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In the last issue we produced part of the article on; Involvement and performance of women in community directed treatment with ivermectin for onchocerciasis control in Rukungiri District, Uganda. In this issue we bring you another part of the article.

News Stories

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Interview with LC III chairperson, Moyo district.

News Highlights

Involvement and performance of women in community-directed treatment with ivermectin for onchocerciasis control in Rukungiri District, Uganda

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This article is reproduced from Health and Social Care in the Community 10 (5), 382-393

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Face-to-face interviews with women in households

In all of the 31 communities studied, face-to-face interviews with women using semi-structured questionnaires were carried out. Lists of mature women (mostly married), one from each household in each community, were made. From these lists, the women from 403 house-

holds were randomly selected (13 from each of the 31 communities), for face-to-face interviews. The numbers of women interviewed were: 143 in Karangara Parish (with 11 communities and 35 kinship zones); 117 in Masya Parish (with nine communities and 33 kinship zones); and 143 in Mukono Parish (with 11 communities and 38 kinship zones). In each community, the first household was selected with the



A community gathering for a meeting

Published by: Global 2000 River Blindness Program and Vector Control Division, Ministry of Health, Plot 15 Bombo Road
Typeset by: Global 2000, River Blindness Program; P. O. Box 12027, Kampala
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assistance of a random number table (Kuzma 1992), after which the next 12 households were selected by taking every fifth household in each list. For a study area whose population is homogeneous with about 39000 people, interviews for 245 randomly selected women from households are needed. This is estimated to give a sampling error of $\pm 5\%$ at the 95% confidence level (Salant & Dillman 1994). Prior to random sampling, the questionnaires had been tested in another parish and district where the study was not involved in order to improve their appropriateness, reliability and validity. The interviewers who had a minimum of secondary education and spoke the same language as the people of the study area were trained to interview a sample of randomly selected women. During the interviews, the researchers were always in the area in order to attend to problems which might be faced by the interviewers. Each interviewer was supposed to interview 13 women within 2 days. An extra day was given to those who could not complete the interview within the given period.

The researchers checked each question and where there was a problem, the interviewer provided some explanation or was given

guided by a facilitator, assisted by

Results

Table 1 shows the numbers and percentages of women interviewees who had been treated with ivermectin in the previous year, and the numbers and percentages who had attended health education sessions, for each of the three parishes in the study. (Explicit P-values are given where possible to allow the comparison against a Bonferroni-corrected significance level of $p = 0.05/3$, as I here are three pairwise comparisons for each item.)

The percentages of interviewees who had been treated with ivermectin were appreciably higher in Masya Parish and Karangara Parish than in Mukono Parish. There was no statistically significant difference between Masya and Karangara parishes, but the difference between each of these and, Mukono Parish was highly significant. In Masya Parish where health education and active involvement of women in CDTI activities was the strategy, all of the women interviewees had attended health education sessions. In Karangara Parish, where the importance of having women as in CDTI and selecting them as ivermectin distributors

was raised, almost 92% of interviewees had attended the Sessions. In Mukono Parish, where the issues were not raised, only 70% of interviewees had attended sessions. The differences between all pairs of parishes were statistically significant.

Table 1 Treatment with ivermectin and attendance at health education sessions by parish

Variable	(1) Masya			(2) Karangara			(3) Mukono			Level of significance		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	1&2	1&3	2&3
Treatment with during previous year	108(93.1%)	8(6.9%)	116	127(90.1%)	14(9.9%)	141	101(71.6%)	40(28.4%)	141	NS	P<0.001	P<0.001
Attended health education sessions previous year	116(100%)	0	116	131(91.6%)	12(8.4%)	143	100(70.4%)	42(29.6%)	142	P<0.004	P<0.001	P<0.001

NS, not significant

Table 2 shows the responses to

*To be continued in
the next issue*

Recently Peace Habomugisha was in Moyo to do some field work. While there she talked to Mrs. Azireo Maritina who is the LC III Chairperson Moyo district. Here is the interview

Qn: What inspired you to stand for chairperson, especially LC III, considering there are very few women councillors?

Ans: I had been involved in community work for a long time and I discovered that a number of women although not educated managed leadership posts in groups they had initiated in their local villages. I looked at these women, many were not very educated, so I thought I too could be a leader. Because at least I had the education advantage.

Secondly, most women in the

village oriented Development Programme an NGDO supported by the Austrian government. Although by 2000 I was only working as a field extension agricultural worker in charge of Moyo sub-county.

Qn: So when did you quit agriculture to join politics?

Ans: In 2001 I quit agriculture but am still involved in community work through politics.

Qn: Has your community been supportive? How do they look at you as a leader; both the men and women?

Ans: They have been supportive. They even encouraged me to contest for this post. Yes

they have given me both physical and moral support.

Qn: How about your family? Tell us about them. Have they been supportive?

Ans: I was married but I am separated from my husband. I have four children, all in school. And they are very supportive and loving.

Qn: Have you been involved in onchocerciasis work?

Ans: No. Except I have taken ivermectin and I did not know much about the programme until Dr. Katarwa visited us. He explained to us in details as a council about the programme.

Qn: Why is it that you haven't been involved in onchocerciasis yet you were a community worker?

Ans: I was involved more in agriculture work than health. But at least I know my ivermectin distributors who come around every year to give me the medicine.

Qn: So what do you think the community should do to support the onchocerciasis programme?

Ans: The community health supervisors should give us their work plan so that we can integrate their activities in the sub-county budget and work plan. We shall open a file at our sub-county and a desk for the health supervisors will be created in the health sector provision.

Editor's Note

Mrs. Azireo promised to put a personal initiative into supporting CDTI activities. Mrs. Azireo's commitment is a reflection of what other relevant officials in other sub-counties located in onchocerciasis endemic areas have done in order to sustain CDTI.

End

Treatment Updates

District	Popn treated during current month	Popn treated cumulative for 2002	Ultimate Treatment Goal (UTG) 2002	Popn TX % of UTG	No. of villages tx during the current month	High risk villages cumulative for 2002	High risk villages UTG for 2002	High risk villages % for UTG for 2002	At risk villages cumulative for 2002	At risk villages cumulative for 2002	At risk villages UTG for 2002
ADJUMANI		134,411	139,500	96.4		218	218	100	218	218	100
APAC		12,200	12,200	100		9	9	100	9	9	100
GULU	109,835	137,529	143,400	96	184	184	184	100	184	184	100
KABALE		13,542	14,500	93.4		48	48	100	48	48	100
KANUNGU		36,280	37,000	98.1		102	102	100	102	102	100
KASESE		75,800	75,800	100		129	129	100	129	129	100
KISORO		15,906	17,000	93.6		31	31	100	31	31	100
MBALE		133,340	133,340	100		580	580	100	580	580	100
MOYO		131,896	133,320	98.9		189	189	100	189	189	100
SIRONKO		42,926	47,500	90.4		191	191	100	191	191	100
NEBBI		217,788	221,340	98.4		670	670	100	670	670	100
TOTAL	109,835	951,618	974,900	97.6	184	2,351	2,351	1100	2,351	2,351	100

News Highlights

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