

Knowledge of Prospective Community Health Officers Regarding Primary Health Care in a Designated IGNOU Centre in Sub Himalayan Region

Aditya Sood¹, Raj Kumar², Anjali Sharma³, Rahul Gupta¹

¹MD Community Medicine, District Programme Officer, Health and Family Welfare, Himachal Pradesh

²MS General Surgery, Civil Hospital Baijnath, Himachal Pradesh

³Resident Doctor, Department of Microbiology, DRPGMC Kangra at Tanda, Himachal Pradesh

Corresponding Author: Raj Kumar

ABSTRACT

Primary health care (PHC) is considered as a whole-of-society approach to health and well-being of individuals, families and communities based on their needs and preferences. We tried to ascertain their baseline knowledge towards primary health care approach in health care delivery system. Observations from this study may help the training providers to remodel their approach accordingly and may also help in monitoring their progress after the completion of course. A cross sectional study was done in Zonal Hospital Dharamshala, which is IGNOU accredited institute for Bridge Program in Community in Himachal Pradesh. All the willing students who were enrolled for the bridge course were included in study. A semi-structured, self administered proforma was designed which is loosely inspired from Primary Health Care Questionnaire (PHCQ). A total of 60 participants were enrolled in the study. The mean age of the study participants was 28.5 years (Standard Deviation= 7.2 years). The range of age was 22 years to 34 years. Mean knowledge score (as calculated in the scale of 0-100) was found to be 52.8 with Standard deviation of 11.4. Mean knowledge score among younger aspirants (20-25 Years) was observed to be statistically higher than the participants of the rest of the age groups (p-value 0.02). There is still a lot of scope for the improvement in their knowledge specially in understanding some of the complex elements of primary health care like role in palliative or rehabilitation health care, decentralization of health services and synergistic role of mid level workers and health professionals.

Key Words: primary health care, community health officer, north India

INTRODUCTION

Primary health care (PHC) is considered as a whole-of-society approach to health and well-being of individuals, families and communities based on their needs and preferences. The concept of primary health care varies from; provision of ambulatory or first-level of personal health care services to a set of priority health interventions for low-income populations. However primary health care has been an essential component of human

development, focusing on the economic, social and political aspects.^{1,2}

Trained and competent human resources are essential for an effective primary health care. Unfortunately, there is huge shortage of human resources in our country and on the top of this; their hesitation and low preference to work in remote and rural areas has worsen things for delivering effective primary health care.^{3,4}

Limited resources tend to give rise to the practices of quackery and use of alternative forms of medicine which are

mostly primitive and far from evidence based medicine.⁵

To combat these problems the Ministry of Health and Family welfare, Government of India, came up with the idea of increasing mid level health care providers and cabinet approved the introduction of 3 and ½ year bachelor of science in Community Medicine course in November 2013.⁶

However, the uptake of this course has been slow and after many rationalizations, a bridge program in community Health has been devised. Already qualified Ayurvedic doctors or BSc Nurses (which are already available in the system) are to be trained in public health and primary health care through suitably designed bridge program. These qualified human resources then can function as mid level health care provider and are called as Community Health officers.

In Himachal Pradesh first batch of this bridge program has been introduced in September 2019 in seven designated institutes through Indira Gandhi National Open University (IGNOU). All these aspirants have minimum of 4 year training as BSc Nursing Student in health care and some may even have much more experience after taking jobs in the same field. They are supposed to be having some baseline knowledge of primary health care and may have developed a certain attitude toward primary health care.

So, in order to assess their understanding of primary health care, a cross sectional study was planned in Zonal Hospital Dharamshala, Himachal Pradesh, India. We tried to ascertain their baseline knowledge towards primary health care approach in health care delivery system. Observations from this study may help the training providers to remodel their approach accordingly and may also help in monitoring their progress after the completion of course.

METHODS

A cross sectional study was done in Zonal Hospital Dharamshala, which is IGNOU accredited institute for Bridge Program in Community in Himachal Pradesh. All the willing students who were enrolled for the bridge course were included in study. A semi-structured, self administered proforma was designed which is loosely inspired from Primary Health Care Questionnaire (PHCQ); an instrument developed and validated by Chalmers *et al* 1997.

All the students were provided with these proforma at their introductory class. They were explained the objective of filling these proformas and its further implications. Data was transferred to MS Excel Spread sheet for further processing and analysis. The quantitative variables were expressed in terms of mean and standard deviation whereas the qualitative variables were expressed as frequencies and proportions. Descriptive statistics (Proportions, Means and standard deviations) were calculated and difference in knowledge score was determined between different sub-groups using ANOVA. P-value less than 0.05 was considered statistically significant.

RESULTS

A total of 60 participants were enrolled in the study. The mean age of the study participants was 28.5 years (Standard Deviation= 7.2 years). The range of age was 22 years to 34 years. All participants were females in our study center. A majority of study participants (55%) were in the age group of 26-30 years followed by 31.6% in the age group of 20-25 years and 13.4% in 30-35 years of age group. 65% of the study participants belonged to rural locality whereas only 35% belonged to the urban locality. 53.3% of them had no prior job experience whereas 33.3% had a job experience of less than or equal to five years in health field and the rest had a field experience of more than 5 years . (Table 1)

Table 1: Demographic profile of study participants. (n=60)

Demographic Characteristics	Frequency	Proportion
Mean Age in years (Standard Deviation)	28.5 (7.2)	
Age groups		
20-25	19	31.6
26-30	33	55.0
30-35	8	13.4
Gender		
Male	0	0
Female	60	100
Locality		
Rural	39	65.0
Urban	21	35.0
Job experience		
Nil	32	53.3
Less than or equal to 5 years	20	33.3
More than 5 years	8	13.4

Mean knowledge score (as calculated in the scale of 0-100) was found to be 52.8 with Standard deviation of 11.4. Mean knowledge score among younger aspirants (20-25 Years) was observed to be statistically higher than the participants of the rest of the age groups (p-value 0.02). It was also observed that the study participants belonging to the urban locality had scored significantly more than those residing in the rural population. The study participants with a prior job experience of upto 5 years had scored the highest with respect to those participants who had either no work experience or had an experience of more than 5 years. (Table 2)

Table 2: Mean score of study participants (n=60)

Demographic Characteristics	Mean score	Standard deviation	p-value
Age groups			
20-25	68.1	10.6	0.02
26-30	54.2	10.2	
30-35	45.0	10.1	
Locality			
Rural	56.1	11.4	<0.001
Urban	64.2	9.6	
Job experience			
Nil	51.7	10.1	0.04
Less than or equal to 5 years	68.3	10.9	
More than 5 years	55.5	10.4	

DISCUSSION

60 participants have been studied from one of the seven IGNOU accredited institutes for the bridge program in Community Health in Himachal Pradesh. All participants were females; majority being in the age group of 26-30 years (55.0 %) with rural background (65.0%) and no job experience (53.3%).

Aspirants in current study were quite young (mean age 28.5 ± 7.2 years), who may be seeing this program as a better career opportunity.

Investing on existing young potential to strengthen the depleted human resource for health in India is a welcome step and is in accordance to WHO global strategy for human resource in health by 2030.⁷ Nationwide agitation against bridge course among medical students and fraternity is well known (mainly for projecting them as Doctors for people appeasement and allowing them practice allopathy without substantial creditability).^{8,9} As National Medical Commission Bill (NMC -2019) has been passed after a lot of altercations to deal these agitations, its utility and performance will be under close scrutiny in coming years.⁹

Mean knowledge score (as calculated in the scale of 0-100) was found to be 52.8. In a similar study done in Australia among nursing student mean knowledge score was found to be 69.2% +/- 9.4% which is slightly better than what we observed in current study.¹⁰ Still a baseline score above 60% has to be considered positive with the fact that they are going to undergo an intensive training program for next six month to improve their understanding.

Mean knowledge score among younger aspirants (20-25 Years) was higher as they are fresh from their studies and may have retained theoretically aspect better than older counterparts. Overall an average score above 50 is encouraging and important considering the vision of policy makers to provide primary health care through community health officers.

If we carefully observe their best knowledge response these are basically theoretical knowledge (accessibility to health care is a basic concept of PHC, WHO considers PHC to be the best way to achieve Health for All, Health promotion is a key in PHC and nurses have role in prevention and promotion).

More complex elements like role of PHC in palliative and rehabilitative care, centralization or de-centralization of health services, mid level health-care personnel replacing health professionals in PHC got the worst knowledge response. These are somewhat expected responses and with more understanding of PHC approach in six month program are supposed to be getting corrected.

CONCLUSION

Knowledge of aspirants regarding primary health care was found to be good. There is still a lot of scope for the improvement in their knowledge specially in understanding some of the complex elements of primary health care like role in palliative or rehabilitation health care, decentralization of health services and synergistic role of mid level workers and health professionals.

REFERENCES

1. Chalmers, K. (1997). Development and testing of the Primary Health Care Questionnaire: Results with students and faculty in diploma and degree nursing programs. *Canadian journal of nursing research*, 29: 79-96
2. Sharma, DC. (2015). India still struggles with rural doctor shortages. *Lancet*, 386: 2381-2
3. Sinha, P. Sigamani, P. (2016). Key challenges of human resources for health in India. *Global journal of medicine and public health*, 5(4):1-10

4. World health organization 2019, Geneva, Primary health care, accessed on 10 November 2019, <<https://www.who.int/news-room/factsheets/detail/primary-health-care>>
5. National Medical commission Bill 2019. accessed on 05 November 2019, <http://164.100.47.4/billstexts/LSBillTexts/AsIntroduce d/185_2019_LS_Eng.pdf>
6. Newsletters, 2019. Agitation against National Medical Commission Bill 2019, <<https://www.livemint.com/news/india/why-is-medicalfraternity-opposing-the-national-medical-commissionbill-2019-1564638843794.html>>
8. <<https://www.thehindu.com/news/national/indianmedical-association-calls-strike-on-august-8-to-protestagainst-nmc-bill/article28823778.ece>>
9. Newsletters, 2019. National Medical Commission Bill 2019 Passed, <<https://www.newindianexpress.com/nation/2019/jul/23/nmc-bill-retains-bridge-course-changes-terminology-2007899.html>>
10. Mackey, S. Cannas. Kwok, C. Anderson, J. Hatcher, D. Laver, S. et. al. (2017) Australian student nurse's knowledge of and attitudes toward primary health care: A cross-sectional study. *Nurse education today*, 60: 127-32

How to cite this article: Sood A, Kumar R, Sharma A et.al. Knowledge of prospective community health officers regarding primary health care in a designated IGNOU centre in sub Himalayan region. *Int J Health Sci Res.* 2020; 10(9):134-137.
