

Promotion of Men's participation in Safe Motherhood Programme in Belize															
Knowledge, Attitudes and Practices Survey															
Knowledge															
1 Family Planning		2 Family Planning		3 Prenatal		4 Pregnancy		5 Birth Companion		6 Post Natal Care		7 Family Planning		8 Prenatal	
Can a woman get pregnant if she misses her contraceptive pill for one day only?		Is it safe to have children less than 2 years apart?		Is it necessary to have pre natal visits to ensure a safe pregnancy?		Is it normal to have high fever and blurred vision during pregnancy?		Is it important for a woman to have her partner close at the time of delivery?		Giving baby food to a 4 months old will make him grow faster. Do you agree?		The number of children a woman has does not impact with her health. Do you agree?		Would your friends consider you less of a "man" if you go with your partner to pre natal visits?	
Yes 84	No 15	Yes 62	No 38	Yes 92	No 8	Yes 3	No 97	Yes 89	No 11	Yes 15	No 85	Yes 8	No 92	Yes 5	No 95

Annex III List of Interviewees

Dr. Natalia Beer,
Head of MCH
Ministry of Health:

Ms. Lorna Crawford
Programme Officer
Youth Enhancement Services - YES

Ms. Joan Burke
Executive Director
Belize Family Life Association (BFLA)

Ms. Elizabeth Jones, PHN
Belmopan Hospital

Ms. Erika Goldson
Representative
UNFPA

Answer to the Radiographic quiz

Radiographic findings: Bilateral hilar lymphadenopathy is seen in these radiographs of the chest. The right paratracheal stripe is widened, suggestive of paratracheal lymphadenopathy. The lungs are clear.

Differential diagnosis

- A. Lymphoma
- B. Sarcoidosis
- C. Pneumoconiosis
- D. Tuberculosis
- E. Acute viral syndrome (mononucleosis)

Diagnosis: Sarcoidosis

Brief overview of the disease

Sarcoidosis is a multisystem chronic inflammatory condition of unknown etiology. It is characterized by noncaseous epithelioid cell granulomas and changes in tissue architecture, which may affect almost any organ.

Involvement of the lung and the mediastinal and hilar lymph nodes is most common, being seen in approximately 90% of patients.

Although sarcoidosis can affect patients of any age, sex, or race, it typically affects adults less than 40 years old, and the incidence peaks in the 3rd decade of life (ages 20–29 years).

Clinical Features

The most common clinical features at presentation are respiratory symptoms (eg, cough, dyspnea, and bronchial hyperreactivity), fatigue, night sweats, weight loss, and erythema nodosum. However, as many as 50% of sarcoidosis cases

Attitudes		Practice											
9 Post Natal		10 Clinic Visits		11 Family Planning		12 Prenatal		13 Pregnancy		14 Birth Companion		15 Clinic	
Do you think that taking care of a new born is exclusively a mother's responsibility?		Do you think men/ partners should be going to pre and post natal visits?		Do you discuss contraception with your partner?		Have you ever been with your wife to a prenatal visit?		Did you help your wife during pregnancy so she could have more rest?		Have you ever assisted or are you planning to assist a delivery?		Would you go more often to health centre if there were specific services for men?	
Yes 0	No 100	Yes 87	No 13	Yes 87	No 13	Yes 64	No 36	Yes 85	No 15	Yes 44	No 56	Yes 80	No 20

are asymptomatic, with abnormalities detected incidentally at chest radiography.

Clinical signs and symptoms are nonspecific and include fatigue, weight loss, general malaise, and, less commonly, fever. About one-half of patients remain asymptomatic. Bilateral hilar lymphadenopathy is the most common radiologic finding. Adenopathy in the right paratracheal nodes, left aortic-pulmonary window, and subcarinal nodes can also be seen, often with associated pulmonary infiltrates. However, extrathoracic involvement can be an initial manifestation in one-half of symptomatic patients. Although skin and ocular lesions are common, the liver, spleen, lymph nodes, parotid glands, central nervous system (CNS), genitourinary system, muscles, and bones may also be involved.

Thoracic Involvement

Pulmonary involvement is reported in up to 90% of patients with sarcoidosis and generally manifests as asymptomatic mediastinal adenopathy. Hilar adenopathy is easily recognized on chest radiographs; however, CT is superior for demonstrating subtle mediastinal lymphadenopathy and associated parenchymal involvement. Because the prevalence of pulmonary involvement in patients with sarcoidosis is extremely high, CT findings play a crucial role in the diagnosis and staging of this disease. There are five radiologic stages of intrathoracic changes.

- Stage 0: Normal chest radiograph
- Stage 1: Lymphadenopathy only
- Stage 2: Lymphadenopathy with parenchymal infiltration
- Stage 3: Parenchymal disease only
- Stage 4: Pulmonary fibrosis

At initial presentation, 5-10% present with stage 0, more than 50% with stage 1, 25-30% with stage 2 and 15% with stage 3. About 20% progress to stage 4.

Mediastinal Lymph Nodes

Intrathoracic lymphadenopathy is the most commonly encountered radiologic finding in sarcoidosis (85% of cases) and typically manifests as bilateral hilar adenopathy with right paratracheal adenopathy. Although left paratracheal and aortic-pulmonary window nodes are also commonly enlarged, these nodes are less easily identified on postero-anterior chest radiographs. This mediastinal adenopathy is successfully demonstrated at contrast-enhanced CT. Mediastinal adenopathy without hilar involvement is rare and is more frequently seen in older patients. Occasionally, calcification occurs in affected nodes. Calcification can be amorphous, punctate, or eggshell-like; it is closely related to the duration of the disease and suggests a chronic condition.

Lungs

Lung involvement is seen in approximately 20% of patients. Dyspnea and dry cough are common manifestations, whereas hemoptysis is rare. Lung involvement in sarcoidosis has a strong predilection for the upper lung.

Radiology

Bilateral hilar adenopathy is the most common radiographic finding. Other characteristic findings include interstitial lung disease, occasional calcification of affected lymph nodes, and pleural effusions and thickening. Because the disease so often involves thoracic structures, chest radiography plays a crucial role in the diagnosis, staging, and follow-up of sarcoidosis. Computed tomography is more sensitive

than radiography in the detection of adenopathy and subtle parenchymal disease; gallium-67 scintigraphy is useful in identifying extrathoracic sites of involvement, detecting active disease, and assessing response to treatment.

Diagnosis

The diagnosis is established most securely when clinical and radiologic findings are confirmed by histologic evidence of widespread noncaseating granulomas.

Therapy

Glucocorticosteroids represent the drug of choice for treatment of sarcoidosis. Steroids which are commonly given orally can be given as inhaled steroids for treatment of pulmonary sarcoidosis. Other drugs, which may help to reduce the maintenance steroid dose, include methotrexate, azathioprine, chlorambucil and cyclophosphamide. In select cases, radiotherapy has been used successfully in treating sarcoidosis.

CONCLUSIONS

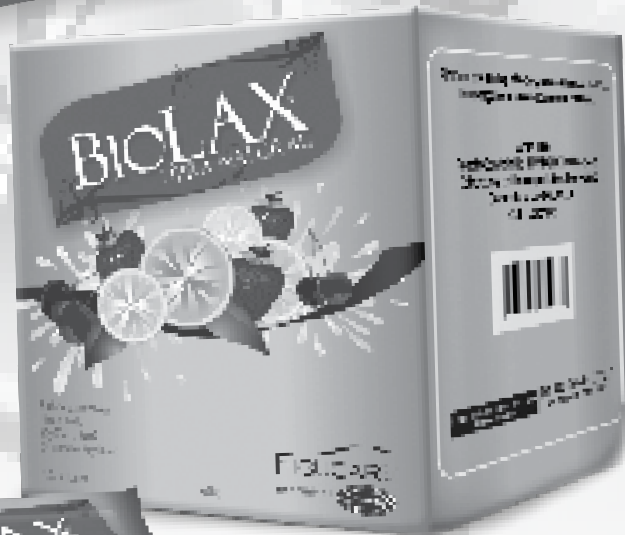
Sarcoidosis has a wide variety of clinical and radiologic manifestations. Because the disease frequently involves multiple organs, familiarity with the clinical and radiologic features of sarcoidosis in various anatomic locations plays a crucial role in diagnosis and management.

REFERENCES

1. Koyama T, Ueda H, Togashi K, Umeoka S, Kataoka M, Nagai S. Radiographic manifestations of sarcoidosis in various organs. *Radiographics* 2004;24:87-04.
2. Criado E, Sánchez M, Ramírez J, Arguis P, de Caralt T, Perea RJ, Xaubet A. Pulmonary Sarcoidosis: Typical and Atypical Manifestations at High-Resolution CT with Pathologic Correlation. *Radiographics* 2010;30:1567-1586.



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