

Factors affecting the performance of health workers about family planning programs

Rasul Fani Khiavi *

A Faculty member of Islamic Azad University, Meshkin Shahr branch, Iran

Abstract: In recent years, anomalously world population growth, through improvement of health indicators, involved the health authorities of the countries to control the population due to limited biological resources. Several studies have been done in this regard, but successful research measurement programs have not done in Meshkin shahr yet. So this study has attempted to identify strengths and weaknesses of the implementation of these programs and make it available to planners. In this descriptive - applied study, by using the research questionnaire, information about health staffs in 80 center from among 103 health center is selected by the Morgan table, and by using the statistical package of Spss18 and parametric statistical methods (ANOVA and multiple regression and correlation analysis) were analyzed. From 11 influential factors, only two factors of personal awareness and knowledge with a meaningful level of 0.05, and education with a meaningful level of 0.027 were related with respect to the performance of health workers and other agents were at the chance and random. The present study showed that the observed differences in the performance of health staffs with different degrees and courses of study, with level of 0.314 and 0.441 were not meaningful and were at the chance. There is a correlation and relationship between occupational motivation and performance as well as satisfaction with income and work record. Finally, according to the obtained results, increasing awareness, knowledge of health and education, motivation and income levels of health workers will have an important role in success of family planning.

Key words: *Performance; Health workers; Family planning; Home health*

1. Introduction

Health workers who live in the house of main factor are key element of the program of family planning in our country. They are already leader and are active in this field. Also, the implementation of family planning programs in the Health Network, one of the most important factors in reducing the population growth rate from 3.2 percent in 1988 to 1.56 in 1996. Excessive increasing the growth of the world population in recent years due to improvements in health indicators has become the challenge to health authorities to control the population (Shojaie Tehrani, 1999; Mohammadzadeh, 2007).

Standard definition by the World Health Organization "WHO" is provided for family planning. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. Family planning is not synonymous with limiting births (Rahbar, 2007).

From the far past, people from different countries, used from contraceptive methods with or

without the knowledge about it, But family planning as a science dates back over half a century. Family planning in the past was only decrease or increase the number of community members. But with the advancement of science and understand the impact of economic, political, cultural, etc there is another definition of the term family planning. As is now about 85% in developing countries and about 95% in developed countries family planning methods used.

Discussion of family planning in the final decades of the eighteenth century with the advent of the Malthusian theories in Anglo-Saxon countries took a new shape. But ancient civilizations such as Egypt, Iran, India and China, there is evidence that the use of these methods. For example, Arabs and Japanese used special sodden for abortion and sterilization. Materials such as pine, crocodile skin, sea sponges, wine grapes, blue pennyroyal roots, castor oil seeds, honey with dead bees, vinegar, lemon juice and cedar in different civilizations have been used to prevent pregnancy. Avicenna approximately 20 methods and Zakaria Razi about 24 methods of contraception were provided (Helm Seresht, 2003).

Family planning is as a key element of sustainable development and human rights. Therefore, it covers the following subjects:

1- Women

About 1/8 of maternal mortality which is one of the most important health indicators and 90% occur in developing countries due to complications from

* Corresponding Author.

childbirth or abortion occurs. Since 1960, from occurrence of over 400 million unwanted pregnancies by using different methods of family planning has been blocked. Each year about 600,000 women die from pregnancy complications, which 99% of them occur in developing countries. We cannot possibly avoid the risk of pregnancy complications, but with all the provisions of family planning it can be minimized.

2- Infant,

One of the most important of the country's health and development indicators is infant mortality rate. Annually, about 15 million infant die. Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

3- Men,

Family planning programs will increase the men's sense of responsibility to increase the health of family members. Because increase the family members size, may discourage men and bring them unmotivated and irresponsible.

4- Families,

Family planning enables people to make informed choices about their sexual and reproductive health. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

5- Different Nations,

Family planning helps developing nations. In countries where girls have fewer children than their mothers, improving economic conditions have been faster.

2. Family planning aims and objectives

a) Intermediate objectives: Improve the quality of services as intermediate objectives to achieve the final objectives.

- Improve the quality of advice, training information, messages, counseling and services in family planning

- The decrease of the poor people who are not met their needs.

- Affordable, and acceptable methods of family planning availability of high quality and maintain confidentiality.

b) The final objectives: The final objectives are notable in three main.

- Achieving the policy objectives of the population, maternal and child health and the prevention of unwanted pregnancy.

3. Role of health workers in improving the quality of family planning

Program design and its services managed by planners in higher levels. However, the implementation of service accordance with the standards expected (instructions) and full coverage

of the program service is the most important task of health workers in implementing of a health program including family planning. Health workers have to do the part of support services standards and the other part of them must be done by higher levels. We must ask whether the quality of family planning services by health workers in a region that has been done properly. The answer to this question can be evaluated in four areas.

1- New acceptors in the field of family planning exist. This means that service providers are able to cover the full range of services to eligible persons.

2- Health workers are able to encourage the use of family planning methods to continue to use of suitable and effective methods. This means that service providers with the strict enforcement of standards and answers to the user problems maintain coverage achieved. Providing good quality services cause of customer satisfaction to continue to use the methods.

3- Able to provide contraception for the users of the service. Providing contraceptive is done through the backup process.

4- Health workers should be able to identify and to deal effectively with the side effects and complications associated with use of contraceptive methods. This is complies with the standards of service that will be trained in accordance with the instructions, will be possible.

To realize these cases before any action it is necessary that health workers must have a good relationship with clients. Therefore, service providers, train and evaluate all aspects of their couples. Increased ability to serve clients in using a technique is not achieved in a single visit. But it requires spend time and continuous tracking. In such conditions a deeper the relationship with customers and will be expanded over time. However in previous studies showed that poor communication between clients and service providers result to leaving the contraceptive method. However, if the couples use one contraceptive method for a long time, they will use it more effectiveness with fewer side effects. In other words, this method will be easier for them. Skills of service providers have a key role in this matter.

4. Materials and methods

This research is a descriptive - functional study. This research was done during the 2008-2009 with the goal of health workers performance in the implementation of family planning in health houses of Meshkin shahr. The study population included all health workers which worked in the health houses of Meshkin shahr. They were all 103 people who use the table of Morgan samples, 80 were randomly selected for this study.

In this research data was collected by two-part self-made questionnaire form from the target population. The first part of self-made questionnaire form consisted of demographic information, such as sex, place of work and experience of the health

workers. The second part of self-made questionnaire form contains questions about health workers performance and the effect of economic and social factor such as tend to a single child, the recognition of family planning by families, tend to have more children, tend to have girl, tend to have boy, mother's employed, family income level, social status of family, self-awareness and knowledge of family, education and issues related to children's education. Each question was scored by the five-item Likert scale realized. First, an initial questionnaire form was prepared, and this questionnaire was revised by seven professors in psychometrics and educational sciences. Reliability of questionnaire form was calculated by Cronbach's 0.88 alpha.

SPSS version 16 statistical software was used for data analysis. Descriptive and inferential statistics were used for data analysis techniques. The tables of mean, variance and mean deviation were used to describe data in the description section. Multivariate

regression, one way ANOVA and Pearson's correlation method were used in the inferential statistics section.

5. Results

According to the professional and personal factors of health workers (such as; sex, marital status, age, have or doesn't have second job, work experience) are related to the performance of health workers in the success of family planning. This relationship was analyzed by using multiple regressions. The results showed that:

1- Observed F (1.589) with a significance level (0.174) and the degrees of freedom, 5 and 73 shows that the model used to predict the criterion variable of power is not enough, and correlations obtained can be a chance levels (Table 1).

Table 1: Result of one way ANOVA for studied variables

	Sum of Squares(SS)	df	Mean of squares (MS)	F	P Value
Regression residuals	312.37	5	62.527	1.589	0.174
	2872.249	73	39.346		
Total	3184.886	78			

2- Multivariate correlation (R=0.313) and coefficient of determination (0.098) show that about 9% of the variance of criterion variable (performance) had relationship with predictor variables (sex, age, marital status, second job and experience of health workers). This relationship was not significant.

3- The results showed that none of the variables significantly explain the performance of health workers, and correlation between them is made by chance.

Table 2: Coefficients of personal and professional factors

Row	Professional and personal factors	Non-standardized coefficients		standardized coefficients	Observed t	P value
		β	Standard error	Standardized β		
1	sex	-2.912	1.708	-0.213	-1.705	0.092
2	age	-0.082	0.114	-0.090	-0.721	0.473
3	marital status	3.729	2.289	0.203	1.629	0.108
4	second job	-2.748	3.127	-0.105	-0.879	0.382
5	experience	0.208	0.148	0.191	1.405	0.164

11 of cultural, social and economic factors of families that have the main role in health workers

performance involved in the success of family planning programs were studied (Table 3).

Table 3: Table of coefficients of cultural, economic and social factors target population

Row	Factors	Non-standardized coefficients		standardized coefficients	T	P value
		β	Standard error	Standardized β		
1	Tend to a single child	-0.503	0.772	-0.108	-0.652	0.516
2	Recognition of family planning by families	0.662	0.694	0.151	0.953	0.344
3	Tend to have more children	-0.656	0.682	-0.135	-0.962	0.340
4	Tend to have girl	1.102	0.714	0.188	1.545	0.127
5	Tend to have boy	-0.291	0.790	-0.045	-0.368	0.714
6	Mother's employed	0.235	0.673	0.045	0.384	0.729
7	Family income level	-1.741	0.902	-0.236	-1.930	0.058
8	Social status of family	0.666	0.851	0.100	0.783	0.436
9	Self-awareness and knowledge	1.776	0.613	0.311	2.898	0.005*
10	Education level	1.556	0.687	0.242	2.263	0.027*
11	Issues related to children's education	1.675	0.945	0.224	1.773	0.081

These 11 factors were analyzed by multivariate regression. Result showed:

1- Observed F (2.702) with a significance level (0.006) and the degrees of freedom, 11 and 67

Table 4: Result of one way ANOVA for studied factors

	Sum of Squares(SS)	df	Mean of squares (MS)	F	P Value
Regression residuals	978.652	11	88.966	2.702	0.006
	2206.261	67	32.929		
Total	3184.886	78			

2- Multivariate correlation (R=0.554) and coefficient of determination (0.307) show that about 30% of the variance of criterion variable (performance) had relationship with predictor variables.

3- The results showed that two of the predictor variables have significant relation with criterion variable (performance) and the others don't have a significant relation with criterion variable. Result of these two predictor variables showed in table 5.

Table 5: Table of coefficients of cultural, economic and social factors target population

Row	Variable name	Standardized β	Observed t	P value
1	Self-awareness and knowledge	0.311	2.898	0.005*
2	Recognition of family planning by families	0.242	2.263	0.027

The other 9 variable such as tend to a single child, tend to have more children, tend to have girl, tend to have boy, mother's employed, family income level, social status of family, education and issues related to children's education don't have significant relation with criterion variable (performance).

6. Discussion

The results of multivariate regression analysis between demographic factors of health workers with their performance showed that the relationship between them is not significant. In other words, the performance of health workers don't affected by professional and personal factors of health workers (such as; sex, marital status, age, have or doesn't have second job, work experience).

Sex of the health workers was not related to their performance. This consent with study in Uganda which found that factors such as age, sex and education had no effect on the HWs' performance (Kallander et al., 2006). But this study differs from a study in Kenya which found sex had effect on the HWs' performance. It offers education programs of family planning are presented simultaneously to both sexes. Also the confidence of people is positive to medical staff. Thus both sexes could be worked in the health center (Crispinet al., 2012).

shows that the model used to predict the criterion variable is significant (Table 4).

Based on our findings most of health workers are young and adult age group, and age doesn't have significant effect on their performance. This consent with study in Uganda (Kallander et al., 2006) and in Kenya (Crispinet al., 2012) which found that age had no effect on the HWs' performance. But result of this study differs from another study in Iran (Sabahi Bigdeli, 1998) which found professional and personal factors of health workers had effect on the HWs' performance.

Based on 11 cultural, economic and social factors, just two of them (Self-awareness and knowledge with 0.05 p-value and Recognition of family planning by families with 0.027 p-value) have the significant with HWs' performance. The other factors such as tend to a single child, the recognition of family planning by families, tend to have girl or boy don't have effect on HWs' performance.

A study in Nigeria showed that literate HWs could learn and enhance skills and therefore deliver services better. The study however, showed that HW education level had no influence on enabling clients to adopt best practices (Crispinet al., 2012).

A higher education level, sex and age of health workers were related to the knowledge and skills of health workers. Also knowledge and skills of health workers were significantly related with their performance. A study of knowledge of married women 15-49 years old about family planning was done in Isfahan province. About 97.6% of women were familiar with at least one of contraceptive methods but the least amount of knowledge observed in women with age below 20 years and above 40 years. The results of this study showed that with increasing the levels of education and employment of women increase the success of family planning (Yadgar Far, 1995). Result of study in Tehran-Iran (Ghasemi Kapourchali, 1995) showed level of women education had significant effect on performance of family planning. He observed there was significant difference between the knowledge of women before and after training. A study was done about knowledge and practice of female health workers in Shemiran Health Center (Zahedi, 1997). Result of this study showed half of female health workers didn't have enough knowledge about family planning and contraception methods.

7. Conclusion

The study established that age, sex, have or don't have second job, level of education and experience of community health workers are not important characteristics to consider in HWs' performance. Result of this study showed that the desire to have girl or boys are not much different and don't have significant effect on HWs' performance. But recognition of family planning by families and self-awareness and knowledge of target population had significant effect on HWs' performance. The cooperation between Ministry of Health and Medical Education and Ministry of Education had significant effect to increase the awareness of people. These had positive effect on HWs' performance and finally the effectiveness of family planning programs.

References

- Ande O, Oladepo O, Brieger WR. (2004). Comparison of Knowledge on diarrhoeal disease management between two types of community based distributors in Oyo State Nigeria. *Health Education and Research*, 19(1): 110-113.
- Crispin N, Wamae A, Ndirangu M, Wamalwa D, Wangalwa G, Watako P, Mbiti E. (2012). Effects of Selected Socio-Demographic Characteristics of Community Health Workers on Performance of Home Visits during Pregnancy: A Cross-Sectional Study in Busia District, Kenya. *Global Journal of Health Science*, 4: 78-90.
- Ghasemi Kapourchali S. (1995). Health effects of family planning to knowledge, attitude, working of women in selected factories of industrial organization in Tehran city. M.A Thesis, School of Management and Economic, Tarbiat Modares University. [Persian]
- Helm Seresht P. (2003). Population and family planning. Chehr Publication. [Persian]
- Kallander K, Tomson, G, Nsabagasani X, Sabiiti JN, Pariyo G, Peterson S. (2006). Can community health workers and caretakers recognize pneumonia in Abbatt, F. (2005). *Scaling up Health and Education Workers: Community Health Workers*. London: DFID Health Systems Resource Centre.
- Mohammadzadeh A. (2007). Comprehensive textbook of population and family planning. Ferdous Publication. [Persian]
- Rahbar MR. (2007). Library education of health workers, family planning, Ministry of Health Medical Education. [Persian]
- Sabahi Bigdeli M. (1998). The performance of health workers in home health in Kashan health network. M.Sc Thesis, School of Public Health, Tehran University. [Persian]
- Shojaie Tehrani H. (1999). Population, family planning and reproductive health. Majed Publication. [Persian]
- Yadgar Far Gh. (1995). Knowledge, insight and performance of married women 15-49 years old to family planning in Isfahan. M.Sc Thesis, School of Public Health, Tehran University. [Persian]
- Zahedi Z. (1997). The performance of health workers in Shemiran home health care network. M.Sc Thesis, School of Public Health, Tehran University. [Persian]