A qualitative study

How nurses at a state health clinic in Namibia work to reduce diarrheal diseases among children under five years of age.

- How do they work preventive and what obstacles are they facing? -

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Abstract

**Background:** Diarrheal diseases are one of the leading causes in the world that leads to mortality for children under the age of five. A very common factor for an undeveloped country’s lower class is that the access to clean water, sanitation, education and the right nutrition for children are lacking. Part of the nurse profession is to prevent and to make sure that the message is being received by the client in order to reduce sickness.

**Aim:** The aim of this study is to find out how nurses at a state health clinic work preventive to reduce diarrheal diseases among children under five years of age and what obstacles nurses are facing in their daily work when giving preventive advice.

**Method:** The method used is qualitative research. In depth interviews were conducted with six nurses that lasted 30-45 min.

**Result:** To prevent diarrheal diseases the nurses at the state clinic are using a national guideline and they give health education. The obstacles they face in their daily work are communication difficulties due to many different ethnical groups and different languages in the country, poverty and sanitation. Many mothers are working or are infected by HIV and do not want to breastfeed.

**Conclusions:** More research should focus on how to give health education to people in society and the connection between nursing education and practice. Preventive work is a relatively cheap way to reduce suffering and make a whole population healthier.

**Keywords:** Communication, Hygiene, Namibia, Nursing, Preventive work

**Acknowledgements:** We would like to express our sincere gratitude to Sida that gave us a scholarship so we were able to make a minor field study in Namibia.
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Introduction

Gastrointestinal diseases cause suffering and deaths especially among young children in Namibia (Page, Pager & Steele., 2010). This bachelor thesis will investigate how nurses at a state clinic in Namibia work to prevent these diseases among children under the age of five by involving their guardians and shed light on what obstacles they are facing. 21% of all deaths among children under five years of age in developing countries are caused by diarrheal diseases and is thereby the leading cause. Since diarrheal diseases are such a significant cause of death it becomes important to find solutions and improve the preventive work for nurses (Page et al., 2010). We both consider nurses preventive work as an important part of the profession. Through our nursing education we have learned that so much suffering related to diseases can be stopped by working preventive.

The most common contributing factor for these diseases for infants and young children in developing regions are pediatric malnutrition, bad hygiene, sanitation and poor water quality (Page et al., 2010). That's why we consider this problem as an urgent and important issue not just for Namibia but for all countries that are consider as undeveloped. A big part in the profession of being a nurse is to educate, inform and give consultations to promote health and prevent illness (Korp, 2004). The purpose of this study is to gain a deeper knowledge and understanding in how nurses give preventive advice to guardians so that diarrheal diseases can be reduced among children under five years of age. This study will also investigate what kind of obstacles nurses are facing in their preventive work. The frame for this study will take place at a state clinic in the Khomas region which is a middle class area in Windhoek, the capital of Namibia. Further on we will use the concept nurses at a clinic when we discuss our findings in this bachelor thesis.

Background

Namibia

Namibia is a country situated on the southwestern coast of southern Africa with Botswana, Angola and South Africa as its closest bordering neighbors. It has a long history of oppression from Germany and South Africa. As late as 1990, Namibia got its independence from South Africa after a long period of struggle. Namibia was then, the last African colony on the whole continent to gain its independence (Berg, 2004). Namibia has a limited supply of fresh water due to its hot dry climate and vast desert. The density of the population is low with a total of only 2.3 million inhabitants (2011) to its 824 000km². Mortality among children younger than five years of age in Namibia is in the order of 63 deaths per 1000 live births and 3 per cent of these deaths are caused by diarrheal diseases. The most common contributing factor for infants and young children in developing regions are pediatric malnutrition, bad hygiene, sanitation and poor water quality (Page et al., 2010). Since Namibia is still a developing country the need for healthcare and especially preventative healthcare is crucial.

Namibia has many different ethnical groups and it is difficult to estimate how many groups exist in Namibia. Some examples of ethnical groups are: Damara, Hereros, Caprivians, Ovambo, Himbas (Berg, 2004). English is the official language but there are five languages that are dominated and there are a numerous variations of these different languages (Hudson & Höök-Skärham, 2009). Since Namibia has an history of oppression and apartheid, the white
people in Namibia are the ones that are more privileged when it comes to education (Berg, 2004). The situation for colored and blacks have been better since independence 1990 and literacy is estimated to be around 85% (Hudson & Höök-Skärham, 2009). It is a relatively high number but illiteracy still exists. Poor families might not have enough money to put children in school and need them as working labor instead. Even the cheapest schools in Namibia cost money and school uniform and school shoes are an obligation. Families with a little money can not afford this and are stuck in the negative cycle of poverty (De Vyld, 2002).

Social class
A recent problem for Namibia is that it is a country classified by the World Bank as an "upper middle country". This means that a lot of international donors have left Namibia facing its own destiny (Afrikagrupperna, 2012). Despite the fact that Namibia is rich in natural resources the gap between poor and rich is tremendously deep. The work to equalize the social gaps in Namibia will take time (Berg, 2004). One of the most obvious patterns when it comes to health, disease and death in the human population is social class. This means the best health at the top of the social hierarchy and the lowest at the bottom. The pattern of seeking care in a preventive purpose among low class is very minimal. People in this category typically wait until they feel so ill they can not wait anymore before they see a physician. Also the knowledge around their own physical health and lifestyle is usually lacking or is little known to them (Cockerham, 2007). The nurse has an important role when it comes to educating guardians in preventative methods to avoid gastro intestinal diseases for children. Guardians are the ones that take care of them and since children are totally dependent on their parents or their guardians they need to be fully informed in what they can do to reduce health care risk (Ilse & Nilsson, 1994).

Millennium goal number four
The United Nations (UN) created in the year 2000, eight goals that are called "Millennium goals". These eight goals describe the most essential factors that human beings need to achieve a better future. The aim of the proposition was to shed light on the situation of vulnerable people and the need for the world to take a collective responsibility for these goals to be fulfilled by 2015. Goal number four is called: Reduce the child mortality. Child mortality is classified as children that die before reaching the age of five. Of the total child mortality more than half are related to bad hygiene, malnutrition, lack of clean water and bad sanitary circumstances (UN, 2012). Those are circumstances that causes diarrhea which is number two of the top five reasons for child mortality in the world (World Health Organization, WHO 2012).

Diarrheal diseases
Symptoms that come from the gastrointestinal channel are very common during childhood. An important aspect when it comes to the clinical judgment is the child’s age and the symptoms. A child doesn’t have the same ability as an adult to describe symptoms so it is very important that the child’s guardian can describe things such as localization, time perspective and character of the symptoms. The pediatric panorama when it comes to sickness related to the gastro intestine is multifaceted. This is an important aspect when it comes to children born prematurely. Their organs are not fully developed and are at a higher risk of infections and malnutrition. The immune system is not developed in the intestine for newborn babies and they are at a high risk all the time to be infected by infections. Vomiting and
diarrhea are common symptoms when a child gets infected in the gastro intestinal channel. They lose important nutrition and essential salts in the body and if it doesn’t cease it can easily lead to death. An essential factor when it comes to infection-contamination-sickness is the antigens possibility to survive, colonize and finally multiply (Ihse & Nilsson, 1994). For example rotavirus is a very common virus and it is in everyday language called an upset stomach. 85% of the children under 18 months in Namibia have rotavirus (Page et al., 2010). The most common way for rotavirus to spread is through hands after contact with feaces. The infection usually self-heals but for an infant or a child that do not have the right circumstances this can lead to serious medical conditions. The child successively gets dehydrated and weak (Ericson & Ericson, 2008). This is a fact for many children in undeveloped countries such as Namibia.

Since diarrheal diseases are the second most common reason in the world for children under the age of five to die from, WHO together with The United Nations Children’s Fund created a handbook that is called: Integrated management of childhood illness (IMCI). It is a handbook that offers simple and effective methods to prevent and reduce mortality among children under five years of age. The handbook is easy to follow in how to cure diarrhea and which methods that are appropriate depending on what stage the disease has reached in the child. It also gives advice to parents when it is important to visit a health clinic and what signs to look at when a child is dehydrated. The handbook is addressed for doctors, nurses and other health professionals. One chapter of the handbook is called “The sick child age two months up to five years: assess and classify” with an underline chapter named “Diarrhea”. It gives specific and practical information on what to ask guardians and what a health professional should look for when it comes to the clinical spectra of the sick child (WHO, 2005).

Nurse education in Namibia
The nurse diploma in Namibia stretches over four years fulltime and also covers a midwife diploma. Subjects that are studied is: General nursing science, Contemporary social issues, Health care dynamics, Biological science, Communication & Study Skills in English for Nurses, Computer Literacy (Basic), Sociology, Community health nursing science, Midwifery, Mental health, Nursing Ethos & Professional Practice. The full curriculum consists of 39 modules in total. The preventive part of the nurse education in Namibia is something that is saturating the whole education and is studied more in depth in the course “Community health nursing science” (University of Namibia, 2011).

Preventive work and health education
The pedagogical function is very important to strengthen the health improving-message. Studies show that generally designed information about health promotion mainly reaches the ones that are already well-educated (Cockerham, 2007). To be able to motivate and change a behavior it’s important to have knowledge about what kind of factors that lead to the habits being used. Cultural experience and their history is something nurses need to learn more about to get a better understanding for the nurse’s pedagogical role and to see what kind of changes could provide benefits. To be effective in the preventive work it is necessary and a must to start from the target groups values and culture (Olsson, 2001). The actions or advice given by the nurse must be a tool to make changes rather than a must for the patient. It is therefore very important to reduce the health gaps between populations by adapted information. This is an important role for nurses as they work to prevent illness. Compared to other expensive materials in the health care area, pedagogical methods are comparatively cheap. If the nurse can use the pedagogical role in a suitable way sickness and death can be reduced by simple
methods. Preventive work takes place when health workers are not present. That is one of the reasons why it is so important that the message is received in a personal way. Joyce Travelbee is a nurse theorist that wrote “human to human relationship theory”. She emphasized to view the patient as an individual instead of a patient centered care that is advocated by a lot of organizations and institutes in the area of health care today. She dealt with interpersonal aspect of the nurse profession (Travelbee, 2001).

To develop a “human to human relationship” nurses have to go through five phases according to Travelbee. They are:

- An opening phase with the patient, making the first impression
- This is followed by an phase were both the patient and the nurse are showing markings of their identity to connect as human beings and make the communication easier
- Third phase is that the nurse shows empathy for the patients problem or condition
- Forth phase is for the nurse to show sympathy.
- The last phase is to establish mutual understanding and contact (Travelbee, 2001).

WHO describes the nurse profession that it is something that “includes the promotion of health”. It gives weight on how important it is for nurses world around to work preventive. Health for all individuals is the ultimate goal and to achieve that, preventive work must be emphasized. It is a way to give individuals the tool to be autonomous and it includes both healthy and already sick people, dying and disabled (WHO, 2012).

**Question of issue**

We want to investigate how nurses at a state clinic in Namibia work preventive to reduce diarrheal diseases among children under five years of age and what obstacles they face in their preventive work. The leading cause of mortality for children under five years of age is diarrheal diseases. A very essential part of the nurse profession is to give preventive advice so that suffering and illness can be reduced.

**The aim**

The aim is to get a deeper understanding how nurses at a clinic in Namibia work preventive to reduce diarrheal diseases among children under five years of age and what obstacles they meet in their preventive work.

**Method**

The method used was qualitative research. This method is used in many different academic disciplines, traditionally in the social science and nursing science. The aim of qualitative research is to gather an in-depth understanding of human behavior and to understand the reason for using that behavior (Friberg, 2006).

**Introduction to the field**

To get a deeper knowledge and understanding for the field we prepared ourselves by searching for information about Namibia and our topic before leaving. We read books, articles and interviewed nurse students that had been to Namibia earlier. We also took part in SIDAS 2,5-day introduction program for Minor Field Studies.
When we got to Namibia a three week practical introduction at a state clinic and at Katutura state hospital was performed. During these three weeks we had the opportunity to get to know the jargon among the nurses and how the ward was organized. By getting to know them first we could in an inartificial way introduce our study to the nurses and by that we found eligible respondents to participate in our study. According to Polit and Beck (2012) it is important to gain trust when a qualitative study is being made. Researchers need to develop strategies to gain trustworthiness among the participants. It is a balance between "being like" the people being studied and at the same time keeping a certain distance and being professional. As a researcher it is important to adapt to the new environment and choose an appropriate role in the present culture.

**Sample**

Eight nurses at a state clinic in Namibia were eligible to participate whereof six agreed to participate. The criteria to participate in the study were that the nurses had to speak English fluently, had at least five years of work experience and had worked at Health primary care for at least two years. To encourage the nurses to take part in the study we promoted the general benefit of shedding light of an issue that is very common and that have a high prevalence of mortality for children. By investigating how nurses work and what obstacles they are facing when it comes to preventive work it can possibly give them a deeper reflection on their daily work.

**Data-collection**

Form of data-collection included interviews with nurses at the clinic. Semi structured interviews where being produced. That means that written topics were prepared (Table 1.) which is a list of themes and questions. All the themes and questions were answered by all participants. The interviewers' job is to encourage the participants to talk freely about the topics (Polit & Beck, 2012). The topic guide was prepared by being ordered in logical sequences, from general to specific. The topic guide includes suggestions for follow-up-questions, like "What happened next?" and "When that happened, what did you do?" Questions that could be answered with a "yes" or "no" tried to be avoided.

**Interviews**

Before the interviews started the respondents got the aim and their role in the study verbally repeated. They also signed a contract about their rights in the study (appendix 1) that said that the interview would be voice recorded, that it is confidential, it is voluntarily and that they could at any time withdraw their participation. All the interviews were made in English and none of the participants hesitated to be voice recorded. The reason to voice record the interviews was to ensure the quality of the research. According to Polit & Beck, (2012) some up-front "small talk" before the interview starts help overcome the stage fright which can occur for both interviewers and respondents. This also helps to forget about the voice-recorder. Since we had been at the clinic doing practice and meeting all the nurses, this did not feel like a problem. The atmosphere was relaxed. The participants decided themselves where they wanted the interviews to take place and what time was suitable for them. The workload is very heavy at the clinic but since we had done our practice there we offered to cover up for the nurse while he or she got interviewed. All the interviews took place either in the staff room, office or treatment room. The interviews lasted between 30 and 45 minutes. The interviews where done with only one interviewer and the respondent. This was to make sure the respondent felt comfortable and did not feel pressured. One interview per researcher per day was done since it is important not to rush the interview and because it can be
emotionally drained to do more than one interview per day (Polit & Beck, 2012). It is also important to write notes, impressions and analytic ideas and it is best to do that when the interview is still fresh in mind. The aim of qualitative studies is to gather a deeper understanding of an issue and to be able to use the research findings in the daily practice to improve the work (Friberg, 2006). A qualitative research interview is an often used approach to find meaningful and individual points of view related to the topic (Patel & Davidsson, 2003). The main topic of the research was to investigate how Namibian nurses work preventive to reduce diarrheal diseases among children under the age of five and what obstacles they are facing. Wide questions were prepared along with follow-up questions. Questions like; "What is your opinion on preventive work?" and "What is the obstacles you face?". Follow-up-questions like "Can you give examples?" and "Explain more?" where asked. By choosing to make semi-structured interviews the researcher must be aware of that the respondent’s answers can be wide. It is important to be prepared and have a lot of knowledge on the topic (Patel & Davidsson, 2003).

Analysis
A qualitative content analysis was made of the data collected from the interviews. The aim was to identify similarities and differences between the answers given by the informants. It is important to have the conditions and context of the study in mind while analyzing. Qualitative content analysis involves breaking down data into smaller units (Polit & Beck, 2012).

The data we collected from the recorded interviews was transcribed word by word one by one. With all the six interviews we listen through the interviews carefully twice to make sure that all the spoken words were transcribed correct as suggested by Burns & Grove (2009). First the material was read through to get a sense of a whole then the next step was to organize the material after the themes and subthemes. Meanwhile we were doing this we also had field notes that was taken under the whole process of doing the interviews. To differentiate the important material from material we considered not valuable we used colorful pencils, one color for each theme. The questions that arouse spontaneously during the interview were either put under an existing subtheme if it was of value, if it was not of value we decided to exclude it.

Table 1: The interview guide: The key questions used for the data collection

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<td>1</td>
<td>- What is your opinion on preventive work?</td>
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<td>2</td>
<td>- The bachelor thesis we are doing is about children under the age of five suffering from diarrheal diseases. What is your experience in meeting children under the age of five with diarrhea?</td>
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<tr>
<td>3</td>
<td>- Are the clinic working after some national program to prevent or treat diarrheal diseases to children under the age of five.</td>
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<tr>
<td>4</td>
<td>- What is the obstacle for the population not to follow health advice?</td>
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<tr>
<td>5</td>
<td>Do you have any idea on how preventive work can be improved?</td>
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<tr>
<td>6</td>
<td>Did you study preventive work in the nurse education?</td>
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**Ethical considerations**
When humans are used as study participants, the researcher have an ethic responsibility to ensure that their rights are protected (Polit & Beck, 2012). An important procedure for safeguarding the participants involves obtaining their informed consent. That means that the participants have adequate information about the research, apprehend that information and have the ability to assent to or decline participation voluntarily. The participants in this study were informed both verbally and in writing (appendix I) about the study’s aim, that the interview would be voice recorded, that their identity would not be revealed, that the participation is voluntary and that they are entitled to withdraw their cooperation at any time.

The study is approved by the Ethic committee at University West (appendix II).

**The findings**

The gathered data is divided into main themes with subthemes (table 2.) The subthemes are named according to the content they represent. The first theme is *Preventive work* with subthemes; *Health education*, *Hygiene* and *Guidelines*. The second main theme is *Obstacles* with subthemes; *Communication difficulties*, *Poverty and sanitation*, *Shortage of staff and work environment*, *To not breastfeed* and *Cultural and traditional beliefs*.

**Table 2: Themes and subthemes based on the findings**

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<td></td>
<td>- Hygiene</td>
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<td>- Guidelines</td>
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<tr>
<td><strong>Obstacles</strong></td>
<td>- Communication difficulties</td>
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<td>- Poverty and sanitation</td>
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<td></td>
<td>- Shortage of staff and work environment</td>
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<td></td>
<td>- To not breastfeed</td>
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<td></td>
<td>- Cultural and traditional beliefs</td>
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**Preventive work**
The nurses at the clinic followed a guideline called IMCI that is developed in collaboration between UNICEF and WHO. Nurses at the clinic give health education mainly in groups and put focus on breastfeeding and hygiene.

**Health education**
All nurses mentioned the fact that preventive work is better than cure.
The clinics aim is to do health-education-classes in the waiting-room every morning with focus on different symptoms and diagnoses. It is a good opportunity since so many patients are gathered and they are there for many hours waiting.
We do it so the community can hear what the nurse is doing and what they can do if they have problem or see any disease! We tell them about like disease for diabetic, high blood pressure. Any disease! How to prevent and what you can do /: Like Monday I make health education for high blood pressure. What is the meaning. What is the blood pressure. What is the prevention. What is the complication. What causes high blood pressure.

All nurses said that they encourage the guardians to visit the clinic when they are pregnant and also when they eventually have a baby the nurses encourage them to breastfed exclusively to support the baby's immune system. This would also reduce the risk for the child to get infected with diarrheal disease.

Once they are pregnant they also emphasize on health education and the importance of breastfeeding which is extremely, extremely important, to held the baby breastfed will in its self decrease the cases of diarrheal diseases.

Three nurses said that if a guardian came from a far distance and the nurse knew it was a big trouble for them to visit the clinic they gave advice to boil one liter of water with eight spoons of sugar and one spoon of salt. This advice was given to prevent dehydration on the child and to rehydrate them again.

Hygiene
Three nurses said that hygiene is the key to reduce infected babies with diarrheal diseases. The nurses stress the value of washing hands after using the toilet, before handling food and before eating. Two nurses also said that they inform breastfeeding mothers to clean the nipple before feeding the baby to avoid bacteria spreading.

If the baby is bottle-fed all respondents advice the guardians to use clean water, sterilize the bottle before giving and washing hands after visiting the toilet. One nurse told that she preferred giving advice to guardians whose child had diarrhea to use a hard dummy when giving the bottle. This hard dummy would reduce the bacteria's collected in the bottle and is easier to boil than a softer one.

But for me I prefer if I have to give health education to a mum that is bottle fed a baby to get a hard dummy that is just like a hard cup that will give less bacteria than a soft one.

Guidelines
Four nurses said they worked after guidelines that were given from the government called Intergrated Management Of Childhood Illness (IMCI). In the clinics interior, posters of practical advice how to treat a child with diarrhea was put up at the wall. All four nurses said it is a very simple and easy read the handbook. It is a treatment plan that focuses on what to do with the child once it is already dehydrated and not so much focus on how to give preventive advice.
Obstacles
When giving health education and preventive advice to a patient it is also important to be aware of the obstacles that occur. To be able to improve the quality of preventive care the obstacles have to be faced and discussed in order to make changes. The most common obstacles that the nurses at the clinic mentioned are: Communication difficulties, poverty and sanitation, shortage of staff and work environment, to not breastfeed and cultural and traditional beliefs.

Communication difficulties
All respondents agreed that the language barriers are a big problem when it comes to preventive work. At least five languages are spoken in Namibia. To reach all the people the clinic need to provide information in all languages. The main language is English but only 3% of the population actually speaks English in their homes and with their family.

“Sometimes it’s difficult to understand what we say. It’s the language communication. It’s hard to understand. /É/ Because we talk Oshiwambo, Herero, Damara, Afrikaan and English. It’s five different languages. It’s difficult. The communication.”

Two nurses said that when it is possible they try to swap patients so the patient can get helped from a nurse that speaks the same language.

One nurse also mentioned that there are many illiterate in the community which makes it impossible for them to take part of the written information. The blind and the deaf are groups that are neglected as well.

Poverty and sanitation
All nurses said that to bottle-feed a baby it is important to know how to handle the procedure around giving the formula when it comes to hygiene, preparing the formula and clean water. Since a lot of people in Namibia do not have access to this or the knowledge, babies get infected with gastrointestinal bacteria and virus that has to do with the fact that they are bottle fed. In the rural areas the access to clinics and hospitals is non-present.

“The obstacles I would say the sanitation! Most people in Namibia live under harsh conditions. They have no water even, they don’t have proper toilets. And parents are not working and can’t afford to by washing soap to wash their hand after using the toilets all those things.”

Two nurses mentioned ignorance as an obstacle. The reason to ignore the advice is in many cases due to lack of knowledge and education. One nurse told that for many people, especially in the poverty, the lifestyle is about getting by day by day.

“They don’t plan for the future. They don’t even plan for the next day. They think we are wasting their time /É/ in many communities it’s very difficult to make them accept what a nurse says.”

Shortage of staff and work environment
One nurse mentioned the difference between private clinics and the clinics run by the government. The government clinics have less money and less capacity to improve health education. The clinic is one of them that are run by the government and according to the staff the patients are from a lower social class.
The private ones are ok because they have a lot of things there, if a patient have to get an injection they don’t have they will order it even from South Africa, they will fly and go get it but for the government you know it is a problem, if you ask for the money to a new blood pressure machine they don’t have it.

The work load on the nurses at the clinic is heavy due to many registered patients and few employed nurses. All nurses agreed that it puts a lot of stress on them and that the constant long line of patients are frustrating to see. The treatment rooms at the clinic are few and it is difficult to find privacy. Due to the heavy workload health education are often performed in big groups. Two nurses mentioned this as an obstacle since this is not to prefer because you cannot confirm with each and every person if they understood the information due to secrecy. Further on the nurse mentioned that patients avoid asking personal questions in big groups and they might not want to ask follow-up-question or admit that there was something they did not understand.

To improve the health care message one nurse at the clinic stressed the idea of advertise and give information about preventive work on the local radio stations, in the local newspaper and on TV. This could ease the burden at clinics and hospital according to the nurse.

To not breastfeed
The most common answer by all nurses that was interviewed was that breastfeeding is the most significant reason to prevent gastro intestinal diseases. Despite this fact and that the government has breastfeeding programs that the health sectors in Namibia are working under a lot of mothers are giving the bottle instead. The reason for this according to the nurses was that the mothers are either working or are coming home late or are infected with HIV. The government in Namibia is encouraging mothers with HIV to breastfeed despite the risk of transmitting the disease. Breastfeeding reduces the risk for the babies to get infected by diarrhea and pneumonia which is the two most common factors for a child under five years of age to die from. The mothers do not want to take any chances with transmitting their child so instead they are choosing the bottle.

You must ask if the baby is bottlefeed or breastfed because most of the bottle fed babies is having diarrheal problems.

Cultural and traditional beliefs
An example was given by one nurse that told a story about a mother who prepared the formula with mahango which is a traditional porridge in Namibia. Since the formula powder interfered with the mahango and the fact that the porridge is left for days outside the fridge this often leads to cases of diarrhea for the child.

Another reason for the mothers not taking the advices nurses give in a preventive aim is that they are told to prepare the formula in a certain way from the older generation. The mothers trust their own mothers, their relatives or someone in their family more than the health staff.
People learn something from generation to generation and their mothers tell them to do something to the baby, you should do this, you should do that, and even if you tell them opposite they are bowed not to believe you, and they say: That’s not how my grandmother says it.

One nurse mentioned that it is common to believe that a bad health state is caused by witchcraft. If mothers come with their child to the clinic to treat the diarrhea they get cured and they get advice to prevent it happening again. But the next time the child gets diarrhea they rather go to the healer. They don’t follow the preventive advice.

They come here first if the child has diarrhea and then the next time the child gets sick they choose to go to the healer instead. They come here and get treatment and if it’s not good after two days they go to the healer instead. It’s a part of their beliefs.

Discussion

Discussion of method

Descriptive qualitative research is a method used to gather deeper understandings of a phenomena or an issue (Friberg, 2007). To be able to gain insight in our specific topics qualitative semi-structured interviews were relevant to perform. This method is used when the aim is to emphasize the respondents’ individual perspective of the studied topics (Polit & Beck, 2012).

A qualitative study often has smaller but more focused samples. The result can be generalized for that particular group whom been studied but not in a wider perspective. The findings of this study can be generalized for the nurses at the clinic where the interviews were made since six out of eight nurses within our inclusion criteria participated. The sample size is however too small to generalize the result to for example Namibian nurses in general or even nurses in the Khomas district. Anyhow, we could assume that the result would be similar but a bigger sample or a quantitative study would be necessary to state this fact.

The inclusion criteria were relevant for the studies aim, however the fact that all the nurses worked at the same clinic could have an impact on the findings. It is a risk that the answers were similar because it is a small clinic. The nurses may influence each other with their thoughts and ideas on the topics. The fact that they got told about the study’s aim prior to the interviews might have made them think about and prepare suitable answers but by asking follow-up-questions they had to develop their answers and ideas if we found them to unspecific. The work experience varied among six and 27 years. The differences in experience did not have an influence on the findings due to the similarities in the answers. One of the nurses was a supervisor and those answers were not as personnel as the five other nurses. Those answers were a bit more formal.

Since this was the first time we produced a qualitative research this might have influenced the findings. The lack of experience might have caused that the questions and especially the follow-up-questions were not enough. The mistake of asking more than one question at the time occurred. That led to not getting both questions answered. Some of the questions might have been leading since the interviewer began the question with giving own examples of possible answers. To continuously improve the quality of the interviews only one interview where done per day so that we could analyze and improve the approach and the questions.
where we did not get the ultimate response. An additional aspect is that we performed the interviews in English which is not our mother tongue. This might have had an influence on the findings. Also the respondents, even though they had good developed English skills, no one had English as their first language. This fact can have influenced the result related to the lack of skills or confidence to express their full point of view.

All six interviews were held at the clinic. The nurses decided themselves where and at what time the interview should be done. All the interviews where done during work hours. This might have led to some stress due to the heavy workload. On the other hand we offered to cover up for the nurse while the other student/interviewer did the interview. In all cases they accepted the other student to cover up for them. During two of the six interviews there were interruptions from nurse colleagues. The interruption caused that the respondent lost their concentration and had some difficulties to get back on track. It is also important to take in consideration that the respondents might be afraid of getting overheard from colleagues so to find privacy during the interview is of big value. It is also important according to Polit and Beck (2012) to just be one interviewer to not put stress on the informant and to gain trust which can be harder if the interviewers are in majority. All interviews where voice recorded to assure the quality of the research. Despite good technical equipment the researchers have to consider that it is possible during transcription to unintentionally change the meaning of data by misspelling words or not adequately entering information about pauses, laughter or speech volume (Polit & Beck, 2012).

For the study’s aim and due to the limited time of both experience and length of the field work, a descriptive qualitative approach was preferable. This kind of study presents comprehensive summaries of a phenomenon or an issue (Polit & Beck, 2012). To encourage the participants to talk freely open questions were asked related to the topics. When producing a qualitative research and to make the participants feel comfortable so that they will talk freely and honest is of great importance to gain a high level of trust with the participants (Polit & Beck, 2012). Since our practice where done at the clinic the week prior to the interviews it was a natural way of getting to know the nurses, to enhance them to participate and letting them know what their benefits of taking part in the study would be. Before we begun with the study we did research and discussed the aim and ethical considerations with our supervisor at University West. After that we sent an application to the Ethic committee at the University West and got the study approved (appendix II). Prior to the interviews the informants got information about the studies aim both verbally and in writing. They also signed a contract about their rights in the study (appendix I) that said that the interview would be voice recorded, that it is confidential, it is voluntarily and that they could at any time withdraw their participation.

**Discussion of findings**

**Preventive work**

The findings showed that all nurses agreed on the fact that preventive work is better than cure. We think that the idea of giving health education in the waiting room is a very innovative idea. It is an opportunity to spread information when so many patients are together. The risk of education in bigger groups according to two of the nurses is that people can feel embarrassed and do not dare to ask follow up questions. According to Travelbee (2001) it is
important for the nurse and the patient in health education to establish a good communication
based on interpersonal connections. A good opening phase and a good first impression from
the nurse are of great value to set a mutual understanding for each other. To show empathy
and sympathy is also of importance (Travelbee, 2001). To give education in this way can be
one way to reach Millenium goal number four (UN, 2012) as well as the goals of ICN (2007)
which means to reduce suffering and illness.

At the clinic the nurses follow the program IMCI. We believe it is good to work after national
guidelines but it is one thing to be aware of them and another to actually adapt them and
interpret them in the preventive work. We observed a lack of integrating the guidelines in the
daily work at the clinic. Several nurses mentioned the heavy workload and shortage of staff
and that could be one of the reasons not to bother. Also the frustration of parents not taking
their advice could play a part. According to UNICEF (2008) hygiene is very important since
hand-washing with soap can significantly reduce the incidence of diarrhea, which is the
second leading cause of death amongst children under five years old. Regular hand-washing
with soap at critical times can reduce the number of diarrhea bouts by almost 50 per cent.

Obstacles
When giving health education the nurses are facing obstacles that will make their preventive
work more difficult. By shedding light on those obstacles and raise the topic there will be
awareness and we believe that that is the first step for changes to be made. Ewles (2005) says
it is helpful to think about the work or changes in terms of enquiry or exploration rather than
an intervention. Ewles also says that it is more likely that changes will be made if the topic is
raised with genuine interest and curiosity because then people tend to become more curious
themselves and look more deeply into their own attitudes.

Obstacles for nurses at the clinic when it comes to give health advice were language barriers.
At least five languages are spoken in Namibia. At the clinic the nurses tried if possible to
swap patients so that a patient and a nurse with the same mother tongue could speak. To have
a good communication is essential to understand another person’s codes and language.
Optimal communication is when two people have the same cultural references and living
conditions but this is often not the case. The person who gets informed might have much
harder life conditions then the nurse. The challenge is to understand and listen and create an
atmosphere so that the patient feels comfortable. To do this it is important to have an open
and humble approach and to be interested in the other persons own words on their own life
the fact that to establish a good level of communication it is important to show empathy for
the patients problem and sympathy for the patient’s lifestyle.

Cultural and traditional beliefs are something the nurses need to have knowledge and be
aware of. We believe this becomes even more important for the nurses at the clinic since it is
situated in the capital city where people from different backgrounds and cultures gather. One
nurse mentioned that she experienced a lot of patients seeking help from traditional healers.
They especially go to healers if they do not get cured at the clinic. Once again we refer to the
value of giving proper and individualized health education so the patient understands why the
behavior and habits need to be changed and in the long run the changed behavior will improve
the health. Out of respect for the patients cultural or religious beliefs this should never be
trivialized so how to approach people with strong believes is of great importance.
Hallström (2009) says that to develop a relationship of trust between a guardian and a nurse it is important that the right information is given, that the information has quality and it is based on evidence and that the information is adapted after the guardians level of communication. To do that creativity and the use of body language is needed and to for example use tools such as pictures or guidelines to strengthen the message. One nurse at the clinic also stressed the idea of advertise and give information about preventive work on the local radio stations, in the local newspaper and on TV. This would also cover the ones that are deaf or illiterate to take part of the message.

It is not enough to just give information, the nurse has to make sure that the patient understands what to do and why. We believe that if the nurses have developed skills in pedagogy and act professionally with a warm and welcoming approach that is of great value when working preventive and to gain respect among the patients.

The big pressure on the clinic puts a lot of stress on the nurses. To assure a satisfying work environment from a mental point of view it is according to Burtson & Jaynelle (2010) important with a strong organizational involvement that gather the team together. According to the study nurses felt more motivated to do a good job when they felt that they were a part of discussions and decision making at the unit. Statistically significant correlations were found between nurse job satisfaction, work-related stress, and burnout and the outcome of nurse caring. We believe that the clinic in our study should focus on becoming a strong team, motivate each other and work towards the same goal to find a greater job-satisfaction. The lack of space and number of treatment-rooms is an issue on a governmental level and most likely nothing that will be changed in the near future.

All nurses at the clinic support the breastfeeding guideline that mothers should exclusively breastfeed for the first six month even if they are HIV positive. In areas with a shortage of clean water and poor sanitation, it means a much greater risk of giving children formula milk. During the child's first two months, the risk is six times greater that a child who is not breastfed will die of diarrhea, respiratory diseases or other infections. Through breastfeeding, the child gets proper nutrition in a hygienic manner and strengthens their immune system. The risk of children contracting HIV through breast milk is increasing after six months of breastfeeding. Therefore, breastfeeding is limited to six months (UNICEF, 2013).

During the stay at the clinic we met a lot of mothers who did not breastfeed but none of the times did the nurse ask the mothers why they did not breastfed. We think that due to heavy workload, stigmatization on mothers infected by HIV or insecurity on how to approach a health care message could be the reason not to deal with the issue and not taking it up with the mothers despite knowledge in the importance of breastfeeding.

**Conclusion**

The responsibility for a person’s health lies both at the individual itself and in the society. World health organization is saying that to enable a person’s complete physical and psychological health the person needs to identify their own striving needs, become aware of them and to change them or to overcome them. The nurse profession itself can help the individual to become aware of a persons need and help them change them or overcome them. To be able as a nurse to approach an individual needs it requires a wide range of multifaceted social skills from the nurse. The nurses need to be reflective on how the nurse work,
what the nurse think, how the nurse put the theoretical skills into practice. The nurse should also become aware of eventual prejudices the nurse has and how the nurse view health and knowledge. All this needs to be taking into consideration before adapting a health message to a patient so that the health message is suitable for that specific person. This is an ongoing process and requires reflection on behalf of the nurse. The nurse education in Namibia and all the nurse educations in the whole world should acknowledge the importance to adapt a health message and to give preventive advices in a personal way. Not only does it saves lives it also reduce suffering which are two main goals for the nurse profession. To become skilled enough in giving health advices it is not enough to saturate an education with a preventive approach according to us. It should from our point of view be something that is studied more in depth in a course that just focus on the topic preventive work in the nurse education. It is also important to reflect in human behaviors together with other nurses to become aware of what can be done differently. This requires time.

**Practical implications**

More research and studies should focus on the topic how to give health education to people in society and the connection between school and practice. Preventive work is a relatively cheap way to reduce suffering and make a whole population healthier. To be able as a nurse to give out the wide range and lifesaving knowledge a nurse holds within is something that more light should be shed on from an educational point of view. To quote one of our respondents “It is better to prevent than to cure”.
List of references


Appendix I

Dear respondent, thank you for your cooperation!

This research is for a bachelor degree in nursing at the University West, Sweden.

The aim of this study is to describe how the nurse’s work to prevent diarrheal diseases among children under the age of five by involving their guardians and shed light on what obstacles they are facing.

The study will be conducted qualitatively with semi-structured interviews. The interviews will be voice recorded for the quality of the research. After the analyses the mp3-file will be destroyed for the sake of confidentiality.

Participation in this study is voluntary and you are entitled to terminate your cooperation at any time during this study. Confidentiality will be taken in consideration which means that your name will be anonymous and your identity will not be revealed.

Maria Andreasson,  
University West, Sweden

Nina Berglund,  
University West, Sweden

Signature researcher  
Signature respondent

Date

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The nurse’s pedagogical role in preventing diarrheal diseases among children under five by involving their guardians
Mortality among children younger than five years old in Namibia is in the order of 63 deaths per 1000 live births and 3 per cent of these deaths are caused by diarrheal diseases. The most common contributing factor for infants and young children in developing regions are pediatric malnutrition, bad hygiene, sanitation and poor water quality. Since Namibia is still a developing country the need for healthcare and especially preventative healthcare is crucial.

We want to study how nurses help prevent these diseases using pedagogy by involving the children’s guardians.


Mortality among children younger than five years old in Namibia is in the order of 63 deaths per 1000 live births and 3 per cent of these deaths are caused by diarrheal diseases. The most common contributing factor for infants and young children in developing regions are pediatric malnutrition, bad hygiene, sanitation and poor water quality.

The United Nations created in the year 2000, eight goals that are called “Millennium goals”. These eight goals describe the most essential factors that human beings need to achieve a better future. The aim of the proposition was to shed light on the situation of vulnerable people and the need for the world to take a collective responsibility for these goals to be fulfilled by 2015. Goal number four is called: *Reduce the child mortality*. Child mortality is classified as children that die before reaching the age of five. Of the total child mortality more than half are related to bad hygiene, malnutrition, lack of clean water and bad sanitary circumstances.

The purpose of this study is to investigate how nurses at the hospital in Windhoek use their pedagogical function to prevent diarrheal diseases among children under five by involving their guardians.
The method we will use is qualitative research. This method is used in many different academic disciplines, traditionally in the social science but also in market research. The aim of qualitative research is to gather an in-depth understanding of human behavior and the reason for using that behavior (Polit & Beck, 2012).

Forms of data-collection will include interviews with nurses at the hospital, observation and reflection during practice, field notes, articles, literature and other texts. We will produce semi structured interviews. That means that we as researcher has a list of topics to cover rather than a specific series of questions to ask. Semi structured interviews are flexible, allowing new questions to be brought up during the interview as a result of what the interviewee says (Polit & Beck, 2012). The questions will be formed to provide open response opportunities.

Start för datainsamling
2012-11-10

Referenser är bifogas som bilaga

Vilken/ vilka etiska problem kan aktualiseras av projektet?

We are coming from a western country to an African country that is still developing. We are interested in how nurses work in Namibia and what their thoughts on nursing are for them in their work. We don’t want to judge nor correct them in their professional way even if Sweden is consider more developed in most areas in society. We are genuinely interested in how they practice their nursing theories there and in the meeting with patients we know that we should respect them and treat them as any patient elsewhere and understand that we have different ways of express ourselves. We don’t reveal any names and keep the patients anonymous as well as we do in Sweden.
Ansökan etikprövning

Institutionen för omvårdnad, hälsa och kultur

Odla ågörde har odlingar för att även öka de föreslagna råderna för detta ända problem!

By being aware of the cultural differences and being open-minded and not judging.

We also took part in SIDA's 3-day-preparing-program for Minor Field Studies and that broaden our understanding for ethical problems that might occur.

Vilken är den föreslagna vetenskapliga eller praktiska syftet av projektet?

We hope that we can gain information about how nurses in Namibian use their pedagogical role and what they do to prevent diarrheal diseases by giving preventive advice. We hope that we can learn in our future profession how to use pedagogy as a very simple but strong preventative tool.

Our ambition is that the results that we get can help them improve and strengthen their pedagogical function.

Tillägg av namn, nummer, etc. och datum

Nyelin Amani 2012-10-09

[Signatur]

[Signatur]

[Signatur] 2012-10-09

Ingela Bengtsson
ANSÖKAN ETIKPRÖVNING
Institutionen för omvårdnad, hälsa och kultur

Yttrande

Ansöken

☐ Tillänyks
☐ Skall kompletteras
☐ Avställs

Kommitiets kommentarer

Undertecknande:

Det och datum

Olov Wiström 2012-10-18

Namn

Olov Charlott Wiström