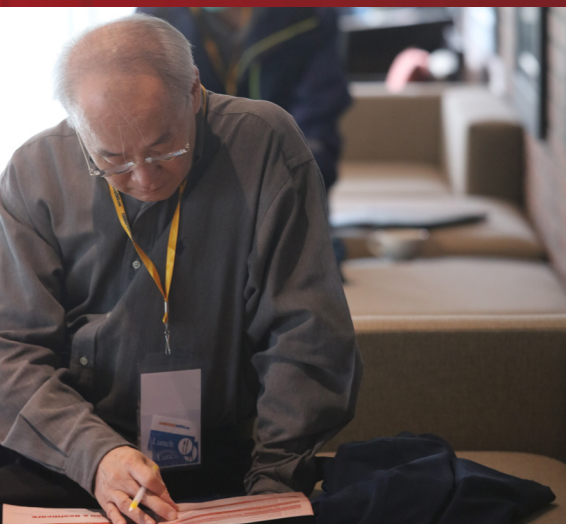


International Conference on  
**COMMUNITY NURSING AND PUBLIC HEALTH**  
November 19-21, 2018 Cape Town, South Africa



# International Conference on COMMUNITY NURSING AND PUBLIC HEALTH

## November 19-21, 2018 Cape Town, South Africa

### Education in nursing and community intervention

Helena José, Marta Assunção and Susana Pinto  
Multiperfil Polytechnic University, Angola

**Statement of the Problem:** Angola has a very young population, like the majority of developing countries, constituting a challenge for the country's progress. There are asymmetries in communities due to inequality of opportunities throughout the territory, which causes internal migratory movements to urban centers and overhead in available public services. The Angolan government has defined a set of priorities oriented towards the promotion of participatory and sustainable human development. Thus they recognized the need to strengthen support for education and research institutions, for the evaluation of the quality of professional performance monitoring and health teams' evaluation. The purpose of this study is to report the implementation and results of community intervention projects used as a strategy for teaching and developing people and communities in the training of community health nursing specialists at the Centro de Formação de Saúde Multiperfil, Luanda, Angola.

**Methodology & Theoretical Orientation:** Report of the experience of the use of community intervention projects in nursing, in Angola. All projects were developed according to the methodological design of health planning of Imperatori and Giraldes and the theoretical model of health promotion of Nola Pender.

**Findings:** Community intervention projects have contributed to the health promotion, citizenship and the empowerment of individuals and communities. Furthermore students of community health nursing specialty consider the person as being responsible for his own life and health project, putting at their disposal a whole set of knowledge and mastery. In its exercise of health promotion, favored people and communities gain control over their own health, and therefore contributing to their development and empowerment.

**Conclusion & Significance:** The students' intervention was reflected in an active citizenship of the population through counselling and information, risk prevention, early identification of the disease and reduction of complications. Community nursing intervention is undoubtedly important to develop citizens more aware of the power of their active participation.

### Biography

Helena José has completed her PhD in Nursing by the University of Lisbon in 2009. She is from the Multiperfil Polytechnic University, Luanda. She has published 59 articles in specialized magazines and 25 papers in events proceedings, has 3 book chapters and 5 books published. She has directed 25 master's theses in Social Sciences and Health Sciences. She works in Medical Sciences with emphasis on Communication Sciences.

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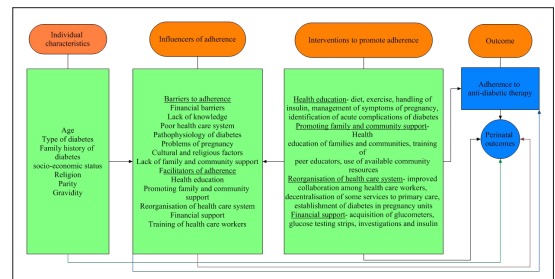
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## The subjective impact of diabetes in pregnancy: A qualitative study

**Doreen Macherera Mukona**  
University of Zimbabwe, Zimbabwe

Diabetes in pregnancy has received little attention in developing countries despite contributing to maternal mortality and morbidity. Many studies have focused on epidemiological aspects of diabetes in the general population and very few have looked at the impact of diabetes in pregnancy in affected women. The purpose of the study was to explore the impact of diabetes in pregnancy in pregnant women. Diabetes in pregnancy referred to pre-gestational type I, pre-gestational type II and gestational diabetes mellitus. The study utilized a descriptive qualitative design. Four Focus Group Discussions (FGDs), each with 7 participants, were held at a central hospital in Zimbabwe. Inclusion criteria were women with a diagnosis of diabetes in pregnancy, age from 18 to 49 years and ability to speak Shona or English. Approval was obtained from respective ethical review boards. FGDs which were audiotaped followed a semi-structured questionnaire while detailed notes were taken during the interviews. Thematic analysis was done manually. Findings revealed that diabetes in pregnancy has a multifaceted impact in women. Themes identified were the impact on health, socio-economic issues and the psychological burden of diabetes in pregnancy. There is need for comprehensive collaborative care of women with diabetes in pregnancy in view of the multi-faceted nature of both the disease and its subjective impact on affected individuals.



**Figure 1:** Adherence promotion framework.

### Recent Publications

1. Mukona D, Munjanja S P, Zvinavashe M and Stray-Pederson B (2017) Association between adherence to anti-diabetic therapy and adverse maternal and perinatal outcomes in diabetes in pregnancy. *Journal of Endocrinology, Metabolism and Diabetes of South Africa*; DOI: 10.1080/16089677.2018.1465247.
2. Mukona D, Munjanja S P, Zvinavashe M and Stray-Pederson B (2017) Adherence to anti-diabetic therapy in women with diabetes in pregnancy. *International Journal of Diabetes and its Complications*; 1(4): 1-6.

### Biography

Doreen Macherera Mukona is a Lecturer at the University of Zimbabwe College of Health Sciences. She is an experienced University Lecturer with a demonstrated history of working in the higher education industry. She has skilled in clinical research, curriculum development, program evaluation and strategic planning. She has completed her PhD in Midwifery and the title of her thesis was the development of an adherence promotion framework to improve adherence to anti-diabetic therapy and perinatal outcomes in pregnant women. She has published a number of papers from the study. She has also developed a framework for care of women with diabetes in pregnancy to ensure comprehensive care. This study was part of her PhD in Midwifery.

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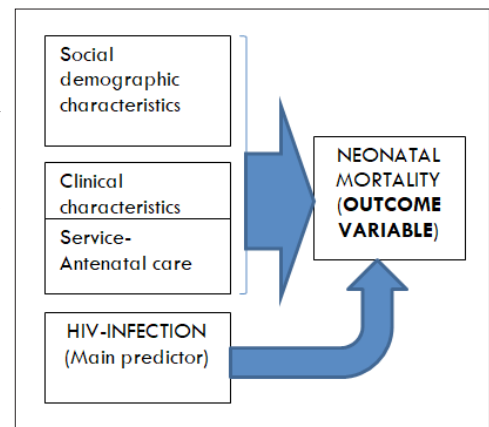
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### Risk predictors for neonatal mortality and its association with HIV infection among postnatal women attending Pumwani Maternity Hospital (PMH), Kenya

**John Kyalo Muthuka**  
Kenya Medical Training College, Africa

HIV in pregnancy has contributed to early neonatal deaths. Rate of HIV among pregnant women is 15-40% in countries with the highest overall HIV prevalence. Poor pregnancy outcomes are higher among HIV+ women. PMTCT focus on vertical HIV transmission, but no data on poor pregnancy outcomes with HIV among postnatal women. The study design was unmatched case control. The information was extracted from every file records of the woman and the newborn outcome within the first twenty eight days after birth randomly and considering age, sex, anthropometric measurements and other clinical factors of the newborn and mother. A total of 256 records were reviewed to retrieve the information retrospectively on cases and controls at 1:1 ratio. Mothers' pregnancy history, clinical and social economic, comorbidities and health factors were considered for both cases and controls. The data was analyzed using SPSS version 20.0. Chi-square test was used to establish the association between the dependent and independent variables and the level of statistical significance was set at  $p$ -value<0.05. Multiple logistic regression analyses were performed to adjust for confounding. Adjusted Odds Ratio (AOR) with corresponding 95% confidence interval was estimated. Out of 128 cases (neonatal mortalities) 12.5% were born from HIV-positive mothers compared to 3.9% among 128 controls HIV sero-positive was found to be significantly associated with neonatal mortality in bivariate analysis [OR=3.51; 95% CI:1.25-9.91;  $P$ =0.012] but not sustained after adjusting for other factors at the multivariate analysis [AOR=2.33; 95% CI:0.76-7.15;  $P$ =0.139]. Multiple logistic regression revealed; LBW [AOR=3.97; 95% CI:2.26-6.98;  $P$ <0.001], co-morbidities [AOR=3.84; 95% CI:1.32-11.16;  $P$ =0.013]. Mother's hemoglobin level [AOR=3.18; 95% CI:1.19-8.46;  $P$ =0.021], unemployment [AOR=0.43; 95% CI: 0.22-0.85;  $P$ =0.016]. There's increased risk of neonatal mortality with HIV infection among postnatal women.



**Figure 1:** The conceptual frame work, Independent variables and dependent variables.

#### Recent Publications

1. Mosioma P, Otundo D, Wambura F Muchiri, Chimbevo Mwangandi L, Muthuka J K, Wang'ombe Ann (2017) Association of pre-antiretroviral treatment body mass index with Cd4+ T-lymphocyte immune reconstitution among HIV-infected adults and adolescents. *International Journal of HIV/AIDS Prevention, Education and Behavioral Science*; 3(3): 28-35.

#### Biography

John Kyalo Muthuka has his interest in HIV/AIDS, Maternal, Child and Neonatal (MCNH), reproductive and adolescent health. He is a Health Educator and Promoter with over 9 years of experience in both local community and national settings. He is Researcher, Trainer, Lecturer and Community Organizer with a strong focus towards improving the population's quality of life through innovative health approach and research. He is a health communication expert and social/community mobilizer. His work on maternal and child health has boosted current health programs and initiatives to determine what areas need improvement in a child's health through training, develop new strategies and programs to boost child health, implement educational tools and programs that raise awareness about child health.

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# International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

## Population aging in sub-Saharan Africa

Marta Assunção<sup>1</sup>, Susana Pinto<sup>1</sup> and Helena José<sup>2</sup>

<sup>1</sup>Catholic University of Portugal, Portugal

<sup>2</sup>Multiperfil Polytechnic University, Angola

**State of the problem:** In developing countries, the percentage of elderly population increases at a very fast rate, causing them to have little time to react to the phenomenon of aging and to implement political, social and economic strategies in this area. By 2050, the world's population aged 60 or over, is expected to total 2 billion, with a trend towards the increase in the number of people over the age of 80, there being a need to provide answers to these people. The purpose of this study was to know the social and health responses to the elderly in sub-Saharan Africa.

**Methodology & Theoretical:** Integrative literature review in scientific databases such as CINAHL, EBSCO, MEDLINE/ PubMed, Cochrane.

**Findings:** In sub-Saharan Africa, there is a lack of skilled, specialized health care for the elderly, which is attributed to the shortage of doctors and other health professionals. There is a low supply of facilities for the elderly, such as homes, day centers and rehabilitation centers and most of the existing ones are basic and use rudimentary equipment. There are, however, models of care for the elderly, namely in Ghana, Kenya, South Africa and Tanzania and in Mauritius, Seychelles and South Africa, long-term care is in place. The costs of this type of care in the context under analysis are diverse, from free to expensive, varying with the country. Concerning the perception of the elderly, this has been changing and recently, negative attitudes have appeared, namely stigmatization (especially of women).

**Conclusion & Significance:** The provision of social and health care for the elderly is rudimentary, in large sub-Saharan Africa, and it is necessary to intervene in this area to ensure adequate economic, political and social intervention.

## Biography

Marta Assunção has completed her Master in Social Gerontology from the University of Algarve in 2011. She is pursuing PhD in Nursing at the Institute of Health Sciences, Universidade Católica Portuguesa in Porto. She is Professor at the Multiperfil Polytechnic University, Luanda.

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**Determinants of periodontal disease in pregnancy and association with preterm births and low birth weights in an urban setting in Zimbabwe**

**Clara Haruzivishe and Tafadzwa Ghandi**  
University of Zimbabwe, Zimbabwe

Periodontal disease is one of the common infectious diseases in pregnancy. The disease is caused by bacteria that produce inflammation of gingiva through production of inflammatory mediators that may have direct insult on amnion. Untreated and chronic dental infections have a possibility of causing harm to mother and baby. An analytical cross sectional study whose purpose was to determine the prevalence and risk factors for periodontal disease in pregnancy was done. A random sample of 350 pregnant women was selected at Harare city Primary Care clinics. Approval was granted by the Joint Research Ethics Committee of the University of Zimbabwe College of Health Sciences and Parirenyatwa Group of Hospitals, the Medical Research Council of Zimbabwe, Harare City Directorate and participants gave informed consent. Code numbers were used to identify participants. Data was collected through face to face interviews following a structured questionnaire, clinical intraoral examination and from clinical records. Data was captured using research electronic data capturing (RedCap) and was analyzed using the Statistical Package for Social Sciences (SPSS). Mean maternal age was 25.9 years SD 5.7 prevalence of periodontal disease was 48.7%. No significant factors were associated with periodontal disease in the current study. However other studies have reported significant risk factors for periodontal disease such as gestation age of the pregnancy and place of residence. Periodontal health is relatively neglected area in perinatal care. Health care professionals should be trained in screening for periodontal disease and giving health education in order to reduce adverse perinatal outcomes.

**Biography**

Clara Haruzivishe is a professor of Nursing at the University of Zimbabwe. She has received her Doctorate from Case Western Reserve University. Her research area is Maternal and Child health and Nursing Education. She also serves as a supervisor and coordinator of PhD programme. She also coordinates a NORHED grant awarded to the College of Health Sciences at the University of Zimbabwe.

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## Geriatric nursing

**Sr Lee Boorman**  
Faircape Group, South Africa

Geriatric care management, also known as elderly care is the process of planning and coordinating the care of the elderly and others with mental and physical challenges not just to meet their long term needs but to ensure the improvement of quality of life. Why the care of the elderly is so important to us and the new generation and what benefit does it have for the rest of the population? Our elders not just have the wisdom to impart with us, but they give us purpose, inspire and motivate us to become better people, to grow in our communities and to become part of an ever growing circle of healthier, happier and more content people. In order for us who's daily task and goal it is to care for the elderly it is of utmost importance to understand the main concerns and medical problems we experience in geriatric nursing, ever growing as the human race lives longer is Dementia and all the combined symptoms that goes with this. Always remembering that not two people are alike and individual assessments are of utmost importance. When you begin your research into in-home care for an elderly loved one, it's important to remember that there isn't a uniform approach for care and the type of care your loved one needs today may not be the type of care he needs next month, next year, or even tomorrow. Each person's situation is unique, and it's important for families caring for senior loved ones to be flexible and know that care needs will change over time, sometimes frequently and/or unexpectedly. This is why it is an exciting field, every day with new challenges and solutions that leave you satisfied at the end of each day.

## Biography

Sr Lee Boorman has 30 year experience in the holistic management of not just the elderly but the entire spectrum of design, building, managing and maintaining 287 hospital beds caring for the elderly as well as focusing on the emotional, physical and psychological well-being of 1000 assisted living retirees spread over 6 retirement villages belonging to the Faircape group in Cape Town, South Africa. Her passion for advocacy for the elderly and those who cannot speak for themselves motivate her daily to improve and seek to offer better, faster more convenient care to all her residents.

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**Reigniting a passion for community health nursing-moving beyond the effect of burnout, building resilience with trust**

**Colleen Davis**

Vuselela Davis, South Africa

**Statement of the Problem:** Community nursing plays a key role for the people within that community to be active in civil society. Community nurses should be knowledgeable, caring and professional healthcare practitioners who have the ability to recognize, treat and prevent health problems that stop the community from thriving and being active within the economy of their country. In this country many disruptions occur within the healthcare settings including access to resources, internal and external political factors and stressors related to working in a complex health environment. Community nurses are exposed to incivility and the distress of their patient's conditions. Research has found that working within this type of environment increases the risk of burnout. Burnout affects the community nurses ability to care for others and causes exhaustion, cynicism and inefficiency. Burnout contributes to an inability to safely and effectively address the complex needs within that community. This leads to a breakdown in trust and communication within the community health system. If unable to work together effectively, the entire system is negatively affected and cannot provide the service it was created for. The effect of rudeness, loss of trust and uncertainty on the human brain is well researched in neuroscience. It leads to the inability of the community nurse to serve her community with passion and compassion. The purpose of this talk is to enable community nurses to recognize what burnout is, what effect it has on the individual and how we can avoid it.

**Findings:** Nurses in a South African context are faced with daily stressors and uncertainty hindering their ability to serve the communities they provide a service to.

**Conclusion & Significance:** Burnout within the community health setting has a knock-on effect, it can be prevented by building resilience, improving leadership and creating an environment based on trust.

**Biography**

Colleen Davis is registered as a primary health care nurse with the South African Nursing Council. Colleen has fourteen years' experience in different independent school health clinic settings. She has extensive experience in learning and development in a private hospital setting and has branched into executive coaching. Colleen's passion is the development of women in leadership, supporting leaders as they grapple with their identify function as a leader. Colleen believes that nurses, given the right support, can change the world. Colleen holds a black belt in karate (JKA), is a cancer survivor, wife and mother to two teenagers. She is a dynamic speaker and motivator, encouraging hope in an uncertain world.

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### **Nurses online**

**Melinda Asheson**

Nurses on call, South Africa

Introducing of an 'App' that our company Nurses on Call has developed called Nurses Online (NOL). This App has been developed and based on Uber. Currently uses smartphone technology to book nurses at hospitals similarly to the way Uber books taxi drivers. Then, further developed the technology to use facial recognition to clock nurses in and out of the hospital or the home. The technology has potential to save the Healthcare Industry hundreds of millions in administrative costs, and in the elimination of clocking fraud. A full demonstration will be given of how the app works and the benefits it has to offer.

### **Biography**

Melinda Asheson originally from the UK and moved to South Africa in 2015. She studied at the University of Southampton in the UK, where she obtained Degree in Adult Nursing. Then she worked in various specialties to include; Gynecology, Trauma and High Care. On moving to South Africa she started working for Nurses on Call, and has more recently set up Nurses Online Homecare as well. Two businesses of which she fell very passionate about to ensure delivery of healthcare is provided in the highest quality.

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### **Notes:**

## International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

### Factors associated with virological failure among adolescents on antiretroviral therapy in Bindura and Shamva districts, 2017

**Auxillia Masunda**  
Africa University, Zimbabwe

**Introduction & Aim:** Virological failure is a public health problem in resource constrained settings. A review of clinical data between January and June 2017 in Bindura and Shamva Districts revealed that 120 (49.6%) of the 200 HIV positive adolescents had virological failure. This may threaten the attainment of the target of 90% viral load suppression by the year 2020. Therefore a study is to determine the factors associated with virological failure among adolescents in Bindura and Shamva districts were done.

**Materials & Methods:** A 1:1 unmatched case-control study was conducted. A case was an adolescent from Bindura and Shamva Districts who has been on ART for at least 6 months and had a repeat viral load of >1000 copies/ml. Pretested interview administered questionnaire was used to collect data randomly from participants. Ethical approval was obtained from the Medical Research Council of Zimbabwe. Logistic regression was done to identify independent risk factors.

**Results:** We recruited 164 study participants (82 cases and 82 controls). Significant independent risk factors for virological failure among adolescents in Shamva and Bindura were: psychosocial problems (AOR=3.01, 95%, CI=2.56-5.60), being on ART for more than 5 years (AOR 2.3, 95%, CI=2.8-10.8) and a baseline viral load of more than 1000 copies/ml (AOR 2.7, 95%CI=1.7-4.2). Having a treatment buddy (AOR=0.06, 95% CI=0.001-0.4) was the most significant protective factor.

**Conclusion:** Psychosocial problems were strongly associated with virological failure among adolescents in Shamva and Bindura Districts. We recommended on strengthening community programs on disclosure of HIV among adolescents to improve treatment outcomes.

#### Biography

Auxillia Masunda is a Zimbabwean state-registered nurse and public health practitioner who has over 15 years of experience in the health sector. She has held various posts in Zimbabwe's Ministry of Health and Child Care; initially as a nursing sister and then in various other capacities including a research nurse, voluntary counsellor and then public health officer. Her career interests are in community health, adolescent health and sexual reproductive health. Auxillia's career highlights include participation in the development of Zimbabwe's Protocol for Influenza Sentinel Surveillance and research work in various public health topics in which findings were presented locally and nationally. Auxillia holds a Master of Public Health Degree from Africa University, a Bachelor in Community and Health Psychology degree from the University of South Africa, Sexual Gender Based Violence Certificate, Certificate in Systemic Counselling in Context of HIV/AIDS and a Diploma in General Nursing. Currently, Auxillia is employed by the City of Harare's Department of Health as a Sister in Charge at Wilkins Infectious Diseases Hospital.

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**Legislations, regulations and policies that govern clinical competence in community service program for nurses**

**Kholofelo Matlhaba**  
University of South Africa, South Africa

Existing literature reports that many countries have introduced different retaining and recruitment strategies and programs with the intention of improving clinical competence, recouping shortage of healthcare professionals and to retain those who are trained by these countries. However, it is also noted that there are several factors that might influence the effectiveness of these programs. The purpose of this article was to explore and describe legislations, policies and regulations governing the clinical competence of community service program for nurses. A number of relevant documents, articles and theses from the national and international journals were obtained using the following search engines, namely- science direct, pub med, Google scholar and Medline. Articles on community service studies published between 2005 and 2017 and written in English were used. Five themes derived from the research studies conducted on community service program. 16 sub-themes emerged during the analysis of existing data based on the findings of cited studies. Each theme and sub-theme is discussed separately and is supported by literature. It is recommended that objectives of the community service program for nurses can be achieved by having all stakeholders on board as well as introducing clear policies and regulations especially at the provincial and institutional level.

**Biography**

Kholofelo Matlhaba is currently working as a Lecturer in the Health Studies Department at the College of Human Sciences, Muckleneuk Campus for the University of South Africa.

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## Airborne infection control in decentralized drug resistant TB sites in South Africa

Annatjie C Peters and M Mphahlele

The foundation for professional development, South Africa

**Aim and Objective:** Prior to 2011, national policy in SA mandated DR TB patients be initiated on treatment in specialized TB hospitals. New cases outstripped the bed capacity and South Africa moved to decentralizing DRTB management. IC is a requirement for decentralized MDR TB care. A baseline study was done at 98 facilities. After interventions a follow-up assessment was conducted. To determine if infection control can improve after recommendations made to facilities.

**Methodology:** A cross-sectional descriptive study of 75 decentralized MDR TB facilities (10 CHC, 34 hospitals and 31 PHC clinics) was conducted followed by a follow-up assessment, using a standard assessment instrument assessing availability of IC guidelines, IC committee, safe sputum collection area, IC plan, risk assessments done, patients screening, fit-testing and availability of N95 respirators. Staffs were interviewed and hospital walkabouts conducted. Following the baseline assessments, IC plans were developed to help attaining the minimum requirements to support the decentralization of MDR TB.

**Results:** The assessment revealed IC practices increases 92% of sites had access with the baseline assessment and 100% after intervention, 50% did screening with baseline assessments and 70% thereafter. A limited number of facilities (15%) had IC committees, IC plans (20%) and IC officers (20%) with baseline assessment. This improved to 40% with IC committees, 45% with IC plans and 40% indicated that they have developed and implemented IC plans. The 30% with safe sputum collection points increased to 50%. Patient screening was done at 20% of the facilities with baseline assessment and 60% thereafter. 80% of facilities had N95 respirators available with the baseline assessment and the follow-up assessment, although not visible at all facilities.

**Conclusion:** Findings demonstrated that recommendations after baseline assessments are valuable to better IC practices.

### Biography

Annatjie C Peters has started her career in 1976 at the Technical College, Kroonstad as a Lecturer. She has joined the Kroonstad LA in 1989 as Trainer. In 1996, she became Assistant Manager for PHC in Fezeli Dabi and in 2000, TB Manager in the Free State. In 2006, she was appointed TB/HIV Lead at CDC (SA) and in 2014 as Chief of Party at JPS Africa, establishing a National MDR-TB center of excellence and implementing the first nurse-initiated MDRTB management program worldwide. In 2017, before joining FPD as Head of the Nursing School, WHO contracted her to write the Pakistan TB/HIV Strategic Plan

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## An integrated approach of developing nurses and midwives at PhD level

**Clara Haruzivishe**

University of Zimbabwe, Zimbabwe

Developing nurses at PhD level at the University of Zimbabwe is part of Research Capacity building not only of the institution but that of the nation. The production of excellent research in nursing and midwifery is dependent on a high-caliber, well-trained research nursing community. PhD training culminates into writing of thesis. The project work of each student is primarily the responsibility of the internal supervisor, with the support of an external supervisor and the postgraduate centre. The Department of Nursing Science is a recipient of training funds whose aim is to strengthen identified gaps in infrastructure and research capacity of the institution and develop a critical mass of nurses and midwife researchers capable of solving the current and emerging health challenges. Following revision of the existing university DPhil program, an integrated collaborative model of capacity building was implemented to rapidly escalate PhD training in the department. Through group teaching, supervisors in the department of nursing assisted the students to plan their research studies, including helping them to define their research topics, to identify the relevant research literature, databases and other relevant sources and to be aware of the standards in the discipline. To strengthen supervision, associate co-supervisors were sought from the departments of gynecology and obstetrics, laboratory, community medicine and pediatrics. These were chosen as subject and methods specialist to complement supervision according to the student topics. The college through the research support centre provided various methodology courses and good clinical practice. Excellence in research was achieved through review of the protocols by the higher degrees committee and ethical committees. Students have published in referred journals and presented papers regionally and internationally. This model is sustainability and efficient, fostering a high level of commitment, ownership and collaboration.

### Biography

Clara Haruzivishe is a professor of Nursing at the University of Zimbabwe. She has received her Doctorate from Case Western Reserve University. Her research area is Maternal and Child health and Nursing Education. She also serves as a supervisor and coordinator of PhD programme. She also coordinates a NORHED grant awarded to the College of Health Sciences at the University of Zimbabwe. She has had many publications in referred journals.

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### Relationship between maternal obesity and prenatal, metabolic syndrome, obstetrical and perinatal complications of pregnancy in Indiana, 2008–2010

**Shinga Feresu**

The Feresu Research and Training Institute, Zimbabwe

**Background:** Obesity is a serious medical condition affecting more than 30 % of Indiana, and 25 % of Unites States pregnant women. Obesity is related to maternal complications and significantly impacts the health of pregnant women.

**Objective:** The objective of this study was to describe the relationship between maternal complications and pre-pregnancy maternal weight.

**Methods:** Using logistic regression models, we analyzed 2008 to 2010 birth certificate data, for 255,773 live births abstracted from the Indiana Vital Statistics registry. We examined the risk of reproductive factors, obstetrical complications and perinatal (intrapartum) complications for underweight, healthy weight, overweight and obese women for this population.

**Results:** Women who received prenatal care were more likely to be obese [Adjusted Odds Ratio (AOR)=1.82 (1.56–2.13)], women with parity of zero (0) were less likely to be obese [AOR=0.89, 95% CI (0.86–0.91)]. Women giving birth to twins [AOR=1.25, 95% CI (1.17-1.33)], women delivering by Caesarean section [AOR=2.31, 95% CI (2.26–2.37)] and women who previously had a Caesarean section [AOR=1.95, 95% CI (1.88–2.02)] were more likely to be obese. Obesity was significantly associated with obstetrical conditions of the metabolic syndrome, including pre-pregnancy diabetes, gestational diabetes, pre-pregnancy hypertension, pregnancy-induced hypertension and eclampsia [AOR=5.12, 95% CI (4.47–5.85); AOR=3.87, 95% CI (3.68–4.08); AOR=7.66, 95% CI (6.77–8.65); AOR=3.23, 95% CI (3.07–3.39) and AOR=1.77, 95% CI (1.31–2.40), respectively. Maternal obesity modestly increased the risk of induction, epidural, post-delivery bleeding and prolonged labor [AOR=1.26, 95% CI (1.23–1.29); AOR=1.15, 95% CI (1.13–1.18); AOR=1.20, 95% CI (1.12–1.28) and AOR=1.44, 95% CI (1.30–1.61)], respectively.

**Conclusions:** Our results suggest that maternal obesity in Indiana, like other populations in the USA, is associated with high risks of maternal complications for pregnant women. Pre-pregnancy obesity prevention efforts should focus on targeting children, adolescent and young women, if the goal to reduce the risk of maternal complications related to obesity, is to be reached.

#### Biography

Shinga Feresu is a Professor of Epidemiology and Biostatistics, completed her PhD in Epidemiology from The University of Michigan in 2001, USA, and Master of Public Health (MPH) in Epidemiology and Biostatistics from Boston University, USA in 1995. She obtained her postgraduate degree in Nursing (Community Health Nursing Science and Nursing Education) from the University of South Africa (UNISA) in 1989. She has taught at The University of Michigan, is Contributing Faculty at Walden University, USA. Since 2010; taught at The University of Nebraska Medical Center, USA, and Indiana University School of Public Health, Bloomington USA, before migrating to South Africa November 2014. She was an Associate Professor of Epidemiology and Biostatistics at the University of Pretoria until June 2018. She is an Online Module Developer, and Instructor at the University of Johannesburg, and is an Adjunct Professor at the University of Fort Hare (SA). Prof Feresu has published more than 25 papers in reputed journals and has been a peer reviewer from more than 25 journals. Prof Feresu has supervised more than 50 students in her career.

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**Importance of effective competency assessment to improve nursing competence and patient safety**

**Gina Granger**

KGH Education Zone, South Africa

One of the biggest challenges in healthcare today; is to ensure a competent workforce to care for patients in an ever changing work environment. Inpatients are more acutely ill and have shorter length of stay in acute care facilities. This places greater demand on nurses in the communities; who have to demonstrate competency in caring for increasingly complex patients. Increasing restrictions on healthcare budgets, staff shortages and higher workloads; place further demands on nurses who have to provide comprehensive care to meet the complex and diverse needs of patients. It is thus vital that nurses continuously improve their own clinical competence and critical thinking skills; and use both in their daily practice. Evaluating nursing competence includes the assessment of Knowledge, Skills and Behavior during patient care. Effective competency assessment is needed during preceptorship to ensure that a new nurse is adapting and performing well in the new clinical setting. But it should also continue after the preceptorship period. Nursing mentors must do regular competency assessments with their mentees, to support continuous growth in knowledge, skills and behavior; and the development of new mentors in the nursing work force. The speaker developed nursing policies, procedures and competency assessment tools in various healthcare facilities. She had firsthand experience of the positive effect of effective competency assessment on nursing practice and –competence, which improves patient care and –safety.

**Biography**

Gina Granger has completed a Master's Degree in Nursing, a Bachelor Degree in Nursing Education and Community Health Nursing, a Diploma in Midwifery, a Diploma in Psychiatric Nursing, Certification in NICU Nursing, Certification as International Board Certified Lactation Consultant and she is a certified AHA BLS Instructor.

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**Notes:**



# International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

## Conceptualization of African primal health care within mental health care

**Neo Nare**

North West University, South Africa

It's believed by western education system that the first contact should be with the nurse in Primary Health Care. However, it's not the case. Therefore, the researcher attempts to correct this misconception by conceptualizing the correct beginning of health seeking behavior in an indigenous African community, namely African Primal Health Care (APHC). 'Primal' was coined during a colloquium by Dr Mbulawa and Seboka team members; however no formal conceptualization took place, only operational definition.

**Aim:** Formulate APHC within a mental health care context.

**Objectives:** Explore philosophical grounding of APHC; Describe epistemology of APHC; Analyse and crystallise the exploration to establish understanding within mental health; and Conceptualise APHC within mental health care to enhance co-existence.

**Method:** Narrative synthesis, concept analysis (qualitative design). Lekgotla was used as a method of data collection.

**Results:** APHC is a health care system that existed in Africa prior to the introduction of western health care system. It's based on the African belief system and practices. The practices come from the community, for the community and be authenticated by the community. APHC uses a holistic approach and the family & community are involved in the healing process.

### Biography

Neo Nare, is a North West provincial mental health assistant director. Her interest and career path is in psychiatric and mental health nursing as well as community health nursing with specific focus on indigenous knowledge systems. Expertise within psychiatric nursing and mental health are both clinical and academic as she has practices as a nurse and also worked in the university as a nurse educator. Currently registered as a PhD candidate with North West University. Novice researcher with 4 journal publications.

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### Notes:

## International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

### Child development: Globally improving the first 1000 days of each infant to increase future self-esteem, for optimal development and achieve an affluent economy

**Phiwe Dauwa**

Neonatal Intensive Care Unit, South Africa

In the past, school nurses functioned solely just to care for the ill and injured child but, today their function is so much more. The increasing number of children in schools who are not functioning to their developmental milestones has now also, become an assessment that's part of a school nurses function. Furthermore, she/he would also have to help the teacher create a more effective learning environment in accordance to the child's developmental abilities. A school nurse amongst other duties has to do a full physical assessment of each and every student at a school to ensure health eligibility to attend school. A physical assessment includes a plotting measurement of head circumference, length/height and weight on age and gender specific chart. Statistics according to the World Health Organization (WHO) are showing that large numbers of children are underdeveloped, at times exhibiting stunted growth that impairs their cognitive ability to learn at school and reach their developmental milestones. According to statistics found by Statista on a 2017 worldwide demographic and health survey, 27% of children less than the age of 5 years old are stunted in their growth in South Africa. The percentages are even higher and higher in Asian, mid- African and parts of South American regions where there are prevalent inequality, underdevelopment and poverty issues. The World Health Organization (WHO) defines stunted growth as "height for age" value to be less than two standard deviations of the WHO Child Growth Standards median. Primarily and diagnostically meaning, the infant clinically presents a low length or height according to his/her age. The consequences however, are far greater and deeper and extend further than the infant and for the care- givers they expand also into the larger community, nationally and at a global scale. Research and clinical experience has shown the developmental problems of stunting and its irreversible affects however, it is imperative for us to know it is preventable. Us as Healthcare workers, as parents, as communities and nation- wide have a great duty and responsibly to our children. Children are the future, in fact it's their right. We have to ensure that they are beings who can fully equipped in mind, health and physical strength to claim that which is theirs in the world. The babies that are yet to be born and the babies we nurse are the leaders of tomorrow. It's crucial to invest in their development and health. United Nations Children's Fund (UNICEF) has conducted studies and research that show that the first 1000 days of an infant's life are the most crucial to pay attention to, there is scientific guarantee of not just survival but, also a thriving later life. That means healthy relationships, good language skill development and economic productivity in the future. The first 1000 days is defined as: the period from conception till 2 years of age. This period according to years of research by numerous neuroscientists, shows that during this delicate period an infant's brain undergoes a great amount of change unlike later in adulthood. At birth all the neurons the brain could have ever produced are present; the brain double sizes in the first year and by 3 years -old its reached 80% of its adult volume. It's essential that in our health- care systems (pre- pregnancy, ante-natal, post-natal, neonatal, paediatrics and schools) to focus our attention to this space and install it with protocols of care that will protect, develop and manage a prosperous future for each infant. The prosperous future for each infant is possible. Numerous research includes engaging in programmes to educate families on pregnancy planning, contraceptives and pregnancy spacing, nutritional support to pregnant mothers, placing neurodevelopment set ups in the Neonatal Intensive Critical Unit (NICU) hospitals i.e. dim lighting, Kangaroo Mother Care practices and incentives such as involving the greater community to support breastfeeding mothers i.e. mothers being able to breastfeed in all restaurants and expressing time at work. These amongst other practices and systems can aid to a healthy optimum start of the 1000 first days of an infant and can result to long term optimum healthy growth.

#### Biography

Phiwe Dauwa has completed her Bachelor's degree in Nursing at the age of 22 years-old from the University of the Free State, South Africa qualifying as a registered nurse. She has worked in the Neonatal Intensive care unit at Thelle Mogoerane Regional hospital for department of health Gauteng in Johannesburg for the past 3 years and has managed to obtain certified qualifications in Neonatal ventilation and resuscitation, Mother Baby Friendly Initiative training, UNICEF WHO Mother baby friendly initiative management course and helping babies breath course. In her Neonatal unit she created the "Breastfriends" initiative to educate and support mothers with breastfeeding in her neonatal unit. In August 2018 she successfully project managed a Breastfeeding event in celebration and support of national Breastfeeding month. She is an enthusiastic United Nations International Children's Emergency Fund (UNICEF) supporter and volunteer greatly concerned and attentive to more developed strategies in public health that will improve maternal and children's health on a global scale.

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# International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

## Self-management strategies for diabetic patients on treatment in the primary health care facilities

**Pheladi Makofane**

University of Limpopo, South Africa

**Background:** Non-attendance of diabetic patients to the primary health care facilities as scheduled appointments has been highlighted as one of the most pressing issues in chronic illness management and resulted into uncontrolled illnesses. Diabetes mellitus has an increased mortality and morbidity rate, thus has been identified as the second killer disease in South Africa.

**Aim:** The purpose of the study was to determine the self-management strategies to maintain a healthy life for diabetic patients on treatment in primary health care facilities at Sekhukhune District.

**Methods:** A qualitative, phenomenological, explorative and descriptive study design was conducted in 7 clinics of Sekhukhune District under Elias Motswaledi Municipal, Limpopo Province. Data were collected through one-to-one interviews using semi-structured guide. Non-probability sampling was used to sample until data saturation was reached. Data were analyzed using Tech's coding approach.

**Results:** The findings of this research revealed that diabetic patients rely more on medication whilst self-management by patients was limited, although they know what they should do they ignore the fact that they need to manage themselves non-pharmacologically which can maintain their quality of life.

**Conclusion:** It is recommended that support structures be developed in the communities and more home-based carers be hired and trained to run the support/community structures.

### Biography

Pheladi Makofane has received a Nursing Bachelor's Degree (Community, Psychiatry and Midwifery) from University of Limpopo and is currently working as a Professional Nurse and Midwife at Hlogotlou Clinic. She is currently pursuing Masters in Nursing Sciences from University of Limpopo.

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## International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

### Clinical forensic nursing: Realities of dual responsibility (job functions versus obligations to act)

Volene Werely

Western Cape Government, South Africa

Clinical Forensic Medicine (CFM) has been defined as: A comprehensive clinical medico-legal investigative service, usually concerning living persons, with interaction between legal, judicial, social and law enforcement systems. The South African Nursing Council states that the Clinical Forensic Nurses (CFN) are the registered Professional nurses who are trained in forensic clinical medicine that are authorized to examine, take forensic evidence for investigation, provide counseling and testing, and testify in court. It was established that there is currently no formal nursing structure, competency, skill and profile for the professional nurse who is rendering services at these units. According to Prof Sine Duma (Senior Lecturer in Forensic Nursing, University of Cape Town) the professional nurse who was/is working in these areas (Thuthuzela centres) is referred to as a SANE (Sexual Assault Forensic Nurse Examiner), however the question which must be answered is the aforementioned, the only skill and competency required to be working in the clinical forensic units. An explorative investigation was conducted to provide clarity on the position of the Clinical Forensic Nurse within the practice setting. The objective was to describe and understand the scope of practice of the CFN, the complexities within the realities of the current context in which they must execute their functions. Exploring the CFN's dual roles as: (1) a professional nurse and (2) that obligations required by the criminal system. Is the work content sufficient to ensure that allocation of the position of a Clinical Forensic Nurse (CFN) as a specialist nurse be established? According to South African Nursing Council (SANC) the CFN is regarded as an advanced professional nurse practitioner. The different scopes of the CFN lend it to specific patient assessments such as: Sexual Assault Nurse Examiner (SANE), the question arises, is it befitting that this PN be regarded as a CFN or just a PN with a specific competency?

### Biography

Volene Werely is an expert in the field of Nursing Practice. Clinical Forensic Nursing is an untapped field of nursing which needs to be explored and concretized.

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### Notes:

## International Conference on COMMUNITY NURSING AND PUBLIC HEALTH November 19-21, 2018 Cape Town, South Africa

### Reach of the Health4Men competency programme and intensifying linkage for men who have sex with men in public sector health services at city of Johannesburg, Region D

**K C Modibedi**

Anova Health Institute, South Africa

**Statement of the Problem:** MSM experience a significant HIV/AIDS burden and their epidemic is thirteen times larger than in the general population. The lack of support for MSM, stigma, homophobic violence and discrimination are identified as major barriers to access quality health care services. Beyrer et al. (2012:349) found that most MSM have limited access to relevant HIV/AIDS information services in SA, as HIV prevention programs and health information is focused on the heterosexual population. It is evident that access to quality HIV/AIDS services for MSM must be enhanced and improved. The study aimed to determine the reach of MSM by the health services and whether they are attending the clinics and also interventions to intensify Linkage to improve access to care for MSM.

**Methodology & Theoretical Orientation:** Quantitative survey was used to estimate the reach in men and MSM across all competent sites in Region D, A structured questionnaire was used to investigate the proportion of MSM attending competent sites, as well as their exposure to the Health4Men. The survey was conducted in Region D, City of Johannesburg, South Africa, covering competent sites.

#### Objectives:

1. To conduct survey by collecting Strategic Information at the competent health facilities in CoJ, Region D
2. To determine the proportion of MSM attending competent sites in CoJ, Region D through structured questionnaires
3. To estimate the reach/uptake of priority services provided at competent sites in Region D, CoJ, in men and MSM, specifically HTS services.
4. To Deliver MSM-targeted services at the competent health facilities and Promote MSM-Competent Facilities by partnering with community based organization.

**Result:** On average 5% of MSM were accessing the clinics, the highest seeing MSM in Region D was Diepkloof clinic that was seeing 13% of men being MSM.

#### Biography

K C Modibedi is an experienced R/N, Nurse Educator, worked at hospital setting and at Chris Hani Baragwanath Nursing College as a lecturer for community nursing science for 10 years, she acquired her Degree in nursing education, nursing administration, Assessor, and moderator and majored in community nursing science. Continued to have Masters in Public Health and has 5 years' experience in the public health sector, she currently is working at an NGO, Anova health Institute where she is a programme manager for the MSM project. She is very passionate about access to health by all key population groups for HIV/AIDS. She has publications in 3 journals and is still producing research work under Key population context, at the same time running a programme to provide services to key population group and closing the gap within the public health sector.

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**Delayed Lactogenesis – A Case Study to highlight potential causes and management**

**Samantha Crompton**  
SACLC, South Africa

Statement of the problem: “I have no milk” Lactogenesis is the onset of milk secretion and includes all of the changes in the mammary epithelium necessary to go from undifferentiated mammary gland in early pregnancy to full lactation sometime after parturition. Some women are at risk of having delayed lactogenesis. These risk factors can include: first time mother, large amount fluid during delivery, pain medications / anaesthetics during delivery, stressful birth, C-section, blood loss >500ml, insulin resistance, poor controlled type 1, GDM, preterm birth, unusual nipple anatomy, maternal illness, separation mother and baby as well as infant factors. This is a case study that highlights a number of these risk factors including gestational diabetes and Sheehan syndrome. A primigravida with gestational diabetes presented in hospital at 36 weeks with APH. Baby delivered via emergency c-section. Baby was admitted into the NICU with breathing difficulties. Day 5 postpartum mother was referred to me as she was still unable to produce milk. We take a look at the impact of the gestational diabetes as well as the blood loss during the delivery, together with a number of other risk factors and the impact on milk production. Management of the mother and baby with power pumping regimen, SNS, and medications allowed her to obtain about 70% of milk production. This allowed her to obtain her breastfeeding goals and empower her for future births. Discussion around how this can help us manage these triads earlier in order to protect the breastfeeding relationship and ultimately the long term health of mother and baby.

**Biography**

Completed BNURS degree in 2001 including general, community, psychiatric and midwifery. Worked well baby clinic for few years, moved corporate worked pharmaceutical company in sales and training. Passion midwifery revived when had my own kids. Completed SACLC cumm in 2016. Run private practice seeing new parents. Started online parenting training courses. Run workshops and speak at events for parents and health care professionals.

**Notes:**