

**KNOWLEDGE AND PRACTICE OF VILLAGE HEALTH  
VOLUNTEERS ON MALARIA PREVENTION AND  
CASE MANAGEMENT IN SELECTED TOWNSHIPS,  
BAGO REGION**

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## ABSTRACT

Malaria is one of the most severe public health problems worldwide. It is a leading cause of morbidity and mortality in many developing countries. Globally, early diagnosis and prompt treatment with effective antimalarial drugs is a cornerstone of current malaria control strategy. All people with suspected malaria should access to early diagnosis and appropriate treatment. WHO recommended community based management of malaria through volunteers to give EDAT to those who need it.

In Myanmar, community based malaria control intervention by volunteer was started since 2006 in the eastern Shan State with the aim of improving access to quality diagnosis and effective treatment in remote areas. Now volunteer trainings were expanded in total 131 townships and 3280 volunteers were trained in 2012. Trainings of volunteers are ongoing.

The main objective of the study was to determine the knowledge and practice of the Village Health Volunteers on malaria prevention and case management activities and to explore the constraints encountered in performing the activities.

The study was designated with cross sectional descriptive approach involving 128 selected volunteers from four townships from Bago Region by using the semi-structured interview questionnaires. Patient's registers of volunteer were also reviewed with observation checklist.

Regarding to the socio-demographic background of the volunteers, most of the volunteer were young and had high school educational status. Seventy volunteers (54.7%) had been working as malaria volunteer for more than one year and 41.4% had got the refresher training at least one time. In addition to malaria control activity, 36.7% of volunteers were also working other health related volunteer activities.

In assessment of knowledge, 69 volunteers obtained high knowledge scores and 59 had low knowledge scores. The volunteers responded well what they had learned in training. In assessing the practice on case management, 49 had poor practice and 79 got good practice scores. The volunteers with high knowledge score also had good practice score. Knowledge on prevention and control was a determining factor for practice ( $X^2= 9.421$ ,  $p= 0.002$ ,  $OR= 3.137$ ,  $95\% CI= 1.494- 6.585$ ). Socio-demographic characteristics were not associated with knowledge and practice level. The duration of volunteer work, duration since recent training and number of supervision visits were also not the determining factors for knowledge and practice level. However, knowledge on drug resistance of the

volunteers was significantly associated with practice on case management ( $\chi^2=5.22$ ,  $p= 0.022$ , OR=2.494, 95% CI=1.127-5.520).

The study was a small scale study. Therefore large scale study on volunteers is needed to conduct to find out the other determining factors for knowledge and practice scores of the volunteers.