

Quality of Health Education Provided to Maternal Women in Primary Health Care Units

Thesis

*Submitted for Partial Fulfillment of Master Degree
in Nursing Science (Community Health Nursing)*

By

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Ain Shams University
2018**

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Thanks to Allah who have lightened my path to accomplish this work,

The few words I wrote here can never and can't adequately express the feelings of gratitude; I have for my supervisors and the persons, who helped me to achieve this work,

*I am deeply grateful to **Prof. Dr. Seham Guirguis Ragheb**, professor of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her prompt and thought provoking responses to my questions and for allowing me the freedom to work independently yet keeping me focused on the task at hand, I greatly acknowledge her continuous encouragement and moral support. It was really an honor working under her wonderful supervision and for all her valuable efforts to produce this thesis. I cannot possibly convey words of my great appreciation for her great faithful effort in supervision during the progress of this work without her valuable instructions this work would never have been done.*

*It is with great pleasure, deep satisfaction and gratitude that I acknowledge the help of **Dr. Nadia Ibrahim**, Lecturer in Community Health Nursing, Faculty of Nursing, Ain Shams University, for her unlimited help, effort, support, guidance and for the time she devoted to me in this work, I would not have been able to start and continue this work without her help.*

My deep heart gratitude and thankfulness to all my family members; my lovely mother, my lovely father, my brothers and my lovely sisters.

Last but not least, my deepest gratitude and thanks to health educators and mothers, sample of this research, for their cooperation in conduction of this study.

Reham Ibrahim Dosokey

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LIST OF ABBREVIATIONS

<i>Abb.</i>	<i>Meaning</i>
CHES	: Certified Health Education Specialist
CHN	: Community health nurses
HCAC	: Health Care Accreditation Council
HE	: Health education
HIO	: Health Insurance Organization
MDGs	: Millennium Development Goals
NCHEC	: National Commission for Health Education Credentialing
PHCUs	: Primary health care units
QI	: Quality Improvement
WHO	: World Health Organization

Quality of Health Education Provided to Maternal Women in Primary Health Care Units

Abstract

Background: The role of health education is to convince the community and individuals of the importance of health and services rendered by the PHC. **Setting:** the study was conducted in primary health care units in Itsa city at El-Fayoum Governorate. **Sample:** Purposive sample of 300 health educators working with mothers in primary health care units. A representative sample of 100 mothers attending health education classes in the biggest rural health unit in Itsa city, Qalamshah village. **Tools:** 1-An interviewing questionnaire to assess a) health educator socio-demographic data, b) health educators' knowledge about health education, c) Mothers' socio-demographic data, d) mother's satisfaction related to health education session, 2-An observational check list to evaluate health educator practice during health education session. **Results:** 64% of health educators their age more than or equal to 35 years old, 98% of participants were female, 77% of health educators had satisfactory level of knowledge about health education, 78% of mothers were satisfied about health education session. 74% of health educators had correctly done level of practice about health education session. **Conclusion:** There was a significant difference in the level of knowledge according to education level, marital status and years of experience. There was statistical significant difference in the practice level according to age, education level, and marital status. **Recommendations:** it is recommended to perform further studies about this subject with a largest sample in different governorates to generalize results.

Keywords: Health education – Primary health care units- mother's satisfaction- Quality health education

Introduction

Health education is defined as the principle by which individuals and groups of mothers learn to behave in a manner conducive to the promotion, maintenance, or restoration of health **(Okeke and Okeibunor, 2010)**.

The essential components of primary health care observed by **WHO (2010)** are: health education prevailing health problems, methods of preventing and controlling them, promotion of food supply and proper nutrition , adequate supply of safe water and basic sanitation, maternal and child health care, including family planning, immunization against major infectious diseases, prevention and control of local endemic and epidemic diseases, appropriate treatment of common diseases and injuries, and provision of essential drugs and supplies **(Lavoie and Forget, 2010)**.

Health education at primary health care (PHC) level help to address issues related to diseases prevention, consumer health, environmental, emotional, sexual health, first aids, safety and disaster preparedness, substance abuse prevention, human growth and development. They further asserted that in the PHC, health education serve as a tool to coordinate health workers in counseling as well as education services such as health risk appraisals and health

screenings (**Mike, 2010 and Abdulraheem et al., 2011**) & (**Fasoranti & Afolabi Joseph, 2015**).

The role of health education is to convince the community and individuals of the importance of health and services rendered by the PHC. One of the best ways to achieve effective PHC is to ensure that the educating role becomes spread out and the end effect will be equally spread through-out the population (**Abiodun, 2010**).

A need for health education in the primary health care system WHO, 2008 identified five major needs for health education in PHC and these needs include the following:

Improved health, improved decision making, fight diseases, fight misconception, and provide resources (**Bhutta, et al., 2010**)

The fourth and fifth Millennium Development Goals 2030 (MDGs) aim to reduce child mortality and improve maternal health respectively. The MDG 4 aims to reduce child (under 5 years) mortality by two thirds while MDG-5 targets two issues: reduction of maternal mortality and also to ensure universal access to reproductive health by 2030 (**World Health Organization et al., 2015**). Additionally, 99% of maternal deaths take place in developing countries and more than 50% of these are contributed by sub-

Saharan. The death of a mother goes beyond just her death and impacts her infant, family, community and the nation as a whole because a woman is the nurturer of the family in many developing countries.

In rural communities, there are few or no reliable health care institutions to take care of women during child delivery, because most fairly equipped hospitals are concentrated in urban area, which pregnant women to rely on traditional birth attendants, who do-not possess the necessary skills to carry out safe child delivery.

Significance of the study:

Maternal death in Egypt 2013, during pregnancy is 23%, during delivery is 36% and postpartum death is 41% **(united nation children fund, Egypt June, 2011).**

Maternal death can result from either direct or indirect causes direct causes are postpartum hemorrhage is 19.7%, hyper-tension disease is 14.9%, sepsis 3.7%, rupture uterus 3.4%, antepartum hemorrhage 3.8%, abortion 1.8%, and obstructed labor 3%. indirect causes, cardiovascular 16%, respiratory tract disease 5.4%, blood and immunity disease 3.8%, diabetes 2.7%, neurological disease 2.3% and urological 1.5% **(Ministry of health, maternal mortality bulletin 2012, accessed in May**

2015).

Infant-mortality 18%, under five mortality 11.8% under five deaths by causes 2012 prematurity 28.5%, congenital anomalies 20.8%, acute lower respiratory infection 10.6%, intra-partum related complication 12.8%, diarrheal disease 5% and other causes 22.3% **(World Health Organization, 2015).**

Available knowledge and tools through health education are effective in reducing maternal and new born suffering and death. Experience has shown these interventions are affordable and can be effectively delivered even in poorest countries **(Fasoranti, et al., 2015).** However, only when available knowledge and tools are accessible, will they help the suffering people, **(WHO, 2012).**

Aim of the Study

Was to assess quality of health education provided to mothers in primary health care units, through:

1. Identifying health educators' knowledge about health education process
2. Assessing health educators' practice toward health education process
3. Assessing mothers' satisfaction regarding quality of health education

Research questions:-

1. Is there a relation between health educators' socio-demographic characteristics and their knowledge?
2. Is there a relation between health educators' socio-demographic characteristics and their practice?
3. Is there a relation between health educators knowledge and mothers satisfaction about quality of health education?

I- Primary Health Care

Primary health care defined by the world health organization as essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost the community and the country can afford. Services offered include health education, proper nutrition and food supply education, adequate safe water and basic sanitation, maternal and child health care, prevention and control of endemic diseases, treatment of common diseases, immunization and provision of essential drugs **(Uzodinma, 2012)**.

PHC is also viewed in terms of being the first level of care or entry point to the health care system for mothers. In some descriptions, PHC is taken to mean a particular approach to care, incorporating such aspects as continuity of care, community involvement, person centeredness, accessibility and partnership models **(Rutherford, Mulholland and Hill, 2010)**.

In general terms the 'Primary Health Care' implies the basic health care that includes teaching mothers how to live healthy (e.g. eating healthy food and better hygiene) to prevent illness and disease. It might also mean the first

point of contact between the mother and the health service, in other words, it can be regarded as the gateway to the health service (**Kamil, Salim and Hameed, 2015**).

However, the definition does include health promotion, illness prevention, treatment and care of the sick, community development and rehabilitation as integral to PHC provision. This definition reflects the approach to PHC taken by many developed countries, being described as a more acceptable, affordable and realistically demonstrable approach (**Hill ,et al., 2011**).

The aim of developing this definition was not only to foster more equitable and effective basic health care needs but also to provide a guide for participating countries in addressing the social, economic and political determinants of health. Implementing PHC within the principles of this definition would entail major transformation of not only the health systems of countries but also their social and economic structures. (**Mafimisebi and Oguntade, 2010**).

The definition of primary healthcare used by the WHO was “essential health care that is based on scientifically sound and socially acceptable methods and technology, which make universal health care universally accessible to individuals and families in a community. It is done through their full participation and at a cost that the
