A study to assess the prevalence of respiratory tract infection among underfive children in selected village at Nellore District

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ICRMSW 2013

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Abstract

Introduction and Rationale

Respiratory infection account for the majority of acute illnesses in children .The causes and course of these infections are influenced by the age of the child, season, living conditions and pre-existing medical problems. Respiratory illnesses are common in children under five years of age. Most children will develop three to eight colds or respiratory illnesses a year. Children are more susceptible to cold because they have not yet developed resistance to many types of viruses. This number may even be higher in children who attend day care or are exposed to tobacco smoke.

Objective:

To assess the prevalence of respiratory tract infections among under five children.

To identify the risk factors of respiratory tract infection among under five children.

To find out association between the prevalence of respiratory infections and the selected demographic variables.

Materials and Methods

Non experimental- descriptive cross sectional study was conducted in selected Village-Manubolu, at Nellore District ,Andhra. 100 underfive children (0-5 yrs of age) were selected by simple random technique by means of lottery method. Questionnaire and observation check list was used to assess the prevalence of respiratory infection.

Results

The study shows that among 100 under five children 63%(63) had respiratory tract infection and 37%(37) were normal. Among 63 children, 29 (29%) had mild, 22 (22%) had moderate and 12 (12%) had severe respiratory tract infection. There is a significant association between the prevalence of respiratory tract infection and demographic variables such as age, developmental stage, history of exposure to passive smoking, history of previous illness, Immunization status, and body built

Conclusion

Respiratory infections are common among children. And prevalence is influenced by age ,development, exposure to smoking ,and immunization status.
Keywords: underfive children, prevalence, respiratory tract infection.

Effectiveness of a planned teaching programme regarding home management for dysmenorrhoea among adolescent girls in selected PU colleges at Mangalore, Karnataka.

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ICRMSW 2013

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Abstract

Introduction and Rationale

Adolescent girls, almost always, silently suffer the pain of dysmenorrhoea and the discomfort associated with it due to lack of knowledge about management measures. Planned education is an important aspect to prevent the problems due to dysmenorrhoea.

Objective:

To study the knowledge and attitude among high school and higher secondary students in a rural area of north Kerala on HIV and its spread.

Materials and Methods

An evaluative approach with one group pre-test post-test design was used. The simple random sampling technique was used to draw 120 adolescent girls. Data was collected by administering structured knowledge questionnaire. After collecting data, planned teaching programme was administered to the subjects and on 7th day post-test was conducted using the same questionnaire.

Results

The analysis of the pre test knowledge revealed that highest percentage (50.8%) of the adolescent girls had average knowledge and none of them had very good knowledge. The post test analysis showed there is a significant increase in the knowledge score. In the post test, majority (59.2%) had good knowledge and none of them had poor knowledge. There was no significant association of pre test knowledge score with the demographic variables.

Conclusion

The findings of the study proved that the planned teaching programme is an effective measure to improve the knowledge of the adolescent girls. Education to the girls will help them to manage dysmenorrhoea using various simple as well as cost effective methods.

Keywords: Effectiveness; adolescent girls; planned teaching programme; home management; dysmenorrhoea.

Cost of ambulatory care by Mobile Health Clinic run by a Medical College in North India for the year 2008-09

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ICRMSW 2013

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Abstract

Introduction and Rationale

The feasibility of using mobile health clinics to deliver health services in urban poor areas has to studied as health needs of these areas is not sufficiently addressed by the existing primary health care delivery system in India.

Objective:

To estimate the cost of providing primary health care services and the Out of Pocket expenditure (OOPE) incurred while utilizing these services provided through the Mobile Heath Clinic based Urban Health Programme of a medical college in North India for the year 2008-09

Materials and Methods

A cross sectional study to estimate OOPE was conducted among 330 subjects selected by systematic sampling technique from ambulatory patients attending the mobile health care facility. For estimation of provider cost, a 5 step process involving identification of cost centres, measurement of inputs, valuing of inputs, assigning of inputs to cost centres and   estimation of unit cost were carried out.

Results

Total annual cost of providing services under Urban Health Programme in the year 2008-09 was Rs. 7,691,943 The unit cost of providing outpatient curative care, antenatal care, and immunization were Rs.107.74 per visit, Rs 388 per visit and Rs 66.14 per immunization respectively. The mean out of pocket expenditure incurred was Rs. 29.50 per visit while utilizing outpatient curative services and Rs. 88.70 per visit for antenatal services

Conclusion

The Mobile health clinic can be considered as a viable option to provide services to urban poor.
Key words: Cost analysis, Mobile health units

Health care service utility behaviour of mothers

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ICRMSW 2013

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Abstract

Introduction and Rationale

In india health care systems are organized under two broad sectors namely govermental and private.Governmental health care serives are free at the point of delivery.Effective utilization of health care services by the people is very important to enhance the health status of the country.The presnt study is attempt to understant the health care service utility behaviour of mothers.

Objective:

To identify the health care utility behaviour of urban and rural mothers.

To compare the health care service utility behaviour of mothers with respect to age, education and locality of residence.

Materials and Methods

Descriptive survey method was adopted for the present study.The study was conducted on a sample of 200 mothers,100 each from urbaan and rural area of Kottayam district of Kerala state.Random sampling procedure was adopted to select the sample.A general data sheet and health care service utility behaviour inventory were used to collect the data.

Results

Health care service utility behaviour of both urban and rural mothers taken together were found to be above average. The study reveals that there was no significant difference in health care service utility behaviour of urban and rural mothers. The study shows that age and education of mothers are not a significant factors of the health care service utility behaviour of urban and rural mothers.

Conclusion

Findings show that there was no siginificant difference in the health care service utility behaviour of urban and rural mothers.The policy makers and government agencies may take necessary steps to utilise the above average level of health care service utility behaviour of urban and rural mothers to further facilitate the prevention, intervention and rehabilitation of ever increasing life style diseases.

Keywords: Health care service,utility behaviour,mothers.

Community-based TB control in Myanmar: Cost and contribution of TB patient Self Help Groups

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ICRMSW 2013

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Abstract

Introduction and Rationale

TB patient Self Help Groups (SHG) have been established and functioning in Myanmar to help TB patients and their families to complete treatment, be cured from TB and lead the community response towards TB. Community-based TB control is priority strategy for National TB Programme in Myanmar. Therefore information on the cost of establishing SHGs and their contribution for community-based TB control are necessary to replicate this strategy.

Objective:

To access the costs of TB patient SHGs and to find out their contributions for TB control

Materials and Methods

Cost data from four SHGs were obtained by reviewing records and interviewing with the tool to categorize cost. Five Focus Group Discussions and nine Key Informant Interviews were performed to find out activities of SHGs for TB control.

Results: Costs spent for SHGs ranged from US$ 1520 to 3101 per year*. Average cost per SHG for TB control activities is approximately $256.9 per year. TB control activities of SHGs are referring TB suspects to health centers, providing health education, performing Directly Observed Treatment (DOT) and nutrition for TB patients. On average one SHG referred 84 patients and provided DOT for 62 patients per year. The capital costs occupied more than 70% of total cost in most groups. Expenses for TB control activities were the most costly area among recurrent costs.

Conclusion

As the SHGs have been established for only two years, it is difficult to visualize their effectiveness but further study is recommended to understand the full cost effectiveness of implementing these groups. Moreover, exploring most effective ways to mobilize funding to cover capital costs and costs for TB control activities is necessary.
Keywords: SHG, cost, TB.

Cost of Care: A study of patients admitted for treatment of Psychotic Illness in a tertiary care hospital of Kerala

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ICRMSW 2013

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Abstract

Introduction and Rationale

Management of mental health problems of people hailing from low income families needs special attention. Combination of ill health and poverty poses special challenges to health care providers. Mental illness and costs are linked in terms of long-term treatment and lost productivity and it affect social development. The impact of psychosis is more pronounced in poor and medication of long period is necessary to cure the disease.

Objective:

Objective of this study was to assess the treatment related expenses of patients admitted to General hospital with psychotic disorders and to identify the financial difficulties of BPL families when a family member needs hospitalization for treatment of psychosis.

Materials and Methods

The information was gathered from caregivers of hundred psychotic inpatients of medical college hospital of Kerala during a period of six months. Data regarding components of expenses such as cost of medicine, laboratory investigations, food, travel and other miscellaneous expenses during their inpatient period were collected by direct personal interview technique using specially designed proforma. The collected data were analysed and patients below poverty line were compared with that of above poverty line. The statistical techniques Mean, Median, Range and S.D, Mann-Whitney U-test and Spearman's Correlation Coefficient were used in analysis.

Results: Expenses during hospital stay was not affordable to many families. There was no significant difference exists between patients from below and above poverty line in respect of amount spent on the studied variables(medicine p=0.7, travel p=0.1,others p=0.4) except for laboratory investigations and food (p=0.007,p=0.00 respectively) during hospital stay.

Conclusion

Treatment related expenses of Psychotic patients is high since it is increased with hospital stay. Recurrent hospital stay is common among Psychotic patients. The study recommends the need of recurring financial support from the government for the treatment of psychotic inpatients of government hospitals all the time irrespective of their financial status

Keywords: Below Poverty Line (BPL), Above Poverty Line (APL), expense, cost.