

ABSTRACT BOOK

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මධ්‍යම පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරයාගේ පණිවිඩය

සෞඛ්‍ය ක්ෂේත්‍රයේ ප්‍රගමනය සඳහා පර්යේෂණ මගින් ලබා දෙන සහාය අත්විඟාලය. අද අප රට සෞඛ්‍ය දර්ශක අගයන් ලෝකයේ ඉතා ඉහල ස්ථානයක සිටිය ද අප රටේ සෞඛ්‍ය කාර්ය මණ්ඩලය , පර්යේෂණ සඳහා දක්වන උනන්දුව අනෙක් රටවල් හා සැසඳීමේදී අවම බව පෙනේ. එබැවින් මධ්‍යම පළාතේ සෞඛ්‍ය කාර්ය මණ්ඩලයේ පර්යේෂණ පිළිබඳ උනන්දුව ඉහල නැංවීම සඳහා මෙම පර්යේෂණ වැඩමුළුව සංවිධානය කරන ලදී. මෙම වැඩමුළුව සංවිධානය කිරීම සම්බන්ධව මාගේ දෙපාර්තමේන්තුවේ රෝග නිවාරණ, සැලසුම් හා රෝග සන්කාර ඒකකයන්හි සියළුම අංශභාර, විපය භාර නිලධාරී හා කාර්ය මණ්ඩලයද, අනෙකුත් ආයතන වල මෙම කාර්ය සාර්ථක කර ගැනීමට සහය දැක්වූ නිලධාරීන්ටද මාගේ කෘතඥතාව පල කරන අතර මෙම වැඩ සටහන සාර්ථක කර ගැනීමට හැකි වේවායි මා ප්‍රාර්ථනා කරමි.

වෛද්‍ය ශාන්ති සමරසිංහ .
මධ්‍යම පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂ.

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**Researches related to the Preventive Health
Services**

Knowledge and attitudes of patients attending the diabetic clinic, General Hospital Kandy, about their disease and its control

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Background:

Diabetes mellitus is a major non-communicable disease causing prolonged ill health, premature morbidity, and mortality. It is a growing public health problem globally. Early diagnosis, prompt and effective treatment, and education of diabetic patients can lead to substantial reduction in the complications, with consequent improvement in quality of life.

Objective:

To study the knowledge and attitudes of diabetic patients attending the diabetic clinic at General Hospital Kandy, about their disease and its control.

Methodology:

Design: Descriptive cross sectional study

Setting: Diabetic clinic at General Hospital Kandy

Participants: 385 patients attending over 15 diabetic clinic sessions were interviewed.

Outcome measures: Interviewer administered pre-tested structured questionnaire was used to collect data on demographic and socioeconomic status and the knowledge. Self administered questionnaire was used to assess attitudes.

Results:

Twenty five percent of the respondents did not know the causes for diabetes mellitus. Respondents had poor knowledge about the symptoms of hyperglycemia and blood sugar levels. Most of the respondents (79%) knew what to do in case of hypoglycemia.

Respondents had fairly good knowledge about the complications and the organs that can be affected by diabetes mellitus. Most of the respondents participated in the study were aware of dietary control. Majority (73%) of respondents have got first hand knowledge about diabetes mellitus from hospital staff.

Study revealed that significant statistical difference on positive attitudes between different sex ($p=0.04$), different income groups ($p<0.001$) and family history of diabetes mellitus ($p=0.003$). But there was no significant statistical difference in median attitudinal scores between age groups, with number of children they have and marital status.

Conclusion:

Knowledge about a etiology, metabolic control, symptoms of hypoglycemia and hyperglycemia were not satisfactory among patients attending the diabetic clinic, General hospital Kandy. They had satisfactory knowledge about treatments, dietary control and complications of diabetes mellitus. Positive attitudes towards the disease and its control were not satisfactory among housewives, patients who had low income, low education levels and patients with family history of diabetes mellitus.

REPRODUCTIVE HEALTH MORBIDITY AMONG WOMEN IN KANDY DISTRICT

Bandara K. M. G. K., PDHS office , Central Province,

Background:

Reproductive health is a crucial part of general health and a central feature of human development. Reproductive morbidity can be classified into three categories: obstetric morbidity, contraceptive morbidity and gynecological morbidity, each of which has its own sub divisions.

Objective:

To analyze and examine the reproductive health morbidity among women in child bearing age in Kandy District.

Design:

Descriptive cross sectional study.

Setting:

Urban, rural and estate areas in Kandy district.

Participants:

768 ever married women who were in reproductive age (15 years to 49 years). Multistage stratified cluster sampling technique was used to obtain the sample of women.

Outcome measures:

Interviewer administered pre-tested structured questionnaire was used to collect data on demographic and socioeconomic status and reproductive morbidity.

Results:

Obstetric morbidity: Twenty one percent of fertile women had health problems during present or last pregnancy. Among them pregnancy induced hypertension was reported in 28.4% of mothers, 14.2% had bleeding during pregnancy and 9.0% of mothers had sever anemia. 14.2% of mothers who underwent cesarean sections had infected cesarean scars, 13.3% had infected episiotomy, 11.7% had post partum hemorrhages and 6.7% had purulent vaginal discharges in their post partum period.

Gynecological morbidity: Twenty seven percent of participants had gynecological morbidities. Among them, 33.8% of women reported irregular menstrual periods and 14.1% had bad odor vaginal discharges and itching around vagina.

Contraceptive morbidity: Seventy three percent of participants were using a family planning method and 30.3% among them had health problems related to it. Irregular menstrual periods were the symptom reported highest (41.3%) among family planning users. 31.4% had cessation of menstruation and 13.4% had excessive bleeding during menstruation.

Conclusion:

A considerable number of women in reproductive age in Kandy district had obstetric, gynecological or contraceptive morbidity. Health policy makers, program planners and service providers in public and private sector should pay their attention on reproductive health morbidity.

වතුකරයේ සේවය කරන ඉන්දිය සම්බවයක් ඇති ද්‍රවිඩ කාන්තාවන්ගේ මන්ද්‍රව්‍ය හා දුම්පානය පිළිබඳව ක්ෂේත්‍ර අධ්‍යයනය

¹ වෛද්‍ය අපිත් විරකෝන් ² විජේවීර පී. ආර්.

**පරිපාලන මහජන සෞඛ්‍ය පරීක්ෂක
සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය - අඹගමුව, ගිනිගත්හේන**

පසුබිම -

ශ්‍රී ලංකාවේ කාන්තාවන් අතර මන්ද්‍රව්‍ය හා දුම්පානය ආසියාතික රටවල් හා සැසඳීමේදී ඉතා අඩු ප්‍රතිශතයක් ගන්නා බව පෙනී යයි. එනමුදු වතුකරයේ වෙසෙන කාන්තාවන් අතර මෙය යම්තරමක් දුරට ප්‍රවිණතාවයක් ඇති බව පෙනීයයි. මෙය විද්‍යාත්මකව තහවුරු කිරීම සඳහා කොන්මලේ සෞ.වෛ. නිලධාරී කොට්ඨාශය තුළ මෙම පර්යේෂණය කරන ලදී.

ක්‍රමවේදය -

භරස්කඩ පර්යේෂණ ක්‍රමවේදය අනුගමනය කරන ලදී. වතුකරයේ තේ දඬු නෙලන කාන්තාවන් ඇසුරු කරගෙන මෙම පර්යේෂණය කරන ලදී. පවුල් සෞඛ්‍ය සේවා නිලධාරීන් විසින් සම්මුඛ සාකච්ඡා තුළින් මෙම දත්තයන් එක්රැස් කරගන්නා ලදී. ආචාරධර්ම පිළිබඳ සහතිකය පේරාදෙණිය වෛද්‍ය පීඨයෙන් ලබා ගන්නා ලදී.

ප්‍රතිඵලය -

97.8% ක් අදහස් ලබා දීමට එකඟ විය. ඒ අතරින් 7.3 % දුම්පානයද , 34.7% ක් මන් ද්‍රව්‍ය භාවිතයටද ඇබ්බැහි වී සිට ඇත. දුම්පානය කරන්නන් අතරින් 55 % ක් සුරුට්ටු ද. 39 ක් බිඩිද. 6% ක් සීගරට්ටු ද භාවිත කරයි. මන් වතුර භාවිතය කරන්නන් අතරින් 64 %ක් රා පානය කිරීමටද . 34% ක් අරක්කු පානය කරයි. කාන්තාවන් 74 %ක් පැවසුවේ ඔවුන් මන්පැන් ලබා ගන්නේ තම සැමියාගේ බලපෑම මත බවයි. අධ්‍යාපනය නොලැබීම, විවාහක කාන්තාවන්, අවුරුදු 35 ට වැඩි කාන්තාවන් හා දුම්පානය අතර සංඛ්‍යාත්මකව ධන (+) සම්බන්ධතාවයක් පවතී. මන්පැන් භාවිතය සම්බන්ධව අඩු අධ්‍යාපනික තත්වය, විවාහකබව, දෙමාපියන්ගේ මන්පැන් භාවිතය විද්‍යාත්මක සම්බන්ධතාවයක් ඇති බව පෙනේ.

සාරාංශය

වතු කාන්තාවන්ගෙන් 1/3 % ක් මන්පැන් භාවිතයට පෙළඹී සිටී. 7 %ක් දුම්පානයට ඇබ්බැහි වී සිටී. මෙය රටේ අනෙක් ප්‍රදේශ හා සැසඳීමේදී ඉතා වැඩි අගයකි. මේ පිළිබඳව අවධානය යොමු කර කටයුතු කිරීමට කාලය එළඹී ඇත.

Identify the challenges in implementation and suggest ways and means of collaboration between tuberculosis and HIV/AIDS programmes in South Asian Association for Regional Cooperation (SAARC) member states

Ajith Weerakoon; Consultant Community Physician, Consultant Epidemiologist, Central Province, Nilani Fernando, Regional Director of Health Services, Kandy District

Background :

Addressing HIV associated Tuberculosis is an important component of the new “ stop TB Strategy”. SAARC is an association of eight countries. Some SAARC countries have initiated some TB/HIV collaborative activities. However, TB/HIV collaboration is yet to take off in a big way in SAARC member countries. Some of the reason are barriers due to the differences in programme implementation like fully decentralized DOTS services and issues related to stigma and discrimination associated with both the diseases, more so with HIV/AIDS. Hence, the study was carried out to assess strengths, opportunities, barriers and threats to TB/HIV collaboration in SAARC member countries and to provide pragmatic recommendations according to national and international guidelines.

Methods :

An institution based qualitative study was carried out at different levels of TB and HIV/AIDS programme implementation units in Afghanistan, Bangladesh, Maldives, Nepal, Pakistan, and Sri Lanka. Data was collected by trained interviewers using an interviewer administered questionnaire. Data was analyzed making SWOT analysis.

Results :

National coordination committee, policy and strategy, focal person and guidelines for implementing TB & HIV collaborative activities currently exist in Sri Lanka, Bangladesh, Afghanistan and Pakistan. Diagnosis and treatment of active TB among HIV infected is not being carried out routinely by all study countries except in Maldives. MDR-TB is not a major concern for all the studies SAARC countries. None of the countries implemented INH and co-trimoxazole therapy routinely, majority stated lack of trained man power, lack of research and weak monitoring and evaluation were the major obstacles for TB HIV collaborative activity. Negative attitudes among health care workers towards PLHA were the major threat for collaboration activities in the SAARC Member countries.

Conclusions :

The study identifies opportunities for TB and HIV programmes collaboration and barriers that need to be overcome for effective implementation of TB/HIV collaboration.

Trends of tuberculosis related deaths in SAARC region

Ajith Weerakoon; Consultant Community Physician, Consultant Epidemiologist, Central Province, Nilani Fernando , Regional Director of Health Services, Kandy District

Aim : -

Tuberculosis is among the top 10 causes of deaths worldwide, and one of the United Nations Millennium Development Goals is to halve TB mortality by 2015, compared with 1990 levels. TB mortality is an important indicator of the success of TB control, as most of the TB burden, as measured in disability-adjusted life – years (DALYs), is the result of premature deaths among young adults. The aim of the study was to describe trend of TB related deaths in SAARC region from 2000 to 2007.

Methods :

A record based descriptive study was carried out. Data was collected from the world Health Organization-Global TB control reports and Annual Reports of SAARC member states which were published from 2000 to 2008.

Results :

Mortality rates due to TB have been reduced over the years (from 2000 to 2007) in all the SAARC member states. In year 2007, highest death rate was reported in Bhutan (44 per 100 000 population) and lowest rates reported from Maldives (4 per 100 000 population) and Sri Lanka (8 per 100 000 population).

Conclusions :

By adopting DOTS strategy, this region has started to show success in TB control with the achievement of global target of 8.5% treatment success rate of new smear positive cases and reducing the mortality rates. MDR-TB and HIV/AIDS are the main hurdles for TB control. The members states need to focus their attention to strengthen management of MDR-TB and HIV associated TB to further reduce the TB related mortality.

An Epidemiological study to find out risk factors for Multi Drug- Resistant Tuberculosis

Ajith Weerakoon; Consultant Community Physician, Consultant Epidemiologist, Central Province

Introduction :

Drug resistant tuberculosis is a threat to tuberculosis control worldwide. Previous anti-tuberculosis treatment is a widely reported risk factor for multi drug resistant tuberculosis (MDR-TB), whereas other risk factors are less well described. In Nepal National tuberculosis control programme initiated DOTS-PLUS pilot project from September 2005 using standardized treatment regimen. Study of the risk factors for development of MDR-TB in the local context is likely to provide clues for strengthening treatment of MDR-TB.

Objective :

To explore the potential risk factors for MDR-TB in Nepal.

Methodology :

A matched case control study with a case: control ratio of 1:2 was carried out in three regions of Nepal. Fifty five cases and 110 controls were selected. Current MDR-TB patients on treatment from DOTS-plus clinic were enrolled as cases. Controls were age, sex matched cured TB patients and who had completed treatment.

Results :

The significant risk factors found in matched analysis were, HIV sero positivity, travel cost more than 50 NRs per day, contact history of TB, living in a nuclear family, non adherence to DOTS, distance to treatment centre more than 5 km, previous history of TB, living in a rural area, unmarried, unemployment, living in a rented house, single bed room. In multivariate analysis except living in a rented house and single bed room other variables were positive significant predictors for MDR-TB in Nepal.

Conclusions :

Many risk factors were related to the DOTS. Strengthening of DOTS services to tackle the identified risk factors can reduce the MDR-TB burden in Nepal. Association of HIV as a risk factor for development of MDR-TB needs to be further studied.

Immunity to hepatitis A when outbreaks of infection in men who have sex with men (MSM) are rare

Weerakoon Ajith, Consultant Community Physician, Consultant Epidemiologist, Central Province,

Background :

Epidemics of hepatitis A among men who have sex with men (MSM) have decreased significantly in recent years although the level of immunity that is required to prevent epidemics has not been studied. Our aim was to determine the level of immunity to hepatitis A among MSM.

Methods :

This was a retrospective study conducted using notifications of hepatitis A in Victoria from 1991 to 2010, serological testing for hepatitis A among MSM attending Melbourne sexual health centre (MSHC), and vaccination records among MSM attending MSHC.

Result:

Hepatitis A notifications declined from 370 to 47 and the male to female ratio declined from 4.2 to 0.9 in Victoria between 1991 to 2010. Between 2002 and 2011, there were 12,064 individuals MSM seen at MSHC of whom 3055 (25%) were tested for hepatitis A antibodies and 1180 (39%) had antibodies. The proportion of MSM who were tested for hepatitis A rose significantly over time ($p < 0.01$), but the proportion of these with hepatitis A antibodies did not ($p = 2.8$). Hepatitis A antibodies were more common in MSM over 30 (54%) compared to those 30 or less (32%), (crude odds ratio 2.5 (95% confidence interval 2.1-2.9) and were uncommon in MSM under 20 (19%). Vaccination against hepatitis A was recorded in 49% of 660 clinical files of MSM who attended the centre between 2003 and 2011 and did not change over time ($p = 0.42$) but was significantly more common in those over 30 years of age ($p < 0.005$).

Conclusions :

Hepatitis A is rare in MSM in Victoria where levels of immunity are about 40-50%. As outbreaks have occurred when levels of immunity were around 30%, maintaining vaccination levels over 40-50% is important if outbreaks are to be prevented. The lower levels of immunity in younger MSM create the potential for outbreaks in this sub-group.

Efficacy of Polydimethylsiloxane (Aquatrain mosquito formulation) against immature stages of the dengue vectors in Sri Lanka

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²*Regional Office of the Anti Malaria Campaign, Dutugemunu Mawatha, Watapuluwa, Kandy*

Three laboratory studies were carried out at the regional office of the Anti malaria campaign in Kandy to determine the efficacy of “aquatrain mosquito formulation” (AMF), a monomolecular film, against immature stages (larvae and pupae) of *Ae. aegypti*. In the first laboratory study, *Ae. aegypti* larvae were exposed to two dosages (1ml/m² and 2ml/m²) of AMF and daily percent immature mortality was observed for 5-7 days. Since there was no considerable percentage of immature mortality/ pupation within 5 days, a second study was carried out using the same methodology, but, with an observation period of 15 days. In the third study, *Ae. aegypti* pupae were exposed to 1ml/m² and 2ml/m² dosages of AMF and daily percent pupal mortality was observed. In the first study, the day 1 and day 5 larval mortalities were 50% and 60.7 % in 1ml/m² and the day 1 and 5 mortalities were 60.7% and 72.0% in 2ml/m² of AMF respectively. In the second study there was over 50% larval mortality on day 4 and over 88% on day 11 in both dosages of AMF. There was 100% larval mortality on day 14 and 15 in 2ml/m² and 1ml/m² dosages respectively. The third study showed that there was 100% pupal mortality within 2 hours of exposure to both dosages of AMF. In all studies, there was neither larval nor pupal mortality in the controls. These studies showed that AMF is efficacious against *Ae. aegypti* immature, however, further studies are encouraged to determine its effectiveness in field situations as a dengue vector control tool.

Risk communication and evidence based vector control interventions could control dengue epidemics

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².Office of the Provincial Director of Health Services, Central Province, No. 163, Sangaraja Mawatha, Kandy, Sri Lanka

A retrospective study was carried out in the Kandy district in 2012 to investigate the impact of risk communication and application of evidence based vector control interventions (intervention) on dengue incidence in the district. Pre and post intervention data on annual dengue fever (DF) and dengue haemorrhagic fever (DHF) incidence in the district was collected from records at the Regional Director of Health Services (RDHS) in Kandy. This data was analysed to identify DF/DHF trends over the years from 2001 – 2012 and to determine the percentage contribution of the Kandy district to the total incidence of DF/DHF in Sri Lanka for the corresponding period. It was observed that Sri Lanka experienced dengue epidemics at 2-3 year intervals from 2001 to 2009, with the severe epidemic in 2009 (34,896 cases). The number of DF/DHF cases was not considerably declined after 2009, instead, there was an increase in the number of cases in 2012 (44,456 cases). From 2001 – 2009 (pre intervention period), Kandy district followed the country DF/DHF trend with the contribution of 5.2- 25.9% (mean 11.8% \pm 6.2) to the country's DF/DHF incidence. After intervention (2010 to 2012) the district contributed 4.8 - 5.7% (mean 5.4 \pm 0.52) to the total DF/DHF incidence in the island. In the post intervention period, of the 23 Medical Officers of Health (MOH) areas in the Kandy district, 21 areas prevented/ controlled dengue epidemics. Identification of dengue transmission risk based on entomological and epidemiological data, risk communication and application of evidence based vector control interventions could prevent/ control dengue epidemics successfully.

දරුවන්ගේ බර අඩු වීමට හේතු සෙවීමේ සරල පරීක්ෂණය

හේරන් එම්. මහජන සෞඛ්‍ය හෙද සෞඥය

සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය - පුජාපිටිය.

හැඳින්වීම.

පුජාපිටිය සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලයට අයත් පවුල් සෞඛ්‍ය සේවා නිලධාරී කොට්ඨාශයකි කිතුල්ගොල්ල. මෙම කොට්ඨාශයේ ජනගහනය 2671 ක් වන අතර අවුරුදු 2-5 අතර දරුවන් 120 සිටිති. එහි ප්‍රතිශතය 29 %

ක්‍රමවේදය

01. පර්යේෂණ කල ආයතන

1. කිතුල්ගොල්ල සෞඛ්‍ය මධ්‍යස්ථානය

2. කිතුල්ගොල්ල ප්‍රාදේශීය සභා පෙර පාසල

02. පර්යේෂණ ජනගහනයන්

- ❖ පවුල් සෞඛ්‍ය සේවා නිලධාරීන් - කාර්යාලයේ ලේඛණ හා වාර්ථා - පැය 01යි.
- ❖ පෙර පාසල් පාලිකාව - පුද්ගලික සාකච්ඡා - පැය 1යි.
- ❖ පෙර පාසල් සිසුන් 28 - ප්‍රශ්න වලියක් හා නිරීක්ෂණය
- ❖ පෙර පාසල් සිසුන්ගේ දෙමාපියන් 08 - සාමූහික සාකච්ඡා - පැය 02යි.

ප්‍රතිඵලය

- ❖ මවු වරුන්ගේ දැනුම අඩුවීම (සෞඛ්‍ය පුරුදු හා පෝෂණය දරුවන්ගේ වර්ධන තත්වය)
- ❖ ආර්ථික හා සමාජ මට්ටමේ දුර්වලතා ඇති බව.
- ❖ සෞඛ්‍ය සේවාව සැපයීමේදී ඉලක්ක කණ්ඩායම් තෝරා ගැනීම හා එම කණ්ඩායමට අවශ්‍ය දැනුම් වීම් ලබා දීමේ අඩු පාඩු ඇති බව.

නිර්දේශ.

- ❖ දරුවන්ගේ පෝෂණය හා වර්ධනය සම්බන්ධ පවුල් සෞඛ්‍ය සේවා නිලධාරීන්ගේ දැනුම ප්‍රශ්න පත්‍රයක් මගින් මැන බලා එහි ගැටළු හඳුනා ගෙන නිලධාරීන්ගේ දැනුම, ආකල්ප, කුසලතා වර්ධනය කිරීම.
- ❖ දරුවන්ගේ පෝෂණය හා වර්ධනය සම්බන්ධ දෙමාපියන්ගේ දැනුම මැන බලා එහි ගැටළු හඳුනාගෙන දැනුවත් කිරීම ගුණාත්මක ආහාරවේලක් ලබා දීමට ඔවුන් දිරි ගැන්වීම.
- ❖ ක්ෂේත්‍ර කාර්ය මණ්ඩලකරනු ලබන ගෘහ පීච්ඡිම් වල දී දරුවන්ගේ පැය 24 ආහාර රටාව තක්සේරු කර අවශ්‍ය උපදෙස් ලබා දීම.
- ❖ පෙර පාසල් පාලිකාවන් දැනුවත් කිරීම තුළින් පෙර පාසලට සමබර ආහාර වේල ගෙන්වා ගැනීමට හැකියාව ඇති කිරීම.

Use of post exposure prophylaxis in Human Rabies control: Are we on the right track?

Jayakody K.W.G.G :

Consultant Community Physician, Central Province

Introduction:

Over 90 % of animal rabies cases have been reported among dogs in Sri Lanka. Out of Rabies positive animal brains tested in Medical Research Institute, 88% were belonged to dogs, 8.5% to cats, 1.2% to wild animals and 2.3% to other domestic animals in 2011. In 2011, 548 dog brain samples were reported positive for rabies compared to 579 positive in the previous year at the Medical Research Institute of Colombo. In addition 53 cats, 1 squirrel, 1 rock squirrel, and 14 farm animals were also tested positive.

In spite of Anti Rabies Vaccine coverage among dogs was more than 60% and dog sterilization programme conducted during last 3 years in the Central province usage of post exposure Anti Rabies Vaccine is not reduced in Health institutions in Kandy district.

Objective:

To assess the usage of Anti Rabies Vaccine for post exposure prophylaxis in Kandy Teaching Hospital

Methods:

This is a descriptive study using secondary data. Randomly selected 1804 post exposure vaccination cards from teaching hospital Kandy in 2011 were used.

Results:

Almost 30% (n = 1804) of the post exposure prophylaxis provided for humans was due to cat bites or scratch. When considered the nature of the bite 72.2% were superficial, 16.5% deep while 21.6% were multiple bites. Completeness of the record keeping was poor as only 32.2% of the cards mentioned whether animal is stray or domestic. Of those mentioned 68% (n = 580) were stray animals.

Conclusions & Recommendations:

Considerable proportion of post exposure prophylaxis used for humans due to cat bite or scratch. More than two-thirds of the cards did not mentioned whether the animals were stray or dom

Expand anti rabies vaccination programme for cats in addition to dogs. Need to strengthen record keeping at out - patient department.

A Green Initiative for Improved Sanitation and Hygiene for Rural Hospitals in Central Province - Rain Water Harvesting

Gamini Jayakody, Provincial Epidemiologist, Office of the Provincial Director of Health Services Central Province, Kandy Kusum Athukorala, -Chair, Sri Lanka Water

Partnership & NetWwater c/o International Water Management Institute ,Palawatta,

Battaramulla Sunil Shanthasiri, , Senior Sociologist, National Water Supply & Drainage Board ,Peradeniya

Since 425 B.C. rain water harvesting (RWH) for domestic and institutions purposes were common in ancient Sri Lanka with the Sigiriya fortress having several rain water collection devices. In modern times up till the last century there was little interest in rain water collection but recent climate change impacts impacting on institutions have promoted a resurgence of interest. Recently many organizations, primarily the Lanka Rain Water Harvesting Forum has promoted the use of rain water as a supplementary option for institutional purposes.

Central Province has 90 rural hospitals and 65 Primary Medical Care Units which cover a population of 2.4 million. Types of water supply for government hospitals in Kandy districts varies from one institution to other, the sources being pipe borne water from National Water Supply & Drainage Board (NWSDB) and Local Government (LAs), Community Water Supply Schemes and their own gravity and pumping water supply schemes. Due to various reasons majority of these institutions do not have adequate and uninterrupted water supply for daily usage; especially during dry seasons they face acute water shortage affecting hospital authorities and the general public who seek their services. Many of these hospitals suffer from limited access to water. As a result it was difficult to maintain desired of levels of hygiene and sanitation. In search of a sustainable response, Provincial Health Department, Central Province with collaboration with a civil society entity NetWwater, a founder member of the Women for Water Partnership (WFWP) and the Lions Club Pilimatalawe initiated a pilot RWH project in 3 rural hospitals in Yatinuwara, Kandy, Central Province in 2010. The primary goal was to improve hygiene levels by provision of water for specific purposes of toilet cleansing and ward hygiene. As this pilot initiative showed positive results while also reducing electricity and water bills for some extent, NetWwater with partner organizations accessed through WFWP expanded the activity to 24 rural hospitals. Technical assistance for construction was given by the National Water Supply and Drainage Board (NWSDB) which recommended dual purpose systems. NetWwater gave training on operation and maintenance of systems to staff emphasizing the need for regular cleansing.

In early 2013, the Provincial Health Dept of the Central Province carried out a monitoring of the usage and functionality of the RWH systems. The results shows majority of heads of the

institutions welcomed and appreciated provision of RWH tanks to their institutions and in fact requested supplementary tanks. Out of 25 tanks provided 2 tanks are not use - one tank has been damaged; other has been disconnected temporarily as the staff wished to relocate it. In one case the RWH tank was the sole source of supply.

Methods of use of RWH tanks vary from one institution to other. Provision of RWH tanks helped majority of institutions to improve their storage facilities and maintain continuous water

supply to their institutions for purposes of improving hygiene. Maintenance of the RWH tanks were done extremely well in 06 institutions while others also maintained tanks according to the given guidelines. It is noteworthy that, there is no complaint about the quality of the rain water from the public or from health staff as they have used it even for drinking and cooking purposes in two institutions. In particular cleanliness of the wards and toilets are reported as improved in almost all institutions according to the information gathered.

Due to usage of RWH tanks, the water bills of 40% of the institutions were reduced by 5 – 10% while electricity bills were also reduced by 5 – 10% in 18%. This shows provision of RWH tanks to those institutions had positive impact on services provided by them. As finding of this assessment shows positive benefits to the health institutions and public the provision of RWH tanks to the rest of the rural hospitals in the Central Province could be recommended.

Nutritional status of the elderly in the Matale district

Gamini Jayakody, Consultant Community Physician , Provincial Director of Health Services, Central Province

Objective: To determine the nutritional status of the elderly by sector in the district of Matale.

Methodology: A community based descriptive comparison study was carried out to assess the nutritional status among the elderly aged 60 year age and over in the district of Matale using a stratified multistage cluster sampling method. A sample of 3194 subjects was selected (urban-1200, rural-1163 and estate- 831). Of the selected sample 95.2% participated in the study. Information was obtained by using an interviewer administered structured questionnaire conducted by Public Health Midwives. Anthropometric measurements (Weight, Height, Arm span and mid upper arm circumference [MUAC]) were measured by the principle investigator according to the standardized protocol.

Results: Prevalence of under nutrition according to BMI (Body Mass Index) in the estate, rural and urban sectors was 58.3%, 40.1% and 22.3% respectively, with an overall prevalence of 38.4%. In all three sectors females (14.3%) had a higher prevalence of obesity than males (7.3%). Prevalence of under nutrition among the elderly in the three sectors increased with advancing age. Prevalence of over weight was higher (22.9%) among elderly in the urban sector.

Recommendations: More emphasis should be made on population-based programmes using IEC to prevent elders becoming under nourished. Awareness on prevention, promotion and intervention programs to improve nutrition of the elderly, among the health care personal as well as general population needs to be addressed.

According to the present study majority of estate elders were undernourished, hence special attention should be paid to the estate elders.

Special attention should be paid to overcome the problem of overweight among the urban elders.

Rabies Vaccination of Domesticated Dogs in Central Province

I.N.G.Perera-Supervising Public Health Inspector-Kandy District

A descriptive cross sectional study was conducted to determine the vaccination coverage of domesticated dogs, the quality of dog vaccinations against rabies and to determine the knowledge, attitudes and practices of the vaccination teams of the rabies control programme in the Central Province of Sri Lanka.

Nine hundred sixty houses were selected randomly from six MOH areas representing the three districts of the Central Province, Kandy, Matale and Nuwara Eliya. In the surveyed houses there were 898 dogs. In 139 of the houses there were no dogs while in 60 houses there were two or more dogs. This gives a dog to human ratio of 1 is to 5 which is higher than 1 is to 8, the average dog to human ratio calculated for the country. Vaccination coverage was 87% among the sampled dog population according to the verbal response of the owner alone. However, when documentary evidence of vaccination was considered, the coverage dropped to about 70%, indicating that the rabies vaccination coverage of domesticated dogs in the central province is below the national target of 80%.

In assessing the quality of vaccination services, 25 vaccinating clinics were observed. In 4% of the clinics, sterilized equipment, vaccination cards and dog collars were not available. In more than 90% of the clinics adequate number of syringes and kidney trays for the clinic session was not available. The majority of the clinics did not start on time (80%), did not have enough space (56%) and was conducted under direct sunlight (68%). The vaccination procedure was observed in each of the 25 centers when the first 12 consecutive vaccinations were performed and a total of 300 such procedures were observed. The study found that in most of the clinics the recommended procedures were not carried out as per the guidelines issued by the Department of Health.

In assessing knowledge of rabies control among vaccination teams the study results showed that the knowledge was poor on many aspects and also that knowledge varied widely among the vaccinators. Attitudes of the vaccinators were satisfactory with regard to elimination of rabies. Of the practices with regard to elimination of rabies, most vaccinators satisfactorily disposed their garbage both at home and work place. However, feeding of stray dogs at home and in the work place was a common practice even among the vaccinators.

In general, the coverage and quality of dog vaccinations against rabies in the Central Province needs to be improved. Dog owners should be made aware about the importance of maintaining records of dog vaccinations. The range PHI should take steps to organize the clinics better and the vaccinators should be encouraged to follow the recommended procedures.

LEVEL OF VISION AMONG PUBLIC TRANSPORT DRIVERS AND ROAD TRAFFIC ACCIDENTS

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The objectives of the study was to find out the prevalence of subnormal visual activity among public transport drivers in city of Kandy, Sri Lanka and proportion of drivers who met with road traffic accidents. This descriptive cross sectional study was done using a stratified random sample of 401 drivers with a non response rate of 5.2%.

9.6% of SLTB and 4% Private bus drivers did not have the required level of vision. 9.6% of SLTB and 4.7% of Private bus drivers had accident record during the 2 year period preceding the survey.

Regulations and procedures for screening and correction of substandard vision among drivers can be easily clarified or set to improve and maintain good vision among drivers.

Health promotion tool to reduce the tobacco consumption in men through their children in low socio-economic groups in Kandy district, Sri Lanka.

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Introduction - Tobacco smoking is one of leading causes of premature death and disability in worldwide, and over 80% of the world's smokers live in low- or middle- income countries. It is estimated that annual mortality from tobacco-related illness is about 20,000 deaths.

Objectives - To determine the effectiveness of a health promotion tool in reducing cigarettes consumption among men in low socio economic communities through participation of their children.

Methods - This community based intervention was conducted through assigning two children's groups as "intervention" (n=76) and "control" (n=69) in four divisions including two tea estates, Kandy district. Socio economic characteristics were similar in both groups. Intervention group was given health promotion tool to facilitate the reduction of tobacco consumption among smokers. Smokers were encouraged by their children, to reduce "one cigarette" out of their daily consumption and save that money for utilizing on children's necessities. Children were given a training to use the tool through role play model. Regular follow-up were carried out strength the programme. Pre and post data were collected through children using a specific format.

Results - After six months, 85% of intervention group (n=65) and 79% of children (n=55) in control group have successfully completed the study. There was no significant difference (p=0.081 95% CI) for the mean number of cigarettes consumed by both groups before intervention; cigarettes per day

by intervention and control were 9.22 (SD=3.61) and 9.07 (SD=3.69) respectively. After the intervention, interventional group was significantly able to reduce their daily cigarette consumption (mean - 7.2 cigarettes) with compared to control group (mean - 8.36 cigarettes) (P<0.025,95%CI). Independent samples t-test showed that the health promotional tool was an effective method to lower the tobacco use among smokers in low socio economic groups (p=0.025,95%CI)

Conclusion- Children based interventions through health promotional approach and proposed tool can be used to reduce the tobacco consumption among smokers in low socio-economic communities.

Knowledge and Practices on contraception among married female school teachers in Udunuwara MOH area and the use by them of available family planning services

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A cross sectional survey was carried out in the Medical Officer area Udunuwara to determine the knowledge and practices on contraception among married female school teachers and to identify sources from which current users obtain family planning services with reasons for doing so. The data were collected using a pretested self-administered questionnaire. A multistage stratified sampling method was used and the sample was selected on probability proportionately to different grades of schools and ethnic differences. Only the data collected on pre-menopausal women were analysed. Data of Tamil respondents were not interpreted, as the number was very low.

Contraceptive Prevalence Rate was only 52% among teachers, which was lower than the national prevalence and non-user rate was high among the teachers above 45 years of age. Of the current users 41.4% practices natural and traditional methods of contraception while 58.6% use modern methods. Contraception prevalence rate among the Muslim teachers was higher (61.4%) while prevalence among Sinhalese teachers was only 49.7%.Sinhalese teachers recorded a significantly higher knowledge on modern permanent methods than Muslim teachers did, either the subject they teach or the academic qualifications they possess did not show any significant association with knowledge. The teachers' knowledge on natural and traditional methods was better than the knowledge they had on both modern temporary and modern permanent methods. Ever users' knowledge was significantly

higher than that of the non-users. Although it appears that the teachers who had been exposed to training on family planning and reproductive health have a better knowledge, it was not statistically significant. A majority of teachers in the sample who used contraceptive methods are practised modern temporary methods. Ever user's knowledge was significantly higher than that of the nonusers. Although it appears that the teachers who had been exposed to training on family planning and reproductive health have a better knowledge, it was not statistically significant. A majority of teachers in the sample who used contraceptive methods are modern temporary methods. Forty three per cent of the current acceptors obtained their services from non governmental services, while 40 % did not use services from either governmental or non governmental services. The presence of a medical officer in the clinic, conducting clinic day on weekday afternoon and reducing overcrowding were important factors to increase the credibility of the governmental family planning services among the school teachers.

සෛමග්‍ය මර්ධන ග්‍රාමීය කමිටු බලගැන්වීම මගින් සෛමග්‍ය රෝග වාහක ඝනත්වය අඩු කිරීම තුළින් සෛමග්‍ය රෝගය පැතිරීම අවම කිරීම.

එස් එම් එල් ස්භාරත්ත මහජන සෞඛ්‍ය පරීක්ෂක ප්‍රජාපිටිය.

පසුබිම

ප්‍රජාපිටිය සෞඛ්‍ය වෛද්‍ය නිලධාරී කොට්ඨාශය මෙම ව්‍යාපෘතිය සඳහා තෝරා ගන්නා ලදී. අකුරුණ, පානදුම්බර, වැරැල්ලගම, ගලගෙදර, සෞ.වෛ.නී කොට්ඨාශවලට සහ මාතලේ, කුරුණෑගල, දිස්ත්‍රික්කවලට මැදිව පිහිටි ප්‍රජාපිටිය සෞඛ්‍ය වෛද්‍ය නිලධාරී කොට්ඨාශය 57 නප්² යුක්තය. මහජන සෞඛ්‍ය පරීක්ෂක කොට්ඨාශ 4කි, ග්‍රාම නිලධාරී කොට්ඨාශ 67කි. සියලුම ජනකොට්ඨාශ පිවත්වන අතර ජනාකීර්ණ නගර 2කින් සමන්විතය මෙම කොට්ඨාශය තුළ 2009 සිට 2012 දක්වා ස්ථිර වූ සෛමග්‍ය රෝගීන් ගනන 312කි. ඒ අනුව සාමාන්‍යයෙන් වසරකට සෛමග්‍ය රෝගීන් 78 ක් පමණ වාර්තා වේ. කිට වීද්‍යා දර්ශක ද ඉහළ අගයක් ගනී (බටෝ දර්ශකය 8ගුණ-ග2012 වර්ෂයේ මව් මරණයක්ද සිදුවූ අතර රෝගීන් 135 වාර්ථාවිය. ඉතා සිඝ්‍රයෙන් ජනාකීර්ණ විමත් වාහකයන් බෝවන ස්ථාන වැඩිවීමත් ජනතාවගේ නොසැලකිල්ල සහ රෝග පාලනය සෞඛ්‍ය නිලධාරීන් කලයුතු බවත් වැනි මත මෙම තත්ත්වයට හේතුවී ඇත. සෛමග්‍ය රෝගය සඳහා නිශ්චිත ප්‍රතිකාර නොමැති බැවින් සහ මර්ධනය සඳහා සෘජුවම ජනතාව ක්‍රියාත්මක වීම තුළින් සාර්ථකව රෝගය වලක්වාගත හැක. එබැවින් ග්‍රාම නිලධාරී වසම් තුළ සෛමග්‍ය මර්ධන කමිටු පිහිටුවා ඒවා සක්‍රීය පවත්වාගැනීම තුළින් සාර්ථක ප්‍රතිඵල ලබාගත හැකි බව පෙනීයයි. එම නිසා ග්‍රාමීය කමිටුවට නායකත්වය සහ පුහුණුව ලබාදී මේ සඳහා ඔවුන් ප්‍රවර්ධනය කිරීම මගින් සාර්ථකව සෛමග්‍ය වාහක ඝනත්වය අඩුකිරීම මගින් සෛමග්‍ය රෝගය පැතිරීම අවම කලහැකි දැයි පරීක්ෂා කිරීම මෙම ව්‍යාපෘතියේ අරමුණ විය.

ක්‍රමවේදය

ප්‍රජාපිටිය ප්‍රා.ලේ කාර්යාලයේ මාසිකව පවත්වන ප්‍රාදේශීය කමිටුව දැනුවත්කර ඔවුන්ගේ දායකත්වයෙන් වැඩසටහනක් සකස් කරගැනීම. ඉන්පසු ග්‍රාම නිලධාරීන් සහ ග්‍රාමීය මට්ටමේ රාජ්‍ය නිලධාරීන් දැනුවත්කර ඔවුන් මගින් ග්‍රාම නිලධාරී වසම් 67 තුළ ග්‍රාමීය කමිටු පිහිටුවා ඔවුන්ට අවශ්‍ය දැනුම පුහුණුව ලබාදී. ග්‍රාම නිලධාරීන්ගේ නායකත්වයෙන් කමිටු 67ම ගස්තිමත් කිරීම. අත්පත්‍රිකා සහ දෛනික නිවාස පරීක්ෂා කිරීමේ වාර්තාවක් සකස්කිරීම කොට්ඨාශය අධි අවධානම්, අවධානම්, අවධානම අඩු යන කලාප වලට බෙදා සියලුම ග්‍රාම නිලධාරී කොට්ඨාශ ආවරණය වන පරිදි නිවාස පරීක්ෂා කිරීම, උපදෙස් සහ අත්පත්‍රිකා ලබාදෙන ලදී. සියලුම රාජ්‍ය ආයතන සහ පාසල් පරීක්ෂා කිරීම සහ සෛමග්‍ය මර්ධන වැඩසටහන් සඳහා ක්‍රමවේදයන් හඳුන්වාදී නියාමනය කිරීම. ඊට සමගාමීව ප්‍රදේශයම ආවරණය වන පරිදි ප්‍රචාරක කටයුතු කිරීම සිදුකරන ලදී. ඒර්ෂයේ වැසිසමයට මසකට කලින් වැඩසටහන් ක්‍රියාත්මක කිරීම හා මූලික වැඩසටහන් වලට පසු නිතිමය පියවර ගැනීමට මහජන සෞඛ්‍ය පරීක්ෂකවරුන් පිටත්කිරීම. කල වැඩසටහන්වල සාර්ථකත්වය කිට වීද්‍යා කණ්ඩායම් මගින් පරීක්ෂා කිරීම. රෝගී වාර්ථා ලැබුණ විගස මහජන සෞඛ්‍ය පරීක්ෂක මගින් කමිටුව හරහා වැඩසටහන් කිරීම සඳහා ක්‍රමවේදයක් සකස් කරන ලදී. මේ වන විට මෙම වැඩසටහන සාර්ථක ලෙස සිදුවෙමින් පවතී.

ප්‍රතිඵල

- මෙම වැඩසටහන කොට්ඨාශයේ රාජ්‍ය නිලධාරීන් විසින් සකස් කල එකක් බැවින් ග්‍රාම නිලධාරී මට්ටමින් නිරායාසයෙන්ම ක්‍රියාත්මකවීම.
- සියලුම පාසල්වල සහ රාජ්‍ය ආයතන වල ඩොංගු මර්ධනට වගකිවයුතු නිලධාරීන් පත්කර තිබීම.
- ප්‍රදේශයේ දේශපාලන නායකයන්ගේ පූර්ණ සහාය ලබා දීම.
- සියලුම ඩොංගු රෝගීන් දින 3ක් තුළ විමර්ශනය කිරීම, ග්‍රාම නිලධාරීන් මට්ටමින් දැනුම්දීම හා වැඩසටහන් ග්‍රාමීය වශයෙන් ක්‍රියාත්මක වීම.
- වර්ෂයකට 78 ක් වන ඩොංගු රෝගීන් ගනන 2013 වර්ෂය වන විට 270 අඩුකර ගැනීම.
- කිට දර්ශක අඩුකර ගැනීම.(බ්‍රිටෝ දර්ශකය 8ග්‍රූ සිට 0ග්‍රූ දක්වා)

නිගමනය

ප්‍රදේශයේ පළාත්පාලන සහ රාජ්‍ය ආයතන ප්‍රධානීන්ගේ පොදු වැඩ සටහනක් බැවින් සියලුම දෙනාගේ සහය ලැබීම සහ වර්ෂයේ වැසි සමයේ දෙකට මසකට කලින් ග්‍රාමීය කමිටු මගින් නිවස පරීක්ෂා කර ජනතාව දැනුවත් කිරීම තුලින් ඩොංගු මර්ධන කටයුතු ඉතා සාර්ථක බව පෙනී යයි.

දුම්කොළ හා දුම්වැටි භාවිතය නිසා පුද්ගලයාට සහ ඔහුගේ සමාජ ආර්ථික හා සෞඛ්‍යයට බලපා ඇති ආකාරය පිළිබඳව කරන ලද අධ්‍යයනය.

ඩබ්.එම්.අයි.ජී.බී. විජේකෝන් - ම. සෞ.ප. මුරුතලාව

පසුබිම්

ශ්‍රී ලංකාවේ දුම්වැටි භාවිතය කිට්ම නිසා රෝගීවීම පිළිබඳව කරුණු නිසි ලෙස අනාවරණය කර නොගැනීම නිසා දුම්වැටි නිවාරණයේදී ගත යුතු ක්‍රියා මාර්ග පිළිබඳව අදහසක් නොමැත. මේ නිසා දුම්වැටි භාවිතය නිසා රෝගී වුවන්ගේ තොරතුරු ලබා ගැනීමෙන් දුම්වැටි භාවිතය සඳහා බලපාන හේතු සාධක අධ්‍යයනය කිරීමෙන් දුම්වැටි භාවිතය නිසා ඇතිවන සමාජ ආර්ථික බලපෑම දුම්වැටි භාවිතය පිළිබඳව ඔවුන්ගේ අදහස් දැන ගැනීමත් වැදගත්වේ. මෙමගින් දුම්වැටි භාවිතය අවම කිරීම සැලසුම් කරන්නාවූ වැඩ සටහනකදී එම දැනුම භාවිතයට ගත හැකිය.

අරමුණු

1. පුද්ගලයා දුම්පානයට යොමුවන්නා වූ හේතු කාරක හඳුනා ගැනීමත් දුම්පානය නිසා ඔවුන්ගේ ආර්ථිකයට හා පවුලේ ආර්ථිකයට එය බලපාන ආකාරය පිළිබඳව සොයා බැලීම.
2. පුද්ගලයාගේ දුම්පානය නිසා සමාජීය වශයෙන් පවුලට සිදුවන බලපෑම සොයා බැලීම.

ක්‍රමවේදය

හරස්කඩ සමීක්ෂණයක් සිදු කරන ලදී. ව්‍යුහගත ප්‍රශ්න මාලාවක් උපයෝගී කොට ගෙන පෙනහලු රෝග ආශ්‍රිත රෝගීන් 24 ක් ගෙන් දත්තයන් ලබා ගන්නා ලදී. නිසි බලධාරියාගෙන් ඒ සඳහා අවසරය ලබා ගන්නා ලදී.

ප්‍රතිඵලය

නියදියෙන් 50% ක්ම මාසිකව රු. 15,000 ට අඩු ආදායම් ලාභිණි වෙති. මාසික ආදායමෙන් 11.5% දුම් ඉරිමට වියදම් කොට ඇති අතර සෞඛ්‍ය වියදම් සඳහා 16.5% ක් වියදම් කොට ඇත. 83.3 % ක්ම වයස අවුරුදු 15 - 20 වයස් කාණ්ඩයේ සිට දුම්වැටි ඉරිම ආරම්භ කොට ඇත. දුම්ඉරිම ආරම්භ කොට 2.5% රෝගීන් වාර්තා වී ඇත්තේ අවුරුදු 15 - 20 පසුවය. රෝගීන් 41.6% ක් වාර්තා වී ඇත්තේ අවුරුදු 41 - 50 කට පසුවය.

සමීක්ෂණයට භාජනය වුවන්ගෙන් 74% ක්ම අ.පො.ස(සා.පෙල) ට අඩු අධ්‍යාපයක් ලද පිරිස්ය. ඔවුන්ගේ රුකියාවල ස්වරූපයද ස්ථිර ආදායම් මාර්ග ඇති ඒවා නොවේ. එමෙන්ම රෝගීන් සියලු දෙනාම විවාහක පිරිස්ය. පර්යේෂණයට බඳුන් 50% කට වැඩි පිරිසකට සැදි තිබුණේ පෙනහලු ආබාධය. රෝගීන්ගෙන් 66.6% ක්ම දුම්පානයට ඇබ්බැහිවී ඇත්තේ යහලුවන්ගෙන්ය. 25% ක් තමන්ගේ පියා දුම්පානය කිරීම නිසා දුම්පානයට යොමු වී ඇත. එමෙන්ම දුම්වැටි වලට ඇබ්බැහිවූ සියලු දෙනාගේම බාහිර ස්වරූපයේ වෙනස්කම් දක්නට ඇත. රෝගී සියලු දෙනාටම දුම්වැටි නැවැත්වීමේ අවශ්‍යතාවයක් ඇත.

සාරාංශය

දුම්පානය නිසා රෝගී වූවන් වැඩිහිටියන් ඒ සඳහා යොමු වී ඇත්තේ වයස අවුරුදු 15 ඒ 20 අතරදී බැවිනුත් ඒ සඳහා පෙලඹවීම කොට ඇත්තේ යහලුවන් මගින්වීම නිසාත් පාසල් මට්ටමෙන් දුම්බීම වැළැක්වීම සඳහා අධ්‍යාපනික වැඩ සටහනක් ක්‍රියාත්මක කිරීම අත්‍යාවශ්‍ය කරුණක් බවට පත්ව තිබේ.

දුම්වැටි අලෙවිය හා ඒ සම්බන්ධ වෙළඳ ප්‍රජාවගේ ආකල්ප පිළිබඳව තොරතුරු අනාවරණය කර ගැනීමේ පර්යේෂණය

ඩබ්.එම්.අයි.ජී.බී. විජේකෝන් - ම. සෞ.ප. මුරුකලාව

පසුබිම්

ශ්‍රී ලංකාවේ දුම්වැටි නිවාරණය සඳහා රජය හා රාජ්‍ය නොවන සංවිධාන මගින් විවිධාකාර පියවරයන් ගනු ලැබුවද දුම්වැටි සැපයුම අඛණ්ඩව සිදුවෙමින් පවතී. මේ සඳහා මැදිහත් කරුවන් ලෙස ක්‍රියාකරන්නේ වෙළඳ ප්‍රජාවයි. දුම්වැටි නිවාරණය කෙරෙහි ඔවුන්ගේ සහාය ලබා ගැනීමට නම් ඔවුන්ගේ ආකල්ප පිළිබඳව විද්‍යාත්මකව අධ්‍යයනයක් කළ යුතුව ඇත. එකී අවශ්‍යතාවය ඉටු කර ගැනීම සඳහා ගහවටකෝරළයේ සෞඛ්‍ය නිලධාරී කොට්ඨාශය තුළ මෙම පර්යේෂණය කරන ලදී.

ක්‍රමවේදය

හරස්කඩ සමීක්ෂණ ක්‍රමවේදය අනුගමනය කරන ලදී. මෙහිදී අහඹු ලෙස වෙළඳ ආයතන 100 කට ප්‍රශ්න මාලාවක් ලබාදී එම ප්‍රශ්න මාලාවට ඔවුන් විසින් ලබා දෙන පිළිතුරුද සෘජු නිරීක්ෂණ මගින් ගන්නා තොරතුරුද ඇතුළත් කර ගන්නා ලදී. ගහවටකෝරළයේ සෞඛ්‍ය වෛද්‍ය නිලධාරීගේ අනුමැතිය යටතේ මෙම පර්යේෂණය කරන ලදී.

අරමුණ

1. ව්‍යාපෘතික ආයතන තුළ කොපමණ ආයතන සංඛ්‍යාවක දුම්වැටි අලෙවි කරන්නේද හා එහි ආයතන වලින් දෛනිකව අලෙවි කරන දුම්වැටිවල ප්‍රමාණයන් හා ඒ සඳහා පාලනාධිකාරීන්ගේ විසඳුම පිළිබඳව තොරතුරු ලබා ගැනීම.
2. දුම්වැටි අලෙවිය සම්බන්ධයෙන් වෙළඳ ප්‍රජාවගේ ආකල්පය හා නිවරණය සඳහා ඔවුන්ගේ ආකල්පය සොයා බැලීම.
3. දුම්වැටි අලෙවි නොකරන ආයතන වල ව්‍යාපෘතිකයන්ගේ දුම්වැටි අලෙවිය පිළිබඳව දරණ ආකල්පය දැන ගැනීම.

ප්‍රතිඵලය

පර්යේෂණයට බඳුන් කළ ව්‍යාපෘතික ආයතන 100 න් 74 ක දුම්වැටි අලෙවි කරනු ලබයි. මෙයින් සිල්ලර කඩවලින් 76% ක්ද හෝටල් වලින් 82% ක්ද හෝ කඩවලින් 84% කද දුම්වැටි අලෙවි කරයි. මෙම අදායම් වලින් දිනකට සිගරට් 5468 ක්ද බිඩ් 2585 ක්ද සුරුවු 260 ක්ද අලෙවි කරන අතර පාලනාධිකාරීන් විසින් දරණ ලද විසඳුම දිනකට රු 104,894.00 ක් වේ. වාච්ඡිකව රු 38,286,310.00 කි. දුම්වැටි අලෙවි කිරීමට හේතුව ලෙස 50% ව්‍යාපෘතිකයන් පෙන්වා ඇත්තේ පාලනාධිකාරීන්ගේ ඉල්ලීම ලෙසටය. එහෙත් දුම්බිම් නිසා පිළිකාව හා හෘද රෝග වැළඳෙන බව 82% ක්ම දැන සිටියෝය. එමෙන්ම දුම්වැටි නිවාරණ වැඩ සටහන් සඳහා 90 ක්ම කැමැත්ත ප්‍රකාශ කොට තිබිණි. එහෙත් ව්‍යාපෘතික ආයතනවල දුම්වැටි අලෙවිය අත්‍යවශ්‍ය නොවේ යැයි ප්‍රකාශ කොට ඇත්තේ 41.8 කි.

මේ අතර දුම්වැටි අලෙවි නොකරන ව්‍යාපෘතිකයන් 69.2% ක්ම ප්‍රකාශ කොට ඇත්තේ තමන් දුම්වැටි අලෙවි නොකරන්නේ පාලනාධිකාරීන්ගේ සෞඛ්‍යයට එය අහිතකර බැවිණි.

සාරාංශය

ව්‍යාපෘතික ආයතන වලින් 74% ක දුම්වැටි අලෙවි කරන අතර ඒ සඳහා පාලනාධිකාරීන් වාච්ඡිකව රු 38,286,310.00 ක් විසඳුම් කරනු ලබති. මෙය ආර්ථික වශයෙන් රටේ සංවර්ධනයට බාධාවකි. එමෙන්ම ව්‍යාපෘතිකයන් 90% ක්ම දුම්වැටි නිවාරණයට කැමැත්ත ප්‍රකාශ කිරීම තුළින් ප්‍රකාශ වන්නේ දුම්වැටි නිවාරණයේදී වෙළඳ ප්‍රජාවගේ සහයෝගය ලබා ගැනීමට හැකි බවයි. ඒ සඳහා ඔවුන් ඉලක්ක කොටගත් අධ්‍යාපනික වැඩ සටහන් ක්‍රියාත්මක කළ යුතුව ඇත.

පාසල කේන්ද්‍ර කරගත් සෞඛ්‍ය ප්‍රවර්ධන වැඩසටහනක් තුළින් පාසල් සෞඛ්‍ය අංශයෙහි ගුණාත්මක බව ඉහළ නැංවීම

එස්. ඩබ්. නිශාන්ත ප්‍රේමතිලක මහජන සෞඛ්‍ය පරිසෘත - මිණිපේ

අරමුණ

හසලක සෞඛ්‍ය වෛද්‍ය නිලධාරී බල ප්‍රදේශය තුළ පිහිටි පාසල් 24 හි සෞඛ්‍ය ප්‍රවර්ධන ක්‍රියාකාරකම් සහ අදාළ දත්ත හා තොරතුරු ගොනු කිරීමේ විධිමත් හා සැලසුම් සහගත ක්‍රමවේදයක් සකස් කිරීම

විශේෂිත අරමුණු

01 අධ්‍යාපන දෙපාර්තමේන්තුවේ 2007රැ.21 වකුලේඛය අනුව පාසල් 24 ම ඇගයීම

02 සෑම පාසලකම සෞඛ්‍ය ක්‍රියාකාරකම් වලට අදාළ සියලු දත්ත හා තොරතුරු

ගොනු කිරීම සඳහා ලිපි ගොනුවක් : **Box file** - බැගින් ලබාදීම හා එහි අනු ලිපි

ගොනුවක් මහජන සෞඛ්‍ය පරිසෘත කාර්යාලයේ පාසලකට එක බැගින් පවත්වාගෙන යාම

03 නව යොවුන්වියේ පාසල් ශිෂ්‍යාවන්ට ඇති ගැටලු පිළිබඳ සාකච්ඡා කිරීමේ

ක්‍රමවේදයක් සැකසීම

04 මෙම වැඩසටහන සෑම වසරකම අඛණ්ඩව ක්‍රියාත්මක කිරීම සහ වර්ෂ අවසානයේ

හොඳම සෞඛ්‍ය ප්‍රවර්ධන පාසල් තෝරා ත්‍යාග සහ සහතික ප්‍රධානයක් සිදුකිරීම

ව්‍යාපෘතිය සිදුකළ ආකාරය

- ව්‍යාපෘතිය සිදු කිරීම සඳහා අවශ්‍ය නිලධාරීන්ගේ සහ ආයතන වල අවසරය ලබා ගැනීම.
- තෝරා ගත් පාසල් දැනුවත් කිරීම.
- ව්‍යාපෘතිය ක්‍රියාත්මක කිරීම

ප්‍රතිඵල

- සෞඛ්‍ය වෛද්‍ය නිලධාරී කොට්ඨාශයේ මහජන සෞඛ්‍ය
- පරිසෘත කොට්ඨාශ ගණන 03
- හසලක මහජන සෞඛ්‍ය පරිසෘත කොට්ඨාශයේ පාසල් ගණන 10
- උල්පතගම මහජන සෞඛ්‍ය පරිසෘත කොට්ඨාශයේ පාසල් ගණන 08
- මිණිපේ මහජන සෞඛ්‍ය පරිසෘත කොට්ඨාශයේ පාසල් ගණන 06
- සෞඛ්‍ය වෛද්‍ය නිලධාරී කොට්ඨාශයේ ඇති පාසල් ගණන 24
- ලබුන් 200 ට වැඩි පාසල් ගණන 12
- ලබුන් 200 ට අඩු පාසල් ගණන 12
- ඇගයීමට ලක්කළ පාසල් ගණන 24

Local Efforts to control Tuberculosis in Medical Officer of Health Area, Yatinuwara.

Nimal Jayawardana, Medical Officer of Health Regional Health Training Centre Yatinuwara Ajith Weerakoon Medical Officer(Training) of Health Regional Health Training Centre Yatinuwara, Wimal Dissanayaka, Planning and Programming Officer, Regional Health Training Centre Yatinuwara

Introduction

Tuberculosis is still a public health problem in Sri Lanka. According to the NPTCD, in year 2008, 10,500 new Tuberculosis cases were reported in Sri Lanka. Reported new cases of Tuberculosis in Yatinuwara in year 2008, 2009 and 2010 were 42, 35 and 20 respectively. In 2011 Yatinuwara MOH office has carried out special coordinated TB control programme with NPTCD.

Objectives

To relieve the burden of Tuberculosis in Yatinuwara MOH area through coordinated control efforts.

To elaborate with actions have been taken to control Tuberculosis in Yatinuwara.

Method

General control measures have been routinely carried out.

Research team has visited and observed PHIS officers, Hospitals, DOTS Centers, and also conducted focus group discussions with health care providers and school community to understand Tuberculosis control activities in Yatinuwara MOH area. Special partnership programme with community, education sector and other health institutes was conducted to celebrate World TB Day on 22nd March 2011.

This special programmes included Quiz programme, Poster Competition, Street Drama, Exhibition, World TB Day publication and World TB Day function. Data on Tuberculosis were obtained from perusal of past record, returns and World TB Day publication

Results

Incidence rate of Tuberculosis in MOH area Yatinuwara has dropped from 42 per 100,000 population to 20 per 100,000 population from 2008 to 2010. Even though it is too early to comment the success of World TB Day programme in 2011, focus group discussions with health and education sector authorities, political leaders, school children and teachers emphasized and appreciated the coordinated control efforts carried out by MOH area Yatinuwara.

Conclusion

Coordinated control measures will be a good weapon to control Tuberculosis and it could be applied to all MOH area in the country.

Reasons for the low utilization age of 35 women in well women clinic at Udadumbara MOH area.

H.M.T.D. Herath, Public Health Nursing Sister, M.O.H. Office - Udadumbara.

Introduction

Well women clinic services were established in Sri Lanka in 1996 for improving the women reproductive health. Reproductive health is more clients centered and service oriented. Well women services mainly focus on overcoming the burden of cervical cancer; a common gynecological malignancy among Sri Lankan females and early detection of risk factors for non communicable diseases by screening tests.

In the MOH area Udadumbara well women clinic has been conducting once a month since 2000. According to the statistics for the last 3 years Udadumbara had a low coverage of clinic participation of 35 years age women.

Doing this simple research, I hope identify reasons for the low utilization of 35years age women in well women clinic at Udadumbara MOH area.

Methodology

Selected PHM areas which have low coverage in Udadumbara area.

Study population-

- 1) Medical officer of health in Udadumbara MOH area.
- 2) Ten 35 years clients-not clinic participated
- 3) PHMMs working in Udadumbara MOH area.
- 4) Returns

Data collection

- In-depth interview with Medical officer of health in Udadumbara. (30 minutes).
- Focus group discussion with clients who are not participated.(½ hour).
- Focus group discussion with PHMMs (1 hour)

Summery

I analyzed data of 509 quarterly returns data 2012 in Udadumbara MOH area. I selected some indicators to be strengthen. I priorities these low coverage indicators and selected the most prominent and feasible problem. After that I write a proposal and obtain permission from medical officer of health in Udadumbara to concocted simple research regarding selected topic. I formulated general and specific objectives, selected methodology and decided the data collection methods.

I formulated four specific objectives to fulfill my simple research. Medical officer of health in Udadumbara, 10 PHMMs, clients of target group and returns are my study population in this event. I selected one in-depth interview, three focus group discussion as data collection methods. I mentioned about ethical consideration in my research proposal.

I gathered data and analyzed. After that, I identified some underline causes for low utilization by 35 age women for WWCs. Finally I give my recommendations to increased utilization of target group. I identified underline causes are in three aspects .There are management, PHMMs, and community. Finally I give my recommendation according to findings for improving utilization by 35 age women for WWC services.

වතුකරයේ සාපරාධී ගබ්සාවන් අඩුකිරීම

දේවිකා ජෝසෆ් .ස්වෙච්ඡා සේවක ක්‍රිස්ත වත්ත කොටගල

වතුකරයේ සාපරාධී ගබ්සාවන් ඉතා අධික වශයෙන් සිදුවේ. මෙලෙස සිදුකරන ගබ්සාවන් නිසා බොහෝ මවු මරණ සිදුවී ඇත. ඉදිරියටත් සිදුවෙමින් පවතී. වතුකරයේ වෙසෙන කාන්තාවන්ගේ පවුල් සංවිධාන පිලිබඳ අල්ප දැනුම හා ගබ්සාවන් සිදුකිරීමට ඉඩප්‍රස්ථා පැවතීම වැනි හේතු නිසා මෙලෙස සාපරාධී ගබ්සාවන් වැඩිවී ඇත.

මේ සඳහා ක්‍රියාකාරී වැඩපිලිවෙලක් මා විසින් සකස්කර ඇති අතර එමගින් වතුකරයේ සිදුකරන ගබ්සාවන් අඩුකර ගැනීමට උපකාරී වේ. මේ පිලිබඳ වැඩ විස්තර නොවැම්බර් 29 දින කඩුගන්නාව පුහුණු මධ්‍යස්ථානයේදී ඉදිරිපත් කිරීමට බලාපොරොත්තු වෙමි.

A COMMUNITY SURVEY ON THE OCCURRENCE OF INJURIES AMONG RESIDENTS IN GANGAWATAKORALE MEDICAL OFFICER OF HEALTH (MOH) AREA, SRI LANKA

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Dharmaratne S.D-Associate Professor and Consultant Community Physician, University of Peradeniya, Sri Lanka

Background:

Injuries were the leading cause of hospital admissions in Sri Lanka for the past two decades. Common causes for injuries in Sri Lanka are road traffic crashes, occupational trauma, violence and humanitarian crisis. However, the epidemiology of injuries is not well documented at present in Sri Lanka.

Objectives:

Aim of this study was to assess the epidemiology of injuries among residents in Gangawatakorale MOH area, Kandy in the Central Sri Lanka.

Methods:

A community-based descriptive cross sectional study was conducted to describe the epidemiology of injuries occurring during the past six months among 707 households including 3,110 residents of all ages, selected by simple random sampling in Gangawatakorale MOH area. An interviewer administered structured questionnaire was used to obtain data.

Results:

The prevalence of injuries among all age groups was 1.8% (n=55, 95% CI: 1.4-2.3). Age of the participants with injuries ranged from 2-83 years (Mean=33.8, SD=21.8). The majority were less than 30 years (49.1%, n=27). The mechanism of injury reported were fall from height (38.2%, n=21), road traffic crashes (29.1%, n=16), animal bites (9.1%, n=5), occupational accidents (7.3%, n=4), home accidents (7.3%, n=4), poisoning (5.4%, n=3) and burns (3.6%, n=2). Injuries were experienced by 25.5% (n=14) in more than one site. Commonest site of injury was legs (41.8%, n=23) while 58.2% (n=32) had experienced minor injuries. More males (63.6%, n=35) were injured than females (36.4%, n=20). There was a statistically significant difference between the proportions of males and females according to injury occurrence ($p < 0.05$). The majority were of low income families (56.4%, n=31). Disabilities were reported following injuries by 69.1% (n=38) and the commonest type of disability was restriction of body movements (60%, n=33). Majority (70.9%, n=39) had received Western treatment, 14.5% (n=8) while 12.7% (n=7) had taken Ayurvedic treatment and 21.8% (n=12) had taken both Western and Ayurvedic treatment.

Conclusion:

Considering the high prevalence of injuries related to falls from heights, road traffic crashes and animal bites across all age groups, interventions in the form of targeted injury prevention programs for different age and sex groups, based on local epidemiology are needed for this population.

EXTRA – CURRICULAR ACTIVITIES: TYPES AND EXTENT OF PARTICIPATION BY A GROUP OF ADOLESCENT SCHOOL CHILDREN IN AN URBAN SETTING OF SRI LANKA

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Background:

Extra - curricular activities (ECA) in schools are important in improving health of school children. Majority of the adolescents in a country are in the school going population and as it is a period of transition from childhood to adulthood. Although there are minimal physical illnesses during this period there is a higher tendency of acquiring problems associated with mental health such as violence, suicide, alcohol, drug abuse and sexual problems. Participation in ECA is beneficial in reduction of acquiring such problems as well as improving physical health by giving opportunities in engaging in exercises and reducing stress. Therefore enhancement of student participation in ECA is important for a country. Further knowledge on extent of participation and types of ECA is needed for implementation of ECA programmes among school children. As there are scarce studies in the country on this issue this study is aimed at describing the available ECA and extent of participation in varied types of ECA by students.

Method:

A cross sectional descriptive study was done among all grade ten students of Sinhala medium government schools in Matale Municipal council area of Sri Lanka from July to November 2006. A total of 620 students were selected using cluster sampling technique from nine schools for the study. A self – administered questionnaire and a data extraction sheet were used. Data collection was done by the principal investigator.

Results:

The highest number(n=60) of types of ECA was in Type 1 AB schools while Type 1C schools had a lesser number of types and Type2 schools(n=18) had the least number of ECA types(n=13). Overall participation in ECA by students was 405(65.3%) while 287(46.3%) in sports, 115(18.5%) clubs and associations, 69(11.1%) in aesthetics and 185(29.8%) in leadership activities. Among those who participated in ECA majority were involved in one type of ECA (n=229, 56.6%), while 100(24.7%) participated in two types of ECA, 41(10.1%) in three types of ECA and 35(8.6%) in all four types of ECA. Males had a higher level of sports participation than females ($p = 0.0001$). Students in Boys' schools had a higher participation in sports (n = 92; 62.6%) than Girls' (n=40; 35.4%) and Mixed (n=155; 43.1%) schools [$p < 0.001$]. Similarly Boys' schools had a higher participation in aesthetics (n=27; 18.4%) than Girls' (n = 12; 10.6%) and Mixed (n=30; 8.3%) schools [$p < 0.025$]. However, Mixed schools had a higher participation in clubs and associations (n=76; 21.1%) than Boys' (n=17; 11.6%) and Girls' (n=22; 19.5%) schools [$p = 0.04$]. Overall participation of ECA was higher among students in Boys' schools than Girls' and mixed schools ($p = 0.002$). Further, more male students than females were involved in ECA for more than 10 hours per week ($p = 0.02$).

Conclusion:

Types of ECA available differ according to school type. Participation in ECA is less than the levels of developed countries. Therefore school based ECA need to be further strengthened and ECA facilities need to be made available in all schools with emphasis to less costly ECA.

AN EPIDEMIOLOGICAL STUDY OF THE PATTERN OF ALCOHOL CONSUMPTION AMONG ESTATE LABOURERS IN THE KOTHMALE MOH AREA ,NUWARAELIYA DISTRICT

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Introduction

Alcohol consumption among the estate population is considered to be high¹. However the published evidence regarding the prevalence of alcohol consumption and its impact on their families and the details regarding the alcohol consumption is few in estate laborers in Sri Lanka. The aim of this study was to find out the prevalence of alcohol consumption among male and female estate laborers and impact to their family lives.

Methodology

A community based cross sectional study was carried out with a sample of 400 estate laborers. Data was collected by trained field public health midwives using an interviewer administered questionnaire. Demographic data and alcohol consumption will be cross tabulated using SPSS.

Results

Results are in the process of analysis and will be presented at the symposium.

අවුරුදු 5 ට අඩු බර අඩු දරුවන් සඳහා කරන ලද පෝෂණ ව්‍යාපෘතිය.

2011 ජූලි මස සිට 2012 ජූනි දක්වා කාලය

හේරත්ඵම් මහජන සෞඛ්‍ය හෙද සොයුරිය පුජපීටිය සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය

හැඳින්වීම

පුජාපීටිය සෞඛ්‍ය වෛද්‍ය නිලධාරී කොට්ඨාසය තුළ අවුරුදු 5ට අඩු බර අඩු දරුවන් 30% ක් සිටිති. වර්ෂයක් තුළද එම ප්‍රමාණය 10% කින් අඩුකර ගැනීම පොදු අරමුණ වේ.

ක්‍රමවේදය

- ❖ සියළුම පවුල් සෞඛ්‍ය සේවා නිලධාරීන්ගේ කාර්යාලය ලේඛණ හා වාර්තා තුළින් එක් එක් කොට්ඨාශය තුළ සිටින බර අඩු දරුවන්ගේ දත්ත සපයා ගැනීම.

ප්‍රතිඵල

- ❖ දරුවාට මුල් මාස 6 තුළ මව්කිරි පමණක් ලබාදීම.
- ❖ මාස 07 ආරම්භ වනවිටම අමතර ආහාර පටන් නොගැනීම.
- ❖ ආහාරයේ අවශ්‍ය පෝෂණ කොටස් නොමැතිව ගුණාත්මකබවින් අඩුවීම.
- ❖ ආහාරවේල් සැකසීමේදී සෞඛ්‍යයට අනුකූල නොවීම.
- ❖ වර්ධනය මැන බැලීම ක්‍රමවත් ලෙස සිදු නොවීම.
- ❖ කාර්ය මණ්ඩලයේ දැනුම ප්‍රමාණවත් නොවීම.

නිර්දේශ

- ❖ කාර්ය මණ්ඩල පුහුණු කිරීම.
- ❖ මව්වරුන් දැනුවත් කිරීම.
- ❖ අධිකපණවලදී ආහාර සකස් කිරීම පරික්ෂාකර බැලීම.
- ❖ අධිකපණ වැඩි දියුණු කිරීම.
- ❖ සෞඛ්‍ය ප්‍රවර්ධන වැඩමුළු පැවැත්වීම.
- ❖ ගැටළු ඇති දරුවන් විශේෂිත සායනවලට යොමු කිරීම.

ලැබූ ප්‍රතිඵල

කොට්ඨාශයේ අවුරුදු 5ට අඩු බර අඩු දරුවන්ගේ 20% දක්වා අඩුකරගෙන ඉලක්කය සපුරා ගැනීම.

Validation test on the use of malaria Rapid Diagnostic Kits in a non endemic setting

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Introduction -

WHO recommends prompt parasite based diagnosis in all patients suspected of malaria before treatment administered. Malaria Rapid diagnostic tests (RDT) have the potential to greatly improve the quality of management of malaria infection especially in remote areas with limited access to good quality microscopy services. RDT's are relatively simple to perform and interpret. They rapidly provide results require limited training and allow for the diagnosis of malaria at community level. Malaria RDT detect specific antigen produced by malaria parasites that are present in the blood of infected individuals. RDT's detect plasmodium parasites in blood by antibody-antigen reaction on a nitro cellulose strip. Validation of this test kits were performed to see the usefulness.

Methods -

A questionnaire is prepared in two types of format A and B. Format A used for febrile patients and format B used for non febrile persons with any other chronic illnesses. Samples collected from OPD and in ward patients from medical institution and field mobile malaria clinics conducted in previously endemic areas. Diagnosis of RDT followed by immediate microscopy reading by senior public health laboratory technician. All rapid diagnostic tests were performed according to the instruction of the manufacturer. Reading were carried out at day light assisted by two subsequent blinded observers. RDT kits were kept at normal room temperature 22 c^o - 26 c^o

Results-

A total of 52 samples were included in this study, representing all age groups. 21 samples collected from medical institutions 31 from malaria mobile clinics. While 85% of individuals reported with malarial signs and symptoms other than intermittent fever, 15% were with all clinical symptoms. All the samples were subjected immediately for microscopy which is gold standard of diagnosis of malaria found all negative, also cross checked by a senior PHLT.

Conclusion -

Sensitivity is not counted since there were no positive cases encountered during entire study period. But this study confirmed malaria negative sample correctly identified, the specificity remains as 98%.

A REVIEW OF THE USE OF NATIONAL HIV OCCUPATIONAL POST EXPOSURE MANAGEMENT GUIDELINES AT A PERIPHERAL STD CLINIC, SRI LANKA

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²Consultant Community Physician Central Province Sri Lanka

Introduction:

Health care workers are at higher risk of HIV infection through accidental exposure to infected blood and other material. Thus appropriate management of occupational exposures and regular monitoring of such procedures become important elements of work place safety. Ministry of Health has introduced a standard exposure report to record the incidents of occupational exposures.

Objectives:

To describe types of occupational exposures and categories of health care workers who sought post exposure care. To evaluate the use of National HIV occupational post exposure management guidelines at the STD Clinic.

Methodology:

A descriptive study was conducted at the STD Clinic Kandy. Exposure reports of all health care workers who sought occupational post exposure care at the STD Clinic between 1st of January and 31st of December 2007 were analyzed.

Results:

Of the total (60) there were 11 males and 49 females. Majority of them were nurses (31) followed by labourers (12), medical students (8), doctors (6), and others (3). The largest exposure type was percutaneous injuries (52). All Source persons (49) and exposed persons (57) who underwent HIV testing at the time of initial consultation were HIV negative. Exposure card was not marked in 43 (72%) and incorrectly marked in 9 (15%) exposure reports. None of the exposed individuals had been received post exposure prophylaxis and undergone HIV testing after 6 months of exposure.

Conclusion:

Nurses are the largest category of health care workers who seek occupational post exposure care. Exposed persons should be motivated to attend follow up HIV testing. Doctors should be encouraged for proper documentation of exposure reports and follow up exposed persons

Researches related to the Curative Health Services

FACTORS AFFECTING PATIENT TRANSFER FROM PRIMARY HEALTH CARE INSTITUTIONS IN NUWARAELIYA DISTRICT

Weerakoon Chaminda, Medical Superintend ,District Base Hospital, Teldeniya

1.4.1 General Objective

To evaluate the factors affecting patient transfer from Primary Health Care Institutions in Nuwaraeliya District.

1.4.2 Specific Objectives

1. To determine the available facilities for transferring patients in Primary Health Care Institutions in Nuwaraeliya District.
2. To identify reasons for transferring patients from Primary Health Care Institutions to secondary/tertiary health care institution in Nuwaraeliya District.

To estimate time taken to complete a transfer of a patient from a Primary Health Care Institution to a secondary/ tertiary health care institution Inequalities in the distribution of health services will forever dictate that patients are transferred from one hospital to another in search of better services. Centralization of services, recruitment issues, high patient expectations and inadequate funding of the health sector are major constraint in the application of principles of patient transfer by Divisional Hospitals in Nuwaraeliya District.

However, sufficient attempts have not been made to bring our ambulance service to be in par with those of developed countries. Increasing the “number of ambulance” has been the only step taken so far to improve this very important service. Therefore, studying the factors affecting the patient transferring is useful to improve the quality of health care in the Nuwaraeliya District in the Central Province.

This study was carried out to evaluate the factors affecting patient transfer from Primary Health Care Institutions in Nuwaraeliya District. This study was a descriptive cross sectional study with prospective and retrospective components. The study was composed of two components, a facility survey and a descriptive study on factors affecting patient transfer from Primary Health Care Institutions (PHCI) in Nuwaraeliya District. The PHCI and the patients transferred from PHCI to other hospital formed the study populations in this research.

All the PHCI in the district were selected for the facility survey. For the 2nd component, sample size was calculated assuming 50% of the transfers will be delayed. Accordingly 430 transfers were included in the second component of the study. Two study instruments were used in the study, a check list and an interviewer administered questionnaire.

The study has shown some important findings. In Nuwaraeliya District a fair percentage of ambulances are past their useful age. Only basic facilities were available in the ambulance for monitoring and resuscitation of transferred patients. There are no additional drivers in the Nuwaraeliya District for ambulances. Transfer arranging time and patient handing over time were considerably high due to unavailability of proper communication facilities. Average time for a transfer was 403.41 minutes. Out of this most of time goes for handing over the patient at

receiving hospital. Average speed of transfer out was 32.4Km/h and average speed of return back was 28.15Km/h.

The study makes following recommendations to improve quality of this important services. The technological supports for communication should be used to align and adjust the timing of communication, such as information technology, email, mobile phones. Old ambulances should be replaced with new ambulances and improvement of the basic facilities in the ambulances at least to cover requirements of basic life support will improve outcome of the transfers.

Staff cadre should be revised to improve quality of the services. Periodic medical checkup must be done for drivers to assess their health status.

Guidelines must be developed regarding patient transfer and to reduce handing over time by giving priority to transferred patients.

CLINICAL WASTE MANAGEMENT AND THE KNOWLEDGE AMONG SANITARY HEALTH CARE WORKERS IN DISTRICT GENERAL HOSPITALS OF THE CENTRAL PROVINCE.

W.K.W.S Kumarawansa Deputy Provincial Director, Central Province, S.T.G.R. De Silva, Deputy Director General (MS1), Ministry of Health, Sri Lanka

A cross sectional study was conducted January by interviewing 341 sanitary health care workers at District General Hospitals, Central Province. The study aimed to study the current practices of clinical waste management and the knowledge among sanitary health care workers on clinical waste management. The instrument used to collect data were two check list and an interviewer administered questionnaire.

The studied hospitals were same level located in three district of the province, but bed numbers and the number of workers were different in each institution. The study group represented equal number of male and female and their mean service duration was 10.9 yrs.

The result showed that DGH Mathale had relatively good practices than other two hospitals and therefore it was leveled under Level I while other two hospitals came under Level 0. The median total score among sanitary healthcare workers from DGH Mathale than other two hospitals. It was observed that health care workers who had less years of service had higher knowledge than those who had more years of services.

It was found that more than 90% of health care workers from all three hospitals had excellent knowledge on risk of clinical waste and 80% of them were aware about the personal protection in all three institutions based on the questionnaire. But knowledge on waste segregation, transport and final disposal was poor and majority of health care workers from DGH Mathale is higher than the other two hospitals.

Study found that leveling of current practices according to the standards is statistically proven by observing different median scores of those hospitals far with the levels which was statistically significant. Anyway it is necessary to implement planned clinical waste management in healthcare institutions and motivate towards standard practices. It is also necessary to provide

trainings for health care workers on treatment and final disposal of clinical waste according to the standard.

SAFE SEX INTENTION TOWARDS HIV/AIDS PREVENTION AMONG SECONDARY SCHOOL STUDENTS OF NAKHON PATHOM PROVINCE, THAILAND.

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A cross sectional study was conducted on March 2006 by interviewing 281 secondary students at Mahidol Wittayanusorn School, Nakhon Pathom, Thailand. The study aimed to identify safe sex intentions and their determinants (and assess the characteristics of socio demographic variables, attitudes, subjective norms and safe sex intention to prevent HIV/AIDS). The instrument used for data collection was a self administered questionnaire.

The study group represented an age range 13-19 years and comprised an almost equal number of males and females. The majorities of student were living in dormitories (and were studying in mathayom 5 and mathayom .

The results showed that 70 percent of students had high level of attitude towards HIV/AIDS prevention. Students had high level of attitude to being abstinence and stay with single known partner to prevention HIV/AIDS, relatively low attitude to use condom and avoid premarital sex. The attitude has statistically significant positive relationship with safe sex intention.

The result also revealed that nearly 70 percent of respondents had good subjective norms and high level of good respond to their parents and teachers norms than friends. 60 percent of students had good intention to prevent HIV/AIDS, only 4 percent had poor intention.

The study found a statically significant positive association between safe sex intentions and age, gender and mathayom. It is necessary to provide appropriate sex education in secondary schools and create a good environment in which students are able to discuss sexual and related problems with their teachers and parents. It is also important to encourage them to practice safe sex for HIV/AIDS prevention since they already have good attitude and intention.

DETERMINANTS OF JOB SATISFACTION AMONG NURSING OFFICERS IN GENERAL HOSPITAL , KANDY

Arjuna Thilakarathna, Medical Superintend, GH Matale

As job satisfaction is defined “the favorableness or unfavorableness with which employees view their work”, some recent research would suggest that the job satisfaction of employees within an organization is related to productivity and quality of service.

In this research, determinants of job satisfaction among nurses in General Hospital, Kandy were surveyed as a descriptive cross sectional study and covered all categories of nurses attached in different sections. Understanding the level of job satisfaction among nurses, the socio-demographic factors which affect the nurses’ job satisfaction and the hierarchical order of factors that determine job satisfaction are the other concomitant objectives of the study. The General Hospital, Kandy is the studies setting for this study where 1550 nurses were employed and a sample of 422 nurses were drawn based on multistage approach. Data was collected by the researcher and using close ended self administrated questionnaire. The data was analyzed using SPSS 13.0 statistical software.

The findings revealed that the majority, 64.2% of nurses were unsatisfied with their job, 3.6% of nurses were neither satisfied nor dissatisfied and 32.2% of nurses were satisfied with their job.

The differences observed between the level of job satisfaction and factors including age, period of service, grade, preference of appointment and residential quarters showed statistically significant relationship at the 0.05 confidence level.

CAUSES OF POSTPONEMENT OF ELECTIVE SURGERIES IN DGH MATALE

Arjuna Thilakarathna, Medical Superintend, GH Matale

Cancellation of operations in hospitals is a significant problem with far reaching consequences. This study was planned to evaluate reasons for cancellation of elective surgical operation on the day of surgery in District general hospital- Matale. This study period was one month. All the patients scheduled to undergo elective surgery in main operation theater of Matale hospital were included in this prospective study. The number of operation cancelled and reasons for cancellations were documented. 186 patients were scheduled for surgery during the study period. 159 (85.5%) patients were operated upon. 27 (14.5%) operations were cancelled out of which 10(37.03%) were cancelled due to shortage of time, 7(25.92%) were cancelled due to emergency surgeries, 4(14.11%) were cancelled due to medical reason, 4(14.11%) were cancelled due to non-availability or non-functioning of equipments, 2(7.4%) were cancelled due to miscellaneous reasons. Cancellations of patients on operation lists occupy a substantial population (14.5) of cases. Majority of cancellation were due to reasons other than patients’ medical conditions. Better management could have avoided most of these cancellations.

RETROSPECTIVE ANALYSIS OF OUTPATIENT PRESCRIPTION INDICATORS IN THREE SELECTED HOSPITALS DURING THE LAST QUARTER OF 2011

Shashikala Jayarathna

There is only a limited number of research carried out on prescribing pattern in Sri Lanka. Therefore, data on prescribing pattern is not adequate to make decisions on drug prescribing for the country. At least partly to fulfill this, out-door patient prescription indicators of three selected hospitals in three selected provinces of the country were studied to get an idea about prescribing pattern of out-patient department (OPD)s of government hospitals. The selected hospital were, District Hospital Kadugannawa (DHK), teaching hospital Anuradhapura (THA) and a hospital from the Kurunegala district (KH) to represent central, north central and the north western provinces respectively. The study was a retrospective study during the last three months of the year 2011 involving one hundred randomly selected prescriptions per month. Data was analyzed using World Health Organization (WHO) prescribing indicators. According to the results, the average number of drugs per encounter in out-patient department prescriptions was higher than 3 in all hospitals studied. The percentage of generic prescribing was appreciable and all were above 70 percent (70%), while in THA it was above 80%. Percentages of drugs prescribed from essential drug list (PDPEDL) and drugs prescribed from hospital formulary (PDPHF) were higher than 89% in OPDs of all three hospitals. The percentage of antibiotics in OPD prescriptions was above 50% in all studied hospitals and values of THA and HK were approximately similar (51% and 53%) but in DHK the value was 63%. Injection usage in OPD prescriptions was very low in all three hospitals. This study opens the path for further research on evaluating, the usage of antibiotics, differences of antibiotic usage and practice of polypharmacy, in OPDs. Further, this study tells that there are possibilities for further improvements in OPD prescriptions, including generic prescribing.

Organizational culture of a hospital and its association with patient safety management system

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Introduction and objectives

The problem of errors in patient care is a critical issue facing hospitals today. This study describes how organizational culture and the Patient safety management system (PSMS) relate to each other in reducing medical error.

Method

This is a hospital based descriptive cross-sectional study based on a self administered questionnaire. This had two components, to assess the Patient safety management system (PSMS) and the organizational culture of the Castle Street Hospital for Women (CSHW) as perceived by its major clinical staff. The

perceptions of the components of PSMS were analyzed using binominal nonparametric test of significance. The statistical test ANOVA was used to compare the means of organizational culture and the Pearson's correlation coefficient was used to determine the association between organizational culture and the components of PSMS.

Results

Leaders' commitment to patient safety, team work and, participatory decision making practices were being felt as important by the majority of the respondents. With regard to incident reporting procedure values of employee encouragement, mutual trust, convenience, confidentiality and feedback were being felt as important. This study reveals that the organizational culture profile of CSHW is dominated by the group culture and the hierarchical culture. And the patient safety management system shows a statistically significant strong positive correlation with group culture ($r = 0.553, p < 0.001$) and developmental culture ($r = 0.539, p < 0.001$).

Conclusions

Building and promotion of group culture along with the developmental culture could appropriately address the shortcomings of the patient safety management system.

Current Practices of Hazardous Waste Management in Central Province and Development of Proposal for Effective Management

I.L.M. Nifraas, A.H. Abthullah, M.M.M. Ajmal Faaique, K.B.S.N. Jinadasa

This study is purposed to provide the necessary information on hazardous wastes specially generated in households and healthcare institutions in the central province of Sri Lanka, and the way how these hazardous wastes are managed. Questionnaire survey was carried out in randomly selected households in several local municipalities, three major government hospitals and some private clinic centres, to study the current practices of hazardous waste management in the central province. Stratified random sampling method was used to analyse the data to obtain estimated results in both quality wise and quantity wise.

Healthcare wastes

Assessment was carried out in the following places in the central province:

1. Matale District General Hospital
2. Kandy Genral (Teaching) Hospital
3. Nawalapitiya General Hospital
4. Private clinic centres in Kandy

Following details were obtained from the assessment in the above hospitals and clinic centres:

1. Amount of healthcare wastes produced in each hospital per day.
2. Current waste management systems for separate waste types.
3. Knowledge level on hazardous wastes among the labourers or waste handlers

Also, assessment was carried out to find the following further aspects of the current practices and issues related with hazardous wastes among the inhabitants in the central province:

- Problems due to hazardous wastes
- Knowledge on hazardous waste
- 4. Source of knowledge

Results

Household hazardous wastes

Table 1: Household hazardous waste amounts in central province

Hazardous waste type	Amount(Tons/Year)
E-wastes	4202
Chemical, corrosive & Toxic	653
Ignitable	646
Total	5500

These hazardous wastes were disposed and handled in the following methods:

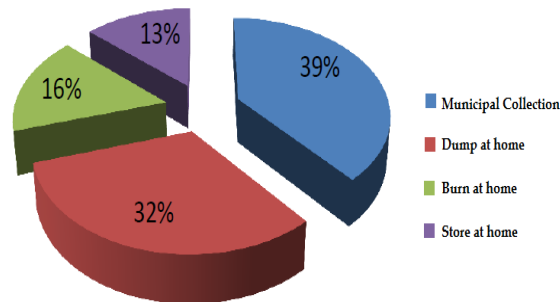


Figure 3: Current Disposal Practices

Conclusion:

According to the analysis, most of the hazardous wastes (more than 75%) were handled in a haphazard way without a proper management system. But, most of the healthcare wastes were managed in an effective way in government hospitals where, self-management systems with treatment facilities available and some handed over to the waste management agencies out site the hospital with a cost to treat infectious and pathological wastes. In case of private clinic centres, the waste management system needs to be improved as most of the healthcare wastes were sent with municipal solid wastes.

Also, it is important to make awareness among the public about the hazardous wastes and the severe problems due to this wastes.