Thiabedji Baseline Assessment Report 2015

TABLE OF CONTENTS

I.	Acknowledgements	2
II.	Context of the Assessment	3
III.	Respondent Information	4
IV.	Findings	5
	a. Malaria	5
	b. Maternal and Child Health	8
	c. Water and Sanitation Hygiene	15
V.	Analysis and Recommendations	17
	a. General Information	17
	b. Malaria	18
	c. Maternal and Child Health	19
	d. Water and Sanitation Hygiene	21
VI.	Conclusion	23

I. ACKNOWLEDGEMENTS

I would like to thank the following individuals for their assistance throughout the baseline survey process. Their efforts, advice, and time were greatly appreciated and integral to completion of this survey.

Mamadou Toure, Thiabedji Health Post Nurse

Hawa Ba, Community Counterpart

Fatou Keyta, Community Counterpart

Abiboulaye Diouf, PC Senegal

Adama Gaye

Peace Corps Senegal

II. CONTEXT OF THE ASSESSMENT

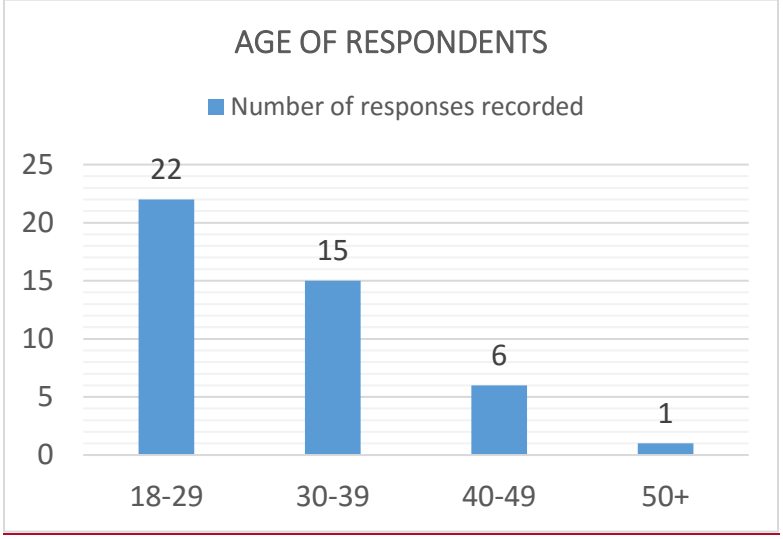
In the realm of community health and behavior change, baseline assessments help determine the health status of a community and they inform the work of health workers, change agents, and outside organizations. In October and November 2015, Peace Corps Volunteer Maria Castrillon conducted a baseline survey in the village of Thiabedji, Kedougou, Senegal in order to gain a better understanding of community member's knowledge, attitudes, and practices regarding Malaria, Maternal and Child Health, and Water and Sanitation Hygiene.

To carry out this baseline assessment, 44 households were surveyed at random, representing a total of approximately 35% of households within the community. The questionnaire was conducted by the Peace Corps volunteer (PCV) with the aid of two counterparts who ensured that participants had a clear understanding of what was being asked of them and to ensure that the PCV fully understood respondents' answers. The baseline consisted of 81 questions. The PCV and counterpart spent an average of 40 minutes with the main care giver of the family. The data was collected, coded, and analyzed by the Peace Corps Volunteer with the use of Excel.

This report includes findings and recommendations for future health work in the community of Thiabedji.

III. RESPONDENT INFORMATION

Of the 44 women surveyed, the majority fell in the 18-29 age range (50%) with the 30-39 age range (34%) following close behind. 14% of women fell into the 40-49 age range and only 1 respondent reported being over the age of 50.



100% of women reported being married and listed their occupation as work at home or house wife. Of these 44 women, 36 (82%) also reported that they are farmers.

On average, 12 people live in each household, with the highest number of residents in one household being 25 and the lowest being 4.

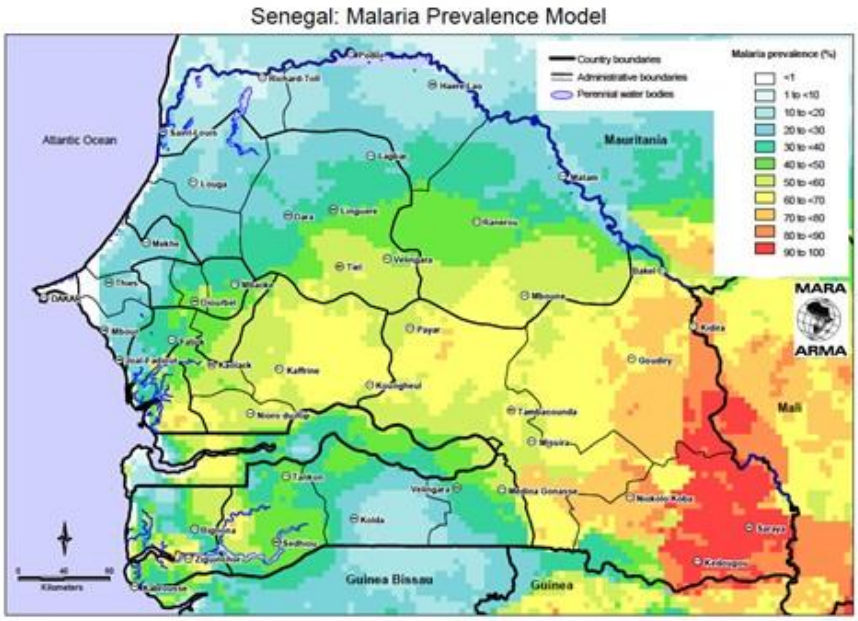
An average of 7 children live in each household, with the highest number of children in a residence being 19 and the lowest 1. Each household had an average of 3 children under the age of 5.

As far as belonging to a social group in the community, 100% of women reported that they belong to a Care Group (woman's group).

IV. FINDINGS

A. MALARIA

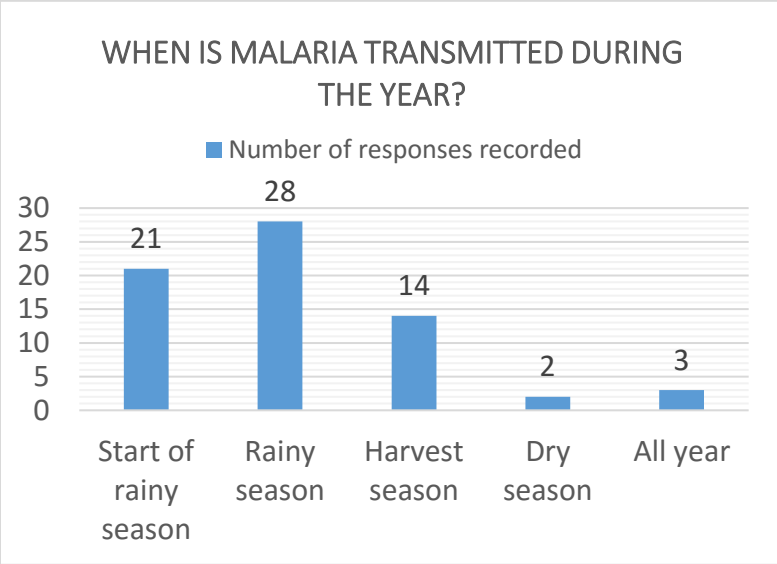
While everyone is Senegal is at risk of contracting malaria at any time of the year, there are certain regions where the incidence of malaria is higher. Kedougou (located on the lower right hand side of the map below) is one of these regions. This section of the report focuses on community members' knowledge, attitudes, and practices regarding malaria treatment and prevention.



Knowledge of Malaria

When asked what causes malaria, 42 out of 44 (95%) respondents were able to correctly identify that malaria is caused by a mosquito. Of those 42 respondents, 2 added that dirt or uncleanliness causes malaria. Only 2 out of 44 (5%) respondents said that dirt or uncleanliness by itself causes malaria.

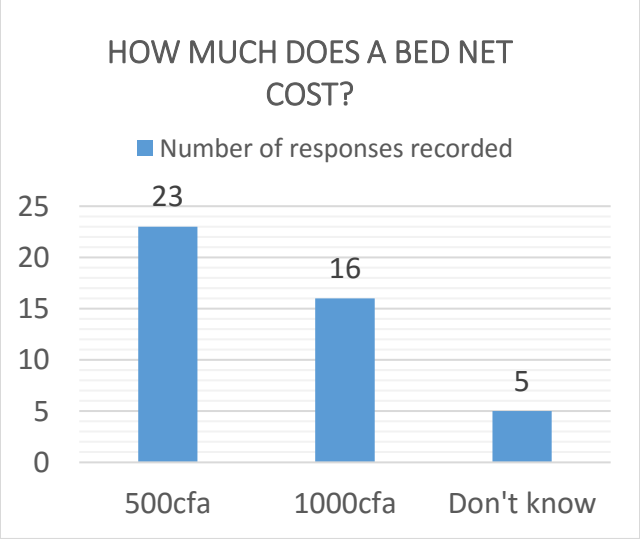
As far as identifying symptoms of malaria, 37 out of 44 respondents (82%) were able to name at least two symptoms of malaria. 21 out of 44 respondents (49%) were able to name three or more symptoms of malaria. Of the symptoms identified, vomiting, fever, headache, and body aches were the most common responses.



In regards to what time of the year malaria is transmitted, only 3 out of 44 (7%) respondents correctly identified that malaria is transmitted year round. The majority of respondents believed that malaria is only transmitted during the rainy season "ndungu" or the "setto" season (the beginning of rainy season).

Preventing Malaria

As part of the survey respondents were asked to show us their sleeping spaces. All homes surveyed had a bed net covering a sleeping space. When asked how they prevent malaria, 43 out of 49 (88%) responses recorded were "sleep under a bed net".



Regarding bed net cost, 23 out of 44 (52%) respondents correctly identified the cost of a bed net as 500cfa. 16 out of 44 (36%) respondents believed that a bed net cost 1000cfa, while 5 out of 44 (11%) did not know the cost.

In terms of bed net care, of the 44 respondents, 7 out of 44 (16%) explicitly stated that they wash their mosquito nets with "ordinary soap" and 12 out of 44 (27%) respondents said that they used "soap only". Other items used included a combination of ordinary soap, bleach, dish soap, and laundry soap.

When asked what they did if their mosquito net had holes, the most common response was "buy a new bed net".

WHAT DO YOU DO IF YOUR BED NET HAS HOLES?	# OF RECORDS
Buy a new net	32
Sew net	16
Tie the net	4

Malaria Diagnosis

When asked how they determined whether someone in the household had malaria 20 out of 44 (45%) respondents said they go to the health post and 18 out of 44 (41%) respondents said they knew if the family member displayed symptoms of malaria.

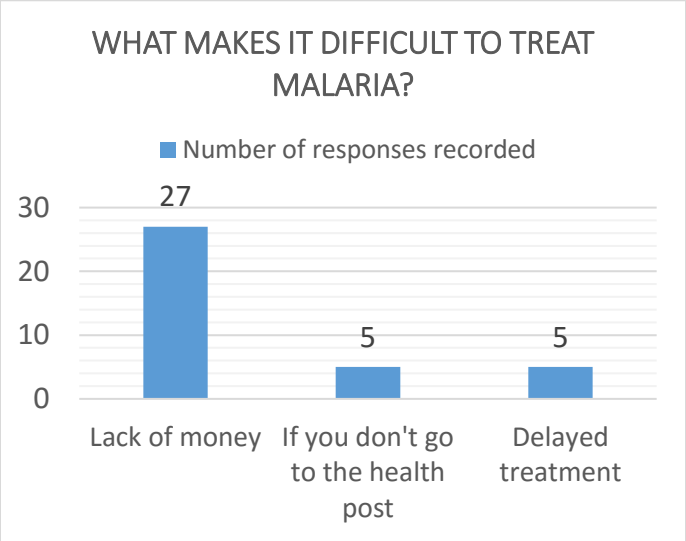
Perception of Malaria

To gain a better understanding of respondents' behaviors, they were asked about their perception of malaria's harm. When asked "How bad is malaria to you?" 86% of respondents said "very bad" and 14% said "somewhat bad".

Malaria Treatment

The majority of respondents did not know the name of the treatment for malaria, but they did know that they needed to seek medication at the health post. Only 3 out of 44 (7%) respondents explicitly stated that ACT is the treatment for malaria. Other answers included going to the post, syrup, paracetamol, pills, and getting their blood taken out.

Seeking Treatment



The most common response regarding why it was difficult to treat malaria was lack of money with 27 out of 44 (61%) of respondents stating this. 5 out of 44 respondents (11%) said it was difficult to treat malaria if they didn't go to the post and another 5 out of 44 (11%) respondents said that delayed treatment (waiting to go to the health post) made it difficult to treat malaria.

As far as care seeking behavior, all 44 (100%) respondents said that they take their family member to the health post if they are suspected of having malaria. Of those 44 respondents, only 1 explicitly stated that she goes to the post to get ACT treatment.

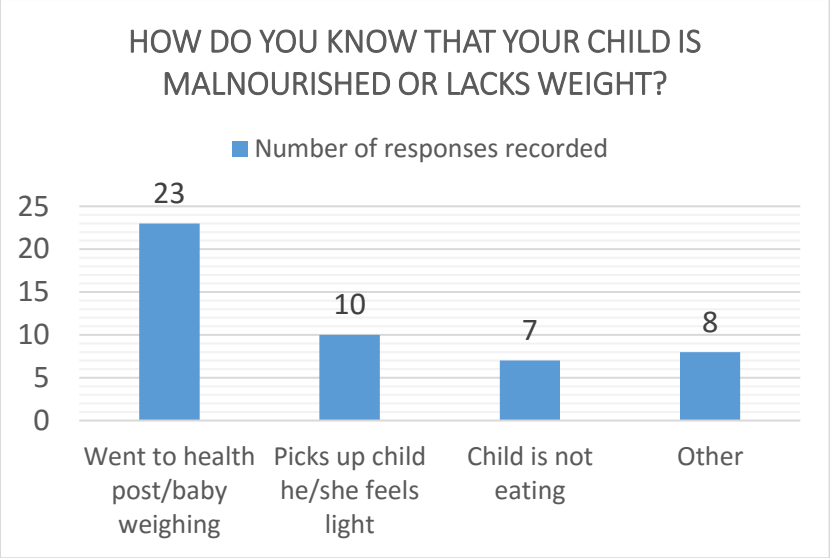
38 out of 44 (86%) respondents said they seek treatment for malaria within 24 hours of suspecting they or a family member has malaria. 6 out of 44 (14%) respondents said they wait until the next day to seek treatment.

B. MATERNAL AND CHILD HEALTH (MCH)

Malnutrition

Of the 44 households surveyed, the baseline revealed that 20 out of 44 (45%) households had at least one child diagnosed with malnutrition in the last year. When asked how they knew their child was malnourished or "lacked weight", of those who had a child diagnosed as malnourished, 16 out of 20 (80%) respondents said they either went to the baby weighing or found out at the health post.

As far as naming symptoms or signs of malnutrition no one was able to name any. Essentially respondents knew that their child was malnourished by going to growth monitoring/baby weighing days, 23 out of 48 (48%) responses recorded; if they picked up their child and he/she felt light, 10 out of 48 (21%) responses recorded; or if the child wasn't eating, 7 out of 48 (15%) responses recorded.



When asked to define malnutrition, no one was able to do so. The majority of respondents believed malnutrition meant food that is dirty, food that doesn't taste good, or only having rice without a sauce.

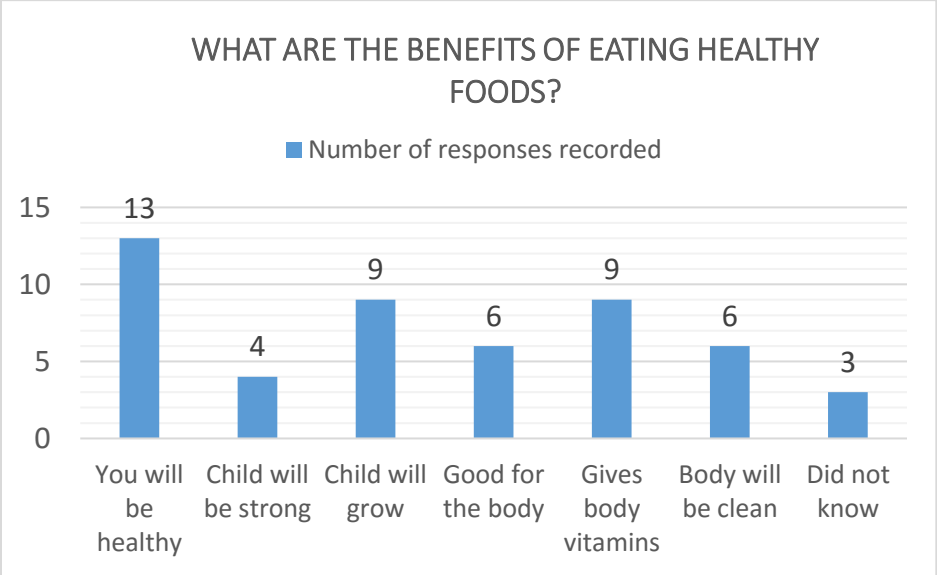
Healthy Foods: Benefits and Accessibility

When asked to list healthy foods, very few people identified specific vegetables or fruits. In fact, no fruits were identified as examples of healthy foods. The majority of people listed traditional dishes such as mafe tiga or mafe hako, a peanut or leaf sauce (21 records) and lachiri, a corn based dish (14 records) as healthy.

What are examples of healthy foods?		
Food Groups	**Food Listed by respondents**	**Number of Records**
Grains/Roots/Tubers	Rice, Funyo, Potatoes	30
Legumes/ Nuts	Beans, Peanuts	6
Eggs	Eggs	4
Flesh foods	Meat	17
Vegetables	Corn, Onion	4
Oil	Oil	9

Although very few people were able to name vegetables and fruits as healthy foods, a majority of respondents had an understanding of why it is beneficial to eat healthy foods.

When asked to name the benefits of eating healthy foods, some of the responses included:



Only 3 out of 44 (7%) respondents were unable to name a benefit of eating healthy foods

As far as accessing healthy and nutritious foods, 100% of respondents indicated that it is difficult. The top reasons being lack of money to buy healthy foods, 55% of responses recorded and access to healthy foods in village, 37% of responses recorded.

Addressing Access: Gardening

38 out of 44 (86%) respondents said they either have a personal garden or are part of a small community garden. The most common foods grown are okra, jakatu (green tomato), cabbage, and eggplant. While moringa was only listed by 2 respondents, 100% of respondents said that they have used moringa in their cooking, specifically as a sauce for lachiri- a corn based dish.

While a personal or community garden is one way to address the issue of access to healthy foods, there were a variety of reasons listed that make participating in a community garden difficult. 18 out of 44 (41%) respondents said participating in a community garden was hard. The top reasons being:

Difficulty getting woman to cooperate (ex: bickering among women)	5 out of 18 responses	28%
People don't have time to work at the garden	4 out of 18 responses	22%
Lack of a water source	4 out of 18 responses	22%

26 out of 44 respondents (59%) said participating in a community garden is easy. The top reason being that participation by all members allows them to work together, 19 out of 26 responses.

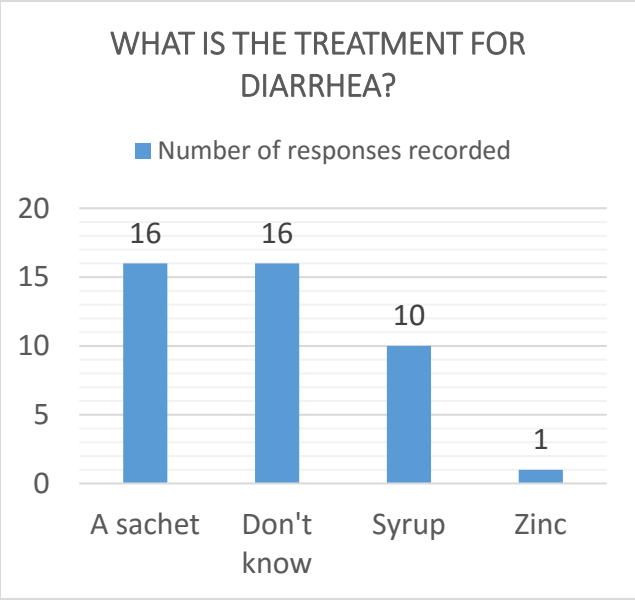
Common Childhood Illnesses

Diarrhea

In Senegal, diarrhea and pneumonia are listed as two of the most common childhood illnesses accounting for 14% and 13% of deaths, respectively, in children under the age of 5 (PC Senegal Community Health Manual 74). For this reason, respondents were asked whether they could identify symptoms and treatment for these diseases, in addition to practices and perceptions concerning these diseases.

In regards to diarrhea, its deadliness is due to the resulting dehydration and malnutrition it can cause. None of the respondents were able to identify dehydration or thirst as a symptom of diarrhea. When asked how they knew that their child had diarrhea, the majority of respondents identified stomach pain as an indicator, while another common response was if the child went to the latrine.

As far as seeking treatment, 42 out of 44 (98%) respondents said they go to the health post. While an overwhelming majority of respondents do so, there were varying reasons as to why seeking treatment can be difficult or easy. Lack of money was listed as a top barrier to seeking treatment. Of those who said it was easy, having medicine made it easy to treat as well as going to the health post.



When asked how diarrhea is treated none of the participants explicitly named Oral Rehydration Salts (ORS) as the treatment for diarrhea. 16 out of 44 (36%) respondents described ORS by stating that a "sachet" was the treatment, but none of the respondents could name that sachet as being the ORS mixture. Another 16 out of 44 (36%) respondents did not know what the treatment was and 10 out of 44 (23%) named a syrup as the treatment. Only 1 participant was able to identify zinc as a way to treat diarrhea- which is said to reduce diarrheal episodes by 25% (PC Senegal Community Health Manual 76).

Acute Respiratory Infection

Before continuing, it should be noted that there isn't a direct translation for pneumonia or acute respiratory infection in the Pulaar language. During the interview, this was described as a persistent cough.

In regards to pneumonia's perceived severity, 89% of respondents stated that pneumonia was "very bad" while 9% stated it was "somewhat bad". When asked to identify symptoms of pneumonia, the most common responses were chest pain and rib pain.

As far as seeking treatment, 43 out of 44 (98%) respondents said that they go to the health post. Out of those 43 respondents, 5 (12%) specifically stated that they go to the post to obtain a syrup. In this case the respondents were unable to explicitly state what the syrup was, although what they seemed to be describing was the antibiotic, Amoxicilin, which is typically prescribed as a syrup for children who have pneumonia.

When asked how pneumonia is treated, 31 out of 44 (70%) respondents said a syrup was prescribed to the child. 12 out of 44 (27%) respondents did not know the treatment but of that 27%, 100% replied that they go to the health post if a family member has pneumonia or a persistent cough.

As was the case with diarrhea, the majority of respondents stated that they seek treatment at the health post, but there are a variety of reasons as to why seeking treatment can be difficult or easy. Of those that said it was difficult to treat, the top responses were lack of money and delayed care seeking. Of those that said it was easy, the most common response was going to the health post makes it easy.

Pre and Post Natal Care

It is recommended that women visit their local health facility 4 times before giving birth and 3 times after birth. Pre-Natal visits allows the health worker to confirm and follow the pregnancy; and check in on the mother's health. Additionally, pregnant women receive malaria prophylaxis, Vitamin C supplements, iron and folic acid supplements, and a tetanus shot. It is important that women attend these pre-natal visits in addition to post- natal visits which serve as way to monitor the health of both the mother and her new born.

Of the 44 women surveyed, 43 women had children and 1 had yet to give birth. Of those with children 100% replied that they attended their pre-natal visits. When asked how many times, answers varied across the board and only 12 out of 43 (28%) respondents answered that they went to the recommended 4 pre-natal visits. When asked how many times they are supposed to go the health post for pre-natal visits, 13 out of 44 (30%) respondents knew to attend 4 times. 12 out of 44 (27%) respondents, said they did not know.

In regards to post-natal visits, 35 out of 44 respondents (80%) said they went back to the health post after giving birth. Of those 35 women, only 1 respondent said she went to the recommended three post-natal visits. 18 out of 35 (51%) respondents went two times and

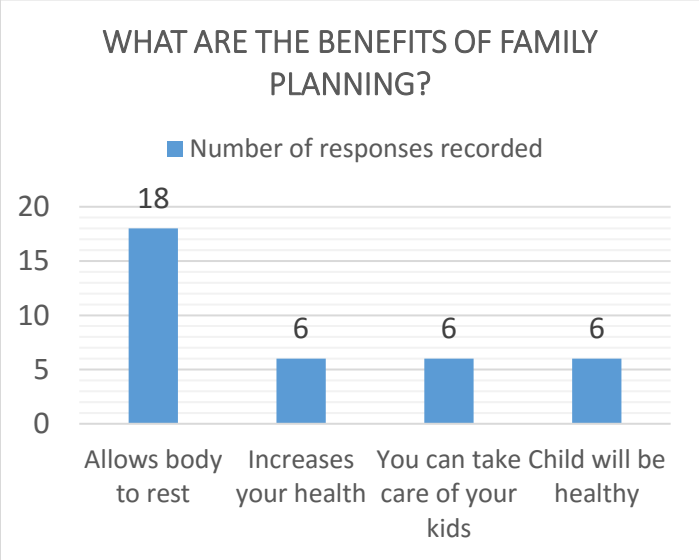
8 out of 35 (23%) went back one time. Out of those who didn't go to their post-natal visits, the main reason was that they felt healthy or there was no pain, so they didn't see a need to go to the health post. When asked how many times they are supposed to go the health post for post-natal visits, only 7 out of 44 (16%) respondents said 3 times. 11 out of 44 (25%) did not know and the rest answered incorrectly. Essentially, 82% of respondents either did not know or gave an incorrect answer.

In regards to where women gave birth, 100% of women with children said they had given birth at the health post or a health facility. 40 out of 43 (93%) respondents gave a number of reasons as to why they had chosen to give birth at a health structure. Some of those reasons included:

RESPONSE	# OF RESPONSES RECORDED	% OF RESPONSES RECORDED
They can help you/ take care of you if problems arise	12	29%
It is better there	8	20%
It is important	7	17%
You won't be tired	7	17%
It is good for you	5	12%
They can observe you	1	2%
Baby will be healthy	1	2%

Family Planning

As of 2013, the contraceptive prevalence rate among married women in Senegal is at 16% (PC Senegal Community Health Manual 106). There is a large need for women to be educated on the benefits of contraceptive use. When asked whether they used family planning methods, only 5 out of 44 (11%) respondents replied that they had done so. Of those 5, 4 said they used a "birth control shot" and 1 did not say. 39 out of 44 (89%) respondents reported that they have never used any form of family planning. The majority of respondents did not give a reason as to why they had chosen not to. Of those who did explain why, the most common answer was that she still wants to get pregnant.



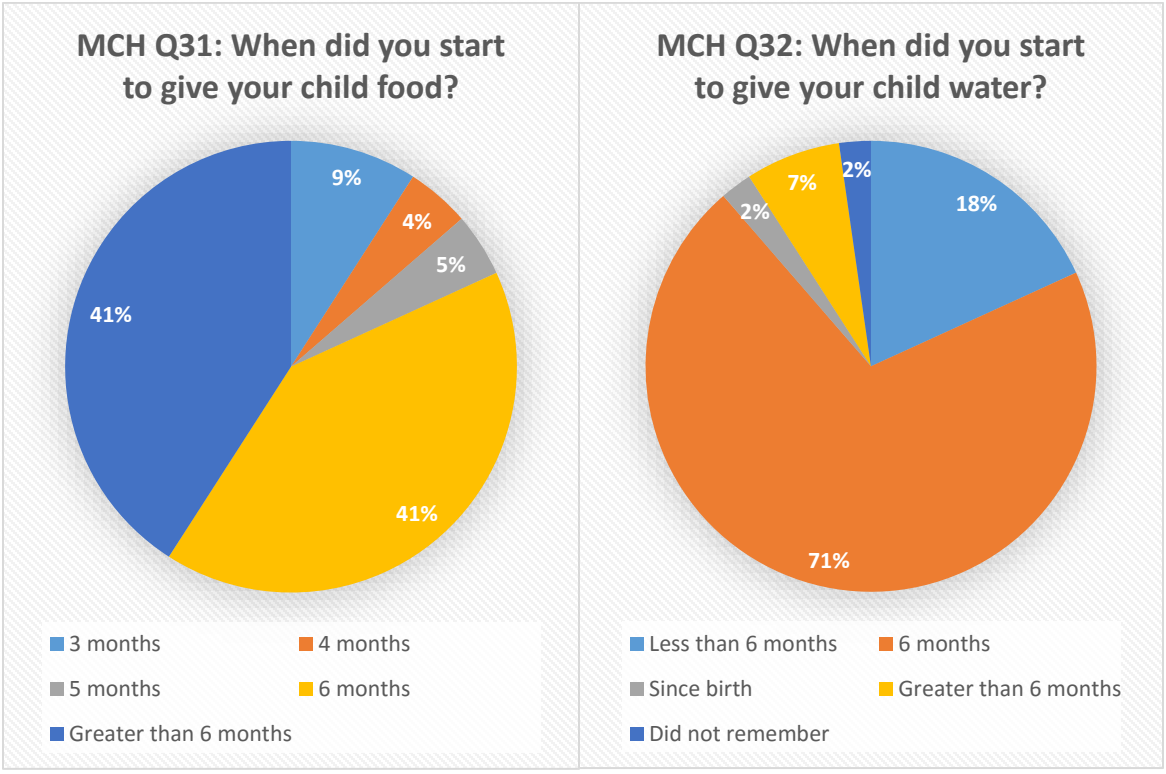
Participants were asked to describe the benefits and disadvantages of family planning. Although 39 out of 44 (89%) respondents have never used any form of family planning, 33 out of those 39 (85%) said that there were no disadvantages to family planning. All of the women who have used family planning, said that there were no disadvantages to doing so.

11 out of 44 (25%) respondents either did not know the benefits of family planning or did not give an answer.

Exclusive Breastfeeding

Exclusive breastfeeding is defined as feeding a new born breast milk exclusively during its first 6 months of life. Doing so is critical to the child's growth and development. A variety of questions were asked to gain a clear understanding as to whether women had truly breastfed exclusively.

Women were asked when they began to give their child food and water. The following were their responses.



When asked how long a woman should exclusively breastfeed- this was described as giving the baby only breast milk (no food or water)- 23 out of 44 (52%) respondents said a woman should breastfeed for 6 months. Of those 23 women who said a mother should exclusively breastfeed for 6 months, 19 of those women's answers, indicated that they did not feed their child food or water until 6 months of age.

Ultimately, out of the 44 respondents, 28 exclusively breastfed (64%), according to their answers for questions MCH31 and MCH32. Yet when asked if they had exclusively breastfed their child, 38 out of 44 (86%) women said they had.

To gain a better understanding of breastfeeding practices, women were asked whether it was easy or hard to breastfeed. 34 out of 44 (77%) respondents said it was easy, 10 out of 44 (23%) respondents said it was hard. Of those who said it was hard, not having breastmilk was the most common answer. Of those who said it was easy, the most common answers were: having breastmilk and an understanding that breastfeeding is good for the child's health made it easy.

Benefits of Exclusive Breastfeeding according to respondents:

- Breast milk has vitamins
- Helps child gain weight
- Baby will be strong and healthy
- Baby will be full
- Helps prevent sickness

5 out of 44 (11%) respondents were unable to name a benefit of breastfeeding.

In regards to complementary feeding, women were asked what foods they give their child in addition to breastmilk. The most common answer was "rui", a porridge that is made up of ground rice, corn, and peanut.

C. WATER AND SANITATION HYGIENE

Water

42 out of 44 (95%) respondents reported having easy access to clean and safe drinking water. Of the 5% who said they did not, they still get water from a tap (robinet). Their main complaint was that it was far from their home. 43 out of 44 (98%) respondents reported proper water storage practices (in a clean bucket that is covered with a lid or a piece of cloth).

When asked "How bad is uncleanliness to you?" 42 out of 44 (95%) respondents said it was very bad and 2 out of 44 (5%) said it was somewhat bad.

Latrines

29 out of 44 (67%) respondents reported that they share a latrine (also known as douche) with another family, with the highest number being 6 families sharing 1 latrine. An average of two families reported to share the same latrine. It should be noted that an average of 12 people live in each household, which means that 24 people are sharing the same latrine.

Latrines were not located in the household but instead were outside the compound. When asked how many "bathrooms" they had, the majority of families took this to mean the area behind their home which is used to urinate. The word "douche" had to be specifically used to clarify that we were asking where people go to defecate and urinate.

Hygiene

In order to get an accurate understanding of hygiene practices and knowledge, respondents were asked a series of question to gauge whether they understood the critical hand washing times. The questions were ordered as follows:

- What do you do when you want to cook?
- What do you do after you change a diaper?
- What do you do after you use the bathroom?
- When do you wash your hands?

Only 5 out of 44 (11%) respondents said they wash their hands before cooking. Of those 5, only 3 specified that they use soap and water.

29 out of 44 (66%) respondents said they wash their hands with soap after changing a diaper, while another 2 out of 44 (5%) said they wash their hands with either bleach or laundry detergent.

43 out of 44 (98%) respondents said they wash their hands after using the bathroom.

When asked when they wash their hands, responses included:

- After using the bathroom
- After washing my child

- After eating
- After pounding corn
- If I want to eat
- After sweeping
- After returning home
- If hands are dirty

Regarding the benefits of hand washing, answers included:

- Increases health/ you will have health
- You will be clean
- Your hands won't be dirty when you eat
- You won't eat dirty food

42 out of 44 (98%) respondents said it was easy to wash their hands with soap and water. Some of the reasons they perceived it to be as easy included: having water, availability of soap, and the knowledge that it is important or good for them.

When participants were asked what they would like to see in the community to help improve sanitation the most common answers were: soap, followed by bleach and laundry detergent.

V. ANALYSIS AND RECOMMENDATIONS

General Information

In order to assess the current health status of Thiabedji, 44 households- indicating 35% of the total population- were surveyed. The percentage of households surveyed is indicative of a sample size that is statistically significant enough to accurately gauge the current knowledge, attitudes, and practices of community members in Thiabedji.

While it would have been beneficial to interview men, in order to gauge their knowledge on a variety of health issues, being that the women is the primary care giver and is most often at home with the children, it was determined that exclusively interviewing women would still result in an accurate understanding of the community's health status. Regardless of this, men should still be targeted and encouraged to participate in health based activities and trainings so they can teach and encourage their families to adopt healthy behaviors and practices.

Given that the majority of respondents surveyed fell into the 18-29 age range, an age when women are beginning to start families or already have children, this suggests that activities planned should address issues that women of that age are beginning to face: family planning, malnutrition, breast feeding practices, and treating common childhood illness, just to name a few.

100% of the women surveyed belong to a Care Group, a woman's group that typically meets weekly. These established groups can be a useful source to educate and distribute health information to women and their families.

Malaria

As far as malaria knowledge, the community seems to be well-versed in what causes malaria and malaria prevention. 42 out of 44 (95%) respondents understood that malaria is transmitted by a mosquito and all but 1 respondent identified using a bed net as a way to prevent malaria. In regards to when malaria can be transmitted, only 3 out of 44 (7%) respondents knew that malaria is transmitted year round**. Education efforts should emphasize that malaria is not just a "rainy season problem".**

Regarding bed nets, community members should be educated on the cost of a mosquito net. Only 52% of respondents correctly identified the cost of a bed net as 500cfa. One way this could be addressed is during the national bed net distribution program. The President's Malaria Initiative (PMI) sponsors a national bed net distribution program that takes place every three years. In 2016the NMCP will conduct a universal net distribution in Senegal. **A suggestion would be to emphasize the cost of a bed net during the distribution**, in addition to carrying out malaria activities and events during this time to help educate the community.

As far as bed net care is concerned, community members seem to be using a variety of things other than ordinary soap to wash their nets. These are not proper bed net washing practices. **There needs to be more education on how to properly take care of a bed net**. A majority of community members also responded that they buy a new net if it has holes. Whether they are actually doing this is questionable given that half of the respondents said they did not know the cost of a bed net. Community members should be encouraged to sow their nets and they should be educated on the life span of a mosquito net.

As far as care seeking behaviors, everyone says they go to the post if they think a family member has malaria and 86% of respondents said they seek treatment as soon as a family member displays malaria symptoms. However it is questionable that community members are actually practicing immediate care seeking behaviors given that the majority of respondents listed vomiting as a symptom of malaria. In the case of malaria, vomiting is a symptom indicative of severe malaria. To ameliorate this, malaria activities should focus on the cyclical nature of malaria - the occurrence of a cold followed by rigor then fever and sweating- in addition to the difference in symptoms between simple malaria and severe malaria.

Immediate care seeking behavior is also questionable given that 61% of respondents stated that lack of money was a barrier to seeking treatment. It should be stressed that malaria testing and treatment at the health post is free for everyone. Efforts should also be made to educate community members on the importance of money saving incase health issues arise.

When asked how malaria is treated 100% knew to go to the health post for medicine but only 1 out of 44 respondents knew that ACT is the treatment for malaria. Community members should be educated on what exactly it is they are being treated with as a way to increase their personal knowledge and empower them to seek out proper medical care.

Maternal and Child Health

Malnutrition

In regards to defining malnutrition, this was a difficult question given that there is no exact word for “malnutrition” in the Pulaar language. The phrase used was “ñamugol no hanira” which translates into “eating in a way that is abnormal”. Many of the individuals surveyed had a difficult time making sense of what was meant- even with the help of the counterpart. The French translation was also used, but many respondents still didn’t understand. To address this issue, respondents were asked other questions to gauge whether they knew what to do if their child “lacked weight”.

Ultimately, none of the respondents were able to define malnutrition or identify symptoms of malnutrition. There is not a clear understanding of what malnutrition entails. Which prompts the need to come up with a meaningful term in the local language or encourage the use of the French term. Health efforts in Thiabedji should aim to educate women on

malnutrition and prevention. One way this could be accomplished is at the monthly growth monitoring events through small health talks or causeries and one-on-one consultations with mothers after their babies are weighed- consultations which are currently not taking place. Furthermore, mothers need to be educated on preventative efforts given that 45% of households had at least one child diagnosed with malnutrition last year. These preventative efforts should include: exclusive breastfeeding, complementary breastfeeding, and incorporating healthy fruits and vegetables into their diet.

Healthy Foods & Gardening

Malnutrition education efforts should also be done in conjunction with educating community members on the benefits of eating healthy foods and vegetables. No fruits were listed by participants as healthy, and the vegetables listed were limited to onion and corn (4 records). A majority of respondents also listed traditional dishes such as mafe tiga or mafe hako (21 records) and lachiri (14 records) as healthy. While these dishes are not unhealthy in and of themselves, they lack nutritional value and could be supplemented by adding vegetables.

In order to address the lack of money and access to healthy foods in village, community members should be encouraged to grow their own fruits and vegetables which is something thing that 86% of respondents are currently doing through personal gardens or participation in a community garden. Gardening is a practice that needs to be encouraged and improved upon by providing community members with techniques such as double digging and seeding saving to improve their gardening practices. Garden trainings should incorporate a nutritional component to encourage community members to first supplement their meals with healthy foods and then sell from their garden. In addition to this, any sort of community garden training would need to address the barriers that make gardening difficult such as: lack of a water source, not having a fence, and not being notified as to when you need to go to the garden, to ensure that the garden operates without any problems.

Diarrhea

The majority of respondents agreed that diarrhea is “very bad” but few were able to identify dehydration as a symptom of diarrhea. Education efforts need to emphasize that diarrhea’s deadliness comes from the resulting dehydration. In addition to this, 36% of respondents did not know the treatment for diarrhea and another 23% identified medicinal syrup as the treatment. Community members need to be educated on the symptoms of diarrhea, on ORS as the treatment for diarrhea and handwashing as a way to prevent diarrhea.

Pneumonia

Respondents agreed that pneumonia (in this case a persistent cough) is “very bad”. 70% of respondents understand that some type of syrup is the treatment for pneumonia. To address this health issue, health efforts need to focus on preventative measures such as

exclusive breastfeeding (which improves a child's natural defenses), practicing good hygiene, and early care seeking.

Pre and Post Natal Care

There is a lack of knowledge regarding how many times a woman should visit the hospital before and after giving birth. Causeries or health trainings should target women who are of child bearing age in addition to women who already have children.

Family Planning

Family planning conversations can be difficult given the taboo surrounding birth control. As the survey revealed only 5 out 44 (11%) respondents said they have used family planning. When asked why they had not used family planning, respondents did not give a reason why and did not seem to want to talk about this. At the same time, a majority of respondents agreed that resting between births was good for them.

The issue of family planning needs to be addressed in small intimate groups by women in the community who are respected and can speak to the health benefits of family planning. If a causerie or training were to be held, it is important to include the Sage Femme along with the birth attendant (bajenu gox) - women who are trained on this and respected in the community. It would also be beneficial to invite women who have used birth control and have them to speak about their experience and why they think it is important. Men should also be included in these conversations so they can support their wives in making the decision to use birth control or space out their births.

Exclusive Breastfeeding

In regards to exclusive breastfeeding there is a disconnect between knowledge and actual practices. Pregnant women and women with children under 6 months need to be targeted in education efforts on exclusive breastfeeding. Education efforts should also stress proper breastfeeding practices such as handwashing before breastfeeding and signs that a child is hungry and wants to be fed.

Water and Sanitation Hygiene

Access to clean and healthy water is not a problem in Thiabedji. Community members get their water at the tap (robinet) and no community members are drinking water from the well. Furthermore, there is an understanding of how to properly store water- in a clean container with a lid.

One concern is the number of people that share a latrine. On average 24 people use the same latrine, which is a breeding ground for disease. Proper hand washing needs to be stressed along with the importance of having a kettle and soap available at all times when individuals need to use the latrine.

The issue remains that people are not washing their hands at the critical hand washing times. Only 5 out of 44 (11%) respondents said they wash their hands before cooking and of those 5, only 3 specified with soap and water. While 43 out of 44 (98%) said they wash their hands with water, the importance of handwashing as a way to reduce the transmission of germs and maladies such as diarrhea is something that needs to be stressed. It is the responsibility of parents to set an example to their kids so they can all lead healthy lives. Ultimately this is a practice that will take time to adopt but its importance needs to be continually emphasized and advocated for.

VI. **CONCLUSION**

This baseline survey was the first of its kind to be conducted in the village of Thiabedji. While the focus was limited to the topics covered in the Peace Corps Senegal Health framework- Malaria, Maternal and Child Health, and Water and Sanitation Hygiene- this was done given that these are the biggest health issues that families and children in Senegal face. Overall, the survey helped provide insight into community member's current knowledge, attitudes, and practices regarding an array of health topics. This is information which can now be used by health post workers, community health workers, and the Peace Corps volunteer to plan and coordinate health activities.

Behavior change takes time and this baseline not only serves as an educational tool for those involved in the health system but it is something that will inform future work and help improve the current health status of Thiabedji.