



International Conference on Public Health Innovations

*Sharing Evidence Based Innovations and Best Practices to Meet
the Public Health Challenges*

CONFERENCE PROGRAMME AND ABSTRACT BOOK

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POSTER PRESENTATIONS

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Assessment of anti rabies post exposure therapy given to the clients who visited base hospital Udugama after an exposure during the year 2011 and 2012

Karunarathna, S.M.P.

Methods

Medline and Google data bases were searched for published articles from 1980 to 2011 using the key words; limb disability, health services, social service department services, non-governmental organization services, Sri Lanka. Further, services for the limb disabled were reviewed using documents available in governmental and non-governmental organizations and institutes of Sri Lanka. The service providers, officials and specialists in the field of disability including Health and Social Services Department of Sri Lanka were interviewed.

Results

In Sri Lanka, the government sector provides services for the limb disabled through the Ministry of Health and the Department of Social Services. Under the Ministry of Health, all Teaching, General and Base hospitals supply services for the limb disabled. Trained family health workers provide services through early referrals and assisting in rehabilitation services. Social Services Department provides varied facilities for the limb disabled including provision of monetary allowances and loan schemes, assistance for self-employment, medical assistance and vocational training services. Social-service officers in the Department of Social Services provide services to the limb disabled in the community by engaging in community based rehabilitation services. A few non-governmental services operate for the limb disabled in Sri Lanka namely the Jaipur Foot Project of the Friend-In-Need Society and Sarvodaya. They mainly supply mobility assistance providing artificial limbs.

Conclusions

Varied types of services for the limb disabled are available in Sri Lanka. Effective flow of information is crucial for the improvement of awareness of these services among the limb disabled as well as the public.

PP-07

RESPONSIVENESS IN THE MEDICAL WARDS OF THE GENERAL HOSPITAL MATARA

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Background

World Health Organization described 3 intrinsic goals to measure the performance of health systems in the World Health Report of 2000. They are Health, Fair financing, and Responsiveness. Responsiveness is the non-health expectations of population which has eight domains.

Aims

To assess the level of responsiveness in the Medical Wards of the General Hospital Matara

Methods

Descriptive cross-sectional study was conducted in the Medical Wards with a total sample of 422 patients and 23 key staff members. An interviewer administered questionnaire, a checklist and guidelines were used.

Results

The calculated overall Responsiveness Rate ranges from 33-165 and average was 116.85 (SD=16.872). For OPD treatment majority (55.7%) go for the private sector due to better care and shorter distance, while 40.5% preferred government sector mainly due to better facilities and to low cost. For in-ward treatment majority (72.3%) go for the public sector mainly due to better facilities and care. When describing level of responsiveness in relation to the socio-demographic characteristics there were significant difference across the age ($p=0.00$), gender ($p=0.00$), education level ($p=0.00$). There is no significant difference observed with distance ($p=0.01$), monthly income level ($p=0.416$). Measuring the Total Responsiveness Score (TRS) for each domain of responsiveness, the

highest is the confidentiality (141.2=70.58%), followed by dignity (137.7=68.83%), communication (128.7=64.35%), prompt attention (128.6=64.33%), social support (127.6=63.77%), basic amenities (103.2=51.65%), choice of care provider (79.2=39.61%) and autonomy (75.2=37.61%).

Conclusions

By addressing the eight domains of responsiveness and also improving the physical and human resources a successful behavioral and organizational development can be achieved in public sector health institutions in Sri Lanka.

PP-08

COPING STRATEGIES FOR STRESS ADOPTED BY FEMALE STUDENT NURSES IN THE NURSING TRAINING SCHOOL, GALLE

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Background

Student nurses during their training face various stressful situations. There is a whole variety of simple, healthy ways of coping with stress. Awareness of coping strategies that are used by the nursing students is important to improve their mental wellbeing as future nurses.

Aims

To describe selected coping strategies practiced by female student nurses in the Nursing Training School (NTS) Galle

Methods

A descriptive cross-sectional study was carried out among all 525, 2nd and 3rd year female student nurses in the NTS Galle in 2009. A Self-administered questionnaire gathered information on coping strategies for stress. The responders had to indicate the frequency of practicing each coping method, which were analyzed according to problem-focused, harmless, harmful and cognitive emotion-focused strategies.

Results

The majority of student nurses (62.2%) were in the 22-24 year age group. More than 40% of student nurses seldom practiced each problem-focused coping strategy. Majority of the female student nurses were frequently practicing the comfort in religion or spiritual beliefs (52.6%, $n=270$) followed by listening to music (36.5%, $n=187$) and by getting emotional support from friends/colleagues (34.7%, $n=178$). Approximately 67% ($n=342$) of them were never trying to reduce stress by physical exercise. Among female student nurses 12.7% ($n=65$) were frequently practicing the methods of keeping the feeling to self and nearly 17% of them ($n=86$) were practicing the reappraisal of the situation to make it less stressful. Majority of nursing students never practiced the harmful stress coping strategies.

Conclusions

There is an overall decrease of adaptation to healthy ways of coping. Unavailability of proper counseling service was indirectly represented by relatively less proportion of female student nurses who tried to get advice from others. Stress management workshops should be organized periodically to improve the coping abilities of student nurses in parallel to the awareness programmes about effective coping strategies.

PP-09

BIOMASS FUEL USE PATTERN AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN IN SRI LANKA: AN ANALYSIS OF DEMOGRAPHIC AND HEALTH SURVEY DATA

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Background

Indoor air pollution is a growing public health concern due to its well documented ill effects. Biomass cooking fuel is the main source of indoor air pollution in the majority of households in the developing world.

Aims

To determine the trends of biomass fuel use pattern and its association with acute respiratory infections (ARI) in Sri Lanka

Methods

The type of cooking fuel used in households and other relevant data were extracted from the Demographic Health Surveys (DHS) of 2000 and 2007. The DHS was based on a representative sample (multi-stage stratified probability sample) of the whole country except the provinces afflicted by civil unrest. The results are based on a sample of 8,169 households in 2000 and 19,862 households in 2007. The data sets were re-analyzed to address the Aims.

Results

Wood was the principal type of cooking fuel used in 78.3% and 78.5% of households in years 2000 and 2007, respectively. In 2007, 96.3% of estate sector households used wood as compared to 84.2% in the rural and 34.6% in the urban sector. Similar trends were seen in year 2000 as well. Higher the educational level of the respondents, lower the proportion of biomass and kerosene use in both surveys (Chi square for trend: $p < 0.001$). In 2007, children residing in households using biomass or kerosene as the principal cooking fuel were 1.53 times (CI 95% 1.08-2.22) more likely to have an episode of ARI in 2 weeks preceding the survey as compared children residing in households using gas or electricity as the principal cooking fuel.

Conclusions

The shift from biomass to cleaner fuels in Sri Lanka is negligible from 2000 to 2007. The incidence of acute respiratory infections was significantly higher among children residing in households that use biomass fuel or kerosene as compared to children residing in houses using gas or electricity as the principal cooking fuel.

PP-10

PHYSICIAN UPTAKE OF NEW MEDICINES: A PRESCRIPTION AUDIT FROM SRI LANKA

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Background

Unavailability of many essential drugs and regular out of stock situations in state run health facilities in Sri Lanka has become a major concern. Malfunctioning of medicine purchasing in state sector is seen as the main contributor.

Aims

To analyze existing policy directions for purchasing of medicines for state sector

Methods

Policy documents and evidence for last five decades related to medicines policies in Sri Lanka was identified and compiled. A chronology of documents was prepared and an analysis was conducted. A literature search was also done to assess the socio-political environment in relation to development of policy guidance.

Results

Policy initiatives for purchasing of medicines for state usage dated to late 1950s with preparation of medicines list for state hospitals. Bibile-Wickramasinghe report that established procurement of medicines through state agency using international tender in bulk quantities in 1971 streamlined the policy directions. Use of generic name and

selecting essential drugs became the core principles. The success of this policy direction was hailed in non-aligned summit in 1976. It helped to maintain a healthy balance of payment situation in the country for an extended period. Political change and opening up of economy in 1977 effectively reduced the applicability of this procedure. The vigor of strict inventory control faded creating shortages. Although the policy directions in 1992 and 2005 emphasized the importance, they were not executed appropriately. The ability of state to control the medicines market is gradually losing its grip.

Conclusions

Despite the availability of clear policy directions and evidence for their successful applicability, those are not pursued in procurement of medicinal drugs for state use in Sri Lanka at present which results in shortages and increase out-of-pocket costs for medicines.

PP-11

KNOWLEDGE, ATTITUDES AND PRACTICES AMONG NURSES OF LADY RIDGEWAY HOSPITAL REGARDING MERCURY CONTAINING MEDICAL DEVICES

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Background

Mercury is a highly toxic heavy metal. Mercury is used in many medical devices in the healthcare sector. Nurses are one of the most vulnerable occupational groups for mercury exposure.

Aims

The aims of this study were to describe knowledge, attitudes and practices among nurses of Lady Ridgeway hospital (LRH) regarding mercury containing medical devices

Methods

This was a descriptive cross sectional study. A self administered questionnaire assessed knowledge, attitudes and practices on mercury containing medical devices of nurses ($n=538$) working in any ward or unit in LRH, at the time of the study.

Results

All nurses were females and a majority (67.8%) was in the age group 24-34 years. A majority (91.5%) knew that gloves should be worn before cleaning a spillage. Of the 347 who used mercury thermometers, 33.9% had seen more than 10 thermometer breakages in their units during the 3 months period prior to the study. Among those who used mercury sphygmomanometers ($n=405$), 20.0% had seen mercury sphygmomanometer breakages in their units. A total of 271(57.4%) had either cleaned a mercury spillage or had supervised a mercury spillage being cleaned. A total of 112(41.3%) had incorrectly collected mercury and glass pieces together and of them, 67.0% had incorrectly disposed them to the sharps bin. A majority (94.1%) had favorable attitudes towards issues related to mercury use in health sector. Of the population 80.7% disagreed to the statement that 'spending money on mercury free alternatives is a waste'.

Conclusions

Large amount of mercury is being released in to the environment by the LRH. The study participants lacked knowledge regarding mercury used in the health sector but the overall attitudes were mostly favourable. Gaps in practices on managing a mercury spillage were evident.

BIOMASS FUEL USE PATTERN AND ACUTE RESPIRATORY INFECTIONS IN CHILDREN IN SRI LANKA: AN ANALYSIS OF DEMOGRAPHIC AND HEALTH SURVEY DATA

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Results

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The shift from biomass to cleaner fuels in Sri Lanka is negligible from 2000 to 2007. The incidence of acute respiratory infections was significantly higher among children residing in households that use biomass fuel or kerosene as compared to children residing in houses using gas or electricity as the principal cooking fuel.