

Original Article

POTENTIAL RISK FACTORS FOR CONGENITAL MALFORMATIONS IN NEONATES: A CASE SERIES STUDY IN TWO TERTIARY CARE HOSPITALS OF LAHORE CITY

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Objective: The purpose of this study is to assess health status, needs and available services of the community.

Material and Methods: It was a cross sectional study of 50 participants, studying medical/public health in various institutes, belonging to different areas of Punjab. In addition to collecting basic demographic details, questions were asked to assess the health needs (in their particular community area). All the data were noted down on a short structured questionnaire. Categorical data were presented as percentages and in form of graphs while descriptive and frequency distribution was used for quantitative analyses.

Results: There were an equal proportion of males and females in our respondents. The mean age of our respondent was 23 ± 2 years. Out of total 50 respondents only 40 had access to health facility within 5 km range. Only 25 (50%) participants responded a satisfactory health status of their family. 43 participants responded to their family disease status as chronic diseases and 07 responded as infectious diseases. Allopathic treatment was the most preferred one. 55% of the participants responded that they had sufficient access to health facilities in their areas. With respect to improvement in health needs 85% participants responded that they need improvement in health facilities in their communities.

Conclusions: A significant proportion of the participants responded to their family disease status as chronic diseases which may be due to changing patterns and exposure to certain risk factors. Awareness regarding health needs was demonstrated by only 40% of the participants in their respective communities. This information demonstrates that family health is still an important indicator of health need assessment and needs to be evaluated.

Keywords: Public health, Primary health needs, Environmental health, Health need assessment.

Introduction

Health needs assessment is a new phrase to describe the development and refinement of well established approaches to understanding the needs of a local population.^{1,2} In the 19th century the first medical officers for health were responsible for assessing the needs of their local populations. The 1992 Health of the Nation initiative was a government attempt to assess national health needs and determine priorities for improving health.³ Health needs assessment has come to mean an objective and valid method of tailoring health services; an evidence based approach to commissioning and planning health services.⁴ Although health needs assessments have traditionally been undertaken by public health professionals looking at their local population, these local health needs should be paramount to all health professionals.⁵ Hospitals and primary care teams should both aim to develop services to match the needs of their local populations.⁶ Combining

population needs assessment with personal knowledge of participants' needs may help to meet this goal.⁷ This paper is an attempt to identify the different health needs by different respondents in their respective communities and to provide a basic layout in terms of health needs assessment.

Material and Methods

It was a cross sectional study of 50 participants, studying medical/public health in various institutes, belonging to different areas of Punjab. We used convenient sampling. In addition to collecting basic demographic details, questions were asked to assess the health needs (in their particular community area) viz What is the problem? What is the size and nature of the problem? What are the types of health facilities (services) available? What does community want? Participants were asked about the presence of chronic disease and disease status of their families. All information was entered in a short structured questionnaire. Analyses were done in Statistical

MS Excel. Categorical data were presented as percentages and in form of graphs while descriptive and frequency distribution was used for quantitative analyses.

Results

There were an equal proportion of males and females in our respondents. The mean age of our respondent was 23±2 years.

Table-1: Basic health information.

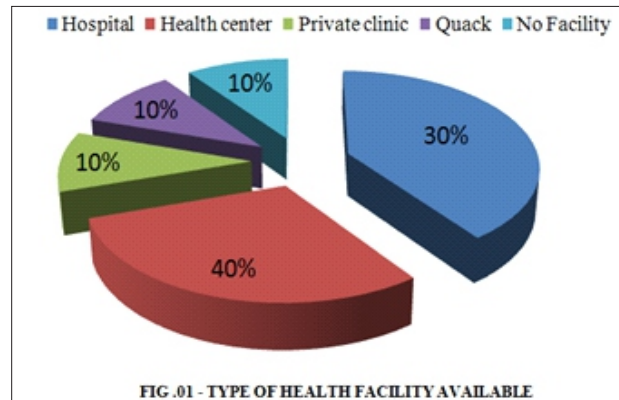
	Frequency n=50
Distance of Facility	
< 5 km	10.0
6 to 10 km	50.0
> 10km	0.2.0
Health facility visit	
Monthly	00
6 months	00
Annually	08
Onset of symptom	42
Health Status of Family	
Satisfactory	25
Good	05
Fair	10
Poor	10
Genetic Predisposition	
Yes	23
No	27
Disease status of family	
Communicable disease	07
Chronic disease	43
Treatment you prefer	
Allopathic	41
Homeopathoc	05
Spiritual	03

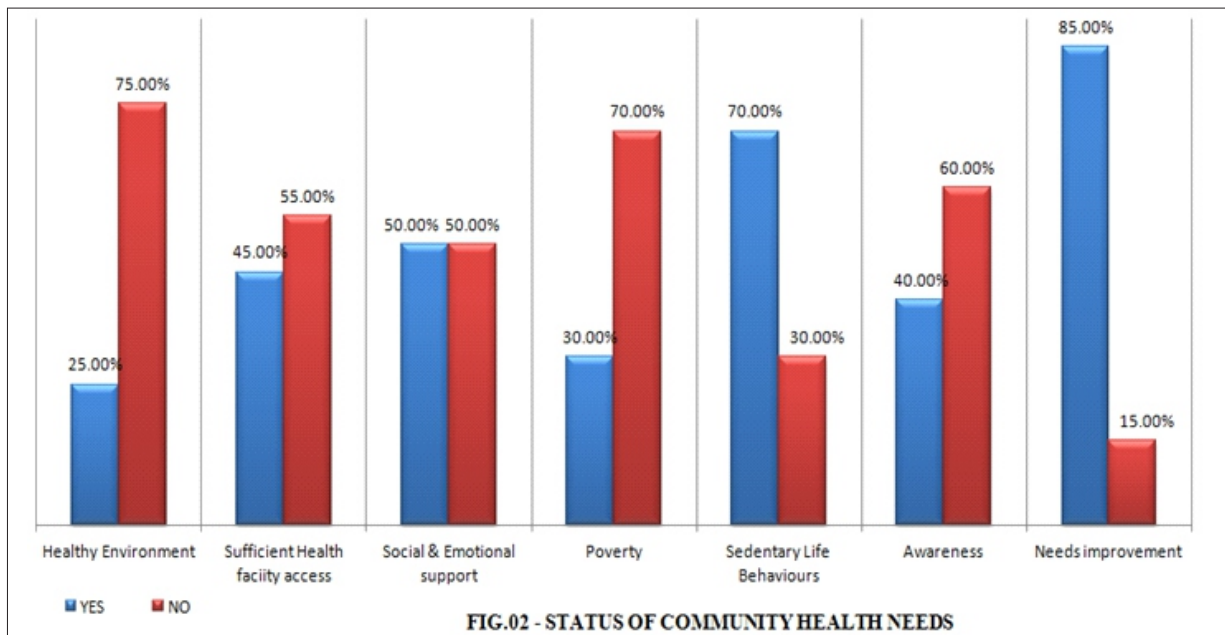
Table-01 shows the basic health information obtained from our participants. There were total 50 respondents out of which only 40 had access to facility within 5 km range.

Most of the participants used to avail health facility at the onset of symptoms necessitating the need to

aware these about regular health facility visits. With respect to health status of their family members only 25 participants responded to satisfactory health status of their respective families. Out of 50 only 23 participants responded that they were genetically predisposed to any disease. A significant proportion of the participants responded to their family disease status as chronic diseases which may be due to changing patterns and exposure to certain risk factors. This information demonstrates that family health is still an important indicator of health need assessment and needs to be evaluated. With respect to type of preferable treatment allopathic treatment was the most preferred one however homeopathic and spiritual ones were also preferred based on their believes and spirits.

FIG.01 shows the type of facility available in particular area. Only 40% (20) of the participant have access to hospitals in their particular area. 10% of them were having the access to health center nearby and/or private clinic. 10% had no facility available in their particular area. These results demonstrate that health policy should be evaluated in perspective of equal health care access throughout the community and every individual should have an equal chance of accessing the health facility. FIG.02 shows the overall status of health need of respective participants' communities. Only 25% of the participants responded to the available healthy environment in terms of less pollution, less overcrowding and proper sanitary conditions. 55% of the participants responded that they had sufficient access to health facilities in their areas. With respect to social & emotional support there was an equal proportion in the participants in agreement and disagreement. Poverty was considered a problem in community by 30% of the respondents. Sedentary life behaviour was sharing a major burden in most of the participants' communities. Awareness regarding health needs was demonstrated by only 40% of the participants in their respective communities. With respect to improvement





in health needs most of the participants (85%) responded that they need improvement in health facilities in their communities.

Discussion

Distinguishing between individual needs and the wider needs of the community is important in the planning and provision of local health services.⁸ If these needs are ignored then there is a danger of a top down approach to providing health services, which relies too heavily on what a few people perceive to be the needs of the population rather than what they actually are.⁹ Doctors, sociologists, philosophers, and economists all have different views of what needs are. In recognition of the scarcity of resources available to meet these needs, health needs are often differentiated as needs, demands, and supply.¹⁰ Health needs assessment provides a method of monitoring and promoting equity in the provision and use of health services and addressing inequalities in health.¹¹

Health needs assessment provides a method of monitoring and promoting equity in the provision and use of health services and addressing inequalities in health.¹¹ Evidence does not support routine health assessments in otherwise healthy people.¹² The importance of assessing health needs rather than reacting to health demands is widely recognized, and there are many examples of needs assessment in primary and secondary care.^{13,14}

There is no easy, quick fix recipe for health needs assessment. Different topics will require different

approaches.¹⁵ These may involve a combination of qualitative and quantitative research methods to collect original information, or adapting and transferring what is already known or available.¹⁵ The stimulus for these assessments is often the personal interest of an individual or the availability of new funding for the development of health services. However, assessments should also be prompted by the importance of the health problem (in terms of frequency, impact, or cost), the occurrence of critical incidents (the death of a patient/subject turned away because the intensive care unit is full), evidence of effectiveness of an intervention, or publication of new research findings about the burden of a disease.

Conclusion & Recommendations

The report establishes a need to assess the value of public health and health promotion using constructs beyond individual health and beyond the World Health Organization's original definition of health that dates back to the middle of the last century. Notwithstanding advances in community capacity building through community based participatory research and parallel efforts such as empowerment evaluation, stakeholder evaluation and assessment of community competence, the application of these constructs within health promotion and public health programs apparently have not given sufficient prominence to the intrinsic value of building community capacity through the *process* of developing programs.

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