

Morbidity Differential Amongst the Families

- Determination of priorities for health programme Ind. Med. Gazette, Vol. CXVIII, No. 8 & 242-246.
4. Joshi CK, & Sharma R (1971) Health of the industrial worker and their families Bharat Med Jour. 3 : 132.
5. Marwah SM, Tiwari IC, Rao NSN and Gaur SD (1970) Morbidity survey of BHU residential staff and their families. Ind. Jour. Prev. & S.c. Med. 11, 167.
6. Tamoli BL, Joshi CK & Sharma R (1976) General health survey in Sindhi colony Jaipur. Ind. Jour. Pre. & Soc. Med. 17 : 30.

Assessment of Change of Knowledge Through on the Job Training of Health Workers (Female) in Varanasi

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Introduction :

Health care infrastructure of our country lacks in effective, bulitin system of on the job training or continuing education for different level of workers. This adversely affects the work performance particularly of those working at peripheral level. It is, therefore, aptly mentioned in "curricula for training of staff of PHC" (1980) that 'job assigned to the workers can be carried out effectively and efficiently only when they are given adequate training for the purpose, whether as part of their basic professional training or as inservice

orientation training followed by refresher courses and on the job continuing education.' Against this background, an action study was planned and conducted in 3 PHCs of Varanasi, with the objective, to assess the change in the Level of knowledge of health worker (females) at out MCH care, through short term inservice orientation Training programme.

Material and Methods :

The study was conducted in the PHCs namely ; Chiraigaon, Cholapur and Kashividyapith and their sub-centres of Varanasi district during the years 1980—

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82. These PHCs are attached to the Institute of Medical Sciences, Banaras Hindu University under the 'Reorientation of Medical Education' Scheme. In all, 12 Health workers (Female), four from each PHC & its subcentres were selected for the purpose of study

In order to assess the level of knowledge about MCH Care, a pretested questionnaire schedule consisting of 64 multiple choice questions with one or more correct responses was prepared keeping the job responsibilities of the worker in view. These responses were independently scored by 4 different persons having experience in MCH field. Scores for each correct response were, thus, allotted taking the mean.

These 12 Health Workers (Female) were given a short term on the job training in 4 sessions of 1½ hrs. duration each at each of the three PHCs. The specific areas of MCH care covered were :

- registration and identification of high risk antenatal cases ;
- diagnosis and management of anaemia and immunization in antenatal cases ;
- nutrition education for antenatal cases and lactating mothers ;
- screening for malnutrition in underfive children including the management of diarrhoea ;
- diagnosis and management of anaemia and immunization in underfive children ; and

—nutrition education for underfive children.

Method of imparting training was lecture-cum-demonstration. Health Assistant (Female) of respective PHCs were actively involved in training programme.

Teaching aids used were : Charts ; Flash Cards for imparting nutrition education to mothers and children ; Cases for demonstration purposes ; Reagents ; and manual (in Hindi) in which an attempt was made to incorporate the elements of actual practice situation as well as innovations of tested value. In it, emphasis was laid on the areas of MCH care being covered in the training. The manual prepared for the study was brief, practical and covered the important aspects of MCH care. In contrast to Government of India Manuals (1978) and (1981) which were found too exhaustive and in English language. Subsequently, to improve their skills, workers were provided with the workaids as well as MCH Kit designed by keeping the field conditions of work in view.

Within one month after training, workers were administered same questionnaire to have an idea about the deficiencies in knowledge. To overcome it, reinforcement was done at an individual level. Then, after one more followup, post training assessment was undertaken after a period of six months.

Observations and Discussion

Maternal Care

The mean score for identification of high risk mothers after training was 151.7 points

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With an increase of 46.7 points over pre-training score. The difference was statistically significant indicating that the training in small groups and reinforcement had the positive impact in increasing the level of knowledge of Health Workers (Female). Similar findings were observed

for other aspects also. The differences were also found to be statistically significant. In post training assessment for anaemia—diagnosis and management in antenatal cases, all the Health Workers (Female) scored 100 percent points allotted. (Table I)

Table-I. Pretraining & posttraining level of knowledge of Health Workers (Female) regarding Maternal Care

Aspects of Maternal care	Max Allotted Score	A Pretraining Score		B Post training Score		Change in level of knowledge		A & B
		Mean	S. D.	Mean	S. D.	Mean	S. D.	
Identification of High Risk Cases	160	105.0	16.7	151.7	7.2	46.7	17.8	t=9.05 P<0.001
Anaemia-diag. & management	64	36.0	8.5	64.0	—	28.0	8.5	t=11.44 P<0.001
Immunization	47	34.4	3.9	43.2	2.5	8.8	2.8	t=10.95 P<0.001
Nutrition Education	82	55.7	15.5	77.8	1.9	22.1	15.8	t=4.83 P<0.001

Child Care

The Health Workers (Female) knowledge regarding child care, as a whole, excepting immunisation was found to be inadequate. During post training assessment, an increase in level of knowledge was found for all aspects which was statistically significant (Table II).

The cost per manual prepared for Health Workers (Female) was Rs. 6 per copy (1981 prices). This will go down

considerably if production is on a large scale at district level. Other teaching aids involved like flash cards, charts, reagents costed a nominal expenditure of Rs 40 per set (1981 prices). This cost will be further less if training is officially conducted at PHC level since some of the education material and reagents are already available

Response and coordination of the workers was found to be excellent, thus, reflecting their eagerness and interest to undergo such training programme.

Table II : Pretraining & post training level of knowledge of Health Workers (Female) regarding Child Care.

Aspects of Child Care	Max. allotted score	A		B		Change in level of knowledge		A & B	
		Pretraining Score		Post training Score					
		Mean	S.D.	Mean	S. D.	Mean	S. D.		
Screening of mal-nourished cases	161	96.3	15.2	150.3	6.7	54.0	18.9	t=9.87	
								P<0.001	
Anaemia-diag. & management	20	8.9	3.2	18.3	3.0	9.4	5.2	t=6.28	
								P<0.001	
Immunisation	74	56.5	4.8	73.0	1.8	16.5	5.4	t=10.63	
								P<0.001	
Nutrition Education	63	36.5	8.9	56.4	3.2	19.9	10.4	t=6.62	
								P<0.001	

The study thus revealed that lack of adequate knowledge is one of the factors responsible for poor MCH Care being delivered through health workers (Female). It was also effectively demonstrated that the knowledge of female health workers regarding MCH Care should be considerably improved by a short term in Service Training. This type of periodic trainings are essential and must form an integral part of our health care infrastructure.

References

1. Govt. of India (1978) : Manual for Health Worker (Female), Vol. 1 and Vol. 2, Ministry of Health and Family Welfare, New Delhi.
2. Govt. of India (1980) : Curricula for Training of Staff of the Primary Health Centre, Rural Health Division, Ministry of Health and Family Welfare, New Delhi.
3. Govt. of India (1981) : Primary Health Centre Training Guide : Part IV-Training of Health Assistants (Male and Female) and Health Workers (Male and Female); Ministry of Health and Family Welfare, New Delhi.