

KNOWLEDGE ATTITUDE AND PRACTICES AMONG FEMALE HEALTH WORKERS REGARDING REPRODUCTIVE AND CHILD HEALTH SERVICES IN RURAL MEERUT

Seema Jain*, J.V. Singh**, M. Bhatnagar***, S.K. Garg***, H. Chopra***
S.K. Bajpai****, B. Pant****

Lecturer*, Professor & Head**, Professor***, Associate Professor****

Community Medicine Department, L.L.R.M. Medical College and Subharti Medical College, Meerut

ABSTRACT :

Objective : To assess the Knowledge Attitude and Practices among Female Health Workers regarding Reproductive and Child Health Care Services.

Study design : A follow up study

Study Setting : Department of Community Medicine, L.L.R.M. Medical College and Subharti Medical College, Meerut.

Study Subject : 25 females health workers from 3 PHCs of rural Meerut.

Study Period : 1996-97 and 2003

Study Variables : Knowledge Attitude and Practices among Female Health Workers regarding Reproductive and Child Health Care Services.

Results : There was improvement in the knowledge attitude and practices among female health workers regarding reproductive and child health care services over period of five years. The area of improvement and attitudes of female health workers were also identified.

Introduction :

Provision of health care at the door steps of people is the national commitment and the nation of course has taken great efforts since the National Health Policy has been launched. Creation of subcentre was one step in this direction. But making of subcentre does not mean that objectives have been achieved. It is essential to know whether allotted services are being offered to the population or not, whether people are utilizing services as per their health need or not.

To measure the effectiveness of the subcentre, it is very important to evaluate the performance of female health worker. The skills of female health worker are combination of art

and science. She play pivotal role in implementing all national health care programmes at community level. She is the one who requires positive attitude for decision making and for serving the health needs of the people. She also requires adequate knowledge for giving quality health care to the people.

Objectives :

The Present study was done with an objective to evaluate the performance of female health workers on the basis of their knowledge, attitude, practices in providing Reproductive and Child Health Care Services.

Material & Methods :

The present study was conducted at

three block level P.H.Cs., on randomly selected 25 female health workers, each providing health services through subcentre. A pretested and prescheduled proforma was prepared to know about the female health workers and also about her activities, which she was supposed to carry out under Family Welfare Programme. The Study was completed in two phases. In first phase (1998), a base line survey of knowledge, attitude and practices among female health workers was done. Each female health worker was visited at least thrice at her subcentre, mainly on the immunization and antenatal clinic days to elicit information by silent non participatory observation, followed by the an interview. The data collected was then tabulated, analyzed and compared. Performance of female health workers in the first phase was scored. In second phase (2003) similar survey was conducted on the same three blocks level

P.H.Cs. selecting 25 same female health workers. The data thus collected in both the phase was compared by the test of significance.

Observation & Discussion :

The present study reveals the status of female health workers and level of knowledge attitude and practices regarding reproductive and child health care services, by assessing through a follow up study after five years. In the present study mean age of female health workers was found to be 43.6 years in first phase & 44.5 years in second phase. Which is comparable to findings (41.7years) of Sirohi et al¹ and much higher to findings (35.8 years) of Paul et al². The higher mean age of female health workers could be because of long time gap in new entries for the post of health worker. Most of the female health workers were high school passed as in other studies.

Table - 1

KAP REGARDING REPRODUCTIVE HEALTH CARE AMONG FEMALE HEALTH WORKERS

Knowledge Attitude and Practice of Female Health Workes	Phase-I (1998) n=25	Phase-II (2003) n=25	X ² P value
Antenatal Care			
a. Inquired about past pregnancy and BOH	8 (32.0%)	18 (72.0%)	8.01 <0.001
b. Blood pressure recorded	3 (12.0%)	2 (8.0%)	
c. Weight taken	7 (28.0%)	5 (20.0%)	0.444 >0.5
d. Checkup for Anemia and IFA tablets given	7 (28.0%)	25 (100.0%)	
e. Promoted institutional deliveries and high risk referral practice	14 (56.0%)	8 (32.0%)	2.92 >0.05
Family Planning Methods			
Complete Knowledge about family planning methods, their indication, contraindication and side effects.	14 (56.0%)	20 (80.0%)	4.67 <0.05
Post Natal Care			
a. Complete knowledge & practices about proper post natal care of women	7 (28.0%)	11 (44.0%)	1.39 >0.1
b. Most commonly asked symptoms were per vaginal bleeding and discharge	21 (84.0%)	25 (100.0%)	
c. Checking for uterus involution.	19 (76.0%)	25 (100.0%)	

Table no. 1 shows the status of knowledge attitude and practices of female health workers in provision of reproductive health care. It shows significant improvement ($P < 0.001$) in practices of screening highrisk cases and bad obstetric history. But as far as referral to high risk cases to a centre and promotion of institutional deliveries, it was found to be apparently low. There was very high improvement in checking for anemia and giving iron tablets to all pregnant. The reason for this was 100% availability of iron folic tablets at sub cente. Study also reveals that cent percent female health workers in both the phases issued

MCH card, gave TT injection, reminded of follow up visits and regular check up which was also seen by Sirohi et al¹. During antenatal checkups the practices of taking blood pressure and weight was found to be apparently poorer in second phase. The reason informed was non availability of properly functioning equipments.

Regarding knowledge about contraceptives it was found that these was significant improvement in second phase. In post natal care there was apparent improvement in the knowledge attitude and practices of female health workers in comparison to first phase and also it was much higher than sirohi et al¹.

Table - 2
KAP REGARDING CHILD CARE AMONG FEMALE HEALTH WORKERS

KAP REGARDING CHILD CARE	Phase-I (1998) n=25	Phase-II (2003) n=25
New Born Care		
a. Birth weight	0 (00.0%)	5 (20.0%)
b. Cord Care	4 (16.0%)	11 (44.0%)
c. Proper exclusive breast feeding initiation and methods promotion	13 (52.0%)	25 (100.0%)
Immunization Practices		
a. Proper use and maintenance of vaccine carrier	18 (72.2%)	25 (100.0%)
b. Use of single needle and single syringe	23 (92.0%)	25 (100.0%)
c. Proper disposal of left over vaccine	10 (40.0%)	15 (60.0%)
d. knowledge of vaccines and informing their side effects to clients	20 (80.0%)	22 (88.%)
Proper Case Management of Diarrhoea	14 (56.0%)	22 (88.0%)
Proper Case Management of ARI/ Pneumonia	2 (8.0%)	12 (48.0%)

Table - 3
FAVORITE ASPECT OF FEMALE HEALTH WORKER'S WORK

Favorite Aspect of Work	Phase-I (1998) n=25	Phase-II (2003) n=25
1. Immunization	25 (100.0%)	25 (100.0%)
2. Conducting deliveries	10 (40.0%)	10 (48.0%)
3. Clinical work	12 (48.0%)	20 (80.0%)
4. Antenatal clinic	13 (52.0%)	25 (100.0%)
5. Family Planning	25 (100.0%)	25 (100.0%)
6. Field work	4 (16.0%)	15 (60.0%)

Table - 4
PERFORMANCE BASED GRADES OF FEMALE HEALTH WORKERS

Percentage of performance of activities	Grades (Good, Average, Poor)	Phase-I (1998)	Phase-II (2003)
1. 85% or above	Good	2 (8.0%)	5 (20.0%)
2. 65% to 84%	Average	14 (56.0%)	18 (72.0%)
3. 40% to 64%	Poor	9 (36.0%)	2 (8.0%)

Table no.2 shows apparent improvement in KAP regarding child health care in second phase which is much higher than previous studies done^{1&2}. Table no.3 shows that with time and repeated trainings the attitude of female health worker has improved to do the field work but in both the phases they had higher choice towards doing family planning work, antenatal and immunization clinics. The various activities to be carried female health workers, were counted and were marked as scores. Table no. 4 shows evaluation scores of the performance of female health workers. It shows improvement as better performing female health workers in second phase. The number of female health workers as excellent & good performer improved after five years follow up.

Conclusion :

The finding of study reveals that over a period of five years there is improvement in

knowledge attitude & practices of female health workers regarding RCH. The major reason assumed was intensive orientation & reorientation training for RCH programmes.

References :

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