

**Impact of Incentive in the Management of Kala-azar Cases in  
Dharampur VDC, Ward No – 8, Jhapa, District**

**by**

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## RECOMMENDATION LETTER

This thesis entitled “**Impact of Incentive in the Management of Kala-azar Cases in Dharampur VDC, Ward No – 8, Jhapa, District**” has been done and completed by **Jiwan Prasad Chamlagai** under my guidance and supervision for the partial fulfillment of the requirements of the thesis for the award of the Master’s degree of Health Education. I hereby, recommend this work for its evaluation and approval.

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## **APPROVAL SHEET**

This thesis entitled “Impact of Incentive in the Management of Kala-azar Cases in Dharampur VDC, Ward No – 8, Jhapa, District” submitted by Jiwan Prasad Chamlagai in partial fulfillment of the requirements for the Master's Degree in Education (Health Education) has been approved.

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## ABSTRACT

Health is a fundamental human right. The individual, the community, the nation and government all have to play their respective role collectively and actively in the area of health. We must be aware of our health; otherwise we will have to face many health problems. If we go through the health profile of our country, lack of health education is the major factor for creating health problems. The morbidity rate of Kala-azar is found very high in endemic districts of Nepal. This study has tried to find out the impact of incentive in the management of Kala-azar cases in Dharampur VDC, Ward No – 8, Jhapa, District.

The objective of the study was to find out the socio-demographic characteristics of kala-azar related community, to find out impact of incentive in the management of Kala-azar cases in Dharampur VDC, Ward No – 8, jhapa district, to identify people's health seeking behaviour with respect to Kala-azar treatment and use of incentive. Structural questionnaire was prepared for the study and pretest and revised. The study was done in March to August 2011 and the sample size was 105 households and 625 populations. Systemic sampling method was followed for the study. The data was analyzed with the help of simple statistical law such as percentage, value etc. as necessary these data was presented in simple descriptive method, table, figures, pie chart and bar diagrams as per as convenience and necessary.

Among the total population 52 % was male and 48 % was female. . The 37% peoples of study area were illiterate and 56.6% of the respondents were from Adibasi and Dalit. Majority (97%) of the respondents were known infected female Sand fly bite is the mode of transmission of Kala-azar. Majority (93.3%) of the respondents noted that the main symptoms of Kala-azar are fever & Splenomegaly. Among the total respondents 105 households, 22% were suffering from Kala-azar. Total numbers of the Kala-azar patients were 23 in which 100% were get complete treatment of Kala-azar. 100 % of the Kala-azar patients were getting incentive after completing the treatment of Kala-azar which is Rs 1000 and one Supanet. The majorities (87%) of the respondents were spent money for fruits and meats; they are not spent money for Alcohol and Tobacco consumption. 100% of the total Kala-azar patients has been used the Supanet or insecticide treated net. 100% of the respondents are said don't mosquito or sand fly bite after using Supanet at night. Majority 80% of the respondents were gone to the hospital, 19% were gone to Health Post when occur the signs and symptoms like Kala-azar.

Total numbers of the Kala-azar patients were get complete treatment of Kala-azar After getting complete treatment of Kala-azar, all patients were cure and could not transmit Kala-azar to others. Majority of the respondents were known about the incentive after management of Kala-azar cases and total Kala-azar patients were getting incentive after completing the treatment of Kala-azar. It was not the gap between theory and practice. Majority of the respondents were get incentive from DPHO/HP or Government sector. The majority of the respondents were spent money for fruits and meats and they were not spent money for Alcohol and Tobacco consumption. The impact of the incentive found

very good because most of the respondents were spent money for useful purpose. It is found the positive impact of incentive and Kala-azar control and elimination program.

## CONTENT

<b>Chapter Title</b>	<b>Page</b>
Title (cover) Page	
Recommended Letter	i
Approval Sheet	ii
Acknowledgement	iii
Abstract	iv
Table of Content	v
List of the Table	vii
List of the Figure	viii
Abbreviation	ix
<b>CHAPTER – ONE INTRODUCTION</b>	<b>1-7</b>
1.1 Background of the Study	1
1.2 Statement of the Problem	4
1.3 Objectives of the Study	5
1.4 Significance of the Study	5
1.5 Research Questions	5
1.6 Delimitation of the Study	6
1.7 Definition of the important terms Used	6
<b>CHAPTER – TWO REVIEW OF RELATED LETERATURE</b>	<b>8-16</b>
2.1 Theoretical literature	8
2.2 Empirical literature	12
2.3 Conceptual Framework	16
<b>CHAPTER – THREE RESEARCH METHODOLOGY</b>	<b>17-20</b>
3.1 Research Design	17
3.2 Population of the Study	17
3.3 Sources of Data	17
3.4 Sample Size & Sampling Procedure	18
3.5 Data Collection Tools	18
3.6 Validation & Standardization of Tools	18
3.7 Data Collection Procedure	18

3.8 Data Analysis and Interpretation	19
<b>CHAPTER – FOUR DATA ANALYSIS AND INTERTRETATION</b>	<b>20-34</b>
4.1 Socio Demographic Characteristics	20
4.2 Knowledge on Kala-azar	25
4.3 Causative organism of Kala-azar	26
4.4 Mode of Transmission of Kala-azar	27
4.5 Main Symptoms of Kala-azar	27
4.6 Suffering from Kala-azar in family	28
4.7 Treatment of Kala-azar	29
4.8 Knowledge about incentive	29
4.9 Incentive received	30
4.10 Source of incentive	31
4.11 Purpose of spending the money	31
4.12 Use of the Supanet	32
4.13 Biting habit of mosquito or sand fly	33
4.14 Satisfaction of the people after receiving incentive	33
4.15 Followed by the patients after the signs & symptoms of Kala-azar	34
<b>CHAPTER – FIVE SUMMARY, FINDINGS, CONCLUSION AND</b>	<b>35-42</b>
<b>RECOMMENDATIONS</b>	
5.1 Summary	35
5.2 Findings	38
5.3 Conclusion	40
5.4 Recommendations	41
REFERENCE	42



## LIST OF THE TABLE

<u>Table No</u>	<u>Title</u>	<u>Page No</u>
1.	Age and Sex wise distributions of population	20
2.	Religions of the Respondents	23
3.	Registered Land of the Respondents	24
4.	Treatment of Kala-azar	29
5.	Satisfaction of the people after receiving incentive	34

## LIST OF THE FIGURE

<u>Figure No</u>	<u>Title</u>	<u>Page No</u>
1.	Education of the Respondents	21
2.	Caste of the Respondents	22
3.	Occupations of the Respondents	23
4.	Average income of the Respondents	25
5.	Knowledge on Kala-azar	26
6.	Causative organism of Kala-azar	26
7.	Mode of Transmission of Kala-azar	27
8.	Main Symptom of Kala-azar	28
9.	Suffering from Kala-azar in family	28
10.	Knowledge about incentive	30
11.	Incentive received	30
12.	Source of incentive	31
13.	Purpose of spending money	32
14.	Use the Supanet	32
15.	Biting habit of mosquito or sand fly	33
16.	Followed by the patients after the sings & symptoms of Kala-azar	34

## ABBREVIATIONS

AIDS	-	Acquire Immuno Deficiency Syndrome
BS	-	Bikram Sambat
CBOs	-	Community Base Organizations
CBS	-	Central Beuro of Statistics
CDR	-	Crude Death Rate
CFR	-	Case Fatality Rate
DDT	-	Dichloro-diphenyl-trichloroethane
DPHO	-	District Public Health Office
EDCD	-	Epidemiology and Disease Control Division
EDR	-	Eastern Development Region
HIV	-	Human Immuno Deficiency Virus
HP	-	Health post
INGOs	-	International Non Government Organizations
KAP	-	Knowledge, Attitude, Practice
KM	-	Kilo Meter
NC	-	Nepal Currency
NGOs	-	Non Governmental Organizations
PCL	-	Proficiency Certificate Level
PHC	-	Primary Health Care
PKDL	-	Post Kala-azar Dermal Leishmaniasis
PSI	-	Population Surveillance International
RCC	-	Rod, Cement & Concrete
SHP	-	Sub Health Post
SEAR	-	South East Asia Region
SLC	-	School Living Certificate
VDC	-	Village Development Committee
VL	-	Visceral Leishmaniasis
WHO	-	World Health Organization