CONCLUSION

The findings and interpretation findings are already presented earlier. Following are the conclusions drawn from the findings of this study on 524 TBAs of three randomly selected districts of Orissa. From the observations it can be concluded that,

1. Most of the TBAs were above 54 years of age and were illiterate.

2. One third of them practising midwifery for more than 20 years. Most of the TBAs had learnt midwifery by trial and error method.

3. Most of them conduct 20 or less number of deliveries per year but highest percentage of TBAs conduct less than 10 deliveries per year.

5. A large number (43%) of TBAs practising midwifery had no exposure to any kind of training.

6. TBAs had poor knowledge on identification of risk conditions during antenatal, intranatal and postnatal period.

7. The level of knowledge related to risk and severity of risk assessment was very poor.

8. Only nine (20%) items out of 44 risk items related to obstetrical conditions, warning signs of pregnancy and postnatal items could be responded correctly by 50 to 60 percent of TBAs. No intranatal item was answered correctly by 50 percent or more TBAs. Thus, it can be concluded that TBAs had better knowledge on risk assessment related to antenatal and postnatal when compared to intranatal risk assessment. However, in general TBAs had very poor knowledge on risk assessment in all the areas of maternal risk.
9. Severity of risk assessment was mostly lacking among the TBAs. Out of 44 items not a single item could be responded correctly by 50 percent or more TBAs and only 4 items could be answered maximum by 25 to 30 percent of TBAs.

10. Knowledge on risk and severity status assessment had association with the duration of midwifery practice.

11. Level of knowledge on risk and severity scoring were higher among trained than those who were untrained. Thus, it can be concluded that though the level of knowledge of trained TBAs was below the expected level, their knowledge was better when compared with untrained, TBAs.

11. There was a significant association of trained TBAs period of training with regard to midwifery practice and the level of knowledge on risk assessment.

13. The TBAs who received training for more than one month had higher knowledge than those who received training for one month or less. Thus, it can be concluded that refresher training has influence on risk assessment knowledge of the TBAs.

14. On the basis of statistical findings it is also inferred that the knowledge of the TBAs on risk and severity differ in relation to PHCs. The TBAs who belonged to the PHCs which were near the district head quarter hospital or where retraining programme was undertaken, the TBAs demonstrated higher knowledge.
15. The TBAs with 11 to 15 years of experience had better knowledge on risk where as those who had experience more than 20 years had poor score when compared to 11 to 15 years experience. It may be due to lack of interest with long years of experience. The TBAs who received training both before and after practice had more knowledge on risk assessment when compared to only "before" or "after" practice. It can be concluded that when the training is given before practice and further retraining is given the TBAs level of knowledge on risk assessment increases.

16. Based on the statistical findings, it can also be concluded that among the trained TBAs when compared with their type and duration of training related to midwifery practice and recency of training no association was inferred. Hence, it can be concluded that knowledge of the TBAs on severity of risk in pregnancy is independent of the training variables.

17. Further, it seems that the TBAs do not apply their knowledge of risk with interpretation of its severity.

18. Thus, the TBAs in general had poor knowledge on risk and severity of risk assessment where as experience, training and literacy had some influence on the knowledge level of TBAs.