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"Assessment Of Knowledge And Practice Of Female Health Workers In Relation To Aspects Of Reproductive And Child Health Programme At Selected Rural Areas Of Tikota, Vijayapur".

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Abstract: More than three quarters of the population of our country lives in rural areas. The female health workers at the SC have to take care of all the reproductive health needs of the rural population. Hence the present study was conducted with the objective to assess their knowledge & practices in relation to RCH services1. Maternal mortality and morbidity are significant health problems in developing countries .Improving maternal health has been an essential element for achieving health for all and has been included in MDG to be achieved by 2010. Apart from mothers and children, the health of adolescents came into light as one of the important area mainly because of their role as future or immediate mothers. Role of health care providers especially the grass root level workers becomes particularly important not just in imparting the intending services, but also in imparting knowledge about reproductive health3 ASHA acts as a 'bridge' between the rural people and health service outlets and plays a central role in achieving national health and population policy goal. ASHAs form the backbone of the NRHM. They need to provide preventive, promotive and curative health facilities in the rural community. Maternal and child health is an important public health issue which indicates level of socio-economic development in each and every country. ASHA workers are the main front-line workers in primary health care delivery system who are expected to work in this domain to bring out betterment in RCH indicators5.

Methodology: It is a One Group pre test Post Test Design there were the assessment of knowledge and practice of female health workers in relation to aspects of reproductive and child health programme at selected rural areas of tikota, vijayapur the sample size of the study was 100 female health workers. a socio demographic data Knowledge questionnaire was used to collect data the content validity and reliability of instrument was established and piloted on 20 female health workers before the main study the ethical

approval to undertaken the study was granted prior to pilot study

Result: The results suggest that although female health workers are actively involved in some field-level activities, there are significant gaps in essential practices, particularly in health education, record maintenance, and promotion of maternal and child health services

shows the distribution of female health workers according to their age. The majority of the participants belonged to the age group of 20–30 years (37%), followed by 31–40 years (34%). A smaller proportion of respondents were in the age group of 41–50 years (15%) and above 50 years (14%). the distribution of female health workers according to their educational level. Half of the respondents (50%) had completed B.Sc Nursing, followed by 31% who were GNM qualified and 19% who were ANM qualified.This indicates that the majority of the female health workers had higher educational qualifications, which may influence their knowledge and practice regarding the RCH programme. shows the distribution of female health workers according to their years of experience. Nearly half of the respondents (46%) had more than 10 years of experience, followed by 36% who had 6–10 years of experience, and 18% who had less than 5 years of experience. This indicates that the majority of the female health workers were experienced, which may contribute positively to their knowledge and practice regarding the RCH programme.

Key Words: Assessment; Female Health Workers; Aspects of RCH Programme , etc

INTRODUCTION: Reproductive health is the state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters relating to reproductive system & its functions & process. RCH (Reproductive and Child Health) is a program that aims at combating and reducing the mortality rates of mothers, infants and children. Maximum number of women in their reproductive age group dies due to increasing morbidity rate. Thus, a descriptive study was conducted with an aim to assess the knowledge of ASHA worker regarding RCH program, it will be helpful to enhance reproductive and child health.[8]

PROBLEM STATEMENT

"Assessment of Knowledge and Practice of Female Health Workers in Relation to Aspects of Reproductive and Child Health Programme at Selected Rural Areas of Tikota, Vijayapur"

OBJECTIVES

1. To assess the knowledge and practices of health workers – female (HW-F) in relation to maternal care services, under RCH programme.
2. To assess the Information Education &Communication (IEC) services provided by HW-F in delivering maternal care service.

Assumptions

The study assumes that.

- The female health workers of selected rural areas of Tikota may have inadequate knowledge regarding aspects of RCH Programme
- female health workers of selected rural areas of Tikota will willingly participate and give reliable information needed for the study
- Knowledge enhances the better practice among care givers**.**.

Hypotheses:

Fallowing hypotheses will be tested at 0.05 level of significance.

- H0: There will be no significant difference between knowledge score of female health workers of selected rural areas of Tikota on aspects of RCH Programme
- H1: There will be significant difference between knowledge score of female health workers of selected rural areas of Tikota on aspects of RCH Programme before assessment of knowledge.
- H2:There will be significant association between knowledge level of aspects of RCH Programme of selected rural areas of Tikota with the selected socio demographic variables

MATERIALS AND METHODS

Research design

"Quasi Experimental one group pre-test post-test design"

Setting and population

This study was conducted at selected rural areas of Tikota.

Sample.technique and Sample size

The sample size for the present study is 100 selected through simple random sampling technique

Inclusion criteria:

- Who are female health workers of rural area of Tikota.
- Who are willing to participate in the study
- Who are available at the time of data collection
- The study includes female health workers with age group 23-50 years.

Exclusion criteria:

- Female Health Workers who are below 23 years of age.
- Female Health Workers who are not willing to participate in this study.
- Female Health Workers who are not available during the study

Variable under study are

Dependent variable: Female Health Workers.

Independent variable: Aspects of Reproductive and Child Health Programme

Demographic variables: Age in years, gender, marital status, Year of Experience, Qualification etc.

Method of data collection and tool description: The data were collected through questionnaires consist

Section A: Socio-Demographic Data Section

Section B: knowledge questionnaire

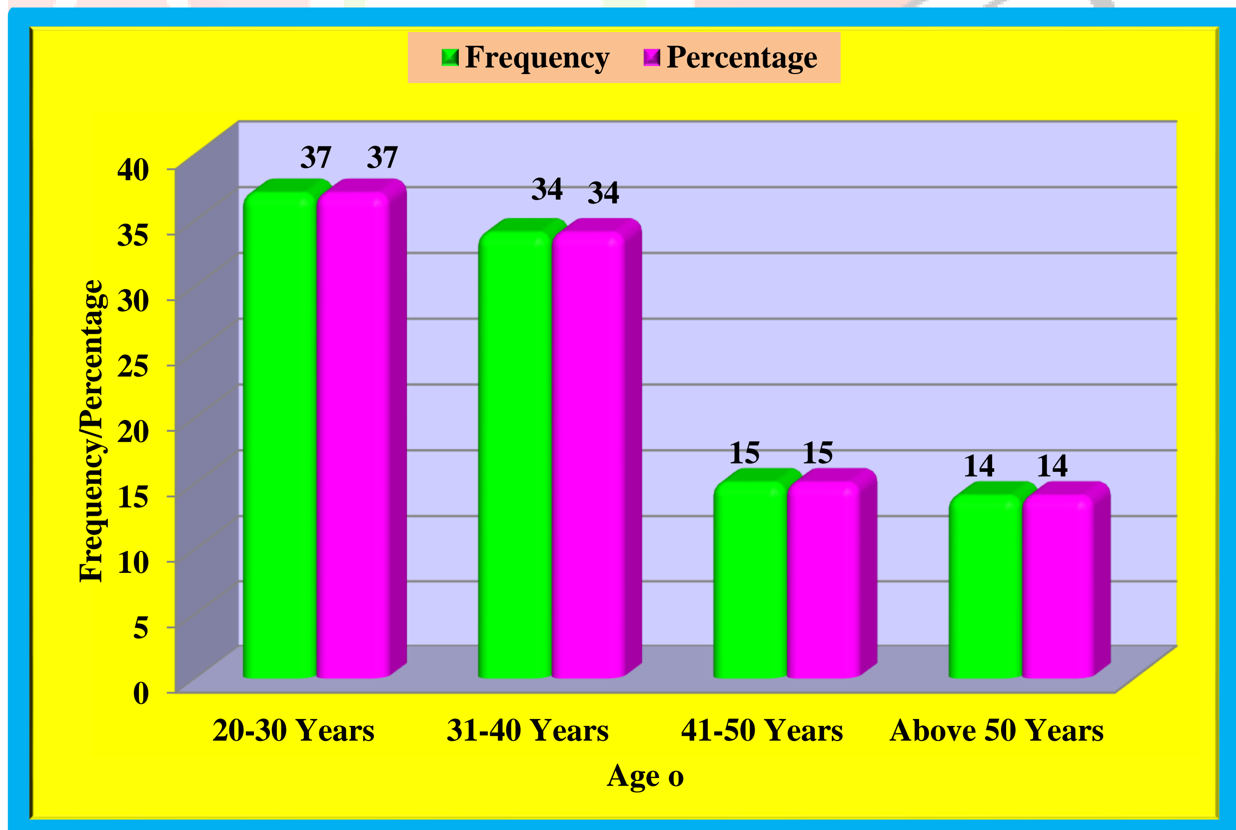
Section C: Attitude Scale

Result:

Table no 1: Frequency and percentage distribution of female health workers according to their age

SI No	Age in years	Frequency (n)	Percentage (%)
1	20-30 Years	37	37.0
2	31-40 Years	34	34.0
3	41-50 Years	15	15.0
4	Above 50 Years	14	14.0
	Total	100	100.0

Graph no 1: Frequency and percentage distribution of female health workers according to their age

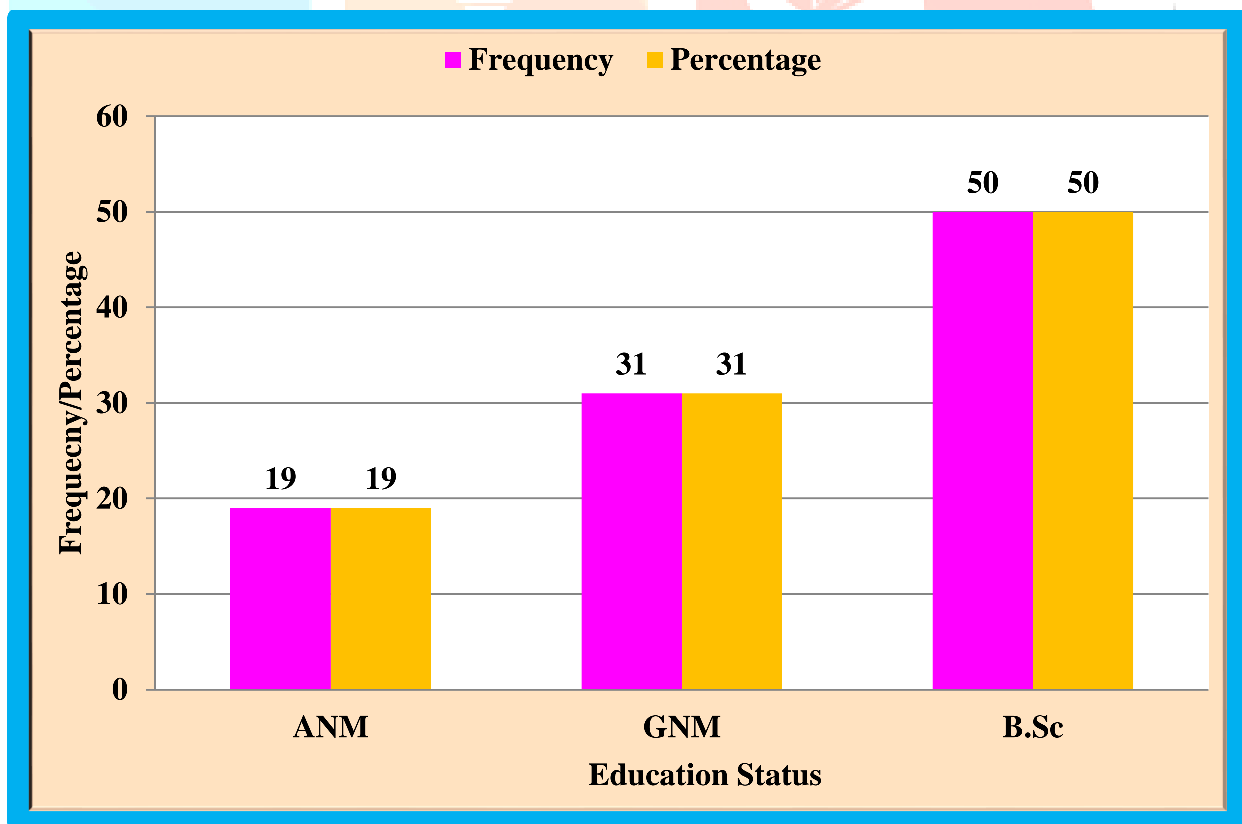


The above table no 1 shows the distribution of female health workers according to their age. The majority of the participants belonged to the age group of 20–30 years (37%), followed by 31–40 years (34%). A smaller proportion of respondents were in the age group of 41–50 years (15%) and above 50 years (14%).
This indicates that most of the female health workers were relatively young and in their early working years.

Table no 2: Frequency and percentage distribution of female health workers according to their education level

SI No	**education level**	Frequency (n)	Percentage (%)
1	ANM	19	19.0
2	GNM	31	31.0
3	B.Sc	50	50.0
	Total	100	100.0

Graph no 2: Frequency and percentage distribution of female health workers according to their education level



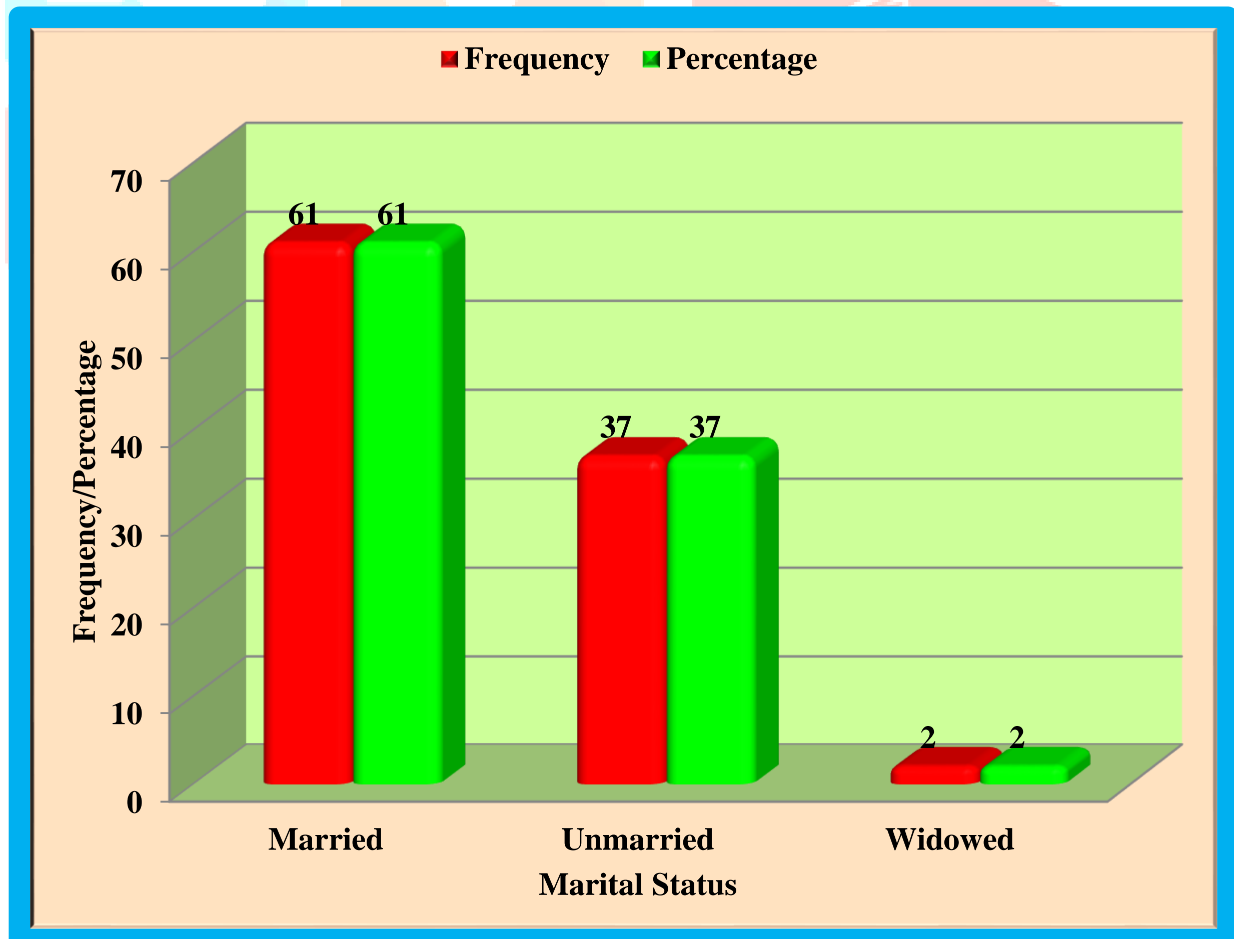
The above table no 2shows the distribution of female health workers according to their educational level. Half of the respondents (50%) had completed B.Sc Nursing, followed by 31% who were GNM qualified and

19% who were ANM qualified.This indicates that the majority of the female health workers had higher educational qualifications, which may influence their knowledge and practice regarding the RCH programme.

Table no 3: Frequency and percentage distribution of female health workers according to their marital status

SI No	**marital status**	Frequency (n)	Percentage (%)
1	Married	61	61.0
2	Unmarried	37	37.0
3	Widowed	2	2.0
	Total	100	100.0

Graph no 3: Frequency and percentage distribution of female health workers according to their marital status



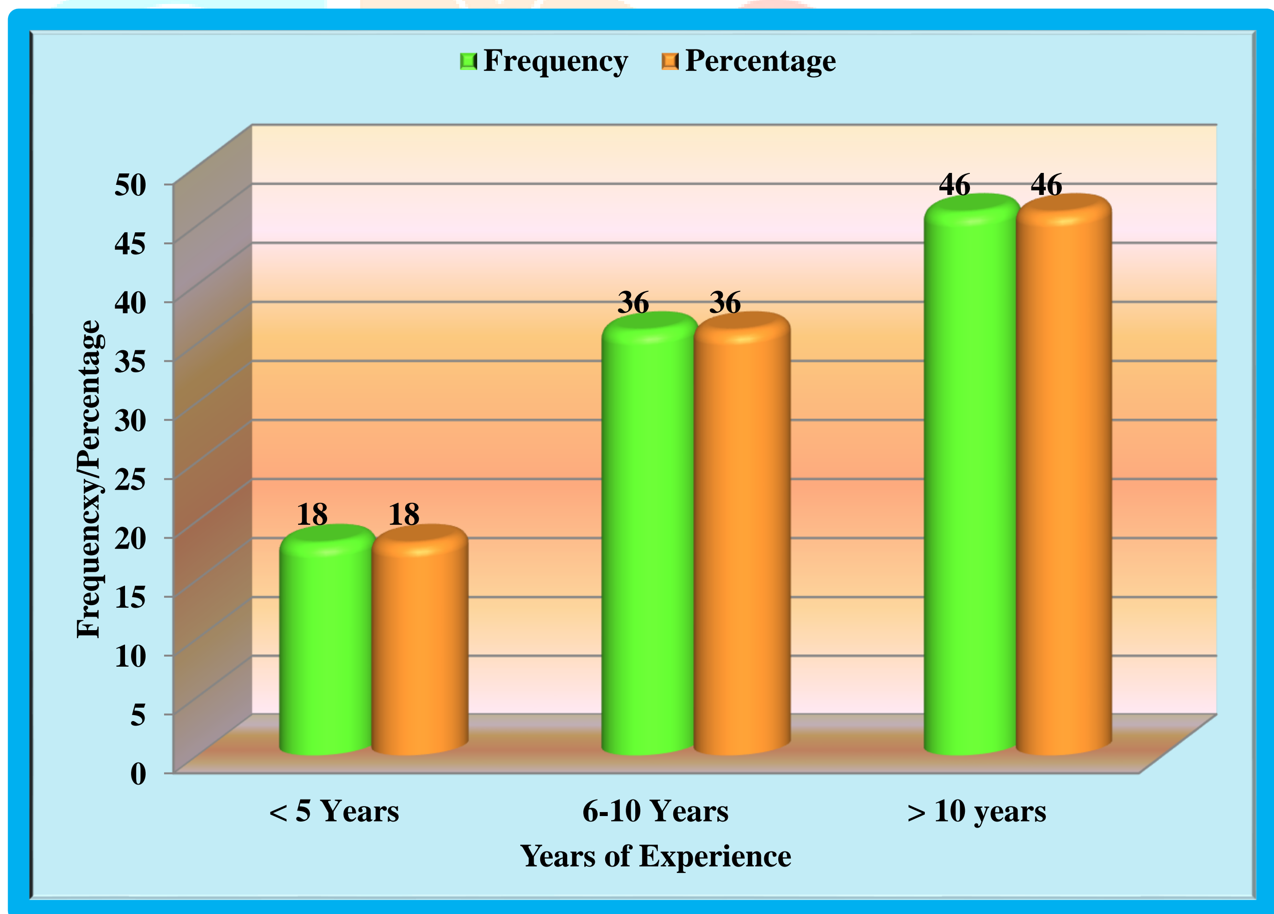
The above table no 3 shows the distribution of female health workers according to their marital status. The majority of the respondents were married (61%), followed by 37% who were unmarried. A very small

proportion (2%) waswidowed. This indicates that most of the female health workers were married, which may influence their personal experience and understanding of maternal and child health services.

Table no 4: Frequency and percentage distribution of female health workers according to their years of experience

SI No	**years of experience**	Frequency (n)	Percentage (%)
1	< 5 Years	18	18.0
2	6-10 Years	36	36.0
3	> 10 years	46	46.0
	Total	100	100.0

Graph no 4: Frequency and percentage distribution of female health workers according to their years of experience



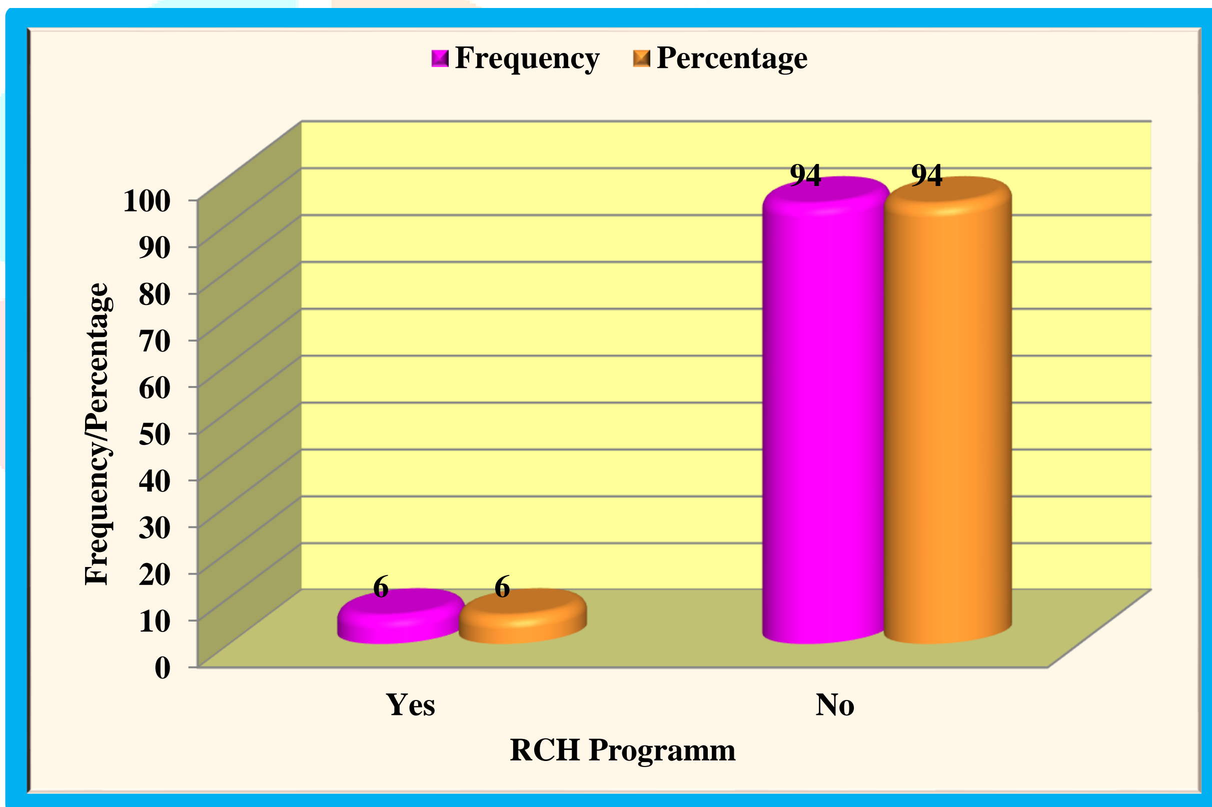
The above table no 4 shows the distribution of female health workers according to their years of experience. Nearly half of the respondents (46%) had more than 10 years of experience, followed by 36% who had 6–10 years of experience, and 18% who had less than 5 years of experience. This indicates that the majority of the

female health workers were experienced, which may contribute positively to their knowledge and practice regarding the RCH programme.

Table no 5: Frequency and percentage distribution of female health workers according to their whether they have attend RCH Program

SI No	RCH Program	Frequency (n)	Percentage (%)
1	Yes	06	6.0
2	No	94	94.0
	Total	100	100.0

Graph no 5: Frequency and percentage distribution of female health workers according to their whether they have attend RCH Program



The above table no 5 shows the distribution of female health workers based on their attendance in the RCH programme. The majority of respondents (94%) had not attended any RCH programme, while only 6% had attended.

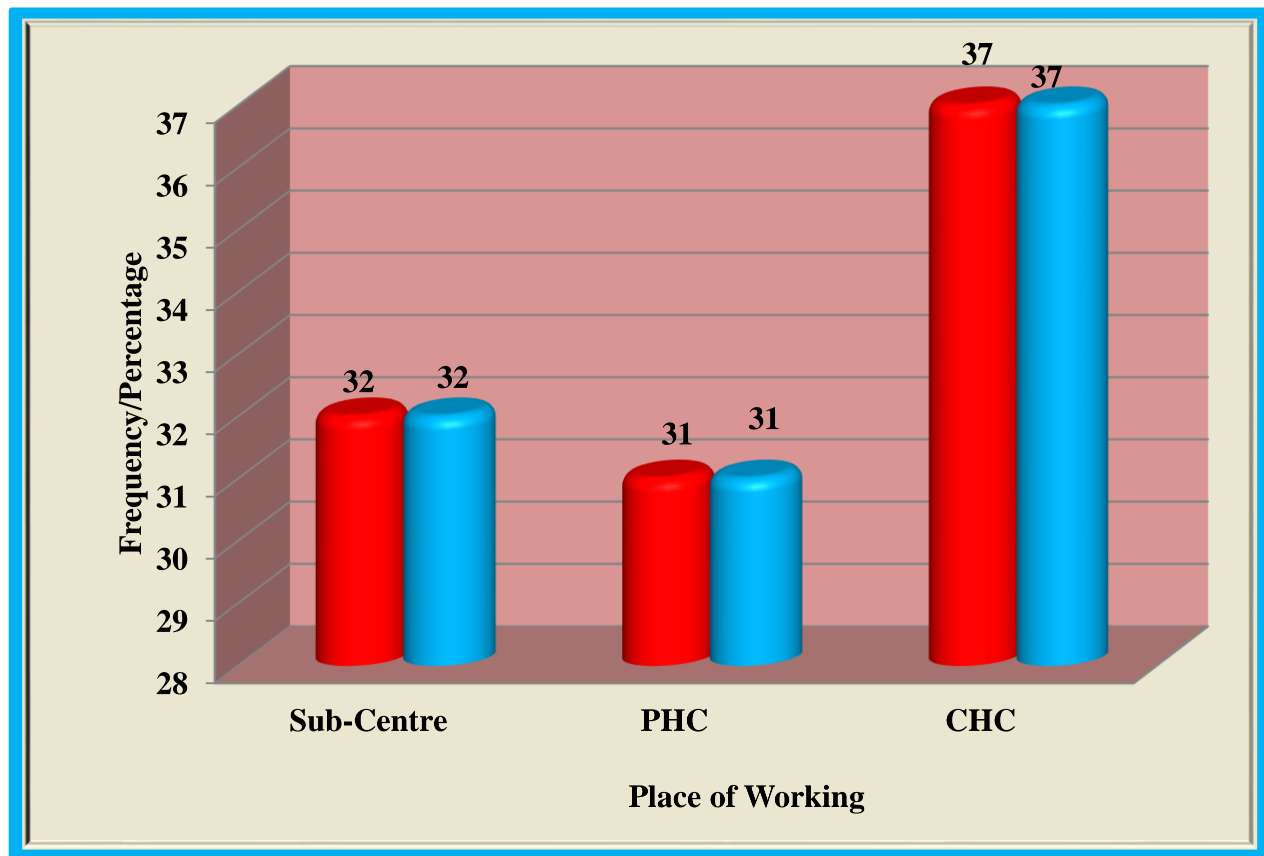
Conclusion:

This indicates a significant lack of exposure to formal training programmes related to RCH, which may affect the knowledge and practices of female health workers in delivering maternal and child health services.

Table no 6: Frequency and percentage distribution of female health workers according to their place of working

SI No	Place of working	Frequency (n)	Percentage (%)
1	Sub-Centre	32	32.0
2	PHC	31	31.0
3	CHC	37	37.0
	Total	100	100.0

Graph no 6: Frequency and percentage distribution of female health workers according to their place of working



The above table no 6, shows the distribution of female health workers according to their place of working. The highest proportion of respondents were working in Community Health Centres (CHC) (37%), followed by Sub-Centres (32%) and Primary Health Centres (PHC) (31%).

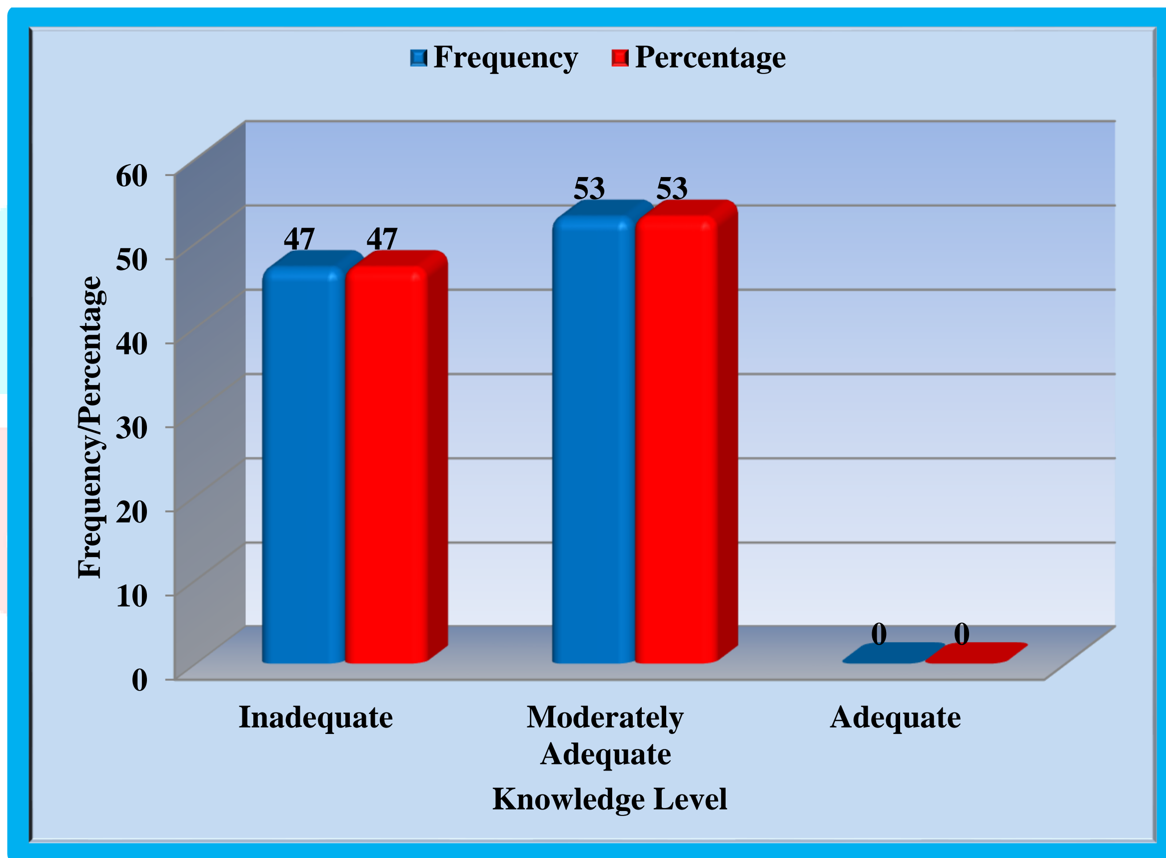
Conclusion:

This indicates that female health workers were fairly distributed across different levels of healthcare settings, ensuring representation from various service delivery points under the RCH programme

Table no 7: Frequency and percentage distribution of female health workers according to their knowledge level in relation to aspects of reproductive and child health program

SI No	Level of knowledge	Frequency (n)	Percentage (%)
1	Inadequate	47	47.0
2	Moderately Adequate	53	53.0
3	Adequate	00	0.0
	Total	100	100.0

Graph no 7: Frequency and percentage distribution of female health workers according to their knowledge level in relation to aspects of reproductive and child health program



The above table no 7shows the distribution of female health workers according to their level of knowledge regarding aspects of the Reproductive and Child Health (RCH) programme. More than half of the respondents (53%) had moderately adequate knowledge, while 47% had inadequate knowledge. Notably, none of the participants demonstrated adequate knowledge.

Conclusion

It was concluded that although a majority of the female health workers possessed some level of understanding, there is a significant gap in achieving adequate knowledge regarding the RCH programme, highlighting the need for structured training and educational interventions.

Table 8: Item-wise Analysis of Knowledge of female health workers according to their knowledge level in relation to aspects of reproductive and child health program

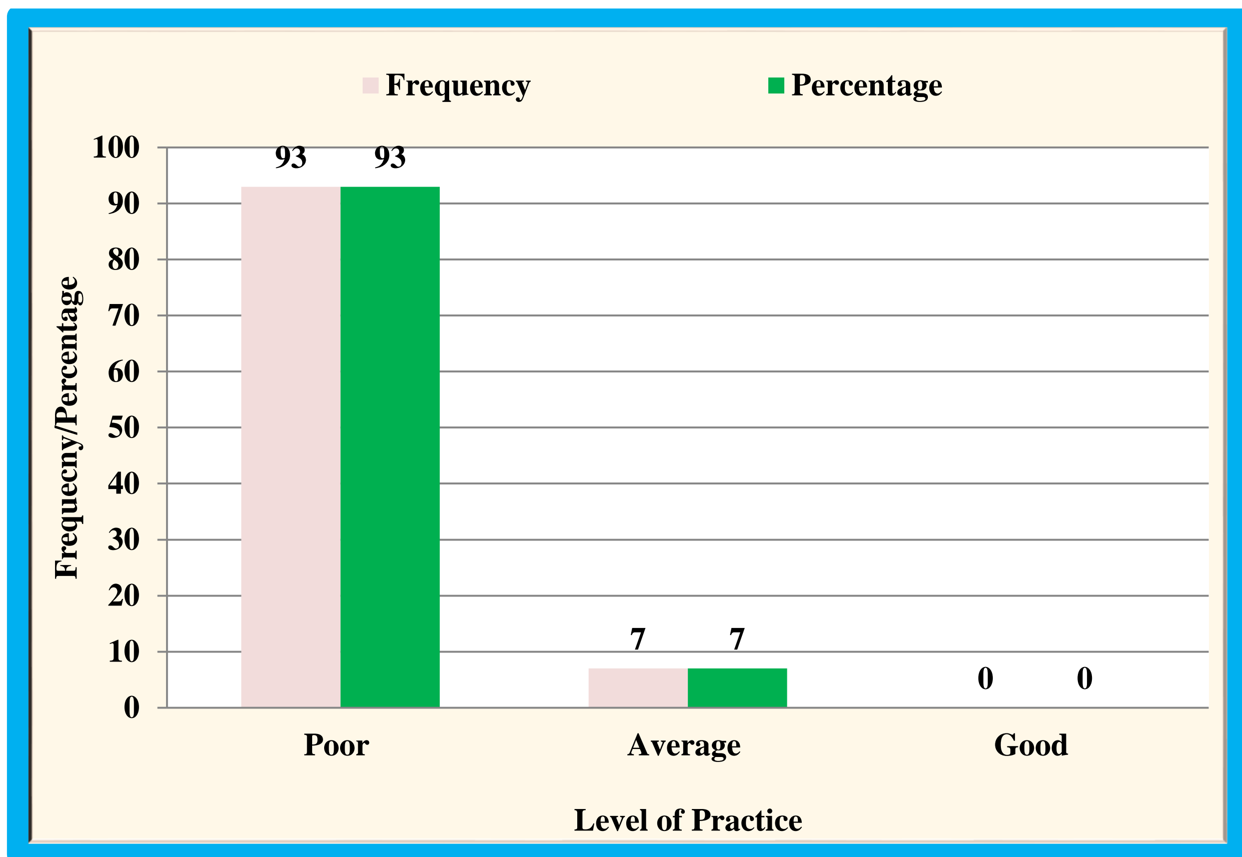
Sl. No	Knowledge Question	Response			
		Correct (f)	%	Incorrect (f)	%
1	Full form of RCH	27	27.0	73	73.0
2	Minimum ANC visits	80	80.0	20	20.0
3	IFA duration	27	27.0	73	73.0
4	Danger signs of pregnancy	33	33.0	67	67.0
5	Low birth weight	67	67.0	33	33.0
6	Exclusive breastfeeding	33	33.0	67	67.0
7	BCG administration	93	93.0	7	7.0
8	Copper-T duration	33	33.0	67	67.0
9	OCP initiation	67	67.0	33	33.0
10	JSY focus	33	33.0	67	67.0
11	Vitamin A dose	74	74.0	26	26.0
12	TT injections	33	33.0	67	67.0
13	Breastfeeding initiation	67	67.0	33	33.0
14	Goal of RCH	33	33.0	67	67.0

The table shows that female health workers had good knowledge regarding BCG administration (93%), minimum ANC visits (80%), and Vitamin A dose (74%). Moderate knowledge was observed in low birth weight, OCP initiation, and breastfeeding initiation (67%). However, poor knowledge was noted in key areas such as full form of RCH, IFA duration, danger signs of pregnancy, exclusive breastfeeding, Copper-T duration, JSY focus, TT injections, and goal of RCH programme (33% each). The findings indicate gaps in essential knowledge areas of the RCH programme.

Table no 9: Frequency and percentage distribution of female health workers according to their Practice level in relation to aspects of reproductive and child health program

SI No	Level of Practice	Frequency (n)	Percentage (%)
1	Poor	93	93.0
2	Average	07	7.0
3	Good	00	0.0
	Total	100	100.0

Graph no 9: Frequency and percentage distribution of female health workers according to their Practice level in relation to aspects of reproductive and child health program



The above table no 9shows the distribution of female health workers according to their level of practice regarding aspects of the Reproductive and Child Health (RCH) programme. The vast majority of respondents (93%) demonstrated poor practice, while only 7% had average practice. None of the participants exhibited good practice.

Conclusion:

This indicates a significant gap in the practical implementation of RCH programme components among female health workers. Despite having moderate knowledge levels, the translation of knowledge into practice appears to be inadequate, emphasizing the need for skill-based training and regular supervision.

Table no 10: Item-wise Practice female health workers according to their Practice level in relation to aspects of reproductive and child health program

Sl. No	Knowledge	Response			
		Correct (f)	%	Incorrect (f)	%
1	Maintains line list	20	20.0	80	80.0
2	Conducts home visits	80	80.0	20	20.0
3	Health education	20	20.0	80	80.0
4	TT immunization	53	53.0	47	47.0
5	Referral for delivery	20	20.0	80	80.0
6	Infant weighing	60	60.0	40	40.0
7	Immunization monitoring	20	20.0	80	80.0
8	Promotes breastfeeding	7	7.0	93	93.0
9	Contraceptive distribution	33	33.0	67	67.0
10	Maintains records	7	7.0	93	93.0

The above table no 10 shows the item-wise analysis of practices of female health workers regarding various aspects of the Reproductive and Child Health (RCH) programme.

The findings indicate that good practices were observed in conducting home visits (80%) and infant weighing (60%). Moderate practice was seen in ensuring TT immunization (53%) and contraceptive distribution (33%).

However, poor practices were identified in several key areas such as maintaining line lists (20%), providing health education (20%), referral for institutional delivery (20%), and immunization monitoring (20%), promoting breastfeeding (7%), and maintaining records (7%).

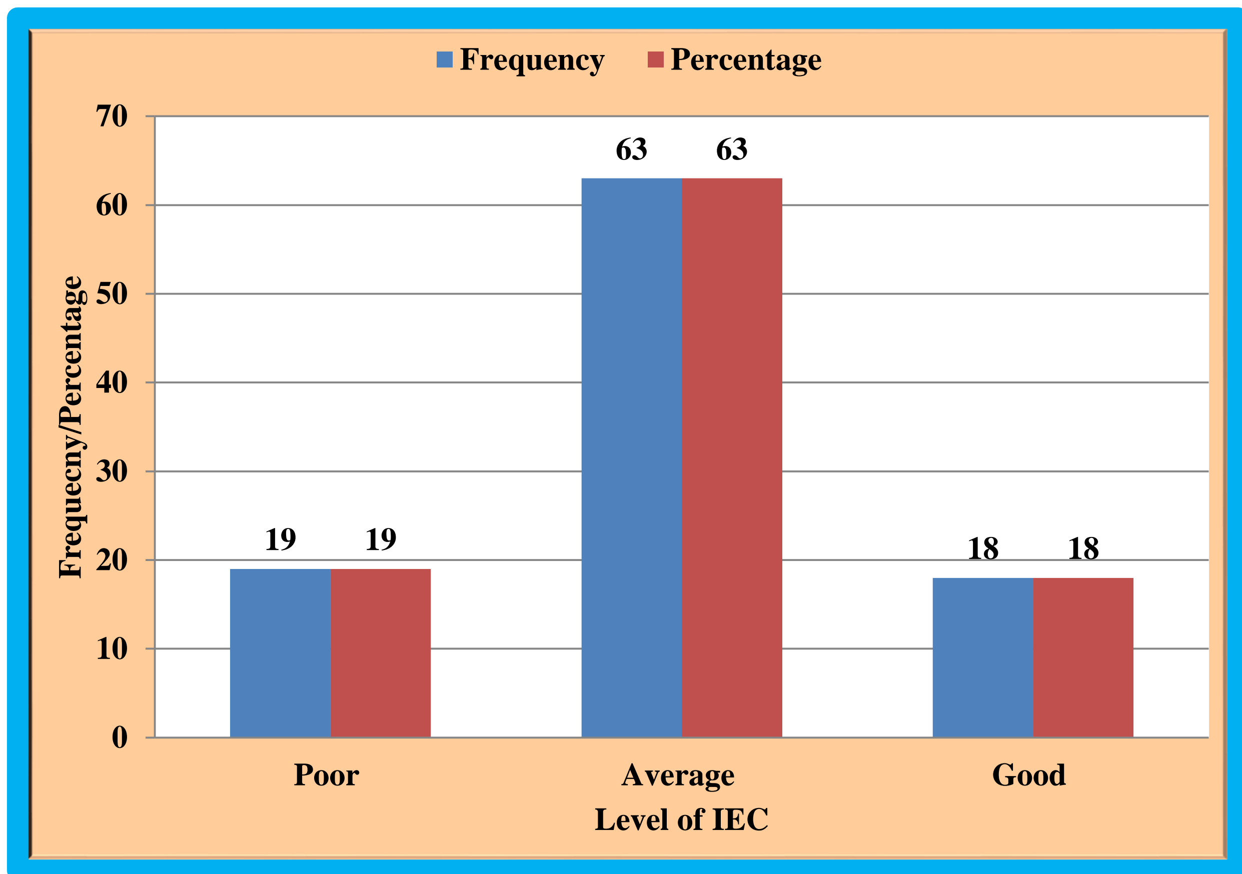
Conclusion:

The results suggest that although female health workers are actively involved in some field-level activities, there are significant gaps in essential practices, particularly in health education, record maintenance, and promotion of maternal and child health services.

Table no 11: level of assessment of IEC level provided by HW-F in delivering maternal care services

SI No	Level of Practice	Frequency (n)	Percentage (%)
1	Poor	19	19.0
2	Average	63	63.0
3	Good	18	18.0
	Total	100	100.0

Graph no 10: level of assessment of IEC level provided by HW-F in delivering maternal care services



The above table no 11, shows the level of IEC (Information, Education, and Communication) services provided by female health workers in delivering maternal care services. The majority of respondents (63%) demonstrated an average level of IEC services, while 19% had poor IEC practices and 18% exhibited good IEC practices.

Conclusion

This indicates that although most female health workers are providing IEC services to some extent, there is still a need to enhance the quality and consistency of these services to achieve optimal maternal health outcomes.

Table no 12: Assessment of the IEC services provided by HW-F in delivering maternal care services

Sl. No	IEC	Response			
		Yes (f)	%	No (f)	%
1	Education on ANC	62	62.0	38	38.0
2	Education on danger signs	56	56.0	44	44.0
3	Breastfeeding education	62	62.0	38	38.0
4	Family planning education	81	81.0	19	19.0
5	Nutrition counseling	56	56.0	44	44.0
6	Immunization awareness	62	62.0	38	38.0

The above table depicts the assessment of Information, Education, and Communication (IEC) services provided by female health workers in delivering maternal care services.

CONCLUSION

The results suggest that while IEC activities are being carried out to some extent, there is a need to strengthen and ensure uniform delivery of all essential maternal health education components by female health workers.

1. Contributions made towards increasing the state of knowledge in the subject.

Research is systemic attempt to obtain answers to meaningful questions about phenomena or events through the applications of scientific procedures. Female Health Workers they have less Knowledge and Attitude regarding aspects of RCH Programme.

2. Conclusions summarizing the achievements and indication of scope for future work:

The result can be generalized that many Female Health Workers have less Knowledge and Attitude regarding aspects of RCH Programme. At the end of the research work the researcher comes to conclusion that the study has to conduct with more samples then results can be generalized. Many Female Health Workers have high Knowledge and Attitude regarding aspects of RCH Programme. In future more studies have to conduct on Female Health Workers regarding Knowledge and Attitude regarding aspects of RCH Programme. Prevalence of Knowledge and Attitude among Female Health Workers..

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