

Involvement of women in community-directed treatment with ivermectin for the control of onchocerciasis in Rukungiri district, Uganda: a knowledge, attitude and practice study

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in an infected person. However, such annual treatment has to be continued for at least 10 ± 15 years in order to cover the life-span of the adult worms, which are not killed by the drug (Taylor et al., 1990). Merck & Co. Inc., through its Mectizan Donation Program (MDP), has agreed to provide the drug free-of-charge, for as long as necessary, to all governments and organizations involved in onchocerciasis control (WHO, 1995).

National onchocerciasis control programmes (NOCP), based on chemotherapeutic control with ivermectin, have now been established in almost all affected countries, by consortia formed between the national Ministries of Health and various non-governmental development organizations. The aim of the NOCP is to treat, once a year over a period not exceeding 3 months, all those who are eligible to take ivermectin (i.e. excluding those who

SUBJECTS AND METHODS

Study Area

The present study of knowledge, attitude and practice (KAP) was carried out in the Rukungiri district in south-western Uganda, in August-September 2000. At the time of the study, this district had a population of about 39 000, living in 12 onchocerciasis-endemic parishes where ivermectin is actively distributed. Two of these parishes—Masya (with nine communities and a total population of 3155) and Karangara (with 11 communities and a total population of 3082)—separated by a distance of at least 20 km, were selected for investigation.

Face-to-face Interviews with Women

One adult female respondent (aged \geq 18 years) was chosen, for face-to-face interview, from each of 260 households (i.e. 13 from each of the 20 communities in the two study parishes). The first household investigated in each community was selected with the assistance of a random-number table (Kuzma, 1992), and then every second household following the first in the community-household register was selected until all 13 study households had been identified. Each interviewee was questioned on her knowledge of onchocerciasis, on her attendance at health-education sessions, on her knowledge of women's involvement in ivermectin distribution; and about the attitudes of women towards being distributors.

Participatory Evaluation Meetings (PEM)

While the face-to-face interviews of women in selected households were being carried out, PEM were also

TABLE 2

Reasons given by the treated and untreated women for their non-attendance at health-education sessions, at community meetings to select community-directed health workers (CDHW), or at community meetings to decide on the method of ivermectin distribution

	No. and (%) of the respondents who:	
	Had been treated in 1999	Had not been treated in 1999
HEALTH-EDUCATION SESSIONS		
Reason given for non-attendance:		
I was not informed of the session	6 (19)	3 (12)
I had too much work	6 (19)	2 (8)
I was sick	4 (12)	3 (12)
The session was based too far away	8 (25)	3 (12)
I was too lazy	8 (25)	3 (12)
None	0 (0)	11 (44)
No. not attending	32	25
MEETINGS FOR SELECTION OF CDHW		
Reason given for non-attendance:		
I was not informed of the meeting	26 (40)	2 (9)
I was sick	25 (39)	9 (41)
I was busy in my garden	7 (11)	3 (14)
I was pregnant	2 (3)	6 (27)
I thought it was only for educated people	1 (2)	0 (0)
I was unable to walk the long distance	1 (2)	0 (0)
My husband attended and selected for me	3 (5)	0 (0)
None	0 (0)	2 (9)
No. not attending	65	22
MEETINGS TO CHOOSE DISTRIBUTION METHOD		
Reason given for non-attendance:		
I was not informed of the meeting	35 (51)	10 (36)
I was informed but failed to attend	23 (33)	6 (21)
I was sick	2 (3)	6 (21)
My husband prevented me	4 (6)	2 (7)
I was not interested	5 (7)	4 (14)
No. not attending	69	28

Fifty-seven of the respondents said they would be unwilling to become CDHW if asked to do so by their community (Table 3). Most (251) of the women interviewed were willing to say if they thought men, women or neither made better CDHW (for the purposes of ivermectin distribution); in this respect, there was no statistically significant difference between the answers of the treated and untreated women, or between the percentages who thought men made better CDHW and those who thought women made better CDHW (Table 4). All but two of the women

interviewed responded to a question on how they perceived the performances of women and men as CDHW: 98 (38%) said that women were more likely to be patient and tolerant than men, 73 (28%) thought that men were more active than women but more impatient, 82 (32%) said that women were more committed than men, and 2% (2%) said that men were rude.

Further analysis revealed that those who said that they had attended the health-education sessions were more likely to have been involved (or, at least, to claim they had

TABLE 3

The reasons why 57 of the women respondents (45 of the treated and 12 of the untreated) said they would not become community-directed health workers (CDHW) if selected

Reason given	No. and (%) of the respondents who:	
	Had been treated in 1999	Had not been treated in 1999
I could not manage the task	25 (56)	7 (58)
I have too many other responsibilities	12 (27)	3 (25)
This is educated work and I am illiterate	5 (11)	1 (8)
This work is for men only	3 (7)	1 (8)

TABLE 4

The performance of men and women as community-directed health workers (CDHW) distributing ivermectin, as perceived by 251 of the women respondents (196 treated and 55 untreated)

Respondent's view	No. and (%) of the respondents who:	
	Had been treated in 1999	Had not been treated in 1999
As CDHW, men are better than women	78 (40)	20 (36)
As CDHW, women are better than men	55 (28)	13 (24)
As CDHW, men and women are equally good (provided they are trained and willing)	63 (32)	17 (31)

been involved) in the selection of CDHW, the choice of the method of drug distribution, and the decision-making on the time of distribution (P, 0.001 for each) than those who said they had not been

increased appreciation of both female and male CDHW. There was a marked tendency among the inhabitants of both of the parishes investigated to attend only those community-information or health-education meetings that were held in their own kinships/zones, and long distances between home and the place of the meeting were definitely a deterrent to attendance. The men were

within it, they are at a disadvantage when it comes to issues of inheritance and

members of each group. The groups would create more opportunities for regular discussions between the women, making it easier for the women to resolve their differences and increasing the level of trust between them. During the face-to-face interviews and PEM, several other problems reducing the involvement of women in the CDTI were identified: women having too much work at home; the centre for meetings being too far away; not being informed of meetings; sickness; husbands refusing to let their wives attend meetings; and women thinking that it is only men who can work as CDHW. By consensus, the community members attending the PEM (including many women) agreed that women's involvement would be enhanced if women attended health-education sessions, if meetings were held close to their homes, and if women participated in deciding when and where to meet.

In conclusion, increasing the involvement of women in the CDTI-related decision-making processes and respecting, understanding and making use of the traditional social structures and social legal systems are vital preliminaries to the recruitment of women as CDHW. Although most community members claimed that they were not opposed to the selection of female CDHW, social concerns led many women to vote against female neighbours who could have been nominated as potential CDHW. Dialogue among the women

and indeed all community members, on the recruitment of more women as CDHW, should be encouraged. General discussion and trust between women and the resolution of minor disputes between them should also be encouraged. The performances of community-selected and -trained male and female CDHW, and the extents to which the communities they serve appreciate the services of male and female CDHW, need to be compared.

ACKNOWLEDGEMENTS. This study would not have been accomplished without the combined support from the African Programme of Onchocerciasis Control (APOC), the Ugandan Ministry of Health, and The Carter Center, Global 2000 River Blindness Programme (CCGRBP). We are also grateful for the logistical support received from J. Ocaka and H. Sengendo of the CCGRBP. We thank Rukungiri-district health services for allowing us to conduct this study in this district. We are indebted to M. Bajjirenda, the onchocerciasis co-ordinator for Rukungiri district, and his supervisors for travelling with us to communities to help in the collection of the data. We also acknowledge the co-operation and valuable information received from the local councils and community members. This study would not have been successful without the generous assistance of the respondents from Masya and Karangara parishes.

REFERENCES

- ANON. (1996). National Plan of Action for the Control of Onchocerciasis. Uganda Government Report. Entebbe: Ministry of Health.
- COLSON, E. (1968). The alien diviner and local politics among the Tonga of Zambia. In *Poetry of Africa* (ed. by J. M. G. Leach), pp. 110-124. London: Oxford University Press.

- KEESING, R. M. & STRATHERN, A. J. (1998). *Cultural Anthropology—A Contemporary Perspective*, 3rd Edn. New York: Harcourt Brace College.
- KATAHWEIRE, E. (1989). The position in Kinyankore culture, with particular reference to the Church of Uganda in Ankole. *The African Mind*, **1**, 199±226.
- KUZMA, J. W. (1992). *Basic Statistics for the Health Sciences*. Palo Alto, CA: May®eld Publishing.
- RUTABAJUUKA, S. (1994). 'Unfree labour and regulation': an essay in the history of Ugandan working class. M.A. thesis, Queen's University, Kingston, Canada.
- SALZMAN, P. C. (1999). *The Anthropology of Real Life. Events in Human Experience*. Prospect Heights, IL: Waveland Press.
- TAYLOR, H. R., PACQUE, M., MUNOZ, B. & GREENE, B. R. (1990). Impact of mass treatment of onchocerciasis with ivermectin on the transmission of infection. *Science*, **250**, 116±118.
- WORLD HEALTH ORGANIZATION (1995). *Onchocerciasis and its Control: Report of the WHO Expert Committee on Onchocerciasis*. Technical Report Series No. 852. Geneva: World Health Organization.