PUBLIC HEALTH MIDWIVES' HEALTH EDUCATION ACTIVITIES RELATED TO COMMON GYNAECOLOGICAL COMPLAINTS

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Public Health Midwife (PHM) mainly works in the field, providing domiciliary care by residing in the community. They work in urban, rural and estate areas and indulge in maternal and childcare services. PHMs can build rapport with women, discuss health issues and guide them for necessary health care facilities and provide health education.

This descriptive cross sectional study was carried out in Colombo Municipal Council area to assess health education activities of the PHMsrelated to common vaginal complaints such as vaginal discharges, pruritis and itchiness. All PHMs who have worked as a PHM in CMC area for at least 6 months were selected. Data were collected using a self-administered questionnaire which consisted of demographic characteristics and health education activities. Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura. SPSS software version 16 was used for descriptive statistics to obtain percentages and means.

A total of 56 PHMs participated in the study with a response rate of 82%. Mean age of the study participants was 36.57 years (SD±10.10). Majority were more than 30 years old (62.5%, n=35) and have worked as a PHM for less than 10 years (67.7%, n=38). Mean years of working as a PHM was 9.05 (SD±9.07). Majority of the participants (n=29, 91.1%) agreed that they discuss women's health issues and identify females at risk for reproductive health matters and educate for prevention of disease (n=52, 92.9%). Main challenges for health education during field and clinic were identified as lack of available time (n=46, 82.1%), lack of teaching materials (n=44, 78.6%), lack of a good educational environment in community/clinic (n=45, 80.4%) and lack of knowledge (n=38, 67.9%) and women's lack of interest in learning (n= 46, 82.1%). Seventy eight percent of PHMs agreed to receive continuing education improve confidence in ability to change women's health/ lifestyle behaviors (n= 44).

Majority of PHMs displayed the need of continuing education in order to improve confidence in health education for women's health issues and identify females at risk for reproductive health matters. An educational programme on common gynaecological complaints including teaching methods and communication skills for PHMs will help to render better services to the community.

Keywords: Public Health Midwife; Women's health issues; Health education