

actual ivermectin distribution. The present authors conclude that recruiting more female CDHWs and supervisors would reduce the current male domination of the health delivery services, greatly strengthening the

ivermectin treatment, male-dominated health

Keywords: community-directed, ivermectin

delivery system, onchocerciasis control, role of female, women's involvement

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who might otherwise miss treatment because
they had no time to take them to the treatment

the active involvement of women would also
mean women who are temporarily excluded

the participation of women in the community
directed treatment with ivermectin (CDT) programme

of onchocerciasis control in Uganda

in 2000. Karabatsos *et al.* (2000) found that
in Uganda there was a need for a community

directed treatment programme

to control onchocerciasis

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Introduction

Background

because of the presence of a large number of
children who are not attending school (WFP

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... and tridocyclic and in the posterior segment (5). Overeducation of all people of age to take the drug, including children, is essential to ensure adherence of all people for subsequent treatment.

... for treatment and referring people suffering from ... to local health authorities, and ... the ... treatment approach ... to ... to be ...

... and then to decide on the community-directed activities ... to be ... from the distribution of ivermectin ... Uganda once a community is prepared in this way and

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the onchocerciasis endemic areas. Using cluster sampling, three parishes – Masva, Karangar, and Mukong – were selected to give a sampling error of $\pm 5\%$ at the 95% confidence level.

Interviews were conducted with 100 women in each parish and district where the study was not conducted. The total sample size was 1000 women.

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parishes. Eight PEMs were conducted, three in

Data analysis

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divided into (1) those who had been treated with ivermectin in the previous year and those who had not.

with Yates' correction, where appropriate. The confidence interval (CI) was calculated using the formula: $OR \pm 1.96 \times SE(OR)$.

was statistically significant ($P < 0.05$). The chi-square test was used to compare the observed and expected frequencies.

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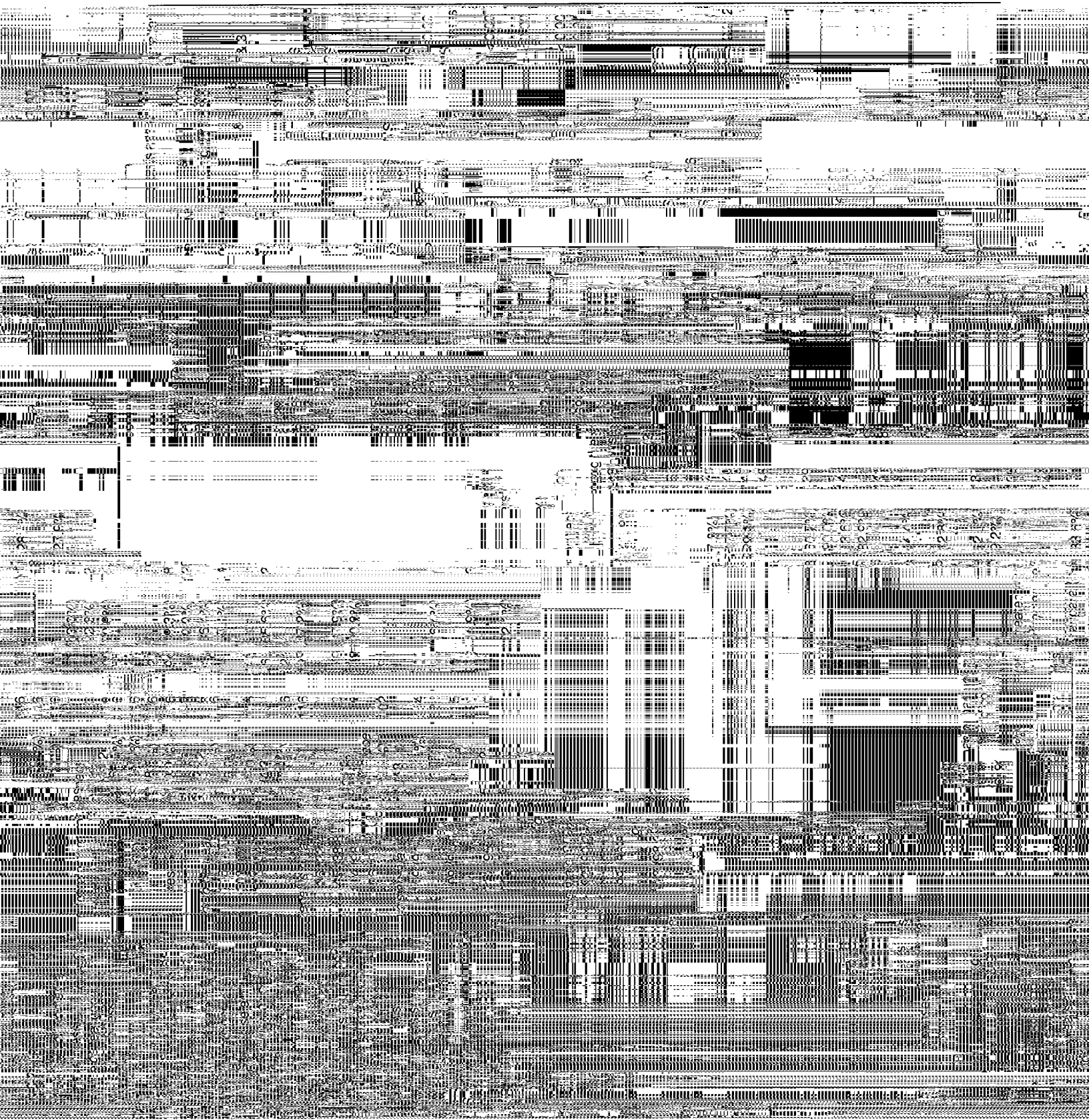


Table 2. The treatment of children in a female community health group

and there were 58 children in the group before the health education campaign.

Table 3 shows the numbers of males and females aged 5-10 years in the study area before and after the health education campaign.

After the health education campaign all 52 remainders in Masaya Parish had been treated with ivermectin. In Karagard Parish 20% of the remainders had been treated with ivermectin. In Muko Parish 50% of the remainders had been treated with ivermectin.

Results from participatory evaluation meetings

The results from the participatory evaluation meetings are presented in Table 4. The women in the health groups were generally satisfied with the health education campaign and the performance of the health workers. They felt that the health workers had provided a good service and that the health education campaign had been successful in raising awareness about the disease and its control. They also felt that the health workers had been respectful and that they had been given an opportunity to voice their opinions. The women also felt that the health workers had provided a good service and that the health education campaign had been successful in raising awareness about the disease and its control. They also felt that the health workers had been respectful and that they had been given an opportunity to voice their opinions.

Table 3. Numbers of communities and kinship zones, numbers and percentages of males and female community-dweller health workers (CDHWs) before and after the health education campaign

Numbers of communities and kinship zones

Numbers and percentages of males and female CDHWs before and after the health education campaign

Parish	Number of communities	Number of kinship zones	Male CDHWs before (%)	Female CDHWs before (%)	Male CDHWs after (%)	Female CDHWs after (%)
Masya	1	1	26 (100%)	0	26 (100%)	0
Karagard	2	2	9 (45%)	11 (55%)	9 (45%)	11 (55%)
Muko	2	2	12 (60%)	8 (40%)	12 (60%)	8 (40%)
Total	5	5	47 (47%)	59 (59%)	47 (47%)	59 (59%)

...a scientific and sometimes even better
 ...any previous experience
 ...in the past
 ...and active in promoting it all people while other
 ...program of the community
 ...support of the womenfolk is much more likely to succeed
 ...the results show
 ...the new ideas about the benefits of shared information
 ...keep them from being
 ...wanted to share the work or shared information
 ...cultural aspects
 ...would happily agree to the information
 ...interaction amongst the womenfolk
 ...to report details of the womenfolk
 ...draw the womenfolk
 ...processes which would
 ...and the
 ...Why did
 ...repeated everybody who was available and assumed that the womenfolk would
 ...everybody had been

Discussion

...women were aware
 ...community directed treatment with ivermectin
 ...activities
 ...maintain an social
 ...of the
 ...improvement have been made in the
 ...created an impetus for
 ...performance of the things and the female
 ...importance of
 ...could inter-relationships and work together
 ...gave an idea and has experience with
 ...of the
 ...positive impact of the women
 ...of the community members
 ...the womenfolk
 ...they are baby born with them from the
 ...the womenfolk

and the community members, especially the women in Rokupri, who willingly provided the information for which our paper is based. The investigation could not have been without financial support from the Ghana Health Service. The success of the study is due to the success of the community health workers in the area.

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