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# Attitude of Female Health Workers towards Reproductive and Child Health Programme

**Dr. Sheeja P. R.**

Associate Professor, Department of Home Science, HHMSPB NSS College for Women, Neeramankara, Thiruvananthapuram, University of Kerala, India
Email: *somsiv[at]gmail.com*

**Abstract:** ***The Reproductive and Child Health (RCH) programme in India was launched in 1997 by the Govt. of India, this initiative aims to strengthen health infrastructure & services, particularly in rural & underserved areas. The program focuses on reducing maternal & infant mortality rates, promoting family planning and improving overall reproductive health. Female health workers play a vital role in the success of the Reproductive and Child Health (RCH) program in India. As frontline healthcare providers, they are often the first point of contact for women and children in rural and underserved areas. Their attitude towards their work, clients, and the community can significantly influence the effectiveness of the programme. The major objective of the study is to examine the attitude of Female Health Workers towards their job, beneficiaries, and RCH programme. The study was conducted in Thiruvananthapuram District, the capital of Kerala. A sample of 100 Female Health Workers was selected using the Proportionate Stratified Random Sampling method. To examine the attitude of Female Health Workers, an attitude scale was developed, and a questionnaire was used to collect data on other relevant variables. The study found that a majority of the respondents exhibited a favourable attitude towards the RCH programme. Notably, a significant correlation was observed between the attitude of Female Health Workers and their attitude towards the beneficiaries of the RCH programme.***

**Keywords**: Female Health Workers, Attitude, Beneficiaries, Reproductive and Child Health Programme

## 1. Introduction

The Reproductive and Child Health (RCH) Programme is a flagship initiative of the Government of India aimed at improving the health and well-being of women and children. Launched in 1997, the program seeks to address the major causes of morbidity and mortality among women and children, including maternal and child health, family planning, and nutrition. The RCH Programme has undergone several revisions and updates over the years, with the most recent being the RCH Programme Phase II, launched in 2005. The success of the RCH Programme depends on various factors, including the availability of skilled healthcare providers, adequate infrastructure, and community participation. Among these factors, the role of Female Health Workers (FHWs) is particularly crucial. FHWs are the frontline healthcare providers who work at the grassroots level, providing essential healthcare services to women and children. They are the backbone of the healthcare system, and their attitude towards their job, beneficiaries, and the programme itself plays a significant role in determining the success of the RCH Programme. FHWs are responsible for providing a range of healthcare services, including maternal and child health services, family planning services, and nutrition counseling. They are also responsible for promoting health awareness, identifying high-risk pregnancies, and referring cases to higher-level facilities. Given their critical role, it is essential that FHWs have a positive attitude towards their job, beneficiaries, and the programme. The attitude of FHWs is closely linked to the success of the RCH Programme. A positive attitude among FHWs can lead to improved job satisfaction, reduced turnover rates, and better health outcomes. Conversely, a negative attitude can lead to decreased job satisfaction, increased turnover rates, and poor health outcomes. Devi (2016) reported that most of the FHWs were unable to provide enough care to their child due to inadequate health care services in the village, lack of infrastructure facilities in the health center, shortage of medicines, non-availability of doctors and nurses in time of need, lack of health awareness.

## 2. Objectives

1) To assess the socio-economic and demographic profile of Female Health Workers.
2) To examine the attitude of Female Health Workers towards their job, beneficiaries, and the Reproductive and Child Health (RCH) Programme.

## 3. Materials and Methods

The areas selected for the study comprised Thiruvananthapuram District, the capital of Kerala. The sample for the present study consisted of 100 Female Health Workers under the Kerala State Health Services Department. The Health Workers were selected by using Proportionate Stratified Random Sampling method. The attitude of the Female Health Workers was operationalized as the disposition of the Female Health Workers towards the Reproductive and Child Health Programme. An attitude scale to assess the attitude of Female Health Workers towards Reproductive and Child health Programme was developed for the present study. Likert's technique was used for the construction of the attitude scale. The Female Health Workers were asked to indicate their responses towards the Reproductive and Child Health Programme on a five- point continuum ranging from 'Strongly Agree', 'Agree', 'Undecided', 'Disagree' and 'Strongly Disagree'. The categories were given the score values 5,4,3,2 and 1 respectively for positive statements and the scoring pattern was reversed for negative statements. The possible score values ranged from 54 to 270. Total attitude score was obtained by summing up the score values marked by each Female Health Worker in the attitude scale.

## 4. Results and Discussion

### 1) Socio-economic and demographic profile of Female Health Workers

The Female Health Workers (FHWs) play a very important role in the delivery of health services especially in Reproductive and Child Health Services. They are responsible for antenatal, postnatal and maternal care services under the Reproductive Child Health programme. An understanding of the socio demographic profile of a sample is highly essential to get a general picture and also to find out how these characteristics influence their attitude towards their job, beneficiaries and attitude towards the Reproductive and Child Health programme. Regarding the age, 44% of the selected Female Health Workers were in the age group of 31-40 years, 43 % belonged to the age group of 41- 50 years, 8 % were in the age group of 21 - 30 years and remaining 5 % of them belonged to the age group of 51- 55 years. Distribution of religion showed that 76% of the Female Health Workers were Hindus, 19% were Christians and only 5% were Muslims. Eighty eight percent of the selected Female Health Workers were married. Five percent of them were unmarried, 4% were divorced and the remaining 3% were widowed. Separated families were not found in the sample. Seventy two percent of the selected Female Health Workers resided near the sub centre and 28% resided far from the sub centre. Fifty nine percent of the selected Female Health Workers belonged to the village area, 35% of them belonged to the city area, 4% of them belonged to the coastal area and only 2% belonged to the slum areas. Forty four percent of the Female Health Workers had studied XIIth standard and had a Diploma in Public Health Nursing, 42% of the Female Health Workers had the basic qualification i.e. Xth standard and had a Diploma in Public Health Nursing, 13% had a Degree and had a Diploma in Public Health Nursing and only 1% of them had Post Graduation and had a Diploma in Public Health Nursing. The basic qualification required for appointing JPHN (Junior Public Health Nurse / Female Health Worker) is Xth standard and Diploma in Public Health Nursing. Eighty five percent of the selected Female Health Workers belonged to nuclear families, 11% of them belonged to joint families and remaining 4% belonged to extended families. Sixty five percent of the selected Female Health Workers got up to one hour per day as leisure time, 23% of them got up to four hours, 11% got more than four hours per day and only 1% of the Female Health Workers did not get any leisure time during the day time.

### 2) Attitude of Female Health Workers towards Reproductive and Child Health Programme

According to Krishnaswamy (2012), an attitude is the degree of positive or negative feelings about an object or issue. The attitude of the functionaries towards a programme will determine the success of the programme to a very great extent. In this study, the attitude of the Female Health Workers was operationalized as the disposition of the Female Health Workers towards the Reproductive and Child health Programme.

#### a) Classification of Female Health Workers based on their attitude towards Reproductive and Child Health Programme

The Total Attitude Score, calculated by summing up the scores from the attitude scale, z used to categorize the sample into three groups: low, moderate, and high. This classification was based on the Normal Probability Curve distribution. To achieve this, the mean and standard deviations of the Total Attitude Score were calculated. Subsequently, the following categories were formed: Low (scores less than mean - 1 standard deviation), Moderate (scores between mean - 1 standard deviation and mean + 1 standard deviation), and High (scores greater than mean + 1 standard deviation). The distribution of Female Health Workers under low, moderate and high levels based on their attitude towards Reproductive and Child health Programme is depicted in figure 1.

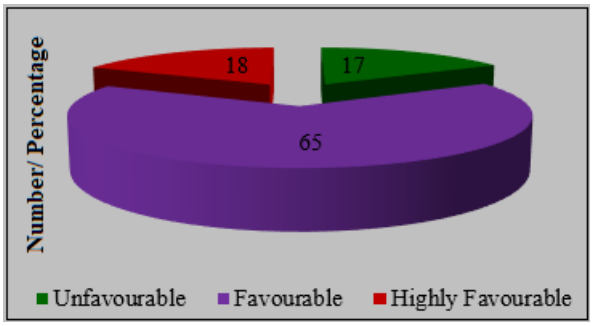


**Figure 1:** Classification of Female Health Workers based on their attitude towards Reproductive and Child Health Programme

From the above figure it may be observed that 65 % of the Female Health Workers had favourable (moderate level) attitude, 18 % of them had highly favourable (high level) attitude and 17% of them had unfavourable (low level) attitude towards Reproductive and Child Health Programme. Majority of the respondents had favourable attitude towards Reproductive and Child Health Programme. The study also shows that majority of the Female Health Workers were moderate performers. Normally moderate performers have favourable attitude and this may reflect in their performance also. Kumar et al. (2018) found that the majority of CHWs (80%) had a positive attitude towards their role in the RCH programme. However, about 20% of CHWs had a negative attitude, citing reasons such as lack of support from supervisors, inadequate training, and heavy workload. The study also found that CHWs who received regular supervision and training had a more positive attitude towards their role. Singh et al. (2019) found that the majority of female health workers (85%) had a positive attitude towards providing reproductive health services to adolescents. However, about 15% of FHWs had a negative attitude, citing reasons such as cultural taboos and lack of training. Gupta et al. (2020) reported that factors such as regular supervision, training, and support from supervisors significantly influenced the attitude of CHWs towards their work. Other factors, such as workload, incentives, and community support, also played a crucial role.

#### b) Attitude and other personal variables

In the present study the other personal variables studied were Female Health Workers' attitude towards job, attitude towards beneficiaries, self-confidence, self-concept,

achievement motivation and intrinsic motivation. Based on the mean and standard deviation of the total scores, the Female Health Workers were classified into three categories. Those who obtained a value less than mean – 1 standard deviation were grouped as 'low', those who obtained a value greater than mean + 1 standard deviation were grouped as 'high', while those who obtained a value between these two groups were classified as 'moderate'. Table 1 shows the distribution of Female Health Workers with respect to their other personal variables.

**Table 1:** Distribution of Female Health Workers with respect to attitude and other Personal Variables

| Variables | Low (%) | Moderate (%) | High (%) | Mean Value | Total (%) |
|---|---|---|---|---|---|
| Attitude towards job | 13 | 66 | 21 | 35.97 | 100 |
| Attitude towards beneficiaries | 17 | 67 | 16 | 21.62 | 100 |
| Self confidence | 21 | 62 | 17 | 30.97 | 100 |
| Self concept | 20 | 58 | 22 | 32.45 | 100 |
| Achievement motivation | 17 | 66 | 17 | 23.21 | 100 |
| Intrinsic motivation | 3 | 66 | 31 | 17.53 | 100 |

The mean value of the variable 'attitude towards job' was 35.97. Sixty six percent of the selected Female Health Workers belonged to moderate level (favourable) of attitude towards their job. Thirteen percent of the selected Female Health Workers came under the low level (unfavourable) and remaining 21% belonged to high level (highly favourable) of attitude towards their job. Favourable attitude towards their job may enable them to perform well. Majority of the Female Health Workers had moderate to high level of favourable attitude towards their job.

Regarding the variable 'attitude towards beneficiaries' the mean value obtained was 21.62. Sixty seven percent of the selected Female Health Workers had moderate level (favourable) of attitude towards their beneficiaries, 17% had low level (unfavourable) of attitude and 16% of them had high level (highly favourable) of attitude towards their beneficiaries. Majority of the Female Health Workers had moderate level of attitude towards beneficiaries and this may help them to recognize and understand their problems and find suitable solutions in this regard.

The mean value of the variable 'self-confidence' was 30.97. Sixty two percent of the Female Health Workers showed moderate level of self-confidence, 21% showed lower level of self-confidence and 17% of the selected Female Health Workers showed a higher level of self-confidence. Majority of them had moderate level of self-confidence.

Regarding the variable self-concept, the mean value obtained was 32.45. Fifty eight percent of the Female Health Workers got moderate level of self concept, 20% of the Female Health Workers got lower level of self-concept and 22% of them got a higher level of self concept. The study shows that majority of the respondents had moderate to high level of self concept and it also shows that majority of the Female Health Workers had moderate to high level of attitude towards their job and this may affect the self-concept level of the respondents. Majority of the respondents belonged to middle aged groups and naturally age may affect the self-concept level of the respondents.

The mean value of the variable named 'achievement motivation' was 23.21. Sixty six percent of the selected Female Health Workers belonged to the group 'moderate', 17% belonged to 'high' and 'low' level of achievement motivation respectively. Majority of the respondents had moderate level of achievement motivation. Achievement motivation enables a person to attain goals and this may indirectly affect the performance of the Female Health Workers.

The mean value of the variable 'intrinsic motivation' was 17.53. Sixty six percent of the selected Female Health Workers came under the group 'moderate'. Very low percent i.e. only 3% of them got 'low' intrinsic motivational score and 31% got a higher level of intrinsic motivational score. The study shows that majority of the Female Health Workers had moderate to high level of intrinsic motivation. Intrinsic motivation projects the inner qualities possessed by an individual and enables her to have self-confidence and commitment to her work which may reflect in her performance.

**c) Correlation between Attitude of Female Health Workers towards Reproductive Child Health Programme and other Personal Variables**

Table 2 shows the results of correlation between attitude of Female Health Workers towards the Reproductive and Child Health Programme and other personal variables.

**Table 2:** Correlation between Attitude of Female Health Workers towards Reproductive and Child Health Programme and other personal Variables

| Attitude and Personal Variables | Correlation Coefficient |
|---|---|
| Attitude towards job | 0.028 |
| Attitude towards beneficiaries | 0.224* |
| Self- confidence | 0.153 |
| Self- concept | 0.089 |
| Achievement motivation | -0.01 |
| Intrinsic motivation | -0.106 |

* Significant at the 0.05 level

The above table revealed significant correlation at 5% level only in the case of attitude towards the beneficiaries. The remaining variables such as attitude towards job, self-confidence and self-concept, achievement motivation and intrinsic motivation did not have significant correlation with the attitude of Female Health Workers towards Reproductive and Child Health Programme. A good Female Health Worker should have a favourable attitude towards Reproductive and Child Health Programme. This attitude in turn will help her to develop a favourable attitude towards beneficiaries. The significant correlation observed in the case of attitude towards beneficiaries and attitude of Female Health Workers towards Reproductive and Child Health Programme may be explained on the ground that beneficiaries are the focal point of the Reproductive and Child Health Programme. The Female Health Workers have direct link to the beneficiaries. Favourable attitude of Female Health Workers towards their beneficiaries may help them to deliver quality services in all the four components of Reproductive and Child Health

Programme as expected by the beneficiaries. They can act as guide in all matters relating to reproductive health. This may also help them to receive enough feedback from the beneficiaries which may result in the successful implementation of the Programme. Enough feedback may enable them to correct their deficiencies in providing services more efficiently.

## 5. Conclusion

The findings of the study indicate that Female Health Workers (FHWs) generally have a favourable attitude towards the Reproductive and Child Health (RCH) programme, their job, and beneficiaries. This positive attitude is crucial for the effectiveness of the programme, as FHWs are more likely to deliver high-quality services and build trust with beneficiaries. Notably, the correlation analysis revealed that attitude towards beneficiaries was significantly correlated with other variables, highlighting the importance of FHWs' relationships with their beneficiaries. To maximize this strength, programme managers and policymakers should continue to provide regular training and support to FHWs, foster a positive work environment, and recognize and reward their contributions to the RCH programme. By doing so, they can enhance FHWs' performance and ultimately improve the outcomes of the programme.

## References

[1] Devi, L. B. (2016). Study of the Knowledge, Attitude and Practices of Reproductive and Child Health (RCH) Services among Rural Women in Manipur. International Journal of Science and Research (IJSR), 5(3), 17-20.
[2] Gupta, P., Kumar, R., & Singh, A. (2020). Factors influencing the attitude of community health workers towards their work in the RCH programme. Indian Journal of Community Medicine, 45(2), 150-155.
[3] Krishnaswami.R. (2012). Methodology of research in Social Sciences. Bangalore, Himalaya Publishing House.
[4] Kumar, P., Singh, S., & Kumar, A. (2018). Assessing the attitude of community health workers towards their role in the Reproductive and Child Health programme. Journal of Community Health, 43(2), 250-257.
[5] Singh, S., Gupta, N., & Kaur, R. (2019). Attitude of female health workers towards providing reproductive health services to adolescents. Journal of Reproductive Health and Social Work, 5(1), 1-8.
[6] WHO (2019). World Health Report 2019. World Health Organization