Original Research Article

Study to Assess the Effectiveness of Planned Teaching Programme on Knowledge and Practice Regarding IMNCI Guidelines on ARI (Pneumonia) among Female Health Workers

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ABSTRACT

In a loving home, the minute that a new born is brought into the world ,everything begins to revolve around him, many expectations and dreams are arise but these expectation and dreams die with the death of child before reaching 5 years of age. Globally, the five leading causes of deaths among children under five include pneumonia (18 per cent); pre-term birth complications (14 per cent); diarrhoea (11 per cent); intrapartum-related (9 per cent) and malaria (7 per cent). [2] With the aim of bringing down under five children mortality rates and improving child survival, the WHO in collaboration with UNICEF and many other agencies, institutions individuals respond to this challenge by developing a strategy known as IMCI. [3] Due to very high neonatal mortality, India has further amended this strategy by including management of neonatal illnesses and the strategy was renamed as Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy under RCH Phase II in 2005.The purpose of study is to identify the knowledge and practice of IMNCI guidelines by female health workers at Grass root level of health care system and the impact of planned teaching programmes on their knowledge and practice. In this study the sample were 60 female health workers (30 for experimental group and 30 for control group).and the result, indicating that after intervention the knowledge as well as practice skill of female health workers among experimental group is improved to adequate and effective level .The study concluded that the programme helps the female health workers to improve their knowledge and practice on IMNCI strategy regarding management of children having ARI. This will ultimately helps to reduce under five morbidity and mortality rate and helps in achievement of SDG.

Keywords: Planned Teaching Programme, Knowledge, Practice, IMNCI, ARI, Female Health Worker.

I. INTRODUCTION

1.1 Introduction:

In a loving home ,the minute that a new born is brought into the world, everything begins to revolve around him, many expectations and dreams are arise but these expectation and dreams die with the death of child before reaching 5 years of age. With almost 19,000 children under five years of age dying every day across the world, India tops the list of countries with the highest number of 16.55 lakh such deaths in 2011, according to UNICEF child mortality estimatereport2012. [1]

Globally, the five leading causes of deaths among children under five include pneumonia (18 per cent); pre-term birth complications (14 per cent); diarrhoea (11 per cent); intrapartum-related (9 per cent) and malaria (7 per cent). [2] With the aim of bringing down under five children mortality rates and improving child survival the

government of India introduce many national programmes like oral rehydration therapy, management of Acute Respiratory Infections etc. These programmes were integrated for the first time under the Child Survival and Safe Motherhood programme in 1992 and made a part of the Reproductive and Child Health Programme in 1994. During the mid 1990's, the WHO in collaboration with UNICEF and many other agencies, institutions individuals respond to this challenge by developing a strategy known as IMCI. [3] Due to very high neonatal mortality, India has further amended this strategy by including management of neonatal illnesses and the strategy was renamed as Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy under RCH Phase II in 2005. IMNCI, fostering holistic approach to child health and development, using a set of interventions for the integrated treatment and prevention of major childhood illnesses, the IMNCI strategy aims to reduce death as well as the frequency and severity of illness and disability. The strategy includes three components: improving case-management skills of health workers, improving health systems support, and improving family and community practices. [4]

WHO factsheet Nov-2013, represent Pneumonia is the single largest cause of death in children worldwide. Every year, it kills an estimated 1.1 million children under the age of five years, accounting for 18% of all deaths of children under five years old worldwide. Pneumonia affects children and families everywhere. These deaths mostly occurred due to acute respiratory infections (pneumonia) and diarrhoea. In India ARI constitute a major public health problem and accounts for 28% of all childhood mortality and 30% of Disability Adjusted Life Years (DALYs) lost due to ARI as stated in WHO world health report and in ARI mainly pneumonia accounts for 18% mortality of under five children. WHO factsheet Nov-2013, pneumonia occurs when the sacs of the lungs, known as alveoli, become filled with pus and fluid, limiting oxygen intake and making it hard to breathe. A bacterial or viral pathogen can be the primary cause of pneumonia, or it can be a complication of other infections, including influenza, measles, tuberculosis, or HIV. [5]

In health facilities, the IMNCI strategy promotes the accurate identification of childhood illness in the outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counselling of caretakers and the provision of preventive services and speed up the referral of severely ill children.

1.2 Objective of the study:
1. To assess and evaluate the knowledge and practice of female health workers of experimental group before and after administration of planned teaching program on IMNCI guidelines of children with ARI.
2. To assess and evaluate the knowledge and practice of female health workers of control group on IMNCI guidelines of children with ARI.
3. To compare the knowledge and practice of female health workers of experimental group and control group on IMNCI guidelines of children with ARI.

II. MATERIALS AND METHODS
2.1 RESEARCH DESIGN AND SETTING:

The research design selected for the present study was pre-test post-test control group design which belongs to the quasi-experimental research design. Data was collected from 3/3/2014 to 12/4/ 2014. In this study the sample for experimental group were 30 female health workers from Budhbaral community health centre and for control group 30 female health workers from Janikurd community health centre Meerut. They entered the study based on Female health workers who are presently working in selected health centers. Female health workers present during the time of

study. Female health workers who are willing to participate in the study.

2.2 DATA COLLECTION:

To conduct this study a structured questionnaire was prepared for collecting data regarding demographic variables and knowledge aspect of female health workers regarding IMNCI guidelines on ARI management and a structured observational checklist was prepared to collect data regarding practice aspects of female health workers regarding IMNCI guidelines on ARI. On Day 1 pre-test of knowledge and practice was done by administering structured knowledge questionnaire and observational check list. On Day 10 post-test knowledge and practice was administered in order to evaluate the effectiveness of the planned teaching program on IMNCI guidelines of children with ARI.

2.3 DATA COLLECTION INSTRUMENT:

Instruments and tools for data collection consist of:

PART-A:

Socio Demographic Profile, it consist of structured questionnaire to collect baseline data, regarding socio demographic variables of the female health workers such as age , marital status, education ,experience, working area and additional course.

PART-B:

Part-B includes two sections:

SECTION-I: It includes structured questionnaire for collection of information regarding knowledge of female health workers about IMNCI strategy. It include 10 multiple choice questions.

SECTION- II: It includes structured questionnaire for collection of information regarding knowledge of female health workers about management of ARI (Pneumonia). It include 15 multiple choice questions.

PART-C

It includes structured observation checklist which is used to collect data regarding practice aspects regarding management of ARI under IMNCI guidelines among female health workers.

2.4 ETHICAL CONSIDERATION:

Regarding ethical consideration, the ethical approval was obtained from the Institutional Ethical Committee of Swami Vivekananda Subharti University and formal approval was obtained from the obtained from the medical officers of selected health centre (Bhudhbaral Community Health Centres for experimental group and Janikurd Community Health Centre for control group). Written information was given to the participants and their oral consent was obtained .Sample were informed about the purpose of the research and assured of their right to refuse to participate in or to withdraw from the study at any stage. Anonymity and confidentiality of subjects' data were guaranteed.

2.5. STATISTICAL ANALYSIS:

Data was analyzed and interpreted by employing descriptive and inferential statistics. SPSS version 16.0 was used to analyze the data. P value ≤0.05 was considered as significant.

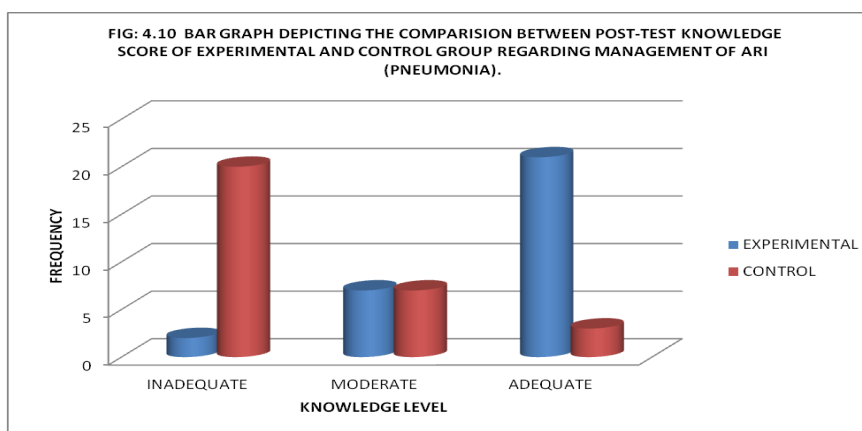## III. RESULTS

70% of female health workers in experimental and control group (86.7%) majority were above 30 years of age group.83% of female health workers in experimental and control group were distributed in married category. 53.3% of the female health workers in the experimental and control group were 12th pass. 70 of female health workers in experimental and 86.7% in control group were working in sub-center. 76.7% of female health worker in experimental and control group were trained through government institute. 66.7 of female health workers in experimental and 73.3% of control group were having above 36 months of experience.

The mean of pre-test level of knowledge is 17.93, median is 17 and SD is 4.733. The

mean of post-test of knowledge is 40.73, median is 41.5 and SD is 4.4.The mean difference is 22.8 was found to be statistically significant as evident from their t- value of 2.0 at 0.05 level of significance. Hence null hypothesis H01 was rejected and research hypothesis H2 was accepted, indicating that planned teaching program on IMNCI guidelines of children with ARI was an effective way for enhancing the knowledge of female health workers of experimental group. The mean of pre-test level of practice is 11, median is 11 and SD

is 2.334. The mean of post-test of practice is 23.1, median is 23.1 and SD is 1.49.The mean difference is 12.1was found to be statistically significant as evident from their t- value of 1.99 at 0.05 level of significance. Hence null hypothesis H01 was rejected and research hypothesis H2 was accepted, indicating that planned teaching program on IMNCI guidelines of children with ARI was an effective way for enhancing the practice of female health workers of experimental group.

FIG: 4.10 BAR GRAPH DEPICTING THE COMPARISION BETWEEN POST-TEST KNOWLEDGE SCORE OF EXPERIMENTAL AND CONTROL GROUP REGARDING MANAGEMENT OF ARI (PNEUMONIA).

The correlation in knowledge and practice among experimental group is represented by 'r' value. The 'r' value is 0.24 which shows significant correlation between knowledge and practice regarding management of AR

IV.   DISCUSSION

The pretest levels of knowledge among experimental group majority (82.2%) were having inadequate knowledge and post test knowledge among experimental group majority (73.3%) was having adequate knowledge. The pre-test levels of practice of experimental group majority (90%) were having ineffective practice and in post test majority (83.3%) were having effective practice regarding management of ARI and diarrhoea according to IMNCI.

Whereas in control group majority (81.1%) were having inadequate knowledge and (93.3%) were having ineffective practice ,which shows after intervention the knowledge as well as practice skill of

female health workers among experimental group is improved to adequate and effective level.

V.   CONCLUSION

As the part of the study 60 female health workers were given the planned teaching programme. The programme helps the female health workers to improve their knowledge and practice on IMNCI strategy regarding management of children having ARI. This will ultimately helps to reduce under five morbidity and mortality rate and helps in achievement of SDG.

Implications for Nursing Practice:

For improving the practice of community health workers, there is need for regular teaching programme which will improve their practice level which leads to timely intervention, to reduce the under five mortality and morbidity rate.

To improve the skills of female health workers regarding IMNCI guidelines in service workshop should be organized at

regular period so, that their practice will be updated and refined.

Limitations:
1. The study was limited only to 60 subjects i. e. 30 in experimental group and 30 in control group.
2. The study period limited for 4-6 weeks.
3. Data collection limited through structured questionnaire and structured observation checklist, prepared by the researcher.

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