

Effect of socio- demographic characteristics on performance of Community Health Workers: A cross sectional study in Makueni County, Kenya.

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Abstract: *Introduction: The aim of the study was to determine the socio demographic characteristics of Community Health Workers in Kibwezi Sub-county and their effect on performance. Methods: It was a cross-sectional comparative study in which socio demographic characteristics of Community Health Workers receiving monetary incentives was compared to those not receiving monetary incentives and each characteristic was assessed for its influence on performance of CHWs. Data was collected using a structured questionnaire, key informant interview guide and focus group discussion guide. Relationship between variables was determined using chi square and odds ratios. Results: Sex was not associated with performance in this study. [OR= 1.2406 P-value=0.535]. Age was significantly associated with performance of CHWs, performance of those who were in the age bracket of 40-49 years was three times better than those aged 20-29 Years [OR= 3.6327 P= 0.022]. Marital status was significantly associated with performance of CHWs. The odds of performance was three times higher for those CHWs who were single compared to those who were married. [OR 3.306 P-value= 0.018]. Education level was significantly associated with performance, CHWs who had an education level up to primary school were better performers than those with secondary school education level.[OR 2.901786 P value= 0.002].Conclusion: Socio demographic characteristics of CHWS have an influence on their performance. Married, middle aged and CHWs who had primary school level of education were found to have better performance. The Selection criteria of CHWs should consider the age, level of education and marital status for optimal performance and results.*

Keywords: Community Health Worker, Socio demographic characteristics, Performance

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I. Introduction

Community Health Workers (CHWs) were described as a pillar to implementation of Primary Health Care in the Alma Ata Declaration whose main was “health for all by the year 2000”. CHWs would assist in filling the gap of unmet health care needs among the poor geographically underserved populations and hence break the barriers to access of health while reducing the cost of the heavy diseases burden. CHWs through provision of simple interventions in the community could also serve as a point of entry of health care at the community level. Since the role of the CHW was re-emphasized during the Alma Ata conference in 1978, there have been several variations and definitions of this term^[2] Since the rolling out of PHC the specific roles played by CHWs vary across countries with majority participating in home visits, provision of simple first aid, health education on common diseases and Maternal and Child Health and Family Planning.^[1]

Literature globally reflects the diversity in the characteristics of CHWs across programmes. Majority of programmes indicate that CHWs are selected from their communities and have acquired little education with majority having primary level education. The gender of the CHWs also varies with the females dominating in many programmes.^[1] This has been discussed at different context like in Somali, the CHW programme which was dominated by males became problematic during implementation as the male CHWs had little contact with females in the community^[3] In Peru, the husbands resisted their wives been selected as CHWs as the community associates leadership with the male gender and therefore women could not enroll in the CHW programme^[4]

The level of education also varies across different CHW programmes. Many, programmes require a particular level of literacy. Literacy of CHWs is a requirement in countries like Peru, Uganda, Democratic Republic of Congo and Somali.^[3,4,5] In Kenya CHWs AMREF programme requires seven years of primary education^[6] However, in Kenya, another the community programme in Sarididi, level of education was not literacy was not considered as a criteria for selection of CHWs.^[7] In Peru, understanding of the native language was considered as crucial, as well as some level of literacy.^[4] Bhattacharyya et al. comment that “literacy requirements often affect the age of the selected CHWs: literate people tend to be younger. There is some evidence, on the other hand, that older CHWs are more respected in their communities”^[2]. It is often difficult to