Interpretation: It is not surprising that respondents who did not access CHPS were younger, more frequently male and did not have children, as this demographic group is generally healthy and less likely to seek healthcare. Respondents who did access CHPS typically returned for another visit. There remains some confusion within the community about the role of CHPS in the community with respondents often requesting advanced health services beyond the scope of CHPS. These preliminary results suggest the CHPS compounds will be utilized by community members but that the public would benefit from education on how CHPS fits into and complements the larger health system.
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A follow up study of patients affected with silicosis in Sri Lanka

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Program/Project Purpose: Silicosis is one of the oldest known occupational pulmonary diseases. It is caused by inhalation of tiny particles of silicon dioxide in the form of unbound crystalline silica. Inhalation of crystalline silica is associated with many debilitating pulmonary diseases. Three main clinical syndromes have been described namely chronic, accelerated, and acute silicosis. Silicosis is also associated with increased risks of lung cancer, mycobacterial infection, autoimmune disorders, airflow obstruction, and chronic bronchitis. The silica industry is rapidly expanding in Sri Lanka, as the country is a major exporter of silica as powdered quartz which contains more than 95% of silica. Studies done with regard to follow up patterns of silicosis in Sri Lanka are scarce. Therefore, the study aimed at identifying the demographic data and the follow up pattern of the patients with silicosis. The overall goal of the study was to implement necessary protective measures in preventing silicosis.
Structure/Method/Design: The study cohort consisted of seven patients diagnosed with silicosis, who presented to the respiratory unit teaching hospital Kandy in year 2005. All were self reported patients. Demographic data and clinical history including a detailed occupational history were taken using a questionnaire. Erect poster anterior chest radiographs were obtained silicosis was diagnosed using the International Labor Organization criteria. All patients underwent high resolution computerized tomography of chest and pulmonary function tests. All were investigated for tuberculosis. Patients were followed up regularly with regard to development of complications.
Outcomes & Evaluation: All patients were females. The mean age of patients was 41.5 years (SD 5.38). One patient had an exposure to silica of 11 years prior to developing symptoms while other patients had an exposure less than 3 years. Mean duration of exposure was 3.6 years (SD 3.3). The patients' degree of exposure to silica was graded according to work category. Accordingly 5 patients had heavy exposures while 2 had medium exposure. The patients who were heavily exposed had accelerated silicosis with rapid progression of the disease and died within 5 years of presentation. One with medium exposure acquired tuberculosis twice in the follow up period of 9 years and resulted in acquiring progressive massive fibrosis. The other patient's clinical course was complicated with tuberculosis and bronchiectasis.
Going Forward: The patients who had lesser degree of exposure had survived longer. Pulmonary fibrosis and bronchiectasis were more marked in them. Patients with heavy exposures had poor prognosis. This emphasizes the fact that protective measures at working places are h
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Cultural barriers to seeking care in Ethiopia: A review of the literature

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Program/Project Purpose: Ethiopia has very high maternal mortality ratio of 676/100,000 live births and low institutional delivery by skilled birth attendants only 10% women delivered in the health facility. Despite the government's efforts to improve maternal health in the country, health service utilization is unacceptably low. The Maternal and Child Health Integrated project (MCHIP) funded by USAID, supported the government of Ethiopia to increase use and coverage of high impact maternal and newborn interventions. MCHIP conducted a literature review to identify cultural practices, beliefs and perceptions that influences a woman's decision to seek facility- based care.
Structure/Method/Design: This literature review included both published and unpublished literature, collected from internet sources and digital copies of library documents. A total of 322 published and unpublished documents were collected for review. A two-stage process was used to select relevant articles for review. First, abstracts were reviewed and superficially scanned for relevance. Second, a detailed analysis of the quality of each article was performed.
Outcomes & Evaluation: According to the literature, many studies indicate that cultural beliefs about maternal health and illness can prevent women from utilizing modern health care. In some cases, they believe that illness is a punishment from God or that the outcome of pregnancy is predetermined by God. Many women have negative perception to health facilities on their cleanliness, equipment quality or availability, provider competence, or behavior. The literature also reveals that, in some communities, women have specific childbirth preferences that lead them to opt for home delivery. Most women prefer the privacy that a home delivery provides, being in the presence of relatives, and delivering in a supported sitting position. In some religious communities, prayer and herbal solutions are used as a primary response to birth complications. Program interventions MCHIP integrated the findings from the literature review to its service quality improvement approach and introduced the concept of Respectful Maternity Care to health facilities. Following these, health facilities started to maintain privacy, allowed birth companion into labor, support birth position of choice, included important cultural aspects like coffee/porridge ceremonies, religious blessings of facilities and arrange post-natal room with bathroom. As a result, these health facilities showed marked increment in institutional delivery from a baseline of 8.6% to 31%, first ANC visit from 63% to 82%. Similarly fourth antenatal care (ANC) visits increased from 5.9% to 21%.
Going Forward: The choice of where to give birth involves a complex balance between freedom of choice, control of the process and the outcome, and important traditional norms associated with the birthing process. Incorporating known preferences into facility-based deliveries during the birthing continuum of care are important factors.