

Home Visits : Some Misconcepts

Ms. DOLLY BHASKARAN

HOME visiting is an important aspect of Community Health Nursing. It has its own advantages and disadvantages. As a Community Health Nurse I had been working in the Malwani* slum for three years. Initially, I was a student and later a teacher. There are various experiences which I came across while doing home visits in the community. There are certain misconcepts among the people regarding home visits.

When I was doing my post-graduate studies in community health nursing I came across an incident which made me find out the various misconcepts which are prevalent among the people in the community with respect to home visits and work carried out by the health centre.

I was doing my dissertation on "Knowledge and Practices among Mothers of Malwani regarding Oral Rehydration Therapy". As usual I went to collect the data from the families. My tool was interview schedule. I was supposed to interview them at their homes. On that day I reached the area only by 11'Oclock, still to my surprise, I noticed that all mothers were busy. They were filling the water and washing clothes near the common water tap. Between mothers some tussles were going on as water scarcity was experienced on the previous day. I waited and watched all these for some time.

But I could not wait more because of my schedule I was to collect data from at least five families per day and it took about 45 minutes in a house for data collection. I waited at the doorstep of a house, from where I was to collect the data on that particular day to start with, expecting somebody to come and open the door. Then I realised that some one was inside and I knocked on the door. The mother opened the door and I greeted her, explained to the mother the purpose of my visit. Mother was angry on hearing me, she shouted at me saying: "You people do not have any work. Nuisance! Morning only start the trouble of asking questions and not allowing to do any work. Go away from here". She banged the door. I felt sad, and waited there with tears in my eyes for some time, thinking that she may change her mind and open the door again. But she did not. Another day, a neighbour of hers was watching all this drama from her house. She came suddenly and took me to her home. She introduced me to the in-laws and husband. She consoled me. What a relief I had, I felt very happy and thanked her. She told me the

reason for her neighbour's reaction towards the health personnel. She said: "You come with paper and pencil, ask personal questions, write something and go away. Simply waste our time". Neither you give care nor medicine". Even though she had given whatever data I required, from the talk it was clear. She was also having the same opinion that of the other lady regarding the health personnel.

Reason for Uncooperative Behaviour

As mentioned earlier this above incident prompted me to find out the reason for the above behaviour. I wanted to find out whether there was a real reason behind it or it was due to the misconception regarding the home visits by the health personnel especially the Nursing students.

People have the misconception that from the Centre we nurses only go there to get the detail for our study purpose, not for helping them. They are of opinion that people who go for home visits should administer medicines at home. They demand medicines complaining minor ailments like headaches, back-aches, etc. For students they do not have a standing order to administer medicines at home. We instruct them to come to the Centre and collect the medicine, for which they show dissatisfaction.

Another misconception was that they considered us as social workers as soon as we introduce ourselves. To remove this misconception from them I found a solution by telling them that I am a nurse coming from the College of Nursing working in collaboration with health centre. To a certain extent this explanation helped me to remove this misconception regarding the identity. I instructed my students to follow the same when they go for home visits.

One of the common misconcepts among them was that we go for home visit only to force them for family planning. When a question was asked about the number of members in the family, to collect the family data to give health care they answered indifferently and incorrectly. Without further asking they add they had undergone family planning operation. In most of the cases this attitude was changed by emphasising initially itself that I have gone to collect the data to give care to the children and not to force them to undergo measures for Family Planning. I also mentioned to them that the children are the most vulnerable group of the community and hence needed more care.

Another misconception which I noticed was regarding the data of socio-economic background of the family. During the visits I found that the members of the family were not ready to answer this question. They asked, "Why you want to know our income". I presumed that their fear was that I may do harm

* One of the biggest urban slums in Bombay.

The author who is from the United Kingdom was formerly a Lecturer in Community Health Nursing, L. T. College of Nursing, SNDT Women's University, Bombay.

to them by collecting this information. To overcome this I explained to them that this information was required for me to give a better care based on their socio-economic status. I assured them that all this information will be kept confidential.

Fear of the Vaccine

When I was doing an immunizational survey, I found that even though many of the children were immunized against polio and DPT, the few remaining families had the misconception regarding the vaccine. They fear the child may get an attack or the child may die due to the effect of immunization. When I probed into the exact cause it was revealed that one of the children from the same area died two days after the immunization due to some unknown reasons. I started giving health education on immunization quoting the example of the majority of children who got immunization and are healthy. It was found that among the mothers the practice of home remedies was very common. They go to the extent of practising home remedies even for serious illnesses which require medical care. To avoid the medical treatment they usually keep the diseases a secret from the home visiting health personnel. From my observation, I found the main reason for this lay with the health centres' working time and the pattern of working. Some of the past experiences, e.g., the health personnel's behaviour during home visits and in the Centre, contributed to the people practising home remedies better than coming to the centre for medical treatment. Most of those included were from low socio-economic background. They cannot afford to go to private practitioners all the time. It also enhanced the practice of home remedy.

Being a mobile populated area the facilities which are available in the centre for the community is not known to many who stay away from the centre. Even for those who knew about the centre the working timings of the centre is not suitable for them to make use of the facilities available. They also have an opinion that it is a training centre for medical or Nursing students. These aspects contribute to a negative attitude towards these personnel who go for home visit and also towards the centre. To overcome this I felt a need to exhibit the working of the centre, the various resources available at the centre to create awareness among the people when that was done and with continuous home care they realised the facilities available in the centre, started voluntarily accepting the treatment and changed the attitude towards centre into a posterior one.

Another misconception among the people is regarding the data on social problems. They are reluctant to give details regarding their habits like smoking, drug addiction, alcoholism, etc. It may be due to the fear in their mind. This can be solved by making them aware of the ill effects of it by using various media of health education, e.g., street plays, exhibits, etc.

When I look into the above misconceptions in the community I feel that this is high time for nurses to work hard in the community to remove them. We can remove all these misconceptions very easily by imparting the correct messages to the community. To prove this we nurses can do a lot in the community. I along with my students have adopted a sample of 100 houses and went for home visits keeping in mind all the above mentioned factors. We went for door-to-door services, explained the resources available in the centre, purposes of our visit, imparted health education using various media, used bag for carrying out the procedures at home, helped them to get services from other institutions, we referred few cases to the specialised clinics.

After six months of work, a study was conducted to find out the concepts and misconceptions in community regarding home visits and found that the results were exciting. Most of the misconceptions which I mentioned earlier are not prevalent now in that area. The mothers expressed a desire for nurses to visit their home daily and to help them to solve their problems. They appreciated the health education programmes which were conducted in the community. They commented that it was a good experience for them to gain knowledge on various aspects such as certain diseases, importance of hygiene, environmental sanitation.

Most of us did not realise the fact that the mothers are busy in the morning in their household routine work. As a nurse it is very important that we must choose the correct time for home visit according to their convenience to gain full co-operation from the family. In the study they expressed that if the nurses can visit after their household work they are more free to discuss with them. They also showed interest to discuss their personal problems.

From this I came to the conclusion that the nurses can work in the community with the help of community participation so that our goal to provide primary health care to the community can be achieved.