

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND SKILLS OF LADY HEALTH WORKERS

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ABSTRACT

Background: Government of Pakistan launched National Program for Family Planning and Primary Health Care in 1994. Lady Health Worker has a key role in providing these services. This study was designed to assess the quality of these services.

Material and Methods: It was a descriptive, cross-sectional study, conducted at District Kohat, Pakistan, in July 2005. Lady Health Workers with a job experience of more than 24 months were interviewed to assess their knowledge, attitude and skills, in terms of variables according to their job description. These variables included home visits, antenatal care, family planning, newborn care, vaccination, growth monitoring, common diseases, medicines and referrals.

Results: Fifty lady health workers were interviewed. Knowledge of lady health workers was above 36%, attitude score above 88% and skill assessment score above 86%. Sixty four percent lady health workers had established their health houses. Seven lady health workers showed non-satisfactory results with poor health house management. Much improvement in skills was required in the use of contraceptives. There was poor display of knowledge regarding vaccination schedule and insufficient knowledge 36% for the doses of common medicines.

Conclusion: This study opened a window to peep through deficiencies of health system. It showed that most of the LHWs had optimum knowledge and an optimistic attitude. Deficiencies were seen in vaccination and contraception. It is recommended to arrange workshops and courses for LHWs on regular basis to refresh their knowledge.

Key words: Lady Health Worker, Primary Health Care, Knowledge, Skill.

INTRODUCTION

Community health workers are the backbone of the primary health care.¹ In our country, community health workers are known as Lady Health Workers (LHW) and are working under the National Program for Family Planning and Primary Health Care. It was launched in Pakistan in 1994.^{2,3} This program was designed to provide health services to the community at their doorsteps. It addresses the primary health care problems in the community. The importance of LHWs in the field of health cannot be overlooked because they are the solitary means of house-to-house access of health system for the provision of basic health care.^{4,5}

Only those lady health workers who have good knowledge, positive attitude and proper skills, can help the community regarding primary health care and family planning.⁶

This study was conducted to assess the knowledge, attitude and skills of lady health workers, according to their job description.

MATERIAL AND METHODS

It was a descriptive cross-sectional study, conducted in the target population of lady health workers who were stationed in District Kohat, Pakistan, with a job experience of more than 24 months (15 months training session and minimum 9 months working experience). The duration of study was one month from 1st July 2005 to 31st July 2005. This study was based on sample size of 50 lady health workers selected on purposive sampling method.

The study was conducted on nine relevant variables associated with lady health workers job description. These were; Home visits, Antenatal care, Family planning, Newborn care, Vaccination, Growth monitoring & nutrition, Common diseases, Medicines and Referrals. The major aspect of skill testing was analyzed by appropriate assessment of health house management and record keeping of each LHW.

A protocol was laid down to acquire an unbiased observation. Questionnaire was constructed in order to assess the knowledge, attitude and skills of LHWs in terms of above-mentioned variables in the context of their job description. Target respondents were interviewed with this structured questionnaire. For the convenience of LHWs it was transformed into Urdu which assisted them to understand the questions properly. Along with questionnaire the study instruments also contained observation chart which was compiled on the basis of standardized coding technique. This observation chart was meant to assess the health house management and record keeping skills of lady health workers which included family register, family planning register, monthly reports, treatment register and diaries of lady health workers.

The data was analyzed by descriptive statistical methods.

RESULTS

Fifty lady health workers were interviewed among the total 75 stationed in District Kohat. Thirty seven of these belonged to the age group of 20 to 35 years while the rest were more than 35 years old. Thirty four were married while 12 unmarried, 3 widowed and 1 separated. The qualification statistics of lady health workers showed that 30 were matriculate, 14 middle pass and 6 intermediate or above. Lady health workers were grouped into two categories on the basis of their work experience; 42/50 had work experience of less than 5 years while 8/50 had been working for more than 5 years. The results regarding Family

Planning disclosed that they were quite aware of the importance of Family planning (94%). They also showed interest in creating awareness among the people regarding this issue however much improvement was required in the context of practice especially in relation to the method of use of contraceptives (70%).

Regarding antenatal care, they showed the required level of knowledge, attitude and skill (98%).

For vaccination there was poor display of knowledge in relation to the vaccination schedule (78%). Although many of them were found keen to take part in vaccination campaigns at national level like Polio campaign but some were found to be reluctant.

Considering growth monitoring and nutrition, lady health workers displayed optimum knowledge (94%) but lacked some degree of skill (80%).

Knowledge of common diseases carries immense importance in health care but unfortunately their knowledge in this regard especially in terms of common diseases like malaria was not up to the mark. However they had optimum know how about diarrhea and its management (78%).

For the control of common diseases it is of utmost importance that lady health workers should have a sufficient knowledge of medicines. It was a disappointing finding to see insufficient knowledge (36%) on the part of LHWs in this regard, especially the doses of common medicines. (Table-1)

Table-1: Assessment of knowledge, attitude and skills of Lady Health Workers.

Variables	Knowledge		Attitude		Skill	
	No. of observations	Percentage	No. of observations	Percentage	No. of observations	Percentage
Home visits	50	100%	50	100%	—	—
Antenatal care	49	98%	50	100%	46	92%
Family planning	47	94%	50	100%	35	70%
Newborn care	48	96%	50	100%	44	88%
Vaccination	39	78%	44	88%	49	96%
Growth monitoring & Nutrition	47	94%	47	94%	43	86%
Common diseases	39	78%	50	100%	50	100%
Medicines	18	36%	50	100%	47	94%
Referrals	48	96%	50	100%	—	—

As far as home visits and referrals were concerned lady health workers displayed high score and competence.

Only 11 (22%) lady health workers were presented with required level of health house management and well-maintained the record. However the display of 32 (64%) lady health workers was satisfactory and only 7 (14%) showed non-satisfactory results with poor health house management. (Table-2)

Table-2: Health house management by Lady Health Workers.

Management Level	Number & Percentage
Well-maintained	11 (22%)
Satisfactory	32 (64%)
Un-satisfactory	7 (14%)

DISCUSSION

This study indeed opened a vast window which will help us to peep through the deficiencies of the health system and draw relevant suggestions for its improvement. Despite insufficient resources LHWs undoubtedly maintained an optimum level of understanding, positive approach and performance.

First evaluation of this program was carried out in 1995. According to that report, 83% LHWs were having good knowledge regarding preventive activities but the knowledge regarding control of acute respiratory infections was only 60%. The second evaluation of this program was carried out in 1996; according to which 96% LHWs had established their health houses. Majority of lady health workers were found to be satisfactory in providing maternal care.⁷ The third report was initiated in 1999 and completed in 2002. It was carried out by Oxford Policy Management, UK. It demonstrated that the performance of about 17% of LHW's was poor and 35% were below average.⁸

The deficiencies observed in our study were due to minor flaws that are required to be addressed. The low level of skill displayed in case of family planning was attributed to the contradiction between old and new methods of use of contraceptives.

Many LHWs showed lack of skill in case of newborn care. The major factor behind this was the absence of weighing scale usually provided to all the LHWs for the growth monitoring of newborn.

The poor display of knowledge in terms of vaccination was due to conflict of TT vaccination schedule. Most were unaware of the new schedule established for child bearing age women. Even some LHWs were found to be ignorant to the EPI schedule of vaccination for children less than one year age. The low level of practice observed was due to lack of interaction between LHWs and the vaccinators of their locality. Many LHWs ascribed it to vaccinators who according to them did not approach them for vaccination campaigns while others showed reluctance due to their family reasons.

A high level of knowledge on the part of LHWs was commendable in the case of common diseases like Diarrhea; still much improvement was required to enhance their knowledge in terms of other common diseases like Malaria, the cause of which was not apparent.

Although most of LHWs were unaware of the correct dosage of common medicines but their good approach towards referral of the patients to the near health facility had compensated.

Lastly the health house management and record keeping were found to be average mainly due to lack of interest on the part of LHWs and provision of facilities by the management. The degree of self confidence displayed by the LHWs during their interaction with common people and the level of trust shown by the public was indeed praiseworthy.

CONCLUSION

This study opened a window to peep through the deficiencies of the health system and draw suggestions for its improvement. It showed that most of the lady health workers had optimum knowledge and an optimistic attitude. Deficiencies were seen in vaccination schedule and methods of contraception.

It is recommended to arrange workshops and courses for lady health workers on regular basis to refresh their knowledge. Proper interaction between the vaccinators and LHWs should be established to ensure successful vaccination and the community should be educated about the assigned role and responsibilities of lady health workers

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