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Awareness and Communication Behaviour of Female Health Workers in Reproductive and Child Health Programme

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ABSTRACT

Reproductive health issues are among the leading causes of morbidity and mortality among women globally, with younger women being particularly affected. In response, the Government of India launched the Reproductive and Child Health (RCH) programme in October 1997 to deliver integrated welfare services to this vulnerable population. Female Health Workers (FHWs) are critical to the implementation of health services, especially within the scope of the RCH programme. The effectiveness of this program largely hinges on the awareness and communication behaviors of FHWs. This study aimed to assess the awareness levels of FHWs regarding the RCH programme and to examine the relationship between their awareness and communication behaviors. The study was conducted in Thiruvananthapuram District, the capital of Kerala. A total of 100 FHWs were selected using the Proportionate Stratified Random Sampling method. An awareness test was employed to evaluate the FHWs' knowledge about the RCH programme. The results indicated that 82% of the FHWs had a moderate level of awareness. Furthermore, the study found no significant correlation between the communication behaviors of the respondents and their awareness of the RCH programme.

Key words: Reproductive and Child Health (RCH) programme, Female Health Workers (FHWs), Awareness, Communication Behaviour.

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Introduction

Reproductive and Child Health (RCH) issues have attained higher international visibility and renewed social and political commitments in recent decades. The overall burden of reproductive and child ill health is very high and many women die every year due to the complications of pregnancy and childbirth. Health in reproduction is therefore of great importance for the wellbeing of families and communities. Many of the health problems that affect women of reproductive age begin in childhood and adolescence. Further, improving equity and quality of life could save millions of women and let them lead fully productive lives[1].

The RCH programme places special emphasis on client oriented, need based, high quality, integrated services to the beneficiaries. The programme gives importance to target free programme based on community needs, participatory planning and client satisfaction. The provision of good quality service is the crux of the RCH programme (National Institute of Health and Family Welfare (NIHFW-2009)[2]. The RCH programme is channelized to the community through the sub centers which are the grass root level institutions. Grass root level services are delivered through the male and female health workers. The Female Health Workers (FHWs) or Junior Public Health Nurses (JPHNs), as they are known in Kerala, are expected to provide comprehensive primary health care to the community. The gamut of services they are expected to provide is very wide and encompasses promotive, preventive and curative services. The FHWs play a very important role in the delivery of health services

especially in RCH Services. They are responsible for antenatal and postnatal services and the success of RCH programme depends upon communication behaviour and knowledge of FHWs about the programme.

A study conducted to evaluate the knowledge of Accredited Social Health Activist (ASHA) on antenatal and postnatal care in Bijapur District revealed that ASHA worker's understanding about the antenatal and postnatal care was very limited[3].

A study on Knowledge Status of ASHA of Jaipur City observed that majority (>80%) of ASHAs knew their role in post-natal check-up, counseling women for birth preparedness, safe delivery, exclusive breast feeding, complementary feeding, personal hygiene and sanitation [4].

A study on 'An Exploratory Analysis of Knowledge and Practice, Job-Related difficulties and dissatisfaction of ASHAs in rural India' revealed poor knowledge and performance in 44.64 per cent of the ASHAs in their service area and also found out a few predictors of poor knowledge and performance, in the form of increased age, low education and lack of job satisfaction[5].

In order to implement the RCH programme effectively to beneficiaries, the field level functionaries should have good communication behaviour and sound knowledge about the subject. In this study the awareness of FHWs was operationalized as the quantum of knowledge in reproductive health possessed by them. The communication behaviour was divided into four components namely information input, information processing (information decoding and information encoding), information output and information feedback.

Objectives

- To evaluate the awareness of Female Health Workers about Reproductive and Child Health programme
- To find out the relationship between awareness and communication behaviour of Female Health Workers about Reproductive and Child Health programme

Methodology

The area selected for the study comprised Thiruvananthapuram District, the capital of Kerala. One Hundred FHWs were selected by proportionate random sampling. A questionnaire was used to collect personal information and an awareness test was administered to evaluate the awareness of FHWs about RCH programme. The test was prepared on the topics related to RCH programme as per manual of Reproductive Health and also from review of literature. Subject experts from related fields were selected as an expert panel for judging how far the test was relevant to evaluate the awareness of the respondents. The experts were asked to express the relevancy of each item by marking their responses on a five-point continuum of 'most relevant', 'relevant', 'undecided', 'irrelevant', and 'most irrelevant' with scores of 5,4,3,2 and 1 respectively. Those items which came under relevant and most relevant categories were considered for the final selection of items. In order to elicit correct responses, they were converted into multiple choice questions with a score of 1(one) for correct answer and 0 (zero) for wrong one. They were administered to hundred respondents who would not form part of the final study. The collected responses were subjected to item analysis and the items having difficulty index ranging from 0.32 to 0.80 were selected. The standardized test consisted of 12 questions and it was administered to the selected hundred respondents. The results were interpreted by giving scores of 1 or 0 for correct and incorrect answers respectively. On the basis of the total awareness score (total score was obtained by summing up the score values marked by each FHW in the awareness test), FHWs were divided into three categories namely low, moderate and high levels. The classification was based on the distribution of respondents under the Normal Probability Curve. For this purpose, the mean and standard deviation of the total awareness scores of the respondents were calculated and then the following categories were formed.

Low level – Those getting a value less than mean – 1 standard deviation

Moderate level – Those getting values between mean – 1 standard deviation and mean + 1 Standard Deviation.

High level – Those getting a value greater than mean + 1 standard deviation.

To measure the communication behaviour variables such as information input, information processing (Information decoding and information encoding) Information output and information feedback, a five-point continuum scale was used. Information input pattern was operationalized as all the activities performed by a FHW for the acquisition of scientific and technical information to perform her role. For the present study, two aspects of information processing such as information decoding and information encoding were selected. Information decoding was operationalized as the difficulty felt by the FHW in understanding the technical message related to their job and information encoding was operationalized as the difficulty felt by the FHW in processing technical information into meaningful message in simple words. Information output was operationalized as the utilization of different extension methods by the FHW for dissemination of technical information on RCH programme and information feedback was operationally defined as the oftenness in receiving the opinions, feelings, doubts, ideas, thoughts and comments from the beneficiaries on matters relating to RCH.

Results and Discussion

Classification of FHWs based on awareness about RCH programme: The distribution of FHWs under low, moderate and high-level category based on their awareness has shown that eighty two percent of the FHWs had moderate level of awareness and 9.0% of them belonged to low and high level of awareness regarding the RCH programme respectively. The inference that can be drawn is that the Health Services Department provides adequate awareness regarding the RCH programme and their functioning before the implementation of the programme. Moreover, a Diploma in Public Health Nursing is compulsory for appointment as a FHW, which imparts knowledge regarding all the aspects of public health including reproductive health. Thus, the respondents demonstrated adequate awareness of reproductive health, resulting in most of them being classified under the moderate awareness category. Lack of interest and heavy workload may be the reasons for not having a high level of awareness among the respondents.

Distribution of FHWs with respect to Communication Behaviour: The success or failure of any extension programme is largely dependent on the speed with which information is disseminated to the people in a form acceptable to them. It is highly essential that the extension personnel should not only have a sound knowledge of the subject matter but also be conversant with the various communication methods and media to pass on the information to the people that will result in adoption of improved practices by them subsequently.

The distribution of FHWs with respect to their communication behaviour could be summarized as follows.

Regarding the variable ‘information input’ the mean value obtained was 54.49. Sixty nine percent of the selected FHWs were found to have moderate level of information input whereas 14 per cent had high level of information input and 17 per cent of them had low level of information input. Majority of the FHWs had moderate level of information input. The variable information decoding was analyzed in terms of the difficulties encountered while understanding the technical messages with regard to different subjects related to the RCH programme. The mean value of the variable information decoding was 22.58. It was found that 13 per cent of FHWs encountered higher level of difficulties and 81per cent experienced moderate level of difficulties and only 6 per cent experienced lower level of difficulties. Majority of the FHWs had moderate to high level of difficulty in understanding the messages conveyed to them. The mean value of the variable ‘information encoding’ was 22.06. Eighty four percent of the selected FHWs had moderate level of information encoding. 16 per cent of them had high level of information encoding. The low level of information decoding was not found in the sample. Regarding the variable ‘information output’ the mean value obtained was 57.76. Sixty nine percent of the selected FHWs had moderate level of information output, 13 per cent of them had high level of information output and 18 per cent of them had low level of information output. Majority of the respondents had a moderate level of ability to disseminate the knowledge acquired by them through the various extension methods to the beneficiaries of RCH programme. The mean value obtained on the variable ‘information feedback’ was 27.92. Seventy five percent of the selected FHWs had moderate level of information feedback. Ten percent of them had a high level and 15.0% of them had a low level of information feedback. Majority of them had moderate level of information feedback. The FHWs may have received enough opinions, suggestions, feelings and ideas from the beneficiaries.

Relationship between awareness and communication behaviour of FHWs: Table-1 represents the results of correlation between the communication behaviour variables such as information input, information decoding, information encoding, information output and information feedback and the awareness of FHWs about FHWs programme.

Table- 1: Communication Behaviour and Awareness of FHWs about RCH Programme

Communication Behaviour	Correlation Coefficient
Information input	0.022
Information decoding	- 0.087
Information encoding	- 0.021
Information output	0.057
Information feedback	0.116

As depicted in Table 1, it was observed that none of the variables related to the communication behaviour of the respondents such as information input, information decoding, information encoding, information output and information feedback had any significant correlation with the awareness of FHWs regarding RCH programme.

Conclusion

The present study revealed that eighty two percent of the Female Health Workers had a moderate level of awareness regarding the Reproductive and Child Health programme. Regarding the communication behaviour, the majority of the Female Health Workers come under moderate category. None of the communication behaviour variables had significant correlation with the awareness of Female Health Workers about Reproductive and Child Health programme. The above study clearly indicates that the awareness of most of the Female Health Workers is at an average level hence repeated capacity building workshops should be organized to enhance their capabilities for improving their efficiency in delivering reproductive health care services to the beneficiaries.

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