

## LEVEL OF KNOWLEDGE REGARDING RCH SERVICES AMONG SUBCENTRE HEALTH FUNCTIONARIES OF KALYANPUR BLOCK, KANPUR

S.K.Kaushal\*, S.C.Saxena\*\*\*\*, V.K. Srivastava\*\*\*, Seema Nigam\*\*, J.P. Srivastava\*\*\*\*\*

Resident\*, Asstt. Professor\*\*, Associate Professor\*\*\*, Professor\*\*\*\*, Professor and Head\*\*\*\*\*

Department of Community Medicine, G.S.VM.Medical College, Kanpur, U.P.

### Abstract :

Research Question: What is the level of knowlege among sub centre level health functionaries regarding RCH services?

#### Objectives :

- 1) To assess the level of knowledge among sub centre level health functionaries.
- 2) To identify weaker areas of RCH related knowledge
- 3) To suggest areas of relevant knowledge improvement.

Setting : Sub Centre

Study Design: Cross Sectional

Participant : BHW-F (ANM), BHW-M (Multi Purpose worker Male)

Study Period : Jun to Dec'2004

Study Variable : RCH Programme, Antenatal, Natal, Post Natal Services, Immunization, Contraceptive.

Statistical Analysis : Percentage

Result : Knowledge regarding new component like adolescent health, RTI/STD/HIV/AIDS was found poor. Level of knowledge regarding management of ARI, Vit A supplementation, Post natal care, New born care, emergency contraceptive was found to be unsatisfactory.

### Introduction :

Women in reproductive age group and children up to age of adolescent constitute the major bulk of total population. Health services targeting these groups are at high priorities because of high age and cause specific mortality rate of this population group. Causes of these mortalities are largely preventable by readily available cost effective interventions<sup>3</sup>. Various programme have been conceived for delivery of health programme

towards mother and children and latest one in series in RCH programme, launched in year 1997. In the governmental rural health setup, the ANM is the health functionary closest to community. ANM is found at sub centre along with multipurpose workers who deals mainly with malaria, sanitation and to a small extent family welfare. The domain of ANM usually consists of half a dozen villages, one of which is sub center village. She visits to villages and houses for providing service, giving medicines, tendering advices to men, women and children

keeping touch with PHC/CHC and even district hospital for attending meetings, procuring essential supplies and performing other odd jobs. The ANM is responsible for RCH programme implementation at grass root level<sup>2</sup>. The out come of RCH services were directly related with performance and knowledge of RCH services packages for beneficiaries of the ANM. The study was designed to assess their knowledge level regarding RCH services.

The study was carried out amongst all sub centre health functionaries in Kalyanpur block, Kanpur consisting of 1 CHC and 4 PHCs. These health functionaries were of the level of BHW-female (ANM-24) BHW-Male (5) total of 29 such workers. Out of these four workers (2 female and 2 male) could not be contacted in inspite of repeated attempts. Their level of knowledge was obtained by interviewing them on a pre-designed questionnaire. Obtained responses were tabulated and conclusions drawn.

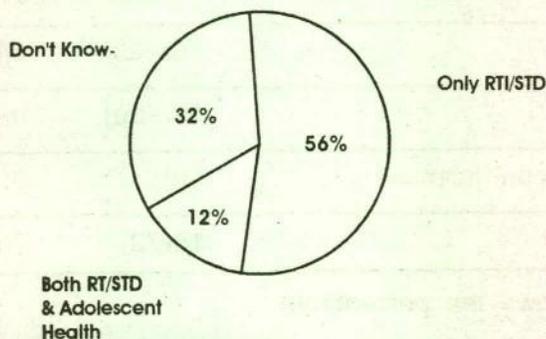
**Methology :**

**Observations :**

**TABLE -1**  
**Knowledge about type of services under RCH Programme**

Items	Knowledge	
	(n)	(%)
Services for pregnant mothers	25	100
Family Planning	25	100
Immunization to the children and women	25	100
RTI/STD detection and referral	17	68
Management and referral in case of childhood illness	19	76
Adolescent Health	3	12

**Figure-1-Knowledge about New Component of RCH programme.**



**TABLE - 2**  
**Knowledge about services for mothers**

Items	Knowledge			Total
	Correct	Partially correct	Incorrect	
Minimum ANC Checkup	25(100)	0(0)	0(0)	25(100)
Gestational period for ANC Checkup	7(28)	18(72)	0(0)	25(100)
Activities During ANC Checkup	13(52)	12(48)	0(0)	25(100)
Pregnancy Related advices	21(84)	4(16)	0(0)	25(100)
IFA supplementation	25(100)	0(0)	0(0)	25(100)
Safe delivery practices	24(96)	1(4)	0(0)	25(100)
Tetanus protection	17(68)	8(33)	0(0)	25(100)
Post Natal Checkup	23(92)	2(8)	0(0)	25(100)
Post Natal Advices	6(24)	19(76)	0(0)	25(100)

(figure in parenthesis shows the percentage)

**TABLE - 3**  
**Knowledge about contraception**

Items	Knowledge			Total
	Correct	Partially correct	Incorrect	
Type of conventional contraceptive	25(100)	0(0)	0(0)	25(100)
Indication of OCP	25(100)	0(0)	0(0)	25(100)
Indication of IUD	25(100)	0(0)	0(0)	25(100)
Indication for permanent contraception	0(0)	0(0)	0(0)	25(100)
Emergency contraceptive	18(72)	7(28)	0(0)	25(100)

(figure in parentheses shows the percentage)

**TABLE - 4**  
**Knowledge about childhood Immunization**

Items	Knowledge			Total
	Correct	Partially correct	Incorrect	
Immunization Schedule	20(80)	5(20)	0(0)	25(100)
Route of administration	25(100)	0(0)	0(0)	25(100)
Cold Chain	17(68)	8(32)	0(0)	25(100)
Dose of Vit A supplementation	19(76)	6(24)	0(0)	25(100)
Quantity of Vit A dose	9(36)	16(64)	0(0)	25(100)

(figure in parenthese shows the percentage)

**TABLE - 5**  
**Knowledge about Childhood illness**

Items	Knowledge			Total
	Correct	Partially correct	Incorrect	
Symptom of ARI	25(100)	0(0)	0(0)	25(100)
Signs of Pneumonia	3(12)	22(88)	0(0)	25(100)
Managment of ARI	0(0)	25(100)	0(0)	25(100)
Symptoms of Diarrhoea	11(44)	14(56)	0(0)	25(100)
Signs of Dehydration	5(20)	20(80)	0(0)	25(100)
Management of Diarrhoea	23(92)	2(8)	0(0)	25(100)

(figure in parenthesis shows the percentage)

**Results and discussion :**

All respondent knew about services for pregnant women, family planning and immunizationservices but poor knowledge were observed for adolescent heath (12%), referral and detection of RTI/STD (68%) and for management and referral of childhood

illness (76%). As figure shows 32% of respondent did not know the new components of RCH programme and only 12% of respondent knew about both new component of RCH programme that is i.e. RTI/STD and adolescent health. Knowledge was found poor in areas like gestational period of ANC checkup and post natal advices for mother.

Only 24-28% of respondents knew these components correctly. Rest other components were almost well known except for activities to be performed during ANC checkups which was correctly known to only 52% of respondent. Ramarao et al (2001)<sup>1</sup> reported that knowledge regarding ANC services among ANM was unsatisfactory as about half of the ANM did not have correct knowledge. Knowledge about contraception was found to be good except for emergency contraceptive which was correctly known to only 72% of respondent. 20% of respondent did not know correctly the immunization schedule while only 68% knew correctly about the cold chain. As far as Vit A is concerned, 76% of respondent correctly knew the doses of Vit A supplementation while only 36% of respondent knew the correct quantity of Vit A dose to be given to different age group of children. None of the respondent knew correctly about management of ARI while only 12% knew correctly the sign of Pneumonia. 80% of respondent did not know correctly sign of dehydration while only 44% of respondent knew correctly about symptom of diarrhea. Khan et al (1996)<sup>4</sup> reported that overall the technical knowledge of the ANMs was poor.

**Conclusion :**

Peripheral level health functionaries were having very little knowledge related to their new responsibilities in implementation of the RCH programme. Satisfactory level of knowledge was prevailing in areas of childhood immunization, contraceptive, antenatal care

and natal services. Level of knowledge was unsatisfactory or very poor in the areas such as management of ARI, quantity of Vit A doses, Post Natal Care, New Born care and adolescent health

**Recommendation :**

It may be suggested that peripheral level health functionaries are required to be re-oriented about the identified areas of deficiencies in their knowledge specially items to be performed during post natal care, new born care, management of ARI and Vit A supplementation, Adolescent health and management of RTI/STD.

**References :**

- 1) **Ramarao S, Caleb L, Khan M K, Townsend JW:** Safer maternal health in rural Uttar Pradesh : Do Primary health services contribute? Health Policy and Planning, 16(3),256-263,2001
- 2) **Nagdev DA:** Reproductive and child health care in rural, India: Role of ANM, International Conference Melbourne 1-3 May, 2002
- 3) **Park K:** park's Text book of Preventive and Social medicine 18<sup>th</sup> Edition.383, 2005.
- 4) **Khan M E, Ramarao S, Caleb L, Gupta R B, Swaroop S, Mishra A:** Rapid appraisal of IPP-VI training of ANMs in Uttar pradesh. The population council, India. SIPSA Lucknow. 4-6, 1996