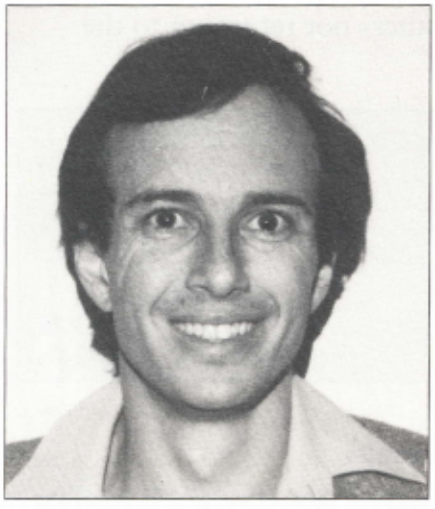
Reasons for Mothers' non-response to a letter requesting them to bring their child to Alexandra Health Centre — E Buch, H Rees



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Curriculum vitae

Dr Eric Buch obtained his MBBCh and an MSc (Med), DTM&H and DOH at the University of the Witwatersrand. He co-founded the University's Health Services Development Unit (based in the Eastern Transvaal), was a director of its Centre for Health Policy and is now a senior lecturer in its Department of Community Health. He is a Fellow of the Faculty of Community Health of the College of Medicine.

Dr Helen Rees obtained her MBBChur and an MA from Cambridge University. She did the GP vocational training scheme of the Guys Hospital group and is a member of the Royal College of General Practitioners. She also has a DCH and a DRCOG from the University of London. She lectured in the paediatrics department at the University of Zimbabwe and then came to South Africa, working initially at the Alexandra Health Centre. She has been closely allied to the Department of Family Health at the University of the Witwatersrand, where she is now a lecturer and is an active GP.

Summary

The paediatric staff at Alexandra Health Centre take specimens for laboratory testing. If the results are positive and the child has not received the required care, a letter requesting the mother to bring the child back to the clinic is delivered by the clinic driver. The response rate to these letters over a six month period was only 49%. All 46 non-responders were visited in their homes to determine the reasons for their non-response.

The non-responders can be divided into 3 main groups. Twelve (26%) were not known at the address that appeared on their clinic record, 18 (39%) had not received the letter although they lived at the address that appeared on their record and 11 (24%) had received the letter, but had failed to respond to it. The main reasons given for not returning were that the mother could not get off work or that the child was better.

To increase the return rate, greater care should be taken in getting addresses, in delivering letters and in explaining the need to return, both at the time of taking the specimen and in the letter requesting a return visit.

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KEYWORDS:
Patient Compliance; Child; Research.

Introduction

The 140 000 people of Alexandra township, have the Alexandra Health Centre and University Clinic (AHC) as their major source of health care. Curative care is provided for more than 2 500 sick children a month at the child health department. The children are seen in a large consulting room by one of a pool of doctors or primary health care nurses or by a medical student.

There is a small laboratory which immediately does basic procedures, such as urine and stool microscopy. If a more advanced laboratory test is required, such as a microbiological culture, a Wassermann reaction or a bilirubin, specimens are sent to an outside laboratory. The results only become available a few days later. An average of 244 specimens per month were sent away between May and November 1987, of which 25% were positive. If a test was positive and the child had not already received the appropriate treatment, a letter saying that the child should return to the clinic was delivered by the clinic driver to the address on the clinic record. From May 1987 a record was kept of letters sent and of mothers who returned.

The objectives of this study were to determine the return rate of mothers who were sent letters and to establish the reasons why some were not returning. The AHC could then determine if a satisfactory return rate could be achieved. If not, AHC might be obliged to change its policy and treat on clinical suspicion only, even if a laboratory test is preferable first. This is because there is little value in doing tests if only a few mothers will return when necessary.

... Reasons for Mother's non-response

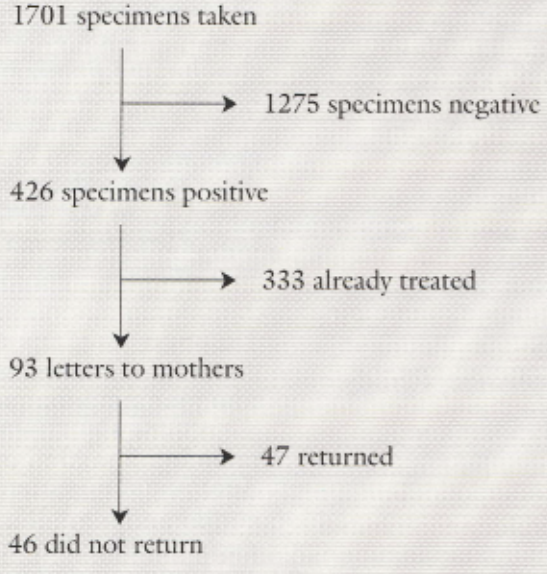
Methods

The laboratory test book was reviewed to determine the return rate. The clinic record was drawn on all the non-returners to check that they had in fact not returned. All the mothers who had not returned after they were sent a letter between 1 May and 30 November 1987 requesting them to return for further care were followed up for interview by one of two trained nurse-interviewers. The nurses made extensive efforts to locate each mother, making up to 4 visits to each address. They were careful to create the appropriate atmosphere for the interview and to obtain informed consent. To obtain accurate information, attention was paid to the design of the interview schedule and the phrasing of the questions. Interviews were conducted in the language chosen by the mother.

Table 1. The reasons for the 46 mothers not returning to the clinic.

Mother not found	17 (37%)	
not known at address on record		12 (26%)
left for rural areas		4 (9%)
moved to another place in Alexandra		1 (2%)
Mother found	29 (63%)	
never received letter		18 (39%)
received letter but did not return		11 (24%)

Figure 1: The pattern of care after laboratory tests*



*This figure only includes tests that are sent to an outside laboratory.

Results

Figure 1 shows that 47 (51%) of the 93 mothers who were sent a letter between May and November 1987 returned to AHC.

Table 1 shows that there were 3 main reasons for the 46 (49%) mothers not returning and Table 2 the reasons why those mothers who had received the letters had not returned.

The mothers were also asked what they thought should be done to ensure that mothers did return. The

Table 2. The reasons given for not returning to AHC by the 11 mothers who received the letter*

The child was better	6
Could not get off work	4
Did not realise the importance	2
Went to another doctor	2
No one to bring the child	2

* Mothers were entitled to offer more than one reason.

most common suggestions were for a home visit and for a proper explanation at the health centre when tests are taken.

Discussion

In the light of the poor response rate steps have been taken to decrease the need for return visits. Clinicians now treat more on clinical suspicion and the range of laboratory tests done at AHC has been expanded, so that more results are immediately available.

To facilitate a better return rate steps need to be taken to get the correct address, to ensure that the mother receives the letter and to increase the likelihood of her returning.[1]

To ensure the correct address, the address should be confirmed whenever a laboratory test is taken and it should be emphasised that AHC sees all patients, regardless of where they come from.

Compliance problems of any form are very difficult to address

To make sure that the mother receives her letter the clinic driver has been requested to deliver the letter to the patient's home and not to leave it with anyone on the plot – in Alex more than 10 families live on each plot. The letter is now also signed for.

To ensure that mothers do return if they receive a letter, more careful explanations are given at the initial consultation, including that the mother must return even if the child is now well. The letter itself has also been amended to be more informative. It also tells mothers that they need not wait in the queue and promises a letter for the employer.

Compliance problems may not necessarily improve if the apparent problems are addressed

Finally, the child health department is planning an outreach programme, and it is hoped that the staff will soon be able to do home visits. These personal visits would ensure that the mother was reached, that the importance of returning was stressed and that a full explanation was given. In some cases the need for a visit to AHC could be obviated by giving the treatment in the home.

This small study highlighted a compliance problem and provides a guide to the steps that might solve it. The compliance literature, best reviewed by Haynes et al,[1] indicates that compliance problems of any form are difficult to address and that the causes may be locality specific. The latter seems to be the case in this instance, although the need for better patient information and for patients not seeing the need to return when they feel better, are not unique. The literature also indicates that even when one addresses apparent problems, compliance may not improve accordingly ie there is not a cause-effect relationship. So, the return rate at AHC should be monitored to determine if the measures suggested by this study do in fact have an impact.

Acknowledgements

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Reference

Haynes RB, Taylor DW, Sackett DL. Compliance in Health Care. Baltimore: The Johns Hopkins University Press, 1979.

1. *Some of the steps recommended here have already been implemented.*