



The Role of Family Health Workers in Providing Family Health Services in Sri Lanka

M. Najimudeen^{1*} and K. Sachchithanatham¹

¹Melaka Manipal medical college, Malaysia.

Authors' contributions

Both authors MN and KS prepared the text. All authors read and approved the final manuscript.

Case Study

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ABSTRACT

Aims: The maternal mortality rate and Infant mortality rate are relatively low compared to neighbor countries. Child birth in hospitals, skilled care during pregnancy delivery and postpartum period, absolutely free health care facilities, freely available contraceptive services and high female literacy rate are the major contributory factors in improving the maternal health in Sri Lanka. Family Health Workers (FHW) working in the hospitals and field play an important role in providing health care services. This study is to evaluate the role of FHW in providing family health care services in Sri Lanka

Study Design: This is the retrospective study of the reports from 1935 to 2012 of Ministry of Health, Family Health Bureau, Health Education Bureau, Department of census and statistics, and central bank of Sri Lanka were reviewed. The mothers admitted for confinement were interviewed about the services rendered by the FHW by the staff of the maternity unit.

Results: In a survey in the year 2007, about 93% of the FHW were resident in their stations round the clock. 95% of the pregnant mothers were seen more than 5 times during pregnancy by FHW. 98% of the delivered were at the hospitals and attended by the skilled healthcare personnel including FHW. 78% of the delivered mothers were seen by the FHW within 10 days of delivery. The maternal mortality ratio in Sri Lanka declined from 265 per 10,000 deliveries in 1935 to 1 per 10,000 about 65 years later.

Conclusion: Family health workers are the cornerstone of health care delivery system especially in the remote and rural areas of Sri Lanka. They are involved in the care during pregnancy, delivery and postpartum period and their work is supervised and

*Corresponding author: Email: najim5543@yahoo.com;

collaborated with the adjacent hospitals. Studies had shown that they contributed substantially to improve the health care in Sri Lanka.

Keywords: Family health workers; midwives; maternal mortality; Sri Lanka.

1. INTRODUCTION

Sri Lanka is not an affluent country. The health services were disrupted for 30 years due to civil unrest. Tsunami and other natural disasters affected the island adversely.

In spite of all the hardships the maternal mortality ratio was lowest in this part of the world. The maternal mortality ratio in Sri Lanka in the year 1935 was 265 for every 10,000 deliveries [1]. However within 65 years it came down to 1 in 10,000 deliveries [2].

Free health care by the state, infrastructure facilities to provide health services at grass root level, health services by the well trained FHW in remote rural areas, child birth at hospitals, high female literacy rate and liberal use of contraceptives to prevent unwanted pregnancies are the key success in minimizing maternal deaths in Sri Lanka.

The FHW work at the maternity units of the hospitals and the field. The FHW work in the field is in charge of about 3000-5000 population. They make home visits and render health care of pregnant mothers, immunization of children, providing contraceptive advise and materials. Their services play an important role the health care of pregnant mothers.

The countries current population is around 20 million and there are about 250,000 deliveries per year. The No. of deliveries in each hospital differ according to the area distribution and the number of consultants. For example, the Colombo South university teaching hospital has 3 consultant units and there are about 1000 deliveries per month. The Caesarean section rate is about 20-25% The infant mortality rate is 12.44 per 1000 live birth. This is much better than our neighbor countries as given in Table 1 [3].

Table 1. Infant mortality rate (IMR)

Rate	Country	IMR
1	Singapore	1.92
25	United Kingdom	4.91
34	United States	6.81
64	Sri Lanka	12.44
142	Bangladesh	48.98
144	India	52.91
155	Pakistan	70.90
188	Afghanistan	135.95

2. MATERIALS AND METHODS

This is the retrospective study of the reports from 1935 to 2012. The records of Ministry of Health, Family Health Bureau, Health Education Bureau, Department of census and statistics, and central bank of Sri Lanka were reviewed.

3. RESULTS AND DISCUSSION

3.1 Family Health Workers

The WHO and FIGO define the midwife as a person who having been regularly admitted to a midwifery educational programme, has successfully completed the course and acquired the qualification to be registered to practice midwifery.

The FHW are much more qualified and competent compared to the grass root field workers of some of the countries. On a comparative study of quality of family health workers [4], the contraceptive awareness among FHW of Sri Lanka, India and Philippines were assessed. The results are as follows:

Statement	Sri Lanka	India	Philippines
The easiest time to get pregnant is In the middle of menstrual cycle Rhythm method does not always Work because women may not know When her egg is released	85	47	00
	88	65	78

The midwifery training was started in Sri Lanka as early as in the year 1937.

Six midwives were appointed in the year 1937. Their service was expanded rapidly over the years as per given in Table 2 [5]. Table 3 shows the Population and area covered by FHW.

Table 2. Expansion of the services of FHW

Year	No. of FHW
1937	06
1941	347
1945	542
1950	1053
1954	1854
1970	2680
1980	3350
1986	4652
2007	4763
2008	4761
2009	4784

Table 3. Population and area covered by FHW

The midwives visit house by house and care the pregnant mothers. Each FHW covers about 3000-5000 houses
 Example of FHW area
 Health division: Yatiantota
 Extent of area: 291.5 sq.Km
 Population: 111,459
 No. of FHW: 38

FHW division	Population	Area
1.Hatagoda	1600	04 sq.km
12.Kendewa	2500	08
19.Garagoda	3000	5.5
37.Palegama	960	08
38.Panapitiya	2500	13

The distribution vary according to the population and access difficulties

3.2 Responsibilities of FHW [6]

The FHW in the field is the cornerstone in providing health care services in the remote and rural areas of Sri Lanka. Each FHW is allocated around 4000 houses.

The duties of FHW in the field are –

- (a) Care of pregnant mother.
 Registering the pregnant mothers- Pregnancy record card is maintained.
 Early referral to the antenatal clinics.
 Visiting them regularly throughout the pregnancy.
 Providing vitamin and iron supplements.
 Postpartum care.
- (b) Infant and child care.
 Monitoring the growth and development.
 Immunization against 6 common childhood diseases.
 Control of diarrheal diseases.
 Care of the school going children.
- (c) Nutrition of mother and children.
- (d) Adolescent health.
- (e) Family planning.

They visit house by house and care the pregnant mothers. They register the pregnant mothers and make early referrals to the close by antenatal clinics. They also make regular visits to ensure that mothers are attending clinics regularly. The FHW check the blood pressure during their home visits. They provide nutritional supplements. If they detect any complications they refer the mothers to the nearest hospitals at once. After the delivery of the baby they visit the mothers to see the breast feeding and postnatal problems. They advise the mothers on suitable contraception.

They also make sure that the immunization of the children is done properly.

Their work is coordinated and supervised by the public health inspectors, public health nurses and medical officers of health.

The field health midwife is usually from the same village and almost always lives in the area assigned. Therefore she is available day and night. Since she is from the same area and community all the cultural and communication barriers are eliminated.

They have registered almost all the pregnant mothers as shown below. They register the pregnant mothers and refer them to the nearest health centre for proper antenatal care.

The Table 4 shows that the FHW have attended on 97% of the pregnant mothers.

Table 4. Antenatal care provided by the FHW

	2007	2008
Reported births	363,549	363,343
Registered by PHM	347,455	356,076
Percentage	95.5%	97.8%

Table 5 shows their commitment in registering the pregnancies as early as possible. Table 6 shows the frequency of visit to the pregnant mothers by FHW.

Table 5. Period of gestation at the time of registration in 2008

First visit by Public Health Midwives in 2008		
Total No. of deliveries: 363,343		
No. of pregnant mothers Registered by PHM: 356,076		
POA	No.	Percentage
Less than 12 weeks	245,665	69%
13 to 20 weeks	81,907	23%
More than 20 weeks	28,504	08%

Table 6. Frequency of visit to the pregnant mothers by FHW

No. of pregnant mothers: 1000		
Every pregnant mother is given a card. Whenever a FHW visits her at the house the visit is recorded.		
Frequent	No. of patients	Percentage
Once in 2 weeks	218	21.8%
Monthly	619	61.9
Occasionally	90	9.0%
No visits	73	7.3%

Around 62% of the pregnant mothers are seen once a month.

The central bank of Sri Lanka in the year 2007, published about the key maternal indicators in Sri Lanka [7].

It revealed that-

- 93% of the FHW were resident at their station.
- 95% of the pregnant mothers were seen more than 5 times during pregnancy
- 98% of the deliveries were at the hospitals with skilled care.
- 72% of the mothers were delivered by FHW during postpartum period.
- Immunization of pregnant mothers with tetanus toxoid is 100%.

3.3 Limitations

The study was based on data published by the government institutions. The details of the midwives were collected by the author in one particular area where he worked. Some were from the feedback of the pregnant mothers. When the pregnant mothers came for delivery and postnatal clinic they were interviewed by the staff. There could be errors in all levels.

4. CONCLUSION

Family health workers play an important role in providing of health care delivery system especially in the remote and rural areas of Sri Lanka. They are involved in the care during pregnancy, delivery and postpartum period. Their work is supervised and collaborated with medical officers and the adjacent hospitals. Studies had shown that they contributed substantially to improve the health care in Sri Lanka.

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CONSENT

Not applicable.

ETHICAL APPROVAL

Not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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