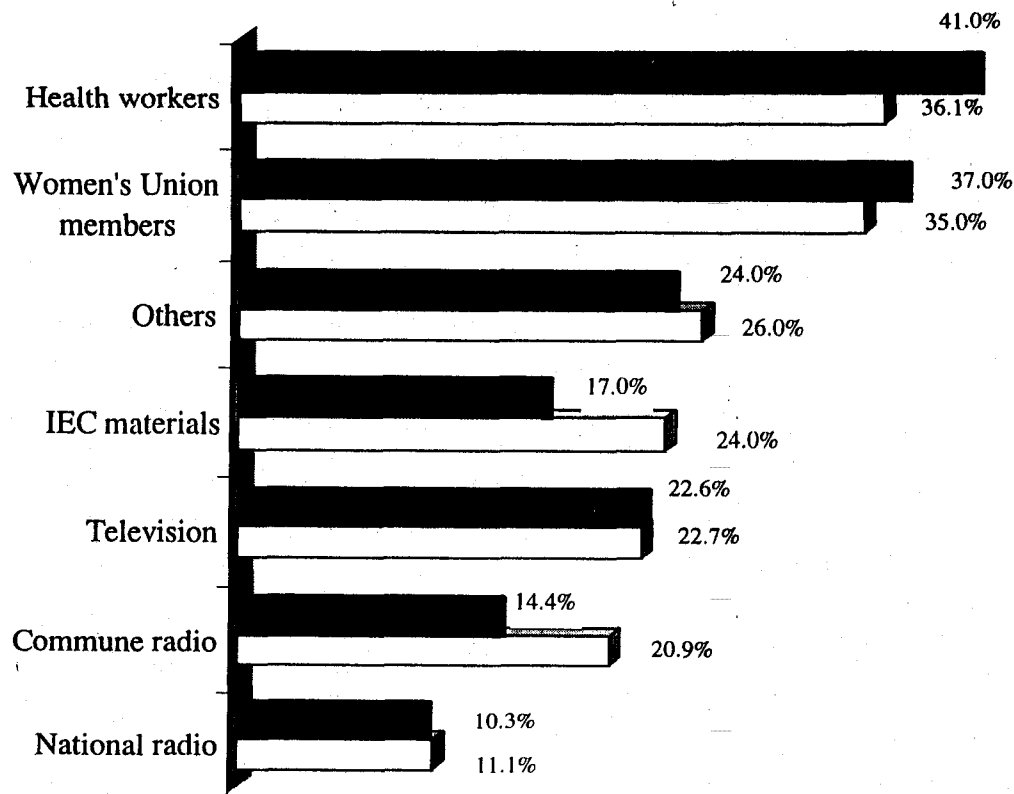
**Mother's care of children**

- Mothers had good attitude and behavior in taking care of their children. However, there were a lot of observed children with dirty face, hands and clothes particularly children under 5. They need more care from caretakers.

**5. Factors related to communication interventions**

Information sources: Mothers' trachoma knowledge and practices were acquired from the following main sources:

**Chart 9: Information sources and preferable sources**



□ % of mothers get information from the

■ % of mothers like the

- The information sources that mothers acquired mostly is from health workers (36.1%); members of Women's Union (35.0%) and other sources 26.0%. (from friends and family members). Receiving information from mass media i.e. television, commune radio accounted for 43.6%.
- Mothers liked to receive information from health workers (41.0%), Women's Union members (37.0%), television (26.6%) and from IEC materials (2.4%). Mothers thought these sources memorable, understandable and trustful.

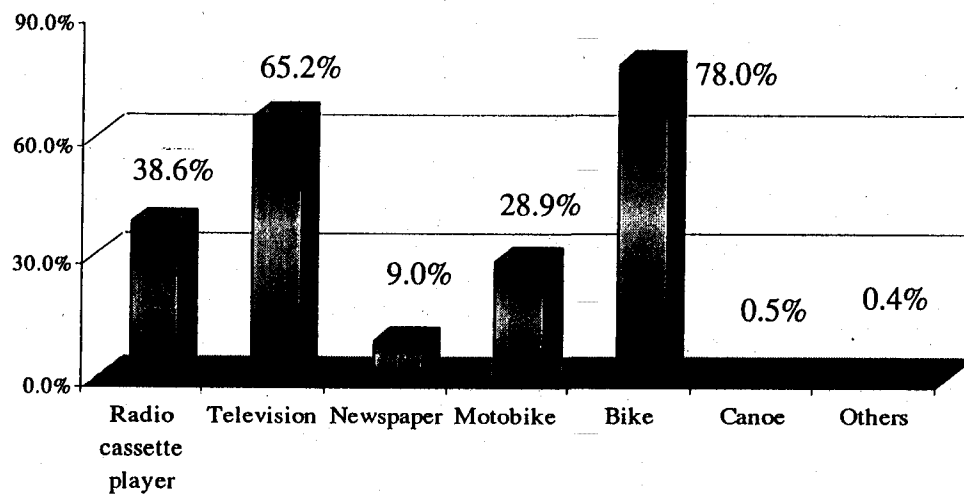
- Therefore, sources from which mothers mostly got information are the same as the channels trusted and preferred by mothers.
- Mothers' participation in mass organizations: 30% of mothers did not participate in any social agencies. Some social organizations in which mothers participated are presented in the following table:

Social organizations	%
1. Women's Union	82.8
2. Farmer Association	13.4
3. Gardening Union	0.8
4. Youth Union	1.6
5. Other	1.4

In general, most of mothers involved in Women's Union (82.8%), in Farmer Association (13.4%).

- Observation results of mass media and transport means available in the family are presented in chart 10:

**Chart 10: Available mass media and major means of transport**



- Mass media: There exists a high rate of families using TV (65.2%) and radio cassette player (38.6%).
- Means of transport: As many as 78% of families had bicycles and 28.9% had motorbikes.

**Comments:**

- Mothers got trachoma information from the main sources such as health workers, members of Women's Union and mass media: television, national and commune radio. They found these information sources memorable, understandable and trustful.
- No of households having mass media is fairly high.

- *Women's Union is an agency that the most mothers participated in.*

## **V. CONCLUSIONS AND COMMENTS:**

### **1. Conclusions:**

- The survey has been conducted in 13 UNICEF districts that locate mostly in mountainous areas. The living conditions are still very poor and mothers' education is low. Mothers live mainly on farming.
- Mothers' knowledge about symptoms, causes, bad effects and prevention of trachoma is poor, especially those in southern districts. The knowledge is closely involved with mothers' education and occupation. This target group should be taken into consideration in communication intervention.
- Mothers' practices related to trachoma prevention are insufficient, especially the ones recommended by the Trachoma Prevention Project i.e. not sharing a basin, a face towel or a pillow... Lack of knowledge is named as the reasons.
- Environmental sanitation is not good especially high percentage of flies in houses. This factor should be paid attention to in communication.
- In general, because of the poor knowledge of the mothers on trachoma prevention, indirect communication should be taken initially.
- Parents pay undue attention to their children. There is a large number of dirty children as mothers do not understand the benefits of keeping their children clean and mothers spend little time for their children.
- Health workers, members of Women's Union, IEC materials and mass media in the local, provincial and national level are appropriate communication channels for mothers. These channels should be selected in later interventions.

### **2. Comments:**

- According to the survey conducted by the National Trachoma Program, children under 15 are the most vulnerable targets to be affected by trachoma, especially children under 5. The children are put into care by their parents at home and by their teachers in school. Thus, family and school are the 2 most important environments that have a great impact on children's education and behaviors at present and in the future.
- For the family: Because of low living conditions, parents have to do so much daily work that they do not have enough time to take care of their children. The environment in the family is quite important as it will form initiative habits for children later. In addition, behaviors for trachoma prevention are practiced firstly in the family. In most of targeted district, small children are not sent to kindergarten or nursery. Thus, it is necessary and practical to intervene in this environment. Not only the children but also their parents who may be affected by the disease are also influenced. The main focus will be the mothers as mothers are the main caretakers and responsible for hygiene conditions in the family. 20

- For schools: Children stay at school half of a day excluding extracurricular activities. A typical characteristic of school children is that they always trust and follow teachers' guides. The children, then, may inform to their parents and the community.
- The locality where children are living should be also taken into consideration to promote interventions in the 2 mentioned above environments. The local authority, social organizations and trusted people will be an important supportive environment to ensure the sustainability for the interventions.
- To gain the highest effectiveness, interventions in the 2 environments should be taken at the same time. Besides, interventions should be adjusted to be appropriate to the realistic conditions of each district.

## **VI. RECOMMENDATIONS:**

### **1. The survey implementation:**

- A meeting among the donors, project agencies and survey implementing agencies should be held to get agreement on the survey purpose, content and implementation . That would be more contribution to the achieved survey.
- The baseline survey should be conducted before the operation of project.
- One needed activity of a baseline is to evaluate trachoma prevalence and classify the disease by screening. Then, a comprehensive picture of the disease will be drawn as the basis to assess the project effectiveness later and also to determine specific interventions in the next step .
- This survey is aiming at assessing current status of mothers' knowledge, attitude and knowledge to prevent trachoma, which will be a basis to assess project effectiveness later. However, one of the disadvantages is that the method of survey can neither identify specific reasons nor introduce specific interventions later. To overcome this weakness and to minimize unnecessary expenditure a qualitative study should be conducted together with this survey.

### **2. Development of the I.E.C intervention plan to address to trachoma.**

- Interventions should be taken with 2 approaches: (i) through primary and secondary school and kindergarten (if available) and (ii) through the family with children under 15.

#### ***2.1 Development of materials:***

- Developing curriculum:
  - For teachers in primary and secondary schools and kindergarten (if available). Work with local teachers authority from provincial Education Bureau to develop teaching content appropriate to children's level.
  - For health communicators (village health workers and Women's Union members)
- Development of IEC materials:

- For school children. The children can read or bring these materials to educate their parents.
- For village communicators. These materials can be used in possible opportunities in communication sessions.
- To distribute to mothers with children under 15.
- To produce cassette tapes with key messages to distribute to provincial and commune radio stations. These messages can be broadcast every day or in appropriate moments according to specific conditions of each area.

### **2.2 Training activities:**

- Conduct Training of Trainer courses. The trainees from TOT will be district trainers to train teachers in district primary and secondary schools and kindergarten (if available) and village health communicators as following contents:
  - Basic knowledge to prevent trachoma, health education based child to child, basic knowledge on trachoma, basic communication skills, training skills for To train teachers in primary and secondary schools and kindergarten (if available).

### **2.3 Integration of face-to-face and mass-media communication:**

- Face-to-face communication: in schools and community
  - Communication in schools:
    - Initially work with provincial Education Bureau and schools to put into trachoma prevention with extra-curricular activities in primary and secondary schools.
    - Provide pupils with necessary materials to improve their knowledge on trachoma and to guide them to have good practices to prevent trachoma.
  - Communication in community:
    - The integrated communication activities on trachoma prevention in community should be taken based on existing opportunities in each community such as home visits, Women's Union meetings, Production team meetings, Immunizations day□Organize a meeting to talk about trachoma for mothers with children under 15.
- Mass-media communication:
  - Key messages on trachoma prevention based on the cassette tapes provided by the National level should be broadcast in provincial and commune radio.
  - Produce spots or report films on trachoma to broadcast in central and provincial television.
  - Organize communication campaigns to involve the local authority and community. This will be a supportive environment to enhance the inner strength of the locality in developing long-term plan to address this concern.

#### ***2.4 Development of some health sample models***

- Districts where mothers with poor knowledge and practice live should be considered as priority. Some schools and communes that are representatives for geographical areas covered by the project should be chosen.

#### ***2.5 To establish supportive environments for communication:***

- In schools, students should be encouraged to acquire knowledge by themselves. Organize competitions to study about trachoma among classes and Pioneer Union in a school; among schools in a province and among provinces.
- In community, organize contests on trachoma prevention for mothers with children under 5 among communes in a district and among targeted districts
- Awards should be given annually to good practice models to motivate and maintain.

#### ***2.6 Community mobilization:***

- Setting up cross-programs meeting, cross-sections meeting to formula commitments to maximize the potential available resources in community.
- Invite local authorities to participate in trachoma prevention activities in community. Their participation will create favorable conditions for the project implementation and sustaining effectiveness of project activities.

### **VII. ANNEX:**

1. Annex 1: Questionnaires
2. Annex 2: Place of training courses for interviewers
3. Annex 3: List of survey communes, districts and provinces.

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Health Education Centre, MOH

**Questionnaire**  
(For mothers with children under 15 years old)

**General information**

No.	Address of interviewee	
1.01	Name of interviewee: .....	Code No. [ ][ ][ ]
1.02	Province: .....	
1.03	District .....	
1.04	Commune .....	Code No. [ ][ ]

For interviewer			
No.	Result of the interview		
		1 <sup>st</sup> survey	
5.01	Name of interviewer .....		
5.02	Date of interview ..../...../2000		
5.03	Result of the interview	Completed..... Cancelled..... Refused .....	1 2 3 4
		Other (specify).....	

No.	For field supervisor		
5.04	Name of interviewer .....	Name of supervisor .....	5.07 Status of the questionnaire
5.05	Code No. [ ][ ]	Code No. [ ][ ]	Completed ..... 1 Uncompleted ..... 2 Other (specify)..... 3
5.06	Date of completion ..../...../ 2000	Date of supervision ..../...../ 2000	

No.	Questionnaires checking		
5.08	Name of the person who collect the questionnaire, code no. : .....	Name of the person who enter data: .....	Date of data entry ..../...../ 2000
5.09	Code No. [ ][ ]	Code No. [ ][ ]	

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**Interviewee's general information**

No.	Question	Answer	Move to
1.05	How old are you?		[ ][ ]
1.06	What is your ethnic group?	Kinh 1 Tμy 2 Dao 3 H-mεng 4 £ @* 5 Other (specify) ..... 6 Do not know 99	
1.07	What is your level of education	Never been to school/ illiteracy 1 Primary school (class 1-5) 2 Junior secondary school (class 6-9) 3 Senior Secondary school (class 10-12) 4 Vocational school 5 College/University or higher 6	
1.08	Present marital status	Single 1 Married 2 Separate 3 Divorce 4 Widow 5 Not reply 99	
1.09	Present carrier	Field working 1 Small scale industry 2 Official 3 Jobless/household 4 Other (specify)..... 5	
1.10	How many children do you have	Number	[ ][ ]
1.11	How many children under 15 years old do you have	Number of children under 15	[ ][ ]
1.12	Do you have enough food to eat	More than enough 1 Enough 2 — Lack 3	

**Knowledge, behaviour, practice on trachoma**

No.	Question	Answer	Move to
2.01	Have you heard about trachoma?	Yes 1 No 2 α	Move to question 2.09
2.02	From where do you know about trachoma?	T.V 1 Radio 2 Local radio 3 Poster, banner, booklet, leaflet 4 Health worker 5 Women's union 6 Other (specify)..... 7 Don't know 99	
2.03	What are the symptoms that make you think of trachoma?	Eyes become red 1 Pain inside of the eyes 2 Itch, bulge, water run out from eyes 3 Eye discharge 4 Unclear sight when it becomes darker 5 Don't know 99	
2.04	Do you think trachoma is contagious?	Yes 1 No 2 Don't know 99	
2.05	What harms can trachoma cause?	Harmless 1 Cause itch 2 Unclear sight 3 May cause blind 4 Do not know 99	
2.06	What causes trachoma?	Do not wash face regularly 1 Do not take eye medical 2 Wash face with unclean water 3 Share towel with others 4 Share basin for washing 5 Don't eat enough 6 Environmental Pollution 7 Share bowls 8 Other (specify)..... 9 Don't know 99	
2.07	What will you do if you think one of your family members is infected with trachoma?	Bring them to local health service 1 Buy drug and treat at home by yourself 2 Do nothing 3 Other (specify)..... 4	
2.08	What do you do to prevent trachoma?	Use clean water 1 Wash face regularly by clean water 2 Do not share towel 3 Do not share basin 4 Wash towel regularly 5 Wash basin regularly 6 Wash hands before meal, after going to toilet 7 Regularly clean house inside and outside 8 Move animal sheds far from house 9 Take eyes medicine 10 Other (specify)..... 11 Do not know 99	

No.	Question	Answer		Move to
2.09	How many time do you wash your face daily?		[ ] [ ] [ ]	
2.10	Do you have individual basin for each person?	Yes No	1 α 2	Move to 2.12
2.11	If not, why?	It is as habit It is not necessary Cannot afford No place Others (specify).....	1 2 3 4 5	
2.12	Do you have a towel for every family members?	Yes No	1 α 2	Move to 2.14
2.13	If not, why?	Cannot afford It is not necessary Not enough space It is habit Others (specify).....	1 2 3 4 5	
2.14	Do you think we should wash towel and basin regularly by soap?	Yes No	1 α 2	Move to 2.16
2.15	If not, why	It is not habit No time No water No money to buy soap Others (specify).....	1 2 3 4 5	
2.16	According to you which is main water source available locally considered as clean water?	Pipe water Water from hard-dug well Water from drilled well Rain water Spring water Water from pond, lake, river, stream Others (specify).....	1 2 3 4 5 6 7	
2.17	Which water source do you use?	Pipe water Water from hard-dug well Water from drilled well Rain water Spring water Water from pond, lake, river, stream Others (specify).....	1 2 3 4 5 6 7	
2.18	When do you wash your hands?	Before meals After defecating When coming back from work Before preparing meals Others (specify) ..... Do not know	1 2 3 4 5 99	
2.19	Do you often aks your children to wash their hands and face?	Yes No	1 α 2	Move to 2.21
2.20	If not, why?	It is not a habit No time Not necessary No water Others (specify).....	1 2 3 4 5	

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Questionnaire no.:

No.	Question	Answer	Move to
2.21	Do you often clean your house?	Yes No	1α 2 Move to 2.23
2.22	If not, why	It is not a habit No time It is not necessary Others (specify).....	1 2 3 4
2.23	How do you take care of your children to prevent eye disease for them?	Wash their hands before meals, after defecating Wash their face by clean water Do not share towel Do not share basin Regularly wash towel Regularly clean basin Regularly clean the house inside and outside Give eye medicine to the child Others (specify)..... Don't know	1 2 3 4 5 6 7 8 9 99
2.24	Do you have individual pillow for every family members	Yes No	1α 2 Move to 2.26
2.25	If not, why	Cannot afford Not necessary No habit Others (specify).....	1 2 3 4
2.26	You want to get information on trachoma from which source?	TV Radio Local radio Poster, banner, booklet, leaflet Health worker Women's union staff Others (specify).....	1 2 3 4 5 6 7
2.27	Why do you want to get information from that source?	Easy to remember and understand Reliable Available at home/locality Others (specify).....	1 2 3 4
2.28	Are you currently a member of any mass organizations?	Women's union Farmer' Union Gardener's Union Youth Union Others (specify)..... Not participate	1 2 3 4 5 6

**Observation**

No.	Items to be observed	Condition
3.01	Inside the house	Clean 1 Dirty 2 Fly 3 No fly 4 Others (specify) ..... 5
3.02	Outside of the house	Clean 1 Dirty 2 Fly 3 No fly 4 Others (specify) ..... 5
3.03	Mass media and transport mean available in the house	Radion, cassette 1 TV 2 Newspaper 3 Motorbike 4 Bicycle 5 Boat 6 Others (specify) ..... 7
3.04	Basin for washing face	One for all 1 More than 1 but not enough for everyone 2 One for one 3 Others (specify) ..... 4
3.05	Condition of the basin	Clean 1 Dirty 2
3.06	Towels	One for all 1 More than 1 but not enough for everyone 2 One for one 3 Others (specify) ..... 4
3.07	Condition of the towels	Clean 1 Dirty 2
3.08	Main water source of the family	Hard-dug well 1 Drilled well 2 Spring 3 Pond, lake, stream 4 Rain water 5 Pipe water 6 Others (specify) ..... 7
3.09	Water container	With cover 1 Without cover 2 With tap 3
3.10	Condition of well	Wall of the well is high enough 1 Surrounding area is clean 2 Well with cover 3 Drainage for waste water is available 4 There is a place to hang the bucket 5 Well is 20 m far from toilet 6
3.11	Water for daily use	Muddy and dirty 1 Clear 2 Others (specify) ..... 3

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Questionnaire no.:

No.	Items to be observed	Condition	
3.12	Toilet	Not available	1
		Hygiene standard (dry, clean and private)	2
		Missing one of the above conditions	3
		Others (specify).....	4
3.13	Cattle cage	Under the floor	1
		Near the house	2
		Far from the house	3
		Clean	4
		Dirty with flies	5
		Others (specify) .....	6
3.14	Children under 5 years old (face, hands, legs, clothes)	Dirty	1
		Clean	2
		Others (specify).....	3
3.15	Children from 6-15 years old (face, hands, legs, clothes)	Dirty	1
		Clean	2
		Others (specify).....	3

## PLACES OF TRAINING COURSES FOR INTERVIEWERS

No	Province name	District name	Training sites	Supervisors code	Supervisor's name	
1	Thanh hoá	Vĩnh lộc	Vinh loc District Health Center	01	BS. Phí Nguyệt Lự	
		Thọ xuân	Thoxuan District Health Center	02	BS. Lý Thu Hiền	
2	Hải dương	Thanh miện	Centre for Health Education, Ministry of Health	03	HS. Tạ Thu	
		Tứ kỳ		04	CN. Lê Thu Giang	
3	Vĩnh phúc	Tam dương		05	BS. Trần Tuấn Anh	
4	Hà nam	Bình lục		06	CN. Nguyễn Thị Lan	
5	Thái bình	Quỳnh phụ		07	BS. Nguyễn Thu Lan	
		Kiến xương		08	CN. Phạm Bích Nga	
6	Ninh thuận	Ninh phước		Ninhphuoc District Health Center	09	BS. Trịnh Thị Huệ
		Ninh hải		Ninhhai District Health Center	10	CN. Trần Kim Thanh
		Phan rang	Phanrang Disctict Health Center	11	BS. Trần Thị Nhung	
7	Yên bái	Văn chấn	Vanchan District Health Center	12	DS. Lương Việt Hùng	
8	Bình phước	Lộc ninh	Locninh District Health Center	13	DS. Nguyễn Thị Bình	

**LIST OF SELECTED COMMUNES AND DISTRICTS, PROVINCE**

Province code	Targeted district name	District code	District name	Commune code	Selected commune name
01	Thanh hoá	01	Vĩnh lộc	01	Vĩnh quang
				02	Vĩnh thành
				03	Vĩnh hoà
		02	Thọ xuân	04	Sao vàng
				05	Nam giang
				06	Thọ hải
02	Hải dương	03	Thanh miện	07	Tứ cường
				08	Cao thắng
				09	Hồng quang
		04	Tứ kỳ	10	Tái sơn
				11	Ngọc kỳ
				12	Nguyễn giáp
03	Vĩnh phúc	05	Tam dương	13	Hồ sơn
				14	Duy tiên
				15	Kim long
04	Hà nam	06	Bình lục	16	Trịnh xá
				17	Hưng công
				18	An lão
05	Thái bình	07	Quỳnh phụ	19	Quỳnh ngọc
				20	Quỳnh hoa
				21	An áp
		08	Kiến xương	22	Vũ sơn
				23	Vũ ninh
				24	Vũ trung
06	Ninh thuận	09	Ninh phước	25	Phước dinh
				26	Nhi hà
				27	Phước dân
		10	Ninh hải	28	Xuân hải
				29	Phước chiến
				30	Tân hải
		11	Phan rang	31	Phước mỹ
				32	Bảo an
				33	Đạo long
07	Yên bái	12	Văn chấn	34	Tú lệ
				35	Sơn lương
				36	An lương
08	Bình phước	13	Lộc ninh	37	Lộc thành
				38	Lộc thuận
				39	Lộc thiện