

ABSTRACT

Disasters are increasing worldwide in recent few decades, ultimately causing significant economic loss to the countries. Preparedness for these unexpected events can minimize the damage significantly. Despite extensive disaster preparedness activities carrying out by government, each person should be prepared to response to a disaster, which will significantly minimize the impact of disasters. This research is in the area of personal disaster preparedness, which describes disaster preparedness among patients visiting Out Patients' Department in Base Hospital, Agalawatta.

A cross-sectional descriptive study was carried out among patients visiting Out Patients' Department in Base Hospital, Agalawatta. Data was collected from 27th January 2014 to 3rd February 2014. The sample included 178 patients selected by systematic sampling method.

Patients were predominantly from Agalawatta MOH area (46.6%), Sinhalese (89.3%), female (73.6%), married (84.3%), middle-aged (mean 47 years of age) and monthly income between 10 000 and 14 999 rupees (mean 15 676 rupees). Fourteen percent of patients had disabled person, 76.4% of patients had person below 18 years of age and 52.2% of patients had elderly person at home.

Twenty seven percent of patients had damage to property, 15.7% of patients had previous displacement and 15.7% of patients had fear of disaster.

Almost all the patients had no previously discussed preparedness plan (99.4%). None of the patients had a disaster kit at home. Majority of patients had not keep their valuables at a safe place (64%), no battery operated radio (88.8%) and not participated to a first aid training programme (78.%).

There was a statistically significant association of disaster preparedness with having an elderly person at home ($p=0.024$), with increasing age ($p=0.037$) and being single status ($p=0.011$) at $p<0.05$ level.

The conclusion is disaster preparedness is very poor among patients visiting Out Patients' Department in Base Hospital, Agalawatta.

Disaster Management Coordination Center in Kalutara District in collaboration with Health Education Unit in Base Hospital, Agalawatta should implement disaster preparedness awareness programmes to this population, which will improve knowledge of disaster

preparedness. DMCC, Kaluatra should carryout simulations periodically specially for vulnerable population which is more practical than awareness programmes, that can assess how much people are being prepared and can use as a learning tool. The MOH should carryout Basic Life Support programmes to the area population which will assist to secure life till proper curative medical services are available in a disaster situation. Base Hospital Agalawatta should be strengthening with infrastructure and cadre and establishment of a disaster focal point to Base Hospital Agalawatta are recommended.

Further research is needed to assess the effectiveness of the training programmes to prove disaster preparedness is increased as a result. Also disaster preparedness of Base Hoospital Agalawatta should be assessed.