APPENDIX A

PHOTOGRAPHS OF SEKOLAH KEBANGSAAN KUALA KOYAN (SKKK) AND SEKOLAH KEBANGSAAN POS BETAU SCHOOL (SKPB)













Sekolah Kebangsaan Kuala Koyan (Control school)











Sekolah Kebangsaan Pos Betau (Intervention, HELP school)

APPENDIX B

PHOTOGRAPHS OF ORANG ASLI CHILDREN AND THEIR VILLAGES







229





Dirty long nails

Indiscriminate/open defecation





Lack of proper sanitation





Poor water supply



A new house made of bricks and concrete and an old house made of bamboo







Toilets inside the new houses are used as store rooms





For cultural beliefs, Orang Asli prefer to build the toilets outside the house



Road to Orang Asli villages



River means "the life" for Orang Asli



Orang Asli believe in witchcraft and sorcery in defending diseases and evil spirits

APPENDIX C QUESTIONNAIRE SURVEY









Questionnaire surveys at Orang Asli communities

APPENDIX D ANTHELMINTIC TREATMENT



Albendazole (400 mg; 2 tablets, 200 mg each)









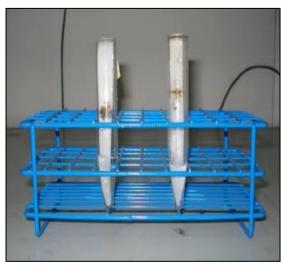
Administration of Albendazole (Zentel®) tablets, direct observation therapy (DOT)

APPENDIX E

FECAL SAMPLES EXAMINATION



Kato-Katz Kit technique for STH eggs



Harada Mori fecal culture technique for hookworm larvae

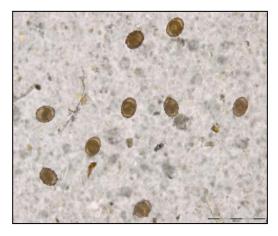




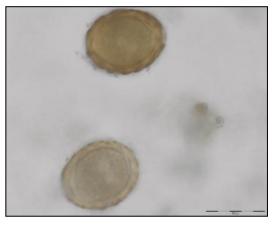
Processing and microscopic examination of fecal samples

APPENDIX F

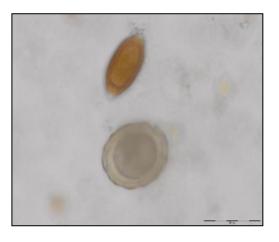
PHOTOMICROGRAPHS OF EGGS AND LARVAE OF STH



Ascaris lumbricoides eggs (x10)



Ascaris lumbricoides eggs (x40)



T. trichiura and A. lumbricoides eggs in mixed infection (x40)



Heavy mixed infection of A. lumbricoides and T. trichiura egg (x40)



Hookworm egg (x40)



Hookworm larva (x10)

APPENDIX G

HELP WORKSHOP FOR TEACHERS



Teacher's kit

Assessment of teachers' knowledge about STH



Scientific lecture on STH



Introducing HELP to the teachers



Posters demonstration



Microscopic slides and gross specimens for STH

APPENDIX H

HELP ADMINISTRATION & FOLLOW UP





Training for teachers as 'HEALTH EDUCATORS' to pupils and to follow up HELP activities





Distribution of HELP posters, aid kit and sanitary





Fixing up HELP stand rolls









Fixing up HELP posters



Nail cutting





HELP- Puppet show













HELP posters were fixed up by children at their households

APPENDIX I

HELP FOLLOW UP







Follow-up of hygienic practices







Before HELP, toilets of the new houses are used as store rooms

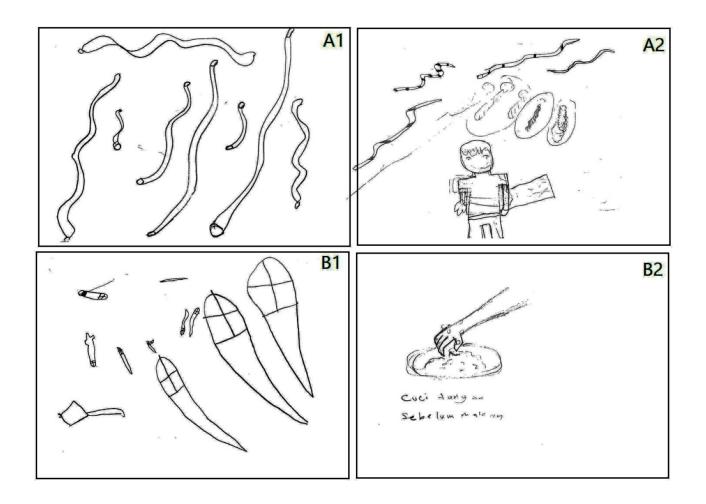
HELP was introduced; people were educated about the importance of sanitation and encouraged to clean & use the toilets







After HELP, many people started using toilets



Examples of drawing assessments for children at baseline and after 3 months

A: Control school B: Intervention school 1: Baseline 2: After 3 months

APPENDIX J

QUESTIONNAIRE SURVEY FOR ORANG ASLI PARTICIPANTS



SOAL-SELIDIK

PENGETAHUAN, TABIAT DAN AMALAN TERHADAP JANGKITAN CACING USUS: BERDASARKAN KAJIAN KOMUNITI DI KAWASAN LUAR BANDAR DI MALAYSIA

| NO. RUJUKAN: | |
|--------------|--|
|--------------|--|

| | | | | | | | | | | | <u> </u> | |
|--------------|---------------------|---------------------|-----------|-------|--------------|---|-----------------|---------|------------|---|-----------------------|--|
| A. | PERSONAL IN | ORMATION: | | | | | | | | | | |
| 1 | Name: | | | | | | | | | | | |
| 2 | I.C. number: | | | | _ | | | | | | | |
| 3 | Ethnic group (Ti | ibe): | | | | | | | | | | |
| 4 | Date of birth (do | /mm/yyyy): | | | | | | | | | | |
| 5 | Gender | | | 1 | Male | 2 | Female | | | | | |
| | | Village: | | | | _ | | | | | | |
| 6 | Address: | District: | | | | _ | | | | | | |
| | | State: | | | | _ | | | | | I | |
| | | | | | | 1 | Never go to sc | hool | | 2 | Primary | |
| 7 | The highest edu | cational level: | | | | 3 | Secondary | | | 4 | Tertiary/ University | |
| | | | | | | 5 | Others (please | specif | ۸). | | Tertiary/ Offiversity | |
| | | | | | | | Otricis (picase | , apcon | 7) | | | |
| | | | | | | 1 | Never go to sc | hool | | 2 | Primary | |
| 8 | Spouse's highes | st educational leve | el: | | | | Secondary | 11001 | | _ | | |
| | 3 | | | | | 3 Secondary 4 Tertiary/ University 5 Others (please specify): | | | | | | |
| 9 | Occupation: | | | | | | | | i . | | ! | |
| 10 | Spouse's occup | ation: | | | | | | | | | | |
| 11 | Average family i | monthly income: F | RM | | | - | | | | | | |
| 12 | Number of resid | ents in the same | house: _ | | | | | | | | | |
| | | | | | | а | Bedroom: | | | | | |
| | | | | | | b | Living room: | | | | | |
| 13 Number of | Number of room | s in your house (a | according | to th | ne list): | С | Kitchen: | | | | _ | |
| | | | | | | d | Only one room | 1: | | | | |
| | | | | | | | | | | | | |
| В. | SOURCE OF W | ATER, ENVIRON | MENT AN | ND S | ANITATION | CONI | DITIONS: | | | | 1 | |
| 14 | What is the ma | n source of water | used for | drink | ina? | 1 | River | 2 | Pipe water | 3 | Well | |
| | Triat is the inc | | | J | 9 | 4 | Rain | 5 | Otners | | | |
| | | | | | | 1 | River | 2 | Pipe water | 3 | Well | |
| 15 | What is the ma | n source of water | used for | cook | ing? | | Rain | 5 | Otners: | | | |
| | | + | | | | 4 | nalli | 3 | 1 | | | |
| 16 | | n source of water | used for | wash | ning clothes | 1 | River | 2 | Pipe water | 3 | Well | |
| | and utensils? | | | | | 4 | Rain | 5 | Otners | | | |
| 47 | la tharrain | | | (| (O | 1 | Yes | 2 | No | 3 | I Don't know | |
| 17 | is there a river of | r stream near you | r nouse? | (≤15 | o meter) | | | | - | | | |
| 18 | Is there a gravity | / feed dam near y | our house | ? (≤ | 150 meter) | 1 | Yes | 2 | No | 3 | I Don't know | |

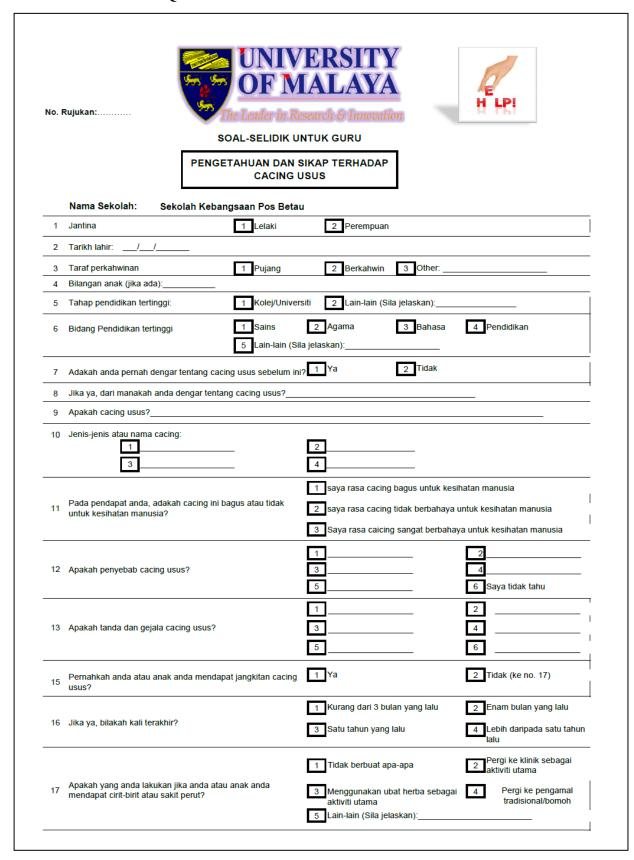
| | | | | | | | | APPENDIX |
|----|---|----------|----------|------------------------------------|-------------|----------------|---|-----------------------------|
| - | How many times per week do your children have shower | 1 | L | ess than 4 times | s per | week | 2 | 4-6 times per week |
| 34 | (bath)? | 3 | 7 | times per week | | | 4 | More than 7 times per week |
| | | | | | | | | |
| 35 | How many times per week do your children change their | 1 | | ney didn't change e past 7 days | e clo | thes during | 2 | 1-3 times per week |
| | clothes? | 3 | 4- | 6 times per wee | k | | 4 | 7 or more times per week |
| | | _ | | | | | | |
| 36 | During the past 7days, where did your children usually defecate? | 1 | | ver | | | 2 | Pit latrine |
| | deliceate: | 3 | Bı | ush latrine (outd | oors |) | 4 | Pour flush toilet |
| | | | | | | | | |
| 27 | During the past 7 days, how many times did your children | 1 | _ | ney did not eat w e past 7 days | egeta | ables during | 2 | 1 time per week |
| 37 | eat vegetables, such as tomatoes, cucumber, green salad, or carrots? | 3 | 2- | 3 times per wee | k | | 4 | 4 or more times per week |
| | | | | | | | | |
| | During the past 7 days, how many times did your children | 1 | | hey did not eat fast 7 days | fruits | during the | 2 | 1 time per week |
| 38 | eat fruits, such as rambutan, banana, watermelon, apple, duku, papaya or mango? | 3 | 2- | 3 times per wee | k | | 4 | 4 or more times per week |
| | | | | | | | | |
| 39 | Do you wash fruits such as rambutan, apple, duku, or mango before eating? | 1 | Ne | ever | | | 2 | Rarely |
| | mange beleft caming. | 3 | So | ometimes | | | 4 | Always |
| | | | | | | | | |
| 40 | Do you wash the vegetables before eating? | 1 | Ne | ever | | | 2 | Rarely |
| | | 3 | So | ometimes | | | 4 | Always |
| | | 1 | N | ever | | | 2 | Poroly |
| 41 | How often do you boil water before drinking? | <u> </u> | 1146 | evei | | | | Rarely |
| 41 | riow often do you boll water before diffiking ? | 3 | Sc | ometimes | | | 4 | Always |
| | | | | | | | | |
| D | KNOWLEDGE ABOUT INTESTINAL WORMS: | | <u> </u> | | | | | |
| 42 | Did you ever hear about intestinal worm before this time? | 1 | Υe | es | 2 | No | | |
| 43 | If yes, where did you hear about intestinal worms ? | | | | | | | |
| 44 | What are intestinal worms? | | | | - | | | |
| | | | + | | | | | |
| 45 | Give types or names of intestinal worms that you know: | - | | | | | | |
| 40 | 1) | | 2) | | | | | |
| | 3) | | 4) | | | | | |
| | | | | | | | | |
| 40 | | 1 | - | hink worms are | | | | |
| 46 | Do you think that worms are good or bad for people's health? | 2 | l t | hink worms are | harm | <u>iless</u> | | |
| | | 3 | l t | hink worms are | <u>harm</u> | nful to health | | |
| | | 4 | Ιc | do not know | | | | |

APPENDIX 1 Yes 2 No 3 I Don't know Is there a lake near your house ? (≤150 meter) Note: The lake is natural and has inlets that carry fish. 1 Yes 2 No 3 I Don't know Is there a pond near your house ? (≤150 meter) Note: The a pond is man-made and smaller than the lake. 1 Lead to sewer pipes 2 Lead to septic tank What is the toilet facility used by your household members? 3 Lead to other places 4 Others (please specify):_ 2 No 1 Yes 3 No toilet in our Do you have pour-flush toilet in your home? home Is there electricity in the house? 1 Yes 2 No 23 2 No Do you have cats or dogs in the house or in the surrounding area? 2 Dispose of in the 1 Dispose of in open fields river How do you dispose of your household waste (garbage)? 4 Others (please 3 Burying or burning in open fields specify):_ PERSONAL HEALTH PRACTICIES: 2 Rarely 1 Never Do your children wash their hands before eating? 4 Always 3 Sometimes 1 Never 2 Rarely Do your children use soap when washing their hands? 4 Always 3 Sometimes 1 Never 2 Rarely Do your children wash their hands with soap after playing with soil? 3 Sometimes 4 Always 1 Never 2 Rarely Do your children wash their hands after defecation? 3 Sometimes 4 Always 2 No 1 Yes 30 During the past 7 days did your children cut their nails? 3 I do not know 1 Never 2 Rarely 31 Do your children eat using their hands? 3 Sometimes 4 Always 1 Never 2 Rarely 32 Do your children eat soil? 3 Sometimes 4 Always 2 Rarely 1 Never Do your children wear shoes when going outside? 3 Sometimes 4 Always

| 47 | What are the signs and symptoms of intestinal worms infections? | 3 | 4 |
|----------------------------|--|--|--|
| | | | |
| 48 | How do people acquire intestinal worms? | 3 | 4 |
| 49 | Have you had intestinal worm infection? | 1 Yes | 2 No |
| 50 | If yes, when was the last time? | 1 Less than 3 months ago 3 One year ago | 2 Six months ago 4 I do not remember |
| | | | |
| 51 | How can we prevent intestinal worm infections? 1 3 5 | 4 6 | |
| | | | |
| | Interviewer will ask again about what was used by resp number of the practice/s) | condents to prevent worm infections (| Mark with √ on the |
| 52 | Do you think human feces can be a source of infection for intestinal worms? | Human feces can not be a source worms Human feces can be a source of ir | |
| 02 | | worms 3 I don't know | |
| E | TREATMENT AND TREATMENT-SEEKING BEHAVIOUR | | |
| | TREATMENT AND TREATMENT-SEEKING BEHAVIOUR | | |
| | TREATMENT AND TREATMENT-SEEKING BEHAVIOUR Was your child on treatment for intestinal worm during the last 6 months? | | 3 I don't know |
| E 53 | Was your child on treatment for intestinal worm during the | 3 I don't know | 3 I don't know 2 Take traditional medicinal plants 4 Go to clinic |
| E 53 | Was your child on treatment for intestinal worm during the last 6 months? If your child suffers diarrhea or abdominal pain what do you | 3 I don't know 1 Yes 2 No 1 Nothing | 2 Take traditional medicinal plants |
| E 53 | Was your child on treatment for intestinal worm during the last 6 months? If your child suffers diarrhea or abdominal pain what do you do? | 3 I don't know 1 Yes 2 No 1 Nothing 3 Go to traditional healer | 2 Take traditional medicinal plants 4 Go to clinic |
| E 53 54 55 F | Was your child on treatment for intestinal worm during the last 6 months? If your child suffers diarrhea or abdominal pain what do you do? If you use herbal medicine, give the names of these herbs | 3 I don't know 1 Yes 2 No 1 Nothing 3 Go to traditional healer | 2 Take traditional medicinal plants 4 Go to clinic |
| E 53 54 55 F | Was your child on treatment for intestinal worm during the last 6 months? If your child suffers diarrhea or abdominal pain what do you do? If you use herbal medicine, give the names of these herbs QUESTIONS ABOUT MEDIA During the past 3 months, did you read, hear or watch any | 3 I don't know 1 Yes 2 No 1 Nothing 3 Go to traditional healer 1 | 2 Take traditional medicinal plants 4 Go to clinic 2 |
| E 53 54 55 F | Was your child on treatment for intestinal worm during the last 6 months? If your child suffers diarrhea or abdominal pain what do you do? If you use herbal medicine, give the names of these herbs QUESTIONS ABOUT MEDIA During the past 3 months, did you read, hear or watch any | 3 I don't know 1 Yes 2 No 1 Nothing 3 Go to traditional healer 1 | 2 Take traditional medicinal plants 4 Go to clinic 2 |

APPENDIX K

QUESTIONNAIRE SURVEY FOR TEACHERS



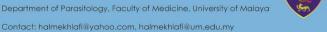
| 18 | Jika anda menggunakan ubat herba, berikan nama herba ini? | 3 4 |
|----|--|---|
| 19 | Bagaimanakah kita boleh mencegah jangkitan cacing usus? | 2 4 Saya tidak tahu |
| 20 | Dalam masa 6 bulan lepas, adakah anda ada membaca, mendengar atau melihat sebarang informasi tentang rawa atau pencegahan? | |
| 21 | Dalam masa 6 bulan lepas, apakah jenis media yang and baca, dengar atau lihat tentang jangkitan cacing? | 1 Tidak tahu 2 Televisyen da 3 Radio 4 Surat khabar 5 Poster 6 Lain-lain (Sila jelaskan) |
| 22 | Adakah ia merbahaya untuk merawat kanak-kanak yang tidak dijangkiti? Cirit-birit 2 Tidak, u 3 Tidak, te | t cacing boleh menyebabkan kesan sampingan seperti sakit kepala dan bat cacing adalah selamat etapi beberapa kanak-kanak akan mengadu kesan sampingan seperti selesaan perut atau loya |
| 23 | Terdapat kira-kira 600 murid di SK Pos Betau, berapa ramai daripada mereka mungkin mendapati jangkitan cacing usus? 4 Semua t | (100%) 2 50% 3 25% tiada (0%) 5 Tidak tahu |
| | *Terima kasih | ı di atas kerjasama anda* |

APPENDIX L **HELP POSTERS**



to control Soil-Transmitted Helminthiasis among Orang Asli Schoolchildren

Project team: Assoc. Prof. Dr. Hesham M. Al-Mekhlafi Professor Dr. Rohela Mahmud Assoc. Prof. Dr. Yvonne Al Lim Dr. Ahmed K. Al-Delaimy



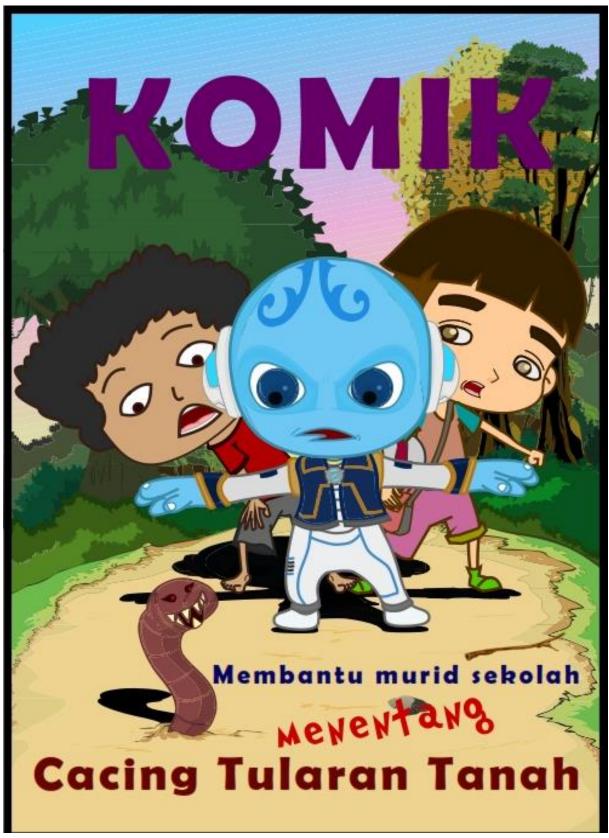








APPENDIX M HELP COMIC BOOK



Basuh Tangan Dengan Betul

Mari kawan-kawan kita amalkan. Guna cara betul untuk basuh tangan. Ada tujuh langkah perlu kita amal. Agar jauh dari penyakit dan kuman.

Pertama, guna sabun dengan secukupnya, barulah harum wangi tangan kita.

Kedua, gosokkan sabun di tapak tangan, biar sabun kena di semua bahagian.

Ketiga, gosok di setiap jari-jari kita, jangan lupa di celah kuku-kuku juga.

Keempat, gosok kuku di tapak tangan, supaya tanggal semua kotoran.

Kelima, gosok sabun di belakang tangan agar tangan bersih keseluruhan

Keenam, basuh dengan air secukupnya hindari semua kotoran dan bakteria

Terakhir, keringkan tangan guna kain bersih barulah selesai semuanya

Jagalah kebersihan tangan kita, sebab tangan guna untuk banyak perkara. Guna untuk pegang, untuk angkat, untuk makan.

Bila tangan bersih baru orang suka kita.

Lagu dan Lirik oleh : Abu Zaharen



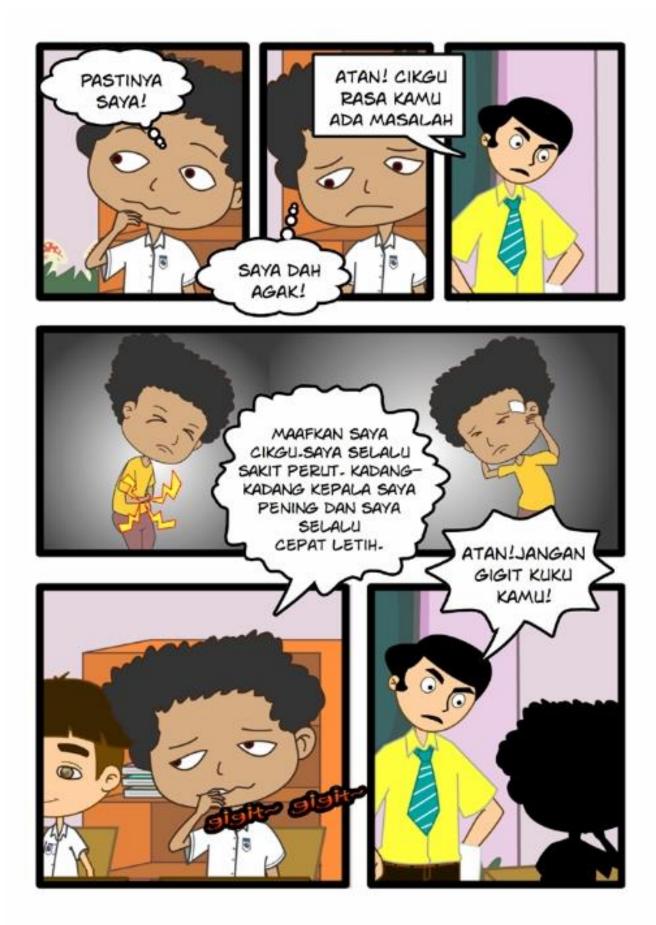
















































MANUSIA DIJANGKITI
CACING USUS
SEKIRANYA TERTELAN
TELUR CACING
MELALUI MAKANAN
TERCEMAR ATAU JARI
YANG KOTOR- ATAU
MELALUI PENETRASI
KULIT-



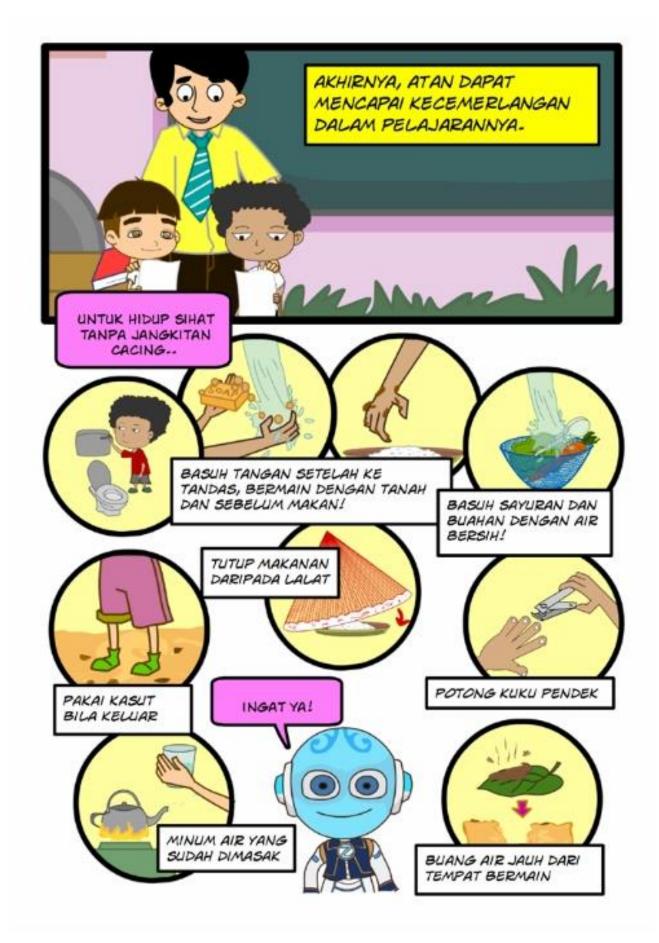




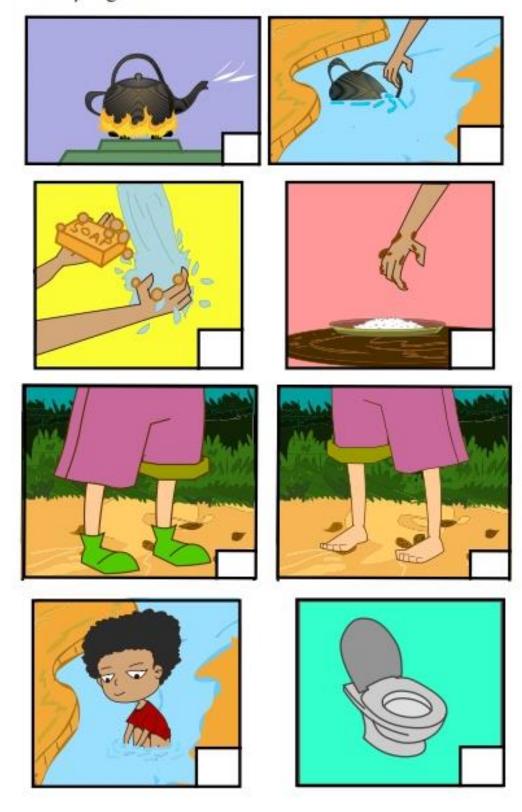








Tandakan (✓) pada amalan yang betul dan (X) pada amalan yang salah.



Warnakan Poster di bawah mengikut warna kesukaan adik-adik.

UNTUK MENGELAKKAN JANGKITAN

CACING TULARAN TANAH

PAKABLAH KASUT BBLA BERMABU DB LUAR.



Jagalah Kebersihan Diri

Marilah kita semua jaga kebersihan diri kita badan sihat orang pun suka baru hidup kita ceria~ bangun pagi gosok gigi mandi dan air yang bersih guna sabun cucikan badan guna tuala bersih badan dikeringkan shampu rambut ketika mandi selepas itu sikat rambut dengan rapi pakai pakaian yang bersih pasti orang rasa kasih potong kuku sebelum panjang untuk hindari bakteria cuci tangan sebelum makan supaya tidak dijangkiti kuman makanlah buah dan sayuran dan cucikan sebelum makan supaya kita sihat dan kuat dan tidak dijangkiti penyakit pakai kasut yang bersih bila hendak keluar rumah untuk melindung kaki kita dari cacing dan kotoran

(solo)

Amalkan cara hidup sihat menjaga tubuh dan penampilan baru hidup penuh berkat dan penuh senyuman dan penuh senyuman

lagu dan lirik : Abu Zaharen

Health Education Learning Package to control Soil-Transmitted Helminthiasis among Orang Asli Schoolchildren



Project team: Assoc. Prof. Dr. Hesham M. Al-Mekhlafi Professor Dr. Rohela Mahmud Assoc. Prof. Dr. Yvonne Al Lim Dr. Ahmed K. Al-Delaimy

Department of Parasitology, Faculty of Medicine, University of Malaya

Contact: halmekhlafi@yahoo.com, halmekhlafi@um.edu.my









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APPENDIX N

TEACHER'S GUIDEBOOK TO STH INFECTIONS

Jangkitan Cacing Tularan Tanah (STH) Buku Panduan Untuk Guru



PREVENTION IS ALWAYS BETTER THAN CURE..!

Pencegahan adalah lebih baik dari mengubati..!

1





Pendidikan sekolah rendah adalah sangat penting. Guru-guru menyampaikan maklumat dan nilai-nilai murni kepada kanakkanak, serta membolehkan mereka untuk menyambung pelajaran ke peringkat lebih tinggi dan seterusnya bekerja.

Kesihatan Sekolah



- Mewujudkan tingkah laku yang sihat semasa zaman kanak-kanak adalah lebih mudah dan lebih berkesan daripada cuba untuk mengubah tingkah laku yang tidak sihat pada zaman dewasa.
- Sekolah memberi kesan yang besar terhadap kesihatan kanak-kanak. Kanak-kanak yang bersekolah boleh diajar tentang kesihatan dan tingkah laku yang sihat.
- Sekolah memainkan peranan yang besar dalam mempromosikan kesihatan kanak-kanak dan membantu mereka untuk mewujudkan tingkah laku yang sihat sepanjang hayat.
- Bangunan sekolah dan persekitaran haruslah selamat dan menjadi tempat yang sihat untuk kanak-kanak.

3

Cacing Tularan Tanah (STH)

| Apakah itu helmint? | Helmint bermaksud cacing | |
|--|--|--|
| Apakah yang dimaksudkan dengan Cacing Tularan Tanah (STH)? | STH secara umumnya dikenali sebagai cacing usus. Ia juga disebut sebegitu disebabkan oleh sebahagian kitaran hidupnya adalah di dalam tanah. | |
| Apakah jenis-jenis cacing ini? | Spesies yang paling lazim di Malaysia ialah Ascaris lumbricoides (cacing gelang), Trichuris trichiura (cacing cambuk) dan hookworms (cacing kait) | |
| Bagaimanakah manusia memperolehi jangkitan STH? | Manusia dijangkiti melalui penelanan telur cacing (cacing cambuk & cacing gelang) atau penembusan kulit oleh larva (cacing kait). | |
| Adakah cacing-cacing ini menyebabkan masalah kesihatan yang serius? | Jangkitan ringan tidak bersimptom, tetapi jangkitan yang teruk menyebabkan masalah kesihatan yang serius. | |
| Adakah cacing ini mengganggu kebolehan belajar dan prestasi di sekolah? | Ya. la dapat mengurangkan fungsi kognitif, kebolehan belajar dan pencapaian kanak-kanak sekolah. | |

Cacing Tularan Tanah (STH)



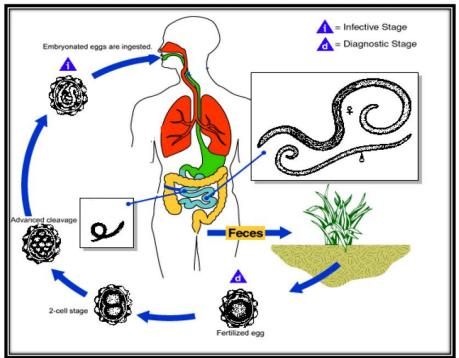


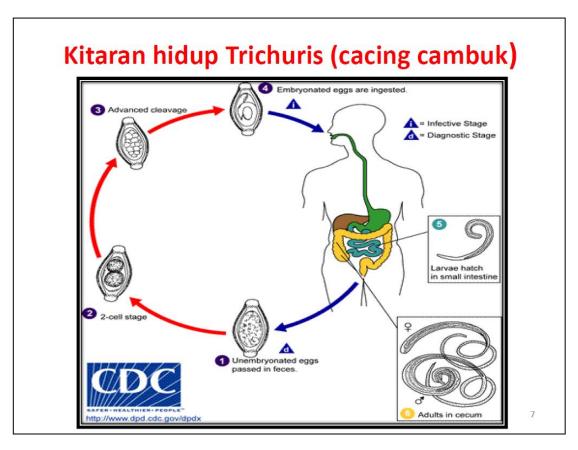


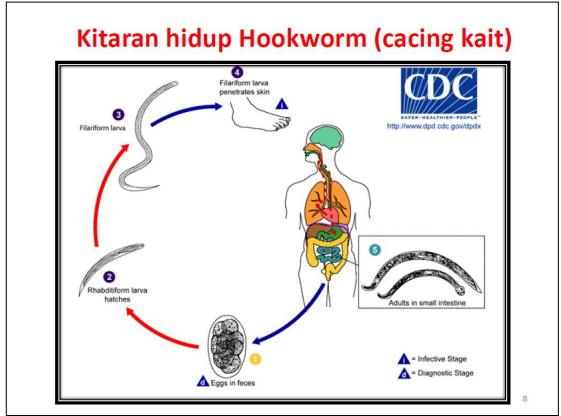
| Jenis cacing | Bilangan orang yang dijangkiti seluruh dunia | Kaedah penularan | Kesan |
|----------------------------------|--|---|---------------------------|
| Ascaris | 800 juta | Penelanan telur cacing | Malnutrisi, |
| (Cacing gelang) | | melalui mulut | penyumbatan usus |
| <i>Trichuris</i> (Cacing cambuk) | 600 juta | Penelanan telur cacing melalui mulut | Anemia, prolaps rektum |
| Hookworm | 600 juta | Penembusan kulit oleh | Anemia, penurunan |
| (Cacing Kait) | | larva | prestasi di sekolah |

5

Kitaran hidup Ascaris (Cacing gelang)









Kesan jangkitan Cacing Tularan Tanah

- Malnutrisi
- Anemia (kekurangan darah merah)
- Paras kognisi yang rendah
- Kadar ketidakhadiran yang tinggi
- Prestasi Pembelajaran yang kurang baik
- Memendekkan hayat bekerja & mengurangkan keupayaan bekerja







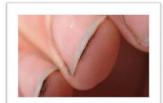
Faktor-faktor risiko Cacing Tularan Tanah



Tangan yang kotor



Tidak memakai kasut



Jari kuku yang panjang



Kekurangan kebersihan dan tempat pembuangan



Air yang tidak dirawat



Memakan sayur-sayuran tidak dibasuh



Memakan buah-buahan yang tidak dibasuh



Kehadiran lalatı

Amalan kebersihan untuk mengelakkan jangkitan Cacing Tularan Tanah (STH)



Membasuh tangan sebelum makan dan selepas menggunakan tandas



Memakai kasut ketika keluar dari rumah



Memotong kuku mengikut masa



Menggunakan tandas curah dan elakkan pembuangan tinja yang tidak teratur



Membasuh sayur-sayuran dan buah-buahan sebelum dimakan



Memasak air minuman



Menutup makanan

Penyahcacing (Deworming)

- Penyahcacing dilakukan melalui pengambilan 1 dos pil ubat Albendazole 200mg.
- Pengambilan pil Albendazole selama 3 hari berturut-turut sekiranya jangkitan yang dialami adalah serius.
- Antara kelebihan penyahcacing termasuklah:
 - Meningkatkan serta memperbaiki status nutrisi kanak-kanak
 - Meningkatkan serta memperbaiki fungsi kognitif dan perkembangan pendidikan.
 - Mengurangkan potensi untuk kanak-kanak tidak hadir ke sekolah.



13

PAKEJ PEMBELAJARAN PENDIDIKAN KESIHATAN (HELP) KE ATAS CACING TULARAN TANAH

- Pakej ini bertujuan untuk membantu mencegah jangkitan cacing di kalangan kanak-kanak sekolah.
- Setiap kanak-kanak akan melalui pemeriksaan tinja bagi mengesan jangkitan cacing tularan tanah ini.
- Semua kanak-kanak yang dijangkiti akan diberi rawatan yang sewajarnya.
- Mesej-mesej pendidikan kesihatan dan amalan-amalan bagi mempraktikan kehidupan seharian yang betul akan diajar kepada kanak-kanak.
- Tempoh kajian: 6 bulan

Kajian:

Kesan pakej pembelajaran pendidikan kesihatan (HELP) dalam mengawal cacing tularan tanah di kalangan Orang Asli.

Objektif kajian:

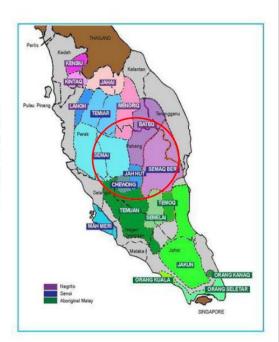
Kajian ini dijalankan untuk membangkitkan kesedaran orang ramai terhadap jangkitan cacing tularan tanah (STH) dan untuk memeriksa kesan pendidikan kesihatan ini dalam mengurangkan prevelens dan intensiti jangkitan cacing tularan tanah (STH) di kalangan kanak-kanak di kawasan pendalaman di Malaysia.

Kawasan kajian

Daerah Lipis dan Raub, Pahang

Populasi kajian

Kanak-kanak Orang Asli yang bersekolah



15

Jadual harian / mingguan

- Periksa dan ingatkan kanak-kanak tentang mencuci tangan dan memotong kuku (Isnin & Jumaat).
 (Hadiah akan diberikan setiap bulan kepada pelajar terbaik)
- · Aktiviti nyanyian selama 3 minit (HELP-OAWW) (Harian).
- Melukis mesej-mesej kesihatan yang berkaitan dengan cacing. (Mingguan)
 (Lukisan terbaik akan ditampalkan di papan kenyataan khas

dalam setiap kelas dan hadiah akan diedarkan secara bulanan)

- Persembahan boneka oleh kanak-kanak senior kepada kanakkanak junior (Bulanan).
- · Pertunjukkan video dan spesimen cacing (Bulanan).
- · Bacaan komik berunsurkan cacing (Mingguan).
- Melawat ke sekolah dan kampung-kampung untuk memeriksa kebersihan (Bulanan).















17

HEALTH EDUCATION LEARNING PACKAGE ON SOIL-TRANSMITTED HELMINTHS





PROJECT TEAM:

- -Assoc. Prof. Dr. Hesham Al-Mekhlafi
- -Professor Dr. Rohela Mahmud
- -Assoc. Prof. Dr. Yvonne Al Lim
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LIST OF PUBLICATIONS AND PRESENTATIONS

A. Publications during candidature, directly arising from this thesis

- **1.** <u>Al-Delaimy AK</u>, Al-Mekhlafi HM, Nasr NA, Sady H, Atroosh WM, Nashiry M, Anuar TS, Moktar N, Lim YAL, Mahmud R. Epidemiology of intestinal polyparasitism among Orang Asli schoolchildren in rural Malaysia. *PLOS Neglected Tropical Diseases* 2014; 8(8): e3074.
- 2. <u>Al-Delaimy AK</u>, Al-Mekhlafi HM, Nasr NA, Sady H, Atroosh WM, Lim YAL, Mahmud R. Developing and evaluating health education learning package (HELP) to control soil-transmitted helminth infections among Orang Asli children in Malaysia. *Parasites and Vectors* 2014; 7:416.
- 3. <u>Al-Delaimy AK</u>, Al-Mekhlafi HM, Nasr NA, Sady H, Atroosh WM, Lim YAL, Mahmud R. A rapid and high reinfection of soil-transmitted helminth infections among Orang Asli children in rural Malaysia. *Parasites and Vectors* 2014: UNDER REVIEW.
- **4.** <u>Al-Delaimy AK</u>, Al-Mekhlafi HM, Nasr NA, Lim YA, Mahmud R. Epidemiology of soil-transmitted helminths infections among aboriginal schoolchildren in rural Malaysia. <u>(Abstract)</u>. *American Journal of Tropical Medicine and Hygiene* 2013; 98(5 Suppl): 755.

B. Publication during candidature, but not directly arising from this thesis

- **5.** Al-Mekhlafi HM, Al-Zabedi EM, Al-Maktari MT, Atroosh WM, <u>Al-Delaimy AK</u>, Moktar N, Salam AA, Abdullah WA, Jani R, Surin J. Effects of vitamin A supplementation on iron status indices and iron deficiency anaemia: A randomized controlled trial. *Nutrients* 2014; 6: 190-206.
- **6.** Al-Mekhlafi HM, Sady H, Mahdy MA, Nasr NA, <u>Al-Delaimy AK</u>, Surin J. An unceasing problem: prevalence and risk factors of schistosomiasis among children in Yemen (<u>Abstract</u>). *American Journal of Tropical Medicine and Hygiene* 2013; 98(5 Suppl): 897.

C. Conference presentations made during the candidature period (presenter)

- 1. <u>Al-Mekhlafi HM</u>, **Al-Delaimy AK**, Lim YAL, Mahmud R. Pattern of soil-transmitted helminth re-infections among Orang Asli schoolchildren in Malaysia. The British Society for Parasitology Spring Meeting 2014, Cambridge, UK, 6-9 April 2014.
- **2.** Ahmed K. Al-Delaimy, Al-Mekhlafi HM, Lim YAL, Mahmud R. The impact of health education in controlling soil-transmitted helminthiasis. 1st International Conference on Tropical Medicine and Infectious Diseases, Royal College of Medicine, Perak, 4-7 Dec 2012.
- **3.** Ahmed K. Al-Delaimy, Ahmed A, Al-Mekhlafi HM, Lim YAL, Mahmud R. Soil-transmitted helminth infections among schoolchildren in Orang Asli and Malay communities in rural Malaysia., JITMM 2012 Mahidol University, Bangkok, Thailand, 12-14 Dec 2012.

Epidemiology of Intestinal Polyparasitism among Orang Asli School Children in Rural Malaysia



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Abstract

Background: This cross-sectional study aimed to investigate the current prevalence and risk factors associated with intestinal polyparasitism (the concurrent infection with multiple intestinal parasite species) among Orang Asli school children in the Lipis district of Pahang state, Malaysia.

Methods/Principal findings: Fecal samples were collected from 498 school children (50.6% boys and 49.4% girls), and examined by using direct smear, formalin-ether sedimentation, trichrome stain, modified Ziehl Neelsen stain, Kato-Katz, and Harada Mori techniques. Demographic, socioeconomic, environmental, and personal hygiene information were collected by using a pre-tested questionnaire. Overall, 98.4% of the children were found to be infected by at least one parasite species. Of these, 71.4% had polyparasitism. The overall prevalence of Trichuris trichiura, Ascaris lumbricoides, hookworm, Giardia duodenalis, Entamoeba spp., and Cryptosporidium spp. infections were 95.6%, 47.8%, 28.3%, 28.3%, 14.1% and 5.2%, respectively. Univariate and multivariate analyses showed that using an unsafe water supply as a source for drinking water, presence of other family members infected with intestinal parasitic infections (IPI), not washing vegetables before consumption, absence of a toilet in the house, not wearing shoes when outside, not cutting nails periodically, and not washing hands before eating were significant risk factors associated with intestinal polyparasitism among these children.

Conclusions/Significance: Intestinal polyparasitism is highly prevalent among children in the peninsular Malaysian Aboriginal communities. Hence, effective and sustainable control measures, including school-based periodic chemotherapy, providing adequate health education focused on good personal hygiene practices and proper sanitation, as well as safe drinking water supply should be implemented to reduce the prevalence and consequences of these infections in this population.

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Introduction

Intestinal parasitic infections (IPI) are still public health problems in many communities, particularly among children in rural areas of developing countries. It is estimated that more than 2 billion people worldwide are infected with IPI and more than half of the world's population are at risk of infection [1,2]. These infections are caused by helminth parasites such as soil-transmitted helminths (Ascaris lumbricoides, Trichuris trichiura, Strongyloides stercoralis, and hookworm), Taenia spp. and Hymenolepis nana or by protozoa such as Entamoeba histolytica, Giardia duodenalis, and Cryptosporidium spp.

IPI are associated with high morbidity particularly among young children and women of childbearing age, and have been termed as 'the cancers of developing nations' by Egger et al. [3]. IPI can occur in silence as chronic infections and infected individuals are either asymptomatic or suffering from mild diseases. However, acute and severe IPI, especially with pathogenic *Entamoeba* and *Giardia*, may cause fatal diarrhea especially among children and both are commonly associated with travellers' diarrhea [4,5]. Moreover, *Entamoeba* can cause invasive intestinal infection or disseminate to the liver (and rarely to the lung and the brain) causing amebic liver abscess with about 100,000 deaths annually, making amebiasis the second leading cause of death from protozoal diseases, after malaria [6,7]. On the other hand, opportunistic IPI such as *Cryptosporidium*, *Isospora belli*, Microsporidia, and *Strongyloides* infections are commonly reported among immunocompromised individuals with significant morbidity and mortality [8,9].

Al-Delaimy et al. Parasites & Vectors 2014, 7:416 http://www.parasitesandvectors.com/content/7/1/416



RESEARCH Open Access

Developing and evaluating health education learning package (HELP) to control soil-transmitted helminth infections among Orang Asli children in Malaysia

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Abstract

Background: This study was carried out to develop a health education learning package (HELP) about soil-transmitted helminth (STH) infections, and to evaluate what impact such a package could have in terms of reducing the incidence and intensity of STH infections among Orang Asli schoolchildren in Pahang, Malaysia.

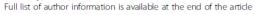
Methods: To identify the key risk factors of STH in Orang Asli communities, we applied an extensive mixed methods approach which involved an intensive literature review, as well as community-based discussions with children, their parents, teachers and health personnel, whilst also placing the children under direct observation. To evaluate the package, 317 children from two schools in Lipis, Pahang were screened for STH infections, treated by a 3-day course of albendazole and then followed up over the next 6 months. The knowledge of teachers, parents and children towards STH infections were assessed at baseline and after 3 months.

Results: The developed package consists of a half day workshop for teachers, a teacher's guide book to STH infections, posters, a comic book, a music video, a puppet show, drawing activities and an aid kit. The package was well-received with effective contributions being made by teachers, children and their parents. The incidence rates of hookworm infection at different assessment points were significantly lower among children in the intervention school compared to those in the control school. Similarly, the intensity of trichuriasis, ascariasis and hookworm infections were found to be significantly lower among children in the HELP group compared to those in the control group (P < 0.05). Moreover, the package significantly improved the knowledge, attitude and practices (KAP) of Orang Asli people and the knowledge of teachers towards STH infections.

Conclusion: A school-based health education learning package (HELP) was developed which displayed a significant impact in terms of reducing the intensity of all three main STH infections, as well as in reducing the prevalence of hookworm infections. Moreover, the knowledge levels of both teachers and the Orang Asli population regarding STH was significantly improved, a fact which greatly helped in attracting community participation and thus raising the general level of awareness regarding these forms of infections.

Keywords: Soil-transmitted helminth, Health education learning package, Nneglected tropical diseases, Reinfection, Orang Asli, Children, Malaysia

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