PERPUSTAKAAN HAMDAN TAHIR UNIVERSITI SAINS MALAYSIA



## UNIVERSITI SAINS MALAYSIA GERAN PENYELIDIKAN UNIVERSITI PENYELIDIKAN LAPORAN AKHIR

# HEALTH AND SAFETY: ENHANCING COMMUNITY-BASED EDUCATION MODULERS OF PREPAREDNESS FOR FLOOD-RELATED COMMUNICABLE DISEASES IN KELANTAN

## PENYELIDIK

# PROFESOR MADYA DR. WAN MOHD ZAHIRUDDIN BIN MOHAMMAD

## PENYELIDIK BERSAMA

PROF. DR. HABSAH HASAN PROF. DR. SEEHAIDA MOHAMED ASSOC. PROF. DR. LEE YEONG YEH DR. WAN NOR ARIFIN WAN MANSOR DR. ALWI MUHD BESARI DR. NANI DRAMAN DR. ROSNANI ZAKARIA DR. NOOR AMAN A. HAMID DR. SURIANTI SUKERI

2017

## PERPUSTAKAAN HAMDAN TAHIR UNIVERSITI SAINS MALAYSIA



BORANG TRGS BANJIR - P1(PROJECT)

YEAR 2016

	EMENTERIAN Pendidikan Malaysia	GERAN PENYELI		RT JRUSAN BENCANA BAN likan Transdisiplinari (TRG	0000310
A. PROJE	CT INFORMATION				
YEAR: 20	15/2016				
			ES OF PREPARI	EDNESS FOR FLOOD-RELAT	ED
THEME C	ODE:1.0 fer attachment)	s	SUBTHEME COD	E:	
Please Tic	sk (√)				
PHASE:	01: Pre-Disaster	/ 02: During Di	saster /	03: Post-Disaster	1
AREA:	01: Preventive	/ 02: Preparedr	ness /	03: Rescue anf Recovery	
	04:Adaptation	05: Mitigation			
	TE: 01.04.2015 E (EXPECTED): 31.03	.2016			
PROJECT	STATUS: (ACTIVE / 1	TERMINATED / COMPLET	ED): COMPLET	ED	
	LEADER: ASSOC. PI	ROF. DR WAN MOHD ZAH 616035115	HRUDDIN BIN W	AN MOHAMMAD	
PROJECT	MEMBERS :				
2. PF 3. AS 4. DF 5. DF 6. DF 7. DF 8. DF	ROF. DR HABSAH HAS ROF. DR ZEEHAIDA M SSOC. PROF. DR LEE WAN NOR ARIFIN W ALWI MUHD BESAR NANI BT DRAMAN ROSNANI ZAKARIA NOOR AMAN A. HAI SURIANTI SUKERI	IOHAMED YEONG YEH /AN MANSOR I			
(including	GRA/RA/RO)				
	AN HANI SOFEA BT V AN ADABIAH BT WAN				

### 1. B. PROJECT ACHIEVEMENT (Prestasi Projek)

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	ACHIEVEMENT	<b>PERCENTAGE</b>			
Project progress according to milestones achieved up to this period	0 - 25%	26 - 50%	51 - 75%	76 - 100%	
Percentage (please state #%)				100%	
	RESEARC	H OUTPUT	·		
Number of articles/ manuscripts/	Indexe	ed Journal	Non-Inc	lexed Journal	
books (Please attach the First Page of Publication)		1 ublication in scopus- Teknologi" of UTM)			
Conference Proceeding	litter	<b>national</b>	N N	lational	
(Please attach the First Page of - Publication)		8	2010 - 10 2010 - 10 2010 - 10 2010 - 10 2010 - 10 2010 - 10	1	
Intellectual Property (Please specify)					

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Number and title of Policy Paper /	1.	Modul Pendidikan Kesihatan Komuniti bagi Penyakit-Penyakit Berjangkit Akibat Banjir, 2016. (no. ISBN 978-967-0486-81-9) (Nota: Modul asal sedang dalam proses 2nd editing dan dijangka dapat dicetak untuk diterbitkan pada Julai 2016).	
SOP / Technology Solution (Please specify)	2.	Validated Questionairres for Knowledge, Attitude and Preventive Practice on Flood-Relateed Commujnicables Diseases (Nota: Borang kajiselidik ini boleh digunakan bagi kajian situasi semasa atau alat penilaian selepas intervensi kesihatan pencegahan penyakit berjangkit akibat banjir di peringkat komuniti).	

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Human Capital	Number				<b>Others</b> (please specify)		
numan Capitai	On-going		-		On-going Graduated		
Citizen	Malaysian	Non Malaysian	Malaysian	Non Malaysian			
No. PHD STUDENT							
Student Fullname: IC / Passport No: Student ID: Date of appointment:							
No. MASTER STUDENT							
Student Fullname: IC / Passport No: Student ID: Date of appointment:							
No. RA/RO				1			
Student Fullname: IC / Passport No: Student ID: Date of appointment:			WAN MA KP: 9106 Date: 01. 2. WAN NC BT WAN	01-03-5894 06.2015 0R ADABIAH MAZLAN 07-03-6144			
Total			·				

Budget Approved (Peruntukan diluluskan) : RM 133,496.00 Amount Spent (Jumlah Perbelanjaan) : RM 112,68.34

Balance (Baki) Percentage of Amount Spent (Peratusan Belanja) : RM 112,68.34 : RM 20,813.66 : 84.41%

### D. SUMMARY OF RESEARCH FINDINGS (Ringkasan Penemuan Projek Penyelidikan)

### SUMMARY OF RESEARCH FINDINGS

**Obejctives:** 

### Methods and materials:

This research project involved two phases.

In Phase 1 (between August and October 2015, situational analysis were done in assessing and exploring baseline knowledge, attitude and preventive practices (KAP) of the affected communities with regards to communicable diseases related to flood. Baseline community surveys were conducted using a pre-validated KAP questionnaire through guided interviewed-based technique among 300 villagers. Raw total scores from each section of KAP were converted to percentage scales for analysis while four focus group discussions (FGD) were performed to explore their coping and experiences in the flood disaster.

In Phase 2 (between November 2015 and February 2016), health education materials were developed through series of workshop and then were evaluated through a community intervention. These involved revising existing health education materials, creating new materials tailored to the community and getting feedback from stakeholders. Customized modules that focusing on major flood-related communicable diseases and comprising of printed materials and audio-visual information kits were eventually developed which included 2 series of health education flip charts, 2 series of PowerPoint slides for health talk, 3 series of health education flyers, 10-minute video with captions on flood-health hazards, diseases and prevention messages and other complementary public health information.

A non-randomized community-controlled trial was then conducted to determine effectiveness of the community-based health education modules. The delivery channels of the health modules were conducted at least two weeks before the forecasted flood seasons in that year. Two strategies were applied: targeted small group health education sessions which comprised 20-25 persons each, and mass dissemination of public information health education materials.

#### Results

Three hundreds repondents were interviewed with a mean age of 45.1 years old (SD=17.34) and mainly those with secondary school education (n=166, 55.3%). Taking mean scores below 80% as unsatisfactory, all knowledge domains, attitude and selected pratices (drinking water and protective habit) need further concern. Between 90.7 to 96.3% agreed that they were more likely to practice preventive measures if given proper information and personal protective tools (e.g soap, hand sanitizer, face mask etc). Between 72.2 - 95.3% agreed that current materials of health education on flood related diseases were useful but interactive small group discussions and demonstrations were also suggested by them.

There were 129 and 101 respondents within the intervention community who were participated in the repeated surveys at 1-week and 1-month post intervention KAP assessments respectively while another 125 in the controlled group. Table 1 shows there were statistically significant improvements in all knowledge components (type of diseases, common symptoms, methods of transmission, susceptible and risk factors, and danger signs) from 9.4% to 52.6% (P<0.001) while there was a 10% increment (P<0.001) in attitude scores toward preventing behaviours on flood-related communicable diseases among the intervention community. There was a slight reduction in most domains at 1-month post intervention; however all mean scores were still higher than at the baseline pre intervention stage.

When compared to control community at post-1 month, statistically significant difference in knowledge scores were shown between 15.4% and 35.4% (P<0.001) on types of diseases, common symptoms and susceptible/ risk factors domains. There were significant improvements on the practice domains at post 1-month in the practice of drinking safe water and

protective habits (P<0.001 and P<0.006 respectively) but no changes in the hand-washing and sanitation pract				
protective nabits (PNU.00) and PNU.000 respectively) but no changes in the nano-washing and sahilation brack	washing and sanitation practice.	) but no changes in the hand-was	(P<0.001 and P<0.006 respective)	protective habits /

Conclusion

The study findings show that:

- 1. the community-based health education has been evaluated to be effective in enhancing existing level of relevant knowledge and attitude as part of their preparedness toward communicable diseases related to flood
- 2. this research furthers contribute by providing customized and comprehensive community-based health education modules in preventing potential communicable disease outbreaks in affected flood-prone communities
- 3. this will reduce the costs associated with the diseases and reduce the vulnerabilities of communities exposed to floods

E. PROBLEMS / CONSTRAINTS IF ANY (Masalah/ Kekangan sekiranya ada)

- 1. Initial constraint was mainly due to the proposed short duration of the project (april until December 2015). Eventhough on paper the project began in April 2015, the project proper including ethical approval and grant reception started from June 2015 onwards. After the project was approved for 3-month extension, the project milestones were revised and mot of the planned activities were able to be competed.
- 2. Since the "forecasted' flood in the project areas didn't occur, the implementation of the community-based on the health edcuation module was conducted as a 'field-test' in the targeted and control community to show its effectiveness. A proportion of teh budget was not fully utilized due to this unforseen circumstances.

Date : 8 JUN 2016 Tarikh Project Leader's Signature: Tandatangan Ketua Projek

F. COMMENTS, IF ANY/ ENDORSEMENT BY RESEARCH MANAGEMENT CENTER (RMC) (Komen dan Pengesahan oleh Pusat Pengurusan Penyelidikan)

Name: Nama:

DateZ:

Tarikh:

Tandatangan:

PROF, DR LEE KEAT TEONG Pengarah Pejabat Pengurusar & Kicukwiti Penyelidikan Universiti Sains Malaysia

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