

ABSTRACT

Health Promotion, defined as ‘the process of enabling people to increase control over, and to improve, their health’ came to light to implement the ‘Health for All’ concept with the Ottawa Charter for Health Promotion in 1986. Since then it has evolved as an approach that produces sustainable health outcomes by addressing broader ranges of determinants by community centered processes. National Health Promotion Policy recognized health promotion as an efficient and cost effective approach to promote health and National Health Master Plan for 2007 – 2016 of Ministry of Health, Sri Lanka, includes empowering communities towards more active participation in maintaining and promoting their health as a main objective. There are several programmes currently implemented in Sri Lanka that use health promotion approach such as ‘health promoting villages’, ‘health promoting schools’ and ‘health promoting hospitals’. PHM is the main grass root level health care worker who works with the communities to promote their health. No study has been done to measure the knowledge of PHMM regarding health promotion in Sri Lanka.

The present study was a cross sectional descriptive study aiming to describe the level of the knowledge on health promotion approach, factors associated with knowledge and to describe perceived barriers for its application among Public Health Midwives (PHMM) in Kandy District. Three hundred and sixty four PHMM of Kandy district with at least 6 months of public health experience, were included as study participants. A structured, pre-tested, self administered questionnaire was used to collect data from PHMM on the days of in-service training or monthly conference, pre-arranged with the permission of the MOH. The content and consensus validity of the questionnaire was assured by an expert panel with experience in health promotion at national and international levels. Marks gained by PHMM for the knowledge questionnaire was used to categorize PHMM as having either ‘good’ or ‘poor’ levels in knowledge on health promotion. Background characteristics of study participants and factors related to sources and opportunities for learning health promotion were assessed for their association with the level of knowledge on health promotion. The perceived barriers stated by PHMM were

25 JUL 2012

described in broad categories of barriers for PHMM and barriers for health care workers in general. The data was analyzed using SPSS 16 statistical package.

A majority (238, 65.4%) had a poor level of knowledge on health promotion and gaps of knowledge were identified in the areas of Ottawa Charter, health promotion action areas and some concepts related to health promotion. Only 41 (28.9%) PHMM were involved in programmes using health promotion. The incorrect labeling of other activities as activities using health promotion was commonly seen among the study participants (70.6%). Training programmes (73.9%) were the commonest source of knowledge on health promotion and 95 (26.1%) of PHMM in Kandy district had never learnt health promotion by any source.

The factors that were significantly associated with a 'good' level of knowledge on health promotion are possessing a basic educational level of GCE A/L or higher ($p=0.001$), self assessed ability to read English ($p=0.012$) and ability to access internet($p=0.025$), qualifying as a PHM in the year 2004 or after ($p<0.001$), having a public health experience of less than 20 years ($p<0.001$), participating in training programmes on health promotion ($p=0.003$), and involving in health promotion programmes ($p=0.007$). The benefit perceived by most PHMM regarding health promotion approach over the other approaches was that it makes the duties of PHMM easier (27.1%). Knowing benefits of health promotion was significantly associated with 'good' level of knowledge on health promotion ($p<0.001$). The commonest barrier faced by PHMM and the health workers in general was getting inadequate opportunities to learn health promotion.

The present study concluded that PHMM in Kandy district has a 'poor' level of knowledge on health promotion. Inadequate opportunities to learn health promotion was the commonest barrier. The study recommends increasing learning opportunities on health promotion, building capacities of MOH level resource personnel/trainers on health promotion and improving English language skills and availability of internet facilities to improve the situation.

Key words; Health promotion, Public Health Midwife, Knowledge, Sri Lanka