The role of Home health visiting in improving knowledge on primary health care services in selected Gramaniladhari divisions in Gangawatakorale MOH area, Sri Lanka

T.G.N.S Gunarathne*, A.M.M.P. Atapattu*

* Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya

Abstract- Home health visiting (HHV) is a proven strategy for strengthening families and improving the health status of women, children and their families. Advantages of HHV are: Reach families who wouldn't come to the regular clinics and work with family members in their home setting. HHV in Sri Lanka is used in Family Health Programme to promote family health A HHV programme has conducted by the nursing undergraduates of Faculty of Allied Health Sciences to promote PHC concepts of Alma-Ata declaration in Udaperadeniya(UDA) and Augustawaththa (AUG) Gramaniladhari (GN) areas. Since there is entreat to ensure the primary health care strategies in the community, it is necessary to assess the level of achievement of those mentioned PHC strategies. A descriptive cross sectional study was conducted recruiting all the home health visited families on the last day of HHV using pre tested self-administered questionnaire. All the PHC concepts mentioned in seventh statement in Alma-Ata declaration were considered. Among total participants 51.4% represent the Augustawaththa GN area. Following PHCs were always promoted during HHV in both GN areas: Methods of preventing and controlling health problems (AUG=55.6%, UDA=64.7%), Proper nutrition (AUG=55.6 %, UDA= 44.4%), Basic sanitary practices (AUG= 61.1%, UDA=58.8%) and Support to communicate other health care resources (AUG=50%, UDA= 58.8%). Maternal and child health care (P¡0.05), and Prevention and control of locally endemic diseases(p¡0.05).More than 95% of study participants mentioned that in general HHV upgraded their knowledge on individual and family health. The number of children in a family has influenced in upgrading knowledge on PHC concepts. HHV is essential component in upgrading knowledge on the health of family in Udaperadeniya and Augustawaththa GN divisions in Gangawatakorale MOH area.

Index Terms- Home Health visiting (HHV), Primary health care concepts, Sri Lanka

I.INTRODUCTION

1.1 BACKGROUND

Home visiting is a proven strategy for strengthening families and improving the health status of women, children and their families. Home visitation or health visiting has been widely used as an intervention strategy in health care services in many countries. It has been defined as "planned activities aimed at the promotion of health and prevention of disease. It therefore contributes substantially to individual and social well-being, by focusing attention at various times on an individual, a social group or a community" (Cowley, 2003). Home visits are an important part of work at a Family Place. Families who participate in therapeutic interventions in clinics are also receiving field clinic services at their houses. It's a valuable time to help coach the parents in important skills as well as identify any additional needs the family may have.

Parents and children often feel more relaxed in their own home, and parents appreciate having time to talk on a one-to-one basis. It helps to develop a relationship and trust in a more relaxed environment (Marshall, 2006).After a home visit, parents often feel more confident in approaching a practitioner with comments and questions. The closer relationship may also mean families are more inclined to take part in the achievement of goals in related to home visiting. Other than that there are many advantages of home visiting; Reach families who wouldn't come to the regular clinics , Work with more of the family members , Work with families in their own setting where they are more at ease, Gain greater understanding of the family's life and strengths are some of those. There is a lack of evaluative research about health visiting practice, service organization or universal health visiting as potential mechanisms for promoting health and reducing health inequalities (Cowley et al, 2014).

1.2 LITERATURE REVIEW

Home health visiting (HHV) began in Great Britain in the mid-nineteenth century, Denmark in the 1930s, and in most other European countries in the period immediately following World War II. The British system has been especially influential cross-nationally, and its history is instructive (Goodwin, 1991, 1992). HHV exists to some extent in all of the northern and western European countries as part of their national, universal systems of health care. These countries include Denmark, Finland, France, Germany, Great Britain, Ireland, Italy, the Netherlands, Norway and Sweden. All the HHV services are voluntary, free, and not income-tested (Wasik, Bryant and Lyons, 1991).

HHV began to focus on problems of sanitation and epidemics. Early on, nurses, sanitary engineers, or lay visitors were sent into the homes of families with young children to offer advice about health and hygiene. The first special training course for nursing and health visiting was established in 1892, a parallel in time to the first social work courses in the United States. There were early ties to the cooperative movement and workers' institutes, again paralleling early social work and settlement house work in the Britain. Today, the HHV program in many countries is a key component of its Maternal and Child Health (MCH) service (Kamerman and Kahn, 1993).

HHV in Sri Lanka is conducted in relation to the Family Health Programme and several packages of interventions that are aimed to promote the health of families around the country with special emphasis on mothers and children. The programme provides the most wide spread community based health care services enjoyed by Sri Lankan public. The origin of it dates back to 1926, when it was initiated in Kalutara, as the first field based health unit system of the country (Annual Report on Family Health, 2013).

The Government of Sri Lanka is committed to achieve the Millennium Development Goals with strengthening of Primary Health Care (PHC) as a key strategy. Sri Lanka is experiencing a shift in its disease patterns. Whilst still being affected by communicable diseases like Tuberculosis, Dengue fever, diarrhea and Acute and Chronic Respiratory infections; clearly evidence based studies showing a greater significance in the shift of the morbidity and mortality patterns. Preventive health care services contributed significantly to reduce the morbidity and mortality patterns. Home health visiting is one of the key activities conducted to achieve primary health care strategies at grass root level.

The Nursing undergraduates of Faculty of Allied Health Sciences also expected to get opportunity to do the Home Health visiting for the partial fulfillment of the degree. The primary health care concepts (PHC) were expected to be promoting during their HHV. HHV were conducted during two months period. According to the Alma-Ata declaration, following PHC concepts were considered; Education concerning prevailing health problems , Methods of preventing and controlling prevailing health problems, Promotion of food supply, Proper nutrition, Adequate supply of safe water, Basic sanitary practices, Maternal and child health care, Family planning, Immunization against the major infectious disease, Prevention and control of locally endemic disease, Appropriate treatment of common disease and injuries and support to communicate other health care resources . Since there is entreat to ensure the primary health care strategies in the community it is necessary to assess whether those mentioned factors are being properly addressed through the home visit done by the nursing undergraduates of the Faculty of Allied Health Sciences. Therefore assessment of role of Home visiting in improving knowledge on primary health care services in selective Gramaniladhari divisions in Gangawatakorale MOH area was paramount importance.

1.2 OBJECTIVE

To determine the extent of achievement of primary health care concepts and influence of socio-demographic characteristics when achieving primary health care concepts by the selected communities in Gangawatakorale MOH area.

II. METODOLOGY

3.1 Study Design
A descriptive, cross sectional, quantitative study was conducted.

3.1 Study setting
The present study was conducted in selected communities in Augustawaththa and Udaperadeniya gramaniladhari areas in Gangawatakorale MOH area situated in the Kandy district.

3.2 Study population
Study population was parent who had low body weight children in Augustawaththa and Udaperadeniya gramaniladhari area.

3.3 Inclusion criteria
A parent from home visiting families, who had the ability to understand and speak Sinhala and Tamil language and who consented participation in the study were included as study participants.

3.4 Exclusion criteria
Women who had chronic or diagnosed psychiatric disorders, Women who did not consent to participate and Women who were unable to answer the questionnaire were excluded from the study.

3.7 Data collection instruments
A self administered structured questionnaire (SAQ) was used to collect information. Some questions were taken from already developed and used questionnaire in the literature. Questionnaire was offered in Sinhala and Tamil languages.

3.8 Data collection
Initially, the questionnaire was translated into Sinhala and Tamil languages and cross-checked by competent translators. Necessary changes were made where relevant. In order to avoid any ambiguities in words/questions and also to check the logical coherence of questions, the questionnaire was pretested by recruiting ten parents from Hindagala gramaniladhari area.

3.9 Ethical consideration
Ethical clearance was obtained from the ethical clearance committee of Faculty of Allied Health Sciences, University of Peradeniya. Informed consent was obtained from each participant before being recruited to the study.

3.10 Data entry and analysis

Data was managed by using Microsoft excel and SPSS version 20 software. After collection of the data it was entered into tables in Microsoft Excel and the results were, when possible, tested with Chi square test to see whether there was statistically significant or not, by using SPSS statistical software. All variables were nominal. Differences in the distribution of answers were also analyzed.

IV.RESULTS

Table1: Distribution of participants by socio-demographic characteristics

Demographic Data	Rating & Intervals	Frequency	Percentage (%)
Age	20-25	5	14.3
	26-30	12	34.3
	31-35	13	37.1
	>35	5	14.3
Civil Status	Married	35	100
Education level	Below G.C.E O/L	13	37.1
	G.C.E O/L Passed	5	14.3
	Up to G.C.E A.L	8	22.9
	G.C.E.A/L Passed	5	14.3
	Graduate/Post Graduate	4	11.4
Nationality	Sinhala	29	82.9
	Tamil	6	17.1
Religion	Buddhist	27	77.1
	Hindu	3	8.6
	Catholic/Christian	5	14.3
No of children in family	one	14	40.0
	Two	15	42.9
	Three	3	8.6
No of family visits	Six	3	8.6
	Seven	16	45.7
	more than seven	16	45.7

Results revealed that, majority of the participants (37.1%) were in 31-35 age categories. All respondents (100%) were married. Concerning the educational level, the study indicated that the majority of participants (37.1%) were illiterate. Regarding the Nationality 82.9% were Sinhala, while 17.1% were Tamil and among total participants 77.1% were Buddhist. In regard to number of children in the family, majority of the participants (42.9%) had two children in their family.

Table 2: Distribution of the study sample according to successfully achieved PHC concepts through the HHV

Primary health care concept	Rating	Frequency	Percentage (%)
Education concerning prevailing health problems	Rarely	2	5.7
	Some times	4	11.4
	Usually	17	48.6
	Always	12	34.3
	Total	**35**	**100%**
Promotion of food supply	Rarely	2	5.7
	Some times	4	11.4
	Usually	14	40.0
	Always	15	42.9
	Total	**35**	**100%**
Proper nutrition	Not at all	1	2.9
	Rarely	1	2.9
	Some times	1	2.9
	Usually	18	51.4
	Always	14	40.0
	Total	**35**	**100%**

Adequate supply of safe water	Some times	1	2.9
	Usually	20	57.1
	Always	14	40.0
	Total	**35**	**100%**
Basic sanitary practices	Some times	2	5.7
	Usually	21	60.0
	Always	12	34.3
	Total	**35**	**100%**
Maternal and child health care	Some times	5	14.3
	Usually	18	51.4
	Always	12	34.3
	Total	**35**	**100%**
Immunization against the major infectious disease	Some times	5	14.3
	Usually	18	51.4
	Always	12	34.3
	Total	**35**	**100%**
Prevention and control of locally endemic disease	Rarely	1	2.9
	Some times	7	20.0
	Usually	16	45.7
	Always	11	31.4
	Total	**35**	**100%**

Results found that, among the extent of successfully achieved primary health care concepts, promotion of food supply was the most absorbed area by the participants (42.9%). Subsequently, concepts of proper nutrition and adequate supply of safe water were absorbed equally (40%).

Table 3: Distribution of the study sample according to considerably poor achieved PHC concepts through the HHV

Primary health care concept	Rating	Frequency	Percentage (%)
Methods of preventing and controlling prevailing health problems	Rarely	3	8.6
	Some times	3	8.6
	Usually	21	60.0
	Always	8	22.9
	Total	**35**	**100%**
Family planning	Rarely	1	2.9
	Some times	11	31.4
	Usually	14	40.0
	Always	9	25.7
	Total	**35**	**100%**
Appropriate treatment of common disease and injuries	Rarely	2	5.7
	Some times	9	25.7
	Usually	18	51.4
	Always	6	17.1
	Total	**35**	**100%**
Support to communicate other health care resources	Rarely	4	11.4
	Some times	2	5.7
	Usually	19	54.3
	Always	10	28.6
	Total	**35**	**100%**

Study results revealed that, among the extent of considerably poor achieved primary health care areas, appropriate treatment of common disease and injuries was the most poorly absorbed area by the study participants (17.1%). Concepts of methods of preventing and controlling prevailing health problems (22.9%), Family planning (25.7%) and Support to communicate other health care resources (28.6%) were poorly achieved respectively.

Table 4: Association between number of home visits & Achievements of PHC concepts

Answer	**PHC Concepts Achieved n (%)**	**PHC Concepts Not Achieved n (%)**	**X^2**	**df**	**P value**
Home visits Sufficient	**62.5%**	**37.5%**	**4.375**	**1**	**0.036**
Home visits not sufficient	**0.0%**	**100%**			

df= degree of freedom

Study results showed that there was significant association remained between numbers of HHVs and PHC concepts achievement (P=0.036).Statistical significant set at p=0.05.

V. DISCUSSION

Home health visiting is one of the fastest growing segments of the health care industry. HHV can meet both medical and non medical needs of the family as an effective tool for meet the primary healthcare needs of the whole family. The central attributes of primary care are: first contact (accessibility), continuity and longitudinality (personal-focused preventive and curative care overtime), patient-oriented comprehensiveness and coordination, including navigation towards secondary and tertiary care. This means that the primary health care team deals with continuous care for all unselected health problems in all patient groups, irrespective of social class, religion, ethnicity, etc (Stuteley., 2002). Present study, conducted by the nursing undergraduates of the faculty of Allied Health Sciences among selected gramaniladhari divisions in Gangawatakorale- MOH area, in order to assist for meet the primary health care needs of the community in that area in some extent without regarding their differences of socio demographic characteristics. Assessment of need is still a core component of health visiting practice and an educational requirement for qualification (Nursing and Midwifery Council 2004)

Needs identification and understanding the concept of need from the family's perspective have been described as a central pre-requisite to gaining access to the family's physical private space (the home) and also to building trust and to relationship formation (Mays, 2005). Needs identification and attempts to meet identified needs may symbolize the good intent and efficacy of the health visitor (Watson., 2007) Present study was assessed few selected areas of primary health care needs of the participant's family by several visits. Nursing

Undergraduates were specially addressed the maternal and child health since its play a vital role in the HHV. Cowley, Caan, Dowling and Weir (2007) found that home visiting was central to the delivery of health promotion for families with young infants, with contacts mainly concerning families with babies aged less than one year.

VI. CONCLUSION

Home-visitation programs can be an effective early-intervention strategy to improve the health and well-being of all family members, particularly among children, if they are embedded in comprehensive community services to families at risk. Number of HHVs significantly influence on improving the awareness on PHC concepts among participants.

VII REFERENCES

Annual Report on Family Health, 2013, Family Health Bureau, Ministry of Health care and Nutrition-Sri Lanka.

Cowley, S., & Houston, A. M. (2003). A structured health needs assessment tool: acceptability and effectiveness for health visiting. *Journal of Advanced Nursing*, 43(1), 82-92.

Kamerman, S, B., Kahn, A, J.(1993 Winter) Home Health Visiting in Europe. *The future of Children*, 3 (3), 39-53

Watson, M., Kendrick, D., Coupland, C., and Futers, D. (2007). Childhood injury prevention: the views of health visitors and nursery nurses working in deprived areas. International Journal of Health Promotion & Education, 45(1), 4-10.

Stuteley, H. (2002). The Beacon Project - a community-based health improvement project. *British Journal of General Practice*, 52(Supplement 1), 44-45.

Nursing & Midwifery Council (2004) Standards of Proficiency for Specialist Community Public Health Nurses. London, Nursing and Midwifery Council

Mays N., Pope C. and Popay J. (2005) systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Service Research and Policy.* 10 (Suppl. 1), pp. S1:6-S1:20

Marshall, J. L., Renfrew, M. J., and Godfrey, M. (2006). Using evidence in practice: What do health professionals really do? A study of care and support for breastfeeding women in primary care. *Clinical Effectiveness in Nursing*, 9, Suppl 2, e181-e190.

AUTHORS

First Author – T.G.N.S. Gunarathne
Email: nadeekatgns@pdn.ac.lk

Second Author – A.M.M.P.Atapattu
Email: mudirays@gmail.com

Correspondence Author – T.G.N.S.Gunarathne
Email: nadeekatgns@pdn.ac.lk
Contact number: +94772312445