

## CHAPTER VIII

### SOCIAL WORK INTERVENTION

Social work intervention's primary aim is to bring positive behavior changes among people to come out from problems and its scope is much wider. Social work intervention involves in any aspect of human life, where experimental and innovative methodologies are needed to change the direction of social and economic development programmes on a right way. Social work intervention plays crucial role in resolving disputes in many institutions starting from family to programme implementing and supervisor agencies, Health, and industrial sector.

In health sector, social workers interfere in different ways viz..., counseling of patients to relieve their fears and pains, motivating patients for timely health checkup, and promoting positive treatment seeking behavior.

In the present study, the intervention was focused on patients with severe STD problems and advised for compulsory follow-up visits by Doctor.

#### OBJECTIVES OF INTERVENTION

1. The Major objective of the present intervention was to motivate ignorant and irregular STD/RTI patients to attend all suggested follow up visits without break until complete cure from infection.

#### 2. **Setting for Intervention**

At the outset, the researcher met the Gynaecologist at SVRR Hospital and got the list of patients with severe RTI/STD problem and for whom 3 minimum weekly follow-up visits are compulsory. From the list, 40 patients who hail from Tirupati urban locality were separated, and their address was noted down. All these 40 patients from Tirupati, were considered as sample to implement the intervention.

#### **Distribution of patients in Tirupati city**

The locality wise distribution of 40 selected patients for implementing intervention is presented below.

**Table 8.1: Distribution of patients in Tirupati City**

Sl.No.	Location	No. of Patients
1	S.T.V.Nagar	6
2	Sanjay Gandhi Colony	8
3	Irla Colony	9
4	Indira Nagar	7
5	Ambedkar Colony	10
Total		40

The selected patients for intervention were distributed in different colonies of Tirupati as follows 1) S.T.V.Nagar (6), 2) Sanjay Gandhi Colony (8) 3) Irla Nagar (9) 4) Indira Nagar (7) and Ambedkar Colony (10). The figures in brackets were No. of patients.

### 3. IMPLEMENTATION OF INTERVENTION:

The intervention was implemented in **3 stages viz.,**

1. Analysis of attendance for follow-up visits
2. Home visits
3. Strategy Implementation

- a) **I<sup>st</sup> Stage - Analysis of attendance for Follow-up visits:** In the I<sup>st</sup> stage, the attendance of all 40 patients, for all three compulsory follow up visits was analysed and the No. of absentees were noted.

#### **Absentees for Follow-up visits:-**

Absentees for all three visits = 3

Absentees for II visit = 4

Absentees for III visits = 3

Total No. of absentees: -----  
13  
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After, identifying the absentees, their address was recorded.

## II<sup>nd</sup> Stage - Home visits:

The researcher visited all thirteen houses of the breakup patients, and met them personally, and sought the reasons for absence to Follow-up visits.

**Table : 8.2 :Reasons for breakup of Follow-up visits**

Sl.No.	Reasons	No. of Patients
1	Relief from pain	9
2	Lack of time	1.
3	Lack of money	2
4	Lack of assistance	1
Total		13

The notable reason cited by majority of patients for breakup of Follow-up visit, was 'reduction in pain'. They were under the mis-conception that relief in pain was the indication for total cure of infection. 'Lack of time' and 'lack of assistance' was mentioned by one each and the remaining 2 patients reported of 'lack of money' for going to Follow-up visits.

## III<sup>rd</sup> stage –Strategy Implementation:

The researcher adopted 'one to one' counseling technique to motivate the patients to attend Follow-up visits.



**The Researcher and Nurse involving in counseling of patient on ill-effect of break-up for Follow-up visits.**

## COUNSELLING

The researcher adopted 'face to face' or 'one to one' counseling technique to motivate these patients for attending the follow up visits. The researcher personally visited the patient's house after 6 pm, and developed rapport with them, so that they spare time for interaction. The researcher took one retired Nursing staff from SVRR hospital during the house visits to build up more credibility on discussion. The Nurse explained patients that, 'relief in pain' was not the indication of total cure and infection and persists, even though pain is not experienced. The researcher detailed the patients on the danger of recurrence of pain at any time and spread of infection to other parts, if it was not totally cured.

The researcher counseled 2 to 3 patients every day and within four days she met all 13 patients and provided counseling on ill-effects of break up in follow up visits.

The researcher also helped one patient financially as she was not able to purchase medicines which are to be brought from outside hospital.

### **Result of Intervention:**



### **After counseling session, the patient started moving to hospital for Follow-up check**

The counseling resulted in change of mind of patients and now they believed that Follow -up visits until total cure of disease was compulsory. All the 13 patients attended for Follow- up visits in next two weeks. The researcher cross checked their visit with the record in hospital and congratulated the patients who's infection was totally cured.