

# Exploring knowledge and attitudes towards non-communicable diseases among Village Health Teams in Eastern Uganda: a mixed-methods study

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## BACKGROUND

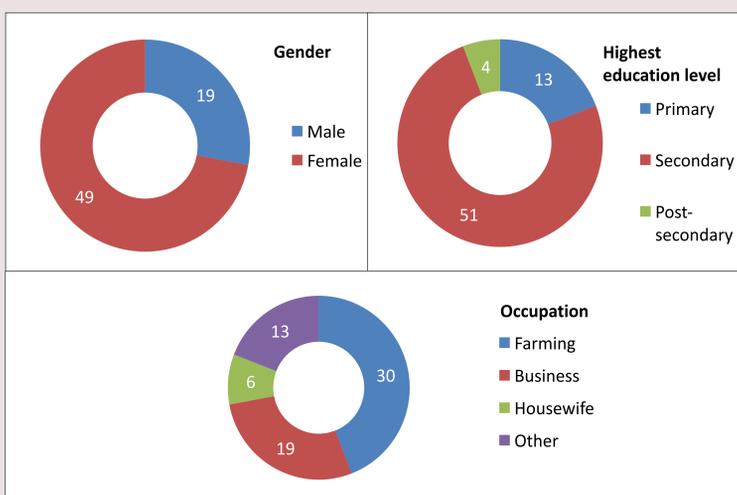
- \* Community health workers (CHW) are essential personnel in resource-limited settings.
- \* In Uganda, CHW are organized into Village Health Teams (VHTs)
- \* VHT training is focused on infectious diseases and maternal-child health
- \* However, VHT skills could potentially be utilized in national efforts to reduce the growing burden of non-communicable diseases (NCDs).
- \* We sought to assess the knowledge of, and attitudes toward, NCDs and NCD care among VHTs in Uganda as a step toward identifying their potential role in community NCD prevention and management.

## METHODS

- \* Interviewer-administered knowledge, attitudes and practices (KAP) questionnaire to 68 VHT members from Iganga and Mayuge districts in rural Eastern Uganda.
- \* Four focus group discussions (FGDs) with 33 VHT members. Discussions focused on NCD knowledge and facilitators of, and barriers to, incorporating NCD prevention and care into their role. A thematic analysis was conducted to identify salient themes emerging from the data.

## RESULTS

Sample characteristics of VHTs from KAP questionnaires



Frequency distribution of VHT responses to key KAP questions.

VHT responses	n (%)
Knowledge that NCDs are not transmissible	64 (94.1)
Agreement that NCDs are common in Uganda	56 (82.4)
Little perceived knowledge of hypertension	48 (70.6)
Little perceived knowledge of heart disease	42 (61.8)
Little perceived knowledge of stroke	36 (52.9)
Little perceived knowledge of type 2 diabetes	43 (63.2)
Perception of cardiovascular disease becoming more common in Uganda	61 (90.0)
Knowledge that diabetes is caused by high blood sugar levels	53 (77.9)
Thinks that diabetes is preventable	32 (47.1)

## Key illustrative quotes from FGDs

*"These are diseases that cannot be transmitted from one person to another. For example, if you share the same taxi with someone with NCD, it can't be transmitted."* FGD2, Participant 1

*"Some people are not even aware that such diseases exist. You could meet someone who puts a lot of sugar in a small cup of tea, like adding 8 teaspoons in a very small cup of tea. Yet, this person would be at a high risk of getting diabetes."* FGD1, Participant 7

*"As VHT, if we can get enough knowledge on NCDs, we can return to the communities and teach our people about NCDs."* FGD1, Participant 5

*"If medical personnel could organize workshops in communities to inform them about NCD, it will help in dealing with NCD."* FGD4, Participant 3

*"If medical personnel can come to our villages and inform us, it will ease our work as VHT. At least, they (community) will know that it was the personnel who have taught the VHT about NCD."* FGD3, Participant 3

*"People go to the hospital and want to test for diseases but are not being rendered these services. There is poor management in health units which affects our work at the end of the day. When we refer other people, they refer to the failure of their (community) members to get the services they needed at the health units."* FGD1, Participant 10

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## Emergent Themes from qualitative analysis

### Theme 1: VHTs demonstrated a nuanced understanding of NCDs, though with evident gaps in knowledge.

- \* Participants gave specific examples of diseases and were confident that NCDs are not transmitted between individuals.
- \* Participants had more nuanced knowledge of NCDs such as lifestyle risk factors and family history of disease.
- \* VHTs were aware of the chronic condition of NCDs, which they identified as a possible contributor to lack of awareness in communities.

### Theme 2: VHTs identified a potential role to facilitate continued conversation and transferring information on NCDs between their communities and medical personnel.

- \* VHTs regarded themselves as community health 'connectors' and conduits of knowledge, if training is provided on NCDs issues.
- \* Without formal training, some VHT counsel community members to go for regular check-ups or refer them to health centers.

### Theme 3: VHTs prioritized NCD education, screening, referral and reporting provisions and active medical personnel engagement as facilitators to prevent/treat NCDs in their communities.

- \* Participants emphasized that visible engagement and partnership of medical personnel with VHTs and communities on NCDs would validate any potential VHT work on NCDs.
- \* Monetary support was deemed less essential.

### Theme 4: VHTs expressed that a lack of NCD education and poor professional relationships with medical personnel, amongst other barriers, would limit their roles in preventing/treating NCDs in their communities.

- \* The major barriers participants reported were the lack of formal VHT education on NCDs, poor healthcare infrastructure, community poverty, discouraging attitudes from medical providers toward community members, and lack of assistance and support for VHTs from medical personnel.
- \* VHT members identified the interconnectedness of these barriers.

## CONCLUSIONS

- \* Ugandan VHTs saw themselves as having the potential to play an important role in improving community awareness of NCDs as well as monitoring and referral of community members for NCD-related health issues.
- \* To accomplish this, they anticipated requiring context-specific and culturally adapted training as well as strong partnerships with facility-based medical personnel.
- \* A lack of financial incentivization was not identified to be a major barrier to such role expansion.
- \* Developing a role for VHTs in NCD prevention and management should be a key consideration as local and national NCD initiatives are developed.