

DEPARTMENT OF COMMUNITY AND PREVENTIVE MEDICINE RESEARCH PROPOSAL

Acceptance of new health services and initiatives established in Rima, Tibet as measured by utilization patterns and perceptions of residents

Rebekah Loy, Ph.D.

BACKGROUND. In Tibet, like in many areas of the developing world, maternal mortality is extremely high. For the past 5 years, we have used a combined medical-public health approach to identify health problems and factors contributing to maternal mortality in order to provide useful interventions in Rima, a community of 3,000 Tibetan nomads. When Dr. Chin and I first came to Rima in 2004 the village had no roads, school, clinic, trained doctors, midwives or birth attendants. The closest hospital was 4 hours away by car or motorcycle. We carried out a Health Needs Assessment to learn about the community's perceptions concerning childbirth and what interventions they would accept. Based on community input, we collaboratively designed and implemented a number of medical and public health initiatives that we expected would lead to better pregnancy outcomes and overall community health.

OBJECTIVE. My objective for this thesis work is to analyze the utilization patterns and perceptions of residents and health care professionals to determine their acceptance of two of these initiatives. I will analyze utilization patterns and community perceptions of the (1) new clinic and pharmacy, and (2) birthing kits distributed and associated family member childbirth training.

METHODOLOGY. For the quantitative analysis of clinic records, the study population will include all the men, women and children who were seen by either village doctor and who received medication at the Rima Clinic during March 1-18, 2008 (421 patient visits) and March 1-31, 2009 (600 patient visits). Information collected by the doctors included patient's name, age, gender, home location and medications received. The categorized diagnoses deduced from the medications will be analyzed by age of patient to determine relative frequency of conditions being treated at the clinic as a function of gender, age and distance from the clinic. To determine community perceptions of the doctors, services and medicines available at the clinic, I will carry out a qualitative analysis of semi-structured interviews drawn from a convenience sample of Rima village leaders; village, township and county doctors and leaders; Ayang Monastery monks; and nomads living within 10 km of the clinic. I will analyze the qualitative interview notes for emergent themes regarding perceptions and use of the clinic and its services. For the birthing kit and family training evaluation, the study population will include all of the pregnant women given birthing kits in Rima Village in 2005-2008, as recorded by the clinic doctors. I will determine what proportion of all pregnant women received a birthing kit, and of these how many used a kit, and what components they used. I will note how many were attended by one of the clinic doctors, by a family or community member who had received the HBLSS training, by someone without the training, were not attended at the birth, or who went to the hospital to give birth; what conditions lead to that decision; and what was the outcome of the pregnancy in terms of healthy mother and child.

POTENTIAL IMPLICATIONS FOR FUTURE. This study will not address maternal mortality directly, but will determine the utilization patterns and acceptability of two of the interventions we have initiated during the past five years of this effort. We will then be able to use this analysis to inform our strategies for future efforts to have a positive impact on community health in this Tibetan village.

Committee Chair:

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Committee Members:

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Wednesday, March 31, 2010

12:30PM – 1:00PM; Helen Wood Hall, Room 4W301

EVERYONE IS WELCOME