# Knowledge and Skill of Health Care Workers in Karnataka

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**Abstract:** M*aternal mortality remains to be amajor human development indicator with the lifetime risk of women dying from pregnancy and childbirth and postnatal causes. Maternal morbidity is estimated to outstand the number of maternal deaths. Maternal health problems can be prevented with appropriate, timely and easily accessible interventions directed towards antenatal, intranatal and postnatal care.*
**Key words**: *antenatal care,intranatalcare, auxiliary nurse midwives, new born care, postnatalcare.*

## I.     Introduction

A mother's health profoundly affects the health and well-being of her children. While many other health indicators have improved over the last two decades, maternal mortality rates and ratios have remained stagnant. The causes are rooted in the absence of high level commitment to protecting women's health in many countries, and in the powerlessness of women, as there is a clear connection between the low status of women and the risk of maternal illness and death. It is more likely in nations that give little priority to health services for women including maternal care and in cultures where maternal illness, suffering and death are viewed as natural, inevitable, and part of what it means to be a woman.

While maternal mortality remains unacceptably high throughout the developing world, a number of approaches to improve maternal health and the health of new born children include community involvement, evidence-based interventions, and compassionate high-quality services. Key interventions such as iron supplementation, malaria treatment, safe and clean delivery, and treatment of obstetric and new born complications are improving the health outcomes for mothers and infants around the world.

In a recent global review, Abhay Bang questioned an approach based on skilled attendance and institutional delivery, suggesting that the inference that training traditional birth attendants did not succeed was a "half-truth," and that community neonatal care was more cost effective than institutional care. Bang reported a 62% reduction in neonatal mortality in rural India through a community based approach that included training of traditional birth attendants and local women to treat sick newborn infants at home. The trial in Nepal of a less intensive community intervention showed a 30% reduction in neonatal mortality and, a significant reduction in maternal mortality. This supports the idea that primary care strategies can reduce maternal and neonatal mortality substantially in areas with high rates, even if institutional approaches are necessary to reduce them further.

Health professionals like  midwives, obstetricians, public health physicians  who are very influential in their societies and communities, have a central role to play in the implementation of priority interventions such as providing skilled attendants with essential midwifery skills, and with the needed back up of referral, logistics, managerial and supervisory support .

Reproductive health providers also are in a unique position to identify problems resulting from socio-economic conditions, nutritional deficiencies, physical abuse and neglect, and to advise women and their families about healthy behaviours, reproductive choices and opportunities for girls and adolescent girls.

Therefore, it is necessary to assess the midwives knowledge and skill in the delivery of quality care.

## II.     Objectives
The Objectives of the study are to:
* To determine the level of knowledge of auxiliary nurse midwives.
* To assess the skills on maternal and child healthcare of auxiliary nurse midwives.

## III.     Research Methodolgy
1.1 **Research approach:**The preliminary objective of this study was to assess the knowledge and skill of auxiliary nurse midwives regarding maternal care .Therefore, a descriptive survey approach was adopted in the study.
1.2 **Research setting:**The study was conducted in selected subcenters of Udupidistrict, Karnataka.

1.3 **Population:**The study population comprised of auxiliary nurse midwives working in selected subcenters of Udupi district, Karnataka. Non probability purposive sampling technique was utilized in the selection of 100 samples.

1.4 **Data collection tools:**The tools used in this study were structured knowledge questionnaire on maternal and child health care and an observational checklist. These tools were used to collect the data from each study subject.

1.5 **Ethical consideration:**Prior to the conduction of the study, formal administrative permission was obtained from the district health officer of Udupi district. The samples were approached individually and an overview of the study was explained, clarifying that samples participated voluntarily; total confidentiality of the obtained information, as well as the privacy was ensured.

1.6 **Statistical analysis:**After collection of the data, the data were processed, extensively reviewed. Each answer sheet were coded and scored. The data were statistically analysed using SPSS Version 16.0 statistically software package. Data were presented using descriptive statistics in the form of frequency and percentage. To determine the association between knowledge and skill with selected demographic variables chi square test of association was used.

## IV.    Tables

The demographic variables included in the study were age, years of experience, previous exposure to trainings regarding maternal and child health care, any source of information regarding maternal and child health care.

Computed frequency and percentage of demographic proformais shown in table 01.

### Table No. 01 Age Distribution of the Participants

| SI. No. | Age in years | Frequency | Percentage |
|---------|--------------|-----------|------------|
| 01 | ≤ 30 | 25 | 25% |
| 02 | 31-40 | 47 | 47% |
| 03 | ≥41 | 28 | 28% |

The data presented in table 01 shows that majority 47(47%) of the Auxiliary Nurse Midwives were between the age group of 31 to 40 years.

### Table No. 02  Years of Experience of the Participants

| SI. No. | Education | Frequency | Percentage |
|---------|-----------|-----------|------------|
| 01 | Less than  3 years | 10 | 10% |
| 02 | 3- 5 years | 37 | 37% |
| 03 | Above 5 years | 53 | 53% |

The data presented in table 02 shows that majority  53(53%) of the Auxiliary Nurse Midwives had experience of serving as auxiliary nurse midwives for more than 5 years .

### Table No. 03  Previous exposure to Training on Maternal and Child Health care ofthe Participants

| SI. No. | Previous exposure to training | Frequency | Percentage |
|---------|-------------------------------|-----------|------------|
| 01 | Yes | 45 | 45% |
| 02 | No | 55 | 55% |

The data presented in table 03 shows that majority 55(55%) of the Auxiliary Nurse Midwives had not attended any training on maternal and child health care.

### Table No. 04  Source of health information on Maternal and Child Health care ofthe Participants

| SI. No. | Source of health information | Frequency | Percentage |
|---------|------------------------------|-----------|------------|
| 01 | Mass media | 65 | 65% |
| 02 | Health personnel | 85 | 85% |
| 03 | Relatives and friends | 30 | 30% |

The data presented in table 04 shows that majority 85(85%) of the Auxiliary Nurse Midwives had obtained information about maternal and child healthcare from health personnel's. More than one response was elicited with regard to this.

**Table No. 05 Level of knowledge on Maternal and Child Health care ofthe Participants**

| SI. No. | Range of scores | Level of knowledge | Frequency | Percentage |
|---------|-----------------|--------------------|-----------|------------|
| 01 | 0-22 | Inadequate | 43 | 43% |
| 02 | 23-33 | Moderate | 47 | 47% |
| 03 | 34-45 | Good | 10 | 10% |

The data presented in table 05 shows that majority 47% of the Auxiliary Nurse Midwives had moderate knowledge regarding maternal and child healthcare. It was also clearly evident that (43%) of them had inadequate knowledge regarding certain components of intranatal care and new born care.

**Table No. 06 Level of skill on Maternal and Child Health care ofthe Participants**

| SI. No. | Range of scores | Level of skill | Frequency | Percentage |
|---------|-----------------|----------------|-----------|------------|
| 01 | 0-60 | Poor | 38 | 38% |
| 02 | 61-90 | Moderate | 42 | 42% |
| 03 | 91-121 | Good | 20 | 20% |

The data presented in table 06 shows thatmajority 42% of the Auxiliary Nurse Midwives had moderateskill regarding conduction of delivery. It was also clearly evident that 38% of them had poor skill regarding new born assessment. With regard to the antenatal assessment and postnatal assessment fairly 20% of the respondents had good skills.

## V. Conclusions

The findings in this study indicate that nurses have an average of knowledge and skill regarding total score of knowledge of antenatal care, intranatalcare, postnatal care and new born care. Much needs to be done to improve the skill on maternal and child health care. there are certain factors which inhibit the provision of skilled care such as the infrastructural facilities, workload, target to be achieved, lack of job description, educational level, lack of training resources the midwives receive, lack of incentives, transportation. However ,efforts need to be taken to provide continuous education that is based on systematic needs evaluation for midwives working in subcenters. Provision need to be made to encourage competency based in-service training that is more flexible.

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