Thesis Title

Filariasis Preventive Behavior of Mothers with Children under Ten Years Old: A Case Study in a Village of Nakhon Si Thammarat Province.

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Degree

Master of Arts (Medical and Health Social Sciences)

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ABSTRACT

This research was a qualitative study with the following objectives:

- 1. To study preventive behaviors and factors affecting the behaviors of mothers with children under ten years old in filariasis.
- 2. To study the beliefs of the mothers with children under ten years old in filariasis.

The study was conducted in a village in Nakhon Si Thammarat province for a period of two consecutive months. The sample groups used in this study were:-mothers with children aged under ten, infected

by filariasis; and mothers with children of the same age, not infected.

The data were collected through anthropological methods (observation, indepth and group interviews) together with household surveys.

From the study it was found that mothers from both groups had different beliefs in filariasis. Although their belief differed slightly, they both shared the same opinions of signs and symptoms, and severity of disease. However, mothers from both groups had different beliefs in causation, transmission, perceived susceptibility, prevention, treatment, the vectors and reservoirs as well as hosts of the disease. Still, such beliefs were mostly incorrect.

The filariasis preventive behaviors for their children in mothers form both groups were slighty different. There were deliberate and non-deliberate behaviors. Mothers with non-filariasis-infected children tended to have more non-deliberate preventive behaviors which could be seen through three aspects:

- 1) The preventive behaviors according to the local beliefs such as not allow the children to go in the swamp forest or telling them not to touch patients suffering from filarial fever.
- 2) The mosquito preventive behaviors by using of mosquito nets when sleeping, repellent stick, repellent skin lotion, insecticide house spray, smoke fumigation or covering their children with proper clothes.

The study also revealed that mothers with filariasis-infected children had more methods in mosquito prevention than the other group as their household environment was more susceptible to mosquitoes. However, mothers with filariasis-infected children could reduce their children's risk by using mosquito nets. If their children felt asleep outdoor, the mothers would hurrily take them in the mosquito nets. Furthermore, these mothers hardly allowed their children to go in the swamp forest or to go out at night. Apart from these, smoke caused by cooking stoves could also indirectly help in mosquito

prevention

By and large, mothers from both groups were not certain that the mosquito preventive behaviors they had used would be able to prevent their children from filariasis. The beliefs in efficacy of materials used in mosquito prevention were similar. Mosquito nets were most popular, with smoke fumigation and repellent stick following respectively. Repellent skin lotion and insecticide house spray were not well-known and hardly used.

3) The preventive behavior by having their children's lymph nodes checked. By far, very less proportion of mothers would take their children to undergo this clinical check-up at the health centre since they were unaware that lymphadenitis and chronic fever may be first symptoms of filariasis.

Factors affecting the filariasis preventive behaviors in mothers were:-

- 1) The mothers' experiences, beliefs in filariasis and the proper child care.
 - 2) Suggestion given by family members including lay people.
 - 3) Community environment.

Recommendations for the control of filariasis may be done through the followings approaches:

- 1) To promote knowledge about: filariasis to people in endemic areas with special emphasis on maternal and teacher groups, and the first symptoms of the disease.
 - 2) To promote the habit of sleeping with the mosquito nets.
- 3) Not allowing children to go in the swamp forest including going out at night unnecessarily.
- 4) To train health personnel in endemic areas and provide them with manuals for lymphatic filariasis control.