Constraints of Female Health Workers in Reproductive and Child Health Programme

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ABSTRACT

Female Health Workers (FHWs) play a crucial role in implementing the Reproductive and Child Health (RCH) programme in India. Despite their vital role, FHWs face numerous constraints that hinder their ability to deliver effective healthcare services. This study aimed to investigate the constraints encountered by FHWs in Kerala. A random sample of 100 FHWs was selected for this study. A structured Constraint Performa was used to assess the constraints faced by FHWs. The results revealed that majority of FHWs faced a moderate level of constraints, indicating that while they encountered some difficulties, they were still able to perform their duties. The FHWs faced significant constraints due to shortcomings in themselves. The key constraints encountered by them were delay in promotion opportunities, heavy workload, communication difficulties, and inadequate travelling facilities. Significant negative correlations were observed between total family income, job satisfaction, and job involvement with the constraints faced by FHWs. The study's findings highlight the need to address the constraints faced by FHWs to enhance their capacity, improve RCH service delivery, and ultimately advance the health and well-being of women and children in India.

Keywords: Female Health Workers, Constraints, Reproductive and Child Health Programme

INTRODUCTION

Reproductive and child health (RCH) programs are a crucial component of India's national health mission, aiming to improve the health and well-being of women and children across the country. These programs focus on providing essential health services, including maternal and child healthcare, family planning, and nutrition counseling. Despite significant investments in RCH programs, India continues to face substantial challenges in achieving optimal reproductive and child health outcomes.

Female health workers (FHWs), are the backbone of RCH programs in India. Female Health Workers (FHWs) play a vital role in the Reproductive and Child Health (RCH) programme, bridging the gap between healthcare services and community needs. They work at the grassroots level, providing essential health services, promoting healthy behaviors, and facilitating access to healthcare facilities. FHWs are critical in addressing the health needs of women and children, particularly in rural and underserved areas). The Reproductive and Child Health programme is channelized to the community through the sub centers which are the grass root level institutions. Grass root level services are delivered through the Male and Female Health Workers. The Female Health Workers (FHWs) or Junior Public Health Nurses (JPHNs), as they are known in Kerala, are expected to provide comprehensive primary health care to the community. The gamut of services they are expected to provide is very wide and encompasses promotive, preventive and curative services. The Female Health Workers (FHWs) play a very important role in the delivery of health services especially in Reproductive and Child Health Services. However, FHWs in India face numerous challenges that hinder their ability to deliver effective

RCH services. This study aims to explore the constraints faced by FHWs in implementing RCH programs in India, with a focus on identifying the key barriers that affect their performance and productivity. By examining these constraints, this research seeks to contribute to the development of strategies that can enhance the capacity of FHWs, improve the delivery of RCH services, and ultimately, advance the health and well-being of women and children in India.

Objective of the study:
– To identify the constraints faced by the Female Health Workers in implementing the RCH Programme

METHODOLOGY

Area and sample:
The study was carried out in Kerala, the Southern State of India. The areas selected for the study comprised of Thiruvananthapuram District, the capital of Kerala. The sample for the present study includes 100 Female Health Workers under the Directorate of Health Services, Government of Kerala. Random Sampling method (Best and Khan, 2012) was used for the selection of Female Health Workers.

Tools used :
A Constraint Performa (CP) to assess the constraints encountered by the Female Health Workers while implementing the Reproductive and Child Health Programme was developed by the investigator. The Female Health Workers were asked to indicate their job constraints in a five point continuum ranging from 'always', 'frequently', 'occasionally', 'rarely' and 'never'. These five categories were given score values 5,4,3,2 and 1 respectively. The higher the score, the higher the constraints faced by the Female Health Workers. A questionnaire was constructed to collect the socio economic and personal profile of the Female Health Workers.

Statistical Techniques :
Statistical techniques used to analyze the data were Mean, percentage and Coefficient of correlation.

RESULTS AND DISCUSSION

Demographic details of the respondents:

Female Health Workers (FHWs) play a pivotal role in the Reproductive and Child Health (RCH) Programme at the grassroots level. The effectiveness and success of the program largely depend on the efficiency, competence, and dedication of these frontline workers. To better understand their characteristics and backgrounds, various demographic factors such as age, religion, marital status, family type, place of residence, and educational qualifications are considered.

In terms of age, 44% of the selected Female Health Workers belong to the 31–40 years age group, 43% are in the 41–50 years category, 8% fall within the 21–30 years range, and the remaining 5% are aged 51–55 years. Regarding religion, 76% of the Female Health Workers identify as Hindus. Marital status data indicates that 88% of them are married. Family structure analysis shows that 85% belong to nuclear families. Geographically, 59% of the Female Health Workers reside in rural areas.

In terms of educational qualifications, 44% have completed XIIth standard and hold a Diploma in Public Health Nursing, while 42% have the basic qualification of Xth standard along with a Diploma in Public Health Nursing, which is the minimum requirement for appointment as a Junior Public Health Nurse/Female Health Worker.

Classification of Female Health Workers based on their level of constraints:
On the basis of Total constraint score (Total constraint score was obtained by summing up the score values marked by each Female Health Worker in the Constraint Performa), the respondents were divided into three categories namely low (those who are facing few constraints) moderate (those who are facing moderate level of constraints) and high (those who are facing higher level of constraints). The classification is based on the distribution of sample under Normal Probability Curve. For that, the mean and standard deviation of the total constraint score were calculated and then the following categories formed.
– *Low:* Those getting a score less than mean – 1 standard deviation
– *Moderate* : Those getting scores between mean – 1 standard deviation and mean + 1 standard deviation.
– *High* : Those getting a score greater than mean + 1 standard deviation

The distribution of Female Health Workers under low, moderate and high level category based on their constraints is reported in Fig.1.
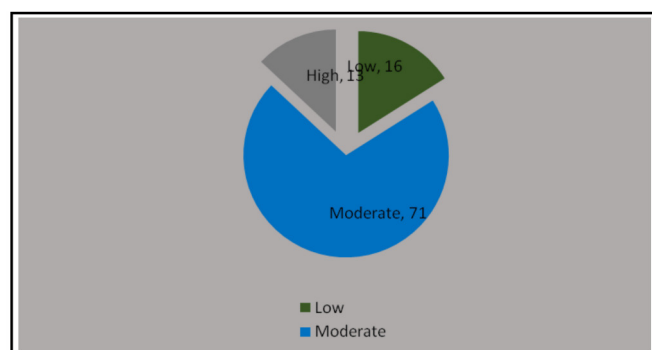

Fig. 1 : Classification of FHWs based on the constraints

From Fig.1, it may be observed that 71% of the Female Health Workers had moderate level of constraints, 16% had low level of constraints and remaining 13% had high level of constraints while implementing the Reproductive and Child health Programme. The inference that can be drawn is that majority of the respondents were facing moderate level of constraints during the implementation of the Reproductive and Child Health Programme. Lack of proper facility for conducting immunization sessions, heavy work load, vast area coverage, unsatisfactory working conditions and lack of proper facilities may act as barriers for the implementation of the programme successfully. A small percentage (13%) of the respondents were facing higher level of constraints while implementing the programme. The number of registers maintained in the sub Centres are high. The Female Health Workers have to spend more time for preparing and maintaining of various registers, tracing out the drop outs of immunization, identifying of eligible couples for distribution of contraceptives etc. Lack of time may be another reason for the higher level of constraints faced by the Female Health Workers.

Mohiuddin et al (2023) found that the paucity of transport, workload, late payment, and overtime are the biggest hindrances and challenges for ASHA workers in carrying out their work efficiently. A study on workload of public health nurses and other women health workers in Kerala by Kannan and Sarma (2012) revealed that more than two third of the health workers were doing additional work and this was due to the additional responsibilities andnon availability of man power in many of the health centres in different levels. More than 75% of the health workers reported that they had over workload. Rattu et al (2022) reported that ASHA workers are working with dedication in the field, still they are experiencing many problems associated with their personal life, community norms, terrain of the workplace, transportation, and organizational issues. Jaskiewicz and Tulenko (2012) proposed that when Community Health Workers have a manageable workload in terms of realistic number of tasks and clients, an organized manner of carrying out these tasks, a reasonable geographic distance to cover, the needed supplies and equipment, a supportive supervisor and respect and acceptance from the community and health system, they can function more productively and contribute to an effective community based strategy in USA.In a study conducted by Maji et al (2010) on strategies to improve the performance of Female Health Workers in West Bengal, observed that Female Health Workers spent excessive time in documentation which left less time for service delivery.

Ranking of constraints:

The implementation of Reproductive and Child Health Programme faced significant constraints due to the shortcomings in Female Health Workers. The constraints were ranked on the basis of the mean score, based on the intensity of each constraint as perceived by the Female Health Workers themselves. Table 1 presents the mean scores and ranking of the constraints faced by the respondents, highlighting the most significant challenges they encounter in their job.

Sr. No.	Major Constraints	Mean score	Rank
1.	Delay in promotion opportunities	4.18	1
2.	Heavy workload	3.72	2
3.	Communication is difficult in floating population (rented houses)	3.30	3
4.	Proper traveling facilities are not available	3.15	4

Table 1 : Ranking of Major Constraints and Mean Scores

The Table 1 indicates that 'Delay in promotion opportunities' is the most significant constraint, with the highest mean score of 4.18. This may be due to inefficient management by higher authorities. 'Heavy workload' ranks second (mean score: 3.72), possibly because some sub-centres serve larger populations than the recommended standards. Female Health Workers (FHWs) also handle numerous registers, antenatal/postnatal visits, and immunization duties under the

Reproductive and Child Health Programme, increasing their workload.

'Communication is difficult in a floating population' (mean score: 3.30) ranks third. Frequent changes in rented populations make it challenging to track pregnant women, schedule visits, and ensure immunization coverage. The fourth constraint, 'Lack of proper traveling facilities' (mean score: 3.15), is linked to the remote location of many sub-centres. The data shows that 66% of FHWs rely on public transport, which is often inadequate in rural areas, while only 16% use personal vehicles. Limited and expensive transportation further hampers house visits.

Table 2 : Ranking of Least Constraints and Mean Scores			
Sr. No	Least Constraints	Mean score	Rank
1.	Difficulty in preparing map of the area	1.32	1
2.	Difficulty in estimating the requirement of contraceptives	1.36	2
3.	Difficulty in estimating the requirement of vaccines	1.44	3
4.	Difficulty in distributing contraceptives	1.55	4

The constraint 'Difficulty in preparing the map of the area' got the lowest mean score (1.32). The constraints like difficulty in estimating the requirements of contraceptives, Difficulty in estimating the requirements of vaccines' and Difficulty in distributing contraceptives got low mean score of 1.36, 1.44 and 1.55 respectively and These jobs were not considered by them as difficult tasks. This may be due to the fact that available past records may help them to estimate the requirements of vaccines and contraceptives. They may be just routine tasks.

Correlation between Constraints of Female Health Workers and Independent Variables:

Table 3 presents the correlation analysis between the Independent Variables such as socio economic and job related variables and constraints encountered by the Female Health Workers during the implementation of the Reproductive and Child Health Programme.

Socio economic Variables :

The results furnished in Table 2 shows that, among the three different socio economic variables studied, significant negative correlation at 1% level was observed in the case of total family income (monthly). The other

Table 3 : Correlation between Constraints of Female Health Workers and Independent Variables	
Independent Variables	Correlation Coefficient
Socio economic variables	
Age	0.092
Number of family members	- 0.048
Total Family Income (Monthly)	- 0.279**
Job Related Variables	
Job experience	0.048
Trainings received	0.030
Perception of workload	- 0.086
Job autonomy	- 0.137
Job satisfaction	- 0.299**
Job involvement	- 0.283**

** denotes significance at 0.01 level

two variables such as age and number of family members present in the family did not have any significant correlation with the constraints faced by the Female Health Workers. The significant negative correlation between the total family income (monthly) and constraints faced by the respondents may be explained on the basis that as family income increases, constraints decreases. When the financial stability of a person increases, it may help to overcome the constraints to a large extent. Better financial position may enable them to look after the needs and wants of the family members satisfactorily. This may also lead to better mental satisfaction which may help them to face the constraints encountered by them while implementing the programme.

Job Related Variables:

Regarding the six job related variables studied, significant negative correlations at 1% level were observed in the case of job satisfaction and job involvement. The remaining job related variables such as job experience, training received, perception of work load and job autonomy did not have any significant correlation with the constraints faced by the Female Health Workers while implementing the Reproductive and Child Health Programme. The inference that can be drawn is that the Female Health Workers having more job satisfaction and job involvement are facing lower level constraints while implementing the programme. The significant negative correlation between job satisfaction and constraints may be explained on the ground that job satisfaction at a greater level enable them to face constraints and deliver the services in an effective way. The urge for job satisfaction may influence them to face

the constraints positively. Enough job satisfaction may be the outcome of sincerity and hard work on the part of the respondents.

The negative significant correlation between job involvement and constraints may be explained on the ground that a person who has enough job involvement may try to obtain maximum job satisfaction from her job which may enable her to tackle the constraints faced by her while implementing the programme. The Female Health Workers have to perform so many duties in connection with the Reproductive and Child Health Programme. This may also lead to greater level of job involvement.

Conclusion:

The study highlights the significance of identifying the constraints faced by Female Health Workers (FHWs) in implementing the Reproductive and Child Health (RCH) programme in India. The findings of this study reveal that FHWs encounter numerous constraints. The implications of this study emphasizes the need for policymakers and healthcare administrators to address the constraints faced by FHWs, particularly in relation to promotion opportunities, workload, and infrastructure support and it also highlights the importance of enhancing job satisfaction and job involvement among FHWs to improve their overall performance and productivity. Ultimately, this study contributes to the development of strategies that can strengthen the capacity of FHWs, improve the delivery of RCH services, and advance the health and well-being of women and children in India. The findings of this study can inform policy decisions, programme planning, and intervention strategies aimed at supporting FHWs and enhancing the effectiveness of RCH programmes in India.

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