



# Evaluating a train-the-trainer approach for improving knowledge and teaching skills around Female and Sexual Public Health in Community Healthcare workers in Rural Nepal





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# Introduction

Female and reproductive health in rural communities in Nepal remains a challenging issue. High rates of violence against women, gender inequality and child birth from a young age means female mortality remains high. Nepal ranks 113<sup>th</sup> in the Gender Inequality Index, with a maternal mortality of 283/100,000. (1)

Using a train-the-trainer approach to training local community nurses and midwives in delivering teaching in rural communities around female and reproductive health here is shown to improve perception of knowledge and risks around preventative factors (2).

Public Health education is a reliable healthcare intervention for contributing to prevention against deaths from domestic violence, HIV and AIDs as well as adolescent pregnancy complications. (2)

## Background

The Rupaturan Package was initially developed by Restless Development; an international NGO that works by empowering adolescents to give education in their respective communities. The Rupaturan Package is UNICEF approved. (3)

It is an interactive teaching course using a variety of teaching methods such as singing and dancing and small seminar groups to train participants in delivering knowledge around the subjects illustrated in Fig. 1. Assessment and feedback is given within the groups. A lot of pictures and visual aids used to allow healthcare professionals to teach in areas where illiteracy is high.

Implementation has been facilitated by Health Partnership Nepal, a UK based charity that delivers healthcare in rural parts of Nepal. The two NGOs are now in a working collaboration to continue delivering training to healthcare professionals (4).

# Methodology

#### SAMPLE

Inclusion Criteria: 19 community healthcare workers- including midwives, community health volunteers, nurses and healthcare assistants from 4 different areas in Nepal who responded to the advertisement about the programme. This was considered to be a pilot sample population.

#### DATA COLLECTION

The summative evaluation baseline data was collected immediately prior to the commencement of the programme. Comparative data was collected immediately after the conclusion of the programme. The questionnaires were created based on the content in the programme.

Each question in the evaluation was scored between 0 and 10, with candidates being asked to give a score that reflected their level of confidence or how highly they prioritized the issue.

#### DATA EVALUATION

Staff views were expressed as quantitative data on a scale. The median score for each question before and after the course for the group was given. No further statistical analysis of the score has been performed at this stage.

The difference in scores was then used to judge whether an increase in awareness of importance of social issues and their relationship with public health issues was achieved.

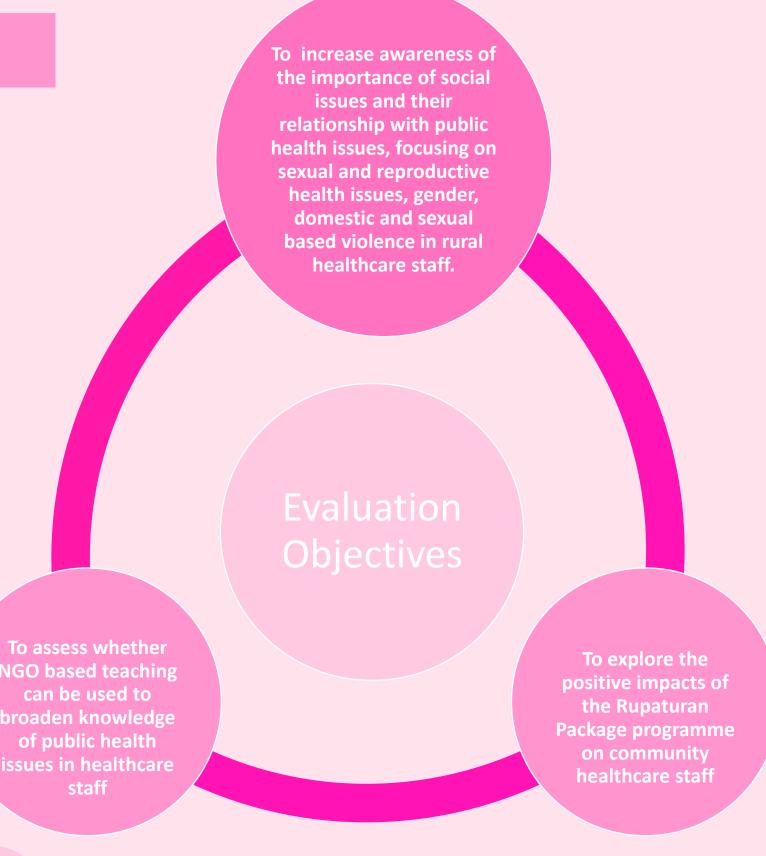


Fig. 2; Objectives for the summative evaluation



# Conclusion

This summative evaluation shows that community healthcare worker knowledge and teaching skills around Female and Sexual Public Health Issues have improved after participation in the Rupaturan programme.

This service evaluation not only presents a way to deliver sustainable public health education in a remote, rural area, but it is also an example of a collaboration between the local governmental Municipality, a Nepalese and British NGO and rural healthcare staff.

The next stages involve using the community healthcare staff to train other staff in a separate rural location in May 2018. The same evaluative questionnaire will be used to assess the views of the trainees in these areas. An evaluation of process is yet to be completed, as well as assessment of patient outcomes .

# Acknowledgements

Consent was taken from all participants for their views to be collected and evaluated by Health Partnership Nepal.

Many thanks to Dr Binod Dangal, Dr Archana Dangal, Dr James Matheson and the staff at Restless Development for the support in the running and evaluation of this programme.

### Results

Table 1. Median scores calculated per evaluation question for the sample group

Question  How knowledgeable do you feel	Median before (n/10)	Median after (n/10)
about sexual and reproductive health?	3	3
How aware are you of issues of gender-based violence?	4	9
How confident do you feel confronting attitudes to domestic violence?	5	9
How important do you think it is that young people learn about the issues of reproductive health?	9	9
How important do you think it is that young people learn about the issue of gender-based violence?	9	9
How confident do you feel teaching?	6	9
How positive do you feel about this training course?	10	9

## Discussion

Staff felt that their awareness of gender-based violence had improved most significantly, with an increased median of 9 in perceived confidence around the issue.

A median increase to 9 in scores of knowledge of sexual/reproductive health was reported, as well as a median score increase to 9 in confidence around confronting attitudes to domestic violence. The only area in which the median scores dropped was around overall opinions of the training course.

Limitations: The sample size for the evaluation was small. As it was a Pilot study, practical issues with providing incentives that were not accounted for may have produced participant negative bias. The measurable outcome is subjective opinion and subject to bias. It is not possible to extrapolate wider benefits to the community at this stage. Cost Benefit Analysis of the service has not been performed.

## References

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(4) Health Partnership Nepal: Friends of HPN Nepal (Access 01/05/2018)

URL: <a href="https://www.hpnepal.org/friends-of-hpn">https://www.hpnepal.org/friends-of-hpn</a>

