KNOWLEDGE AND IMPLEMENTATION OF SELECTED IMNCI GUIDELINES AMONG HEALTH ASSISTANTS AT SELECTED HEALTH CENTRES, R.R DISTRICT, T.S

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Abstract

A Descriptive study was undertaken to assess the knowledge and implementation of selected IMNCI guidelines among health assistants at selected Health Centers, RangaReddy District, Telangana.The conceptual framework was based on Ludwigs General system theory. The study was conducted at primary health centers of Saroornagar, Malkajgiri, Hyderabad. Questionnaire for knowledge assessment and observational checklist for implementation was prepared by the investigator according to IMNCI modules. Tool validity was done with the help of experts in the field of Medical, Nursing and Statistics. Reliability of the tool was tested by Karl Pearson's Correlation Coefficient, and the 'r' value was 0.79. A pilot study was conducted on three subjects in Uppal PHC, Hyderabad. It was found that the tool was feasible, appropriate and practicable. Simple random technique was used to select 40 Subjects for main study;Data collected through questionnaire and checklist and identified the knowledge and implementation of health assistants on selected IMNCI guidelines. Analysis and interpretation was done with the help of descriptive and inferential statistics. Relationship between knowledge and implementation was identified with the help of mean, standard deviation and r value. Association between knowledge and implementation with selected variables were identified with the help of chi-square test. Findings of the study shows that out of 40 health assistants 62.5% were having average knowledge, 27.5% were having above average knowledge and remaining 10% were having below average knowledge. Regarding Implementation 57.5% were at average level, 10% were at below average, 2.5% were at above average level. There is moderate positive correlation between knowledge and implementation as the mean value of the knowledge is 24.97, standard deviation value is 6.71, r value is 1 and mean value of the implementation 12.72, standard deviation is 2.88 and r value is 0.5. Findings of the study showed that there was a significant association between knowledge and demographic variables such as age, period of experience after training and also there was a significant association between implementation and demographic variables such as professional experience and period of experience after training.

Keywords : IMNCI, Knowledge, implementation, Health Assistants

INTRODUCTION

Children are the budding human resources and the future citizens of the nation. Healthy children are not only assets but also the stepping stones to build a strong and prosperous Nation. Their survival and protection is prerequisite for the future development of humanity. Every child represents the unit of human capital. Every child has a right to grow full potential. Nations all over the world/universe have come to recognize that the most effective strategy for building human resource is to improve the conditions of children, ensuring and safe guarding the development of children has thus become an important national goal of all countries.[1]

IMNCI is evidence based syndromic approach for management of 0-2 months & 2months – 5 years age group children. Implementation of IMNCI started in India ,developed by UNICEF and WHO based on the rational that reduction in childhood mortality rate can be achieved without using expensive and sophisticated technologies, it was found that only neonatal mortality was responsible for more than 2/3rd of the Infant mortality rate (IMR) in India. [2,3]

The IMNCI training programme focuses on building of individual skills and includes practice sessions in the field and in the hospital. Each training programme is run for eight days. The training batch is restricted to about 24 participants with the facilitator-participant ratio of about 1:5. Frontline community-based workers and auxiliary nurse midwives (ANMs) are trained.

The 11 day training package being launched by the Government of India integrates normal IMNCI training and then establishes linkages with facility based care focusing on Emergency Triage, Assessment and Treatment, Care at Birth, Management of sick neonates, Management of ARI, Diarrhoea, Fever and Severe acute malnutrition. Such conditions are responsible for over 70 per cent of all deaths in children under the age of 5 years in resource poor settings[4].
Knowledge and Implementation of selected IMNCI guidelines among Health assistants at selected health centres, R.R District, T.S

OBJECTIVES
1. Assess the knowledge of Health Assistants on selected IMNCI guideliness
2. Assess the implementation of Health Assistants on selected IMNCI guidelines.
3. Identify the relationship between the knowledge and implementation of selected IMNCI guidelines .
4. Associate the knowledge and implementation of selected guidelines with demographic variables.

RESEARCH APPROACH
In the present study the investigator aimed to Assess the knowledge and Implementation of selected IMNCI guidelines among health assistants in primary health centers of R.R district, T.S. Hence non experimental approach is considered to be most useful method.

RESEARCH DESIGN
The research design used for this study was descriptive survey method.

SETTING OF THE STUDY
The setting for the present study is Primary Health centers in Ranga Reddy district of Telangana state. There are total 38 PHCs in the Ranga Reddy district. In each primary health centre 3-15 sub centers are there. vout of 30 health assistants in Saroornagar 25 was selected randomly, out of 20 health assistants in malakajgiri 15 was selected randomly.

POPULATION
The target population for the present study are Health Assistants who had undergone IMNCI

training programme and working in primary health centres .

SAMPLE
The sample for the present study are Health assistants who had undergone IMNCI training working in primary health centers of saroornagar, malakajgiri, R.R District ,T.S.

SAMPLE SIZE
According to polit sample size is the number of subjects needed in a sample. The size of the sample for the present study are 40 health assistants working in primary health centers of Ranga Reddy district.

SAMPLING TECHNIQUE
Sampling technique refers to the process of selecting a portion of subjects from target population. Purposive sampling adopted for this study .It is one of the non probability sampling method.

The list of primary health centers were obtained by the researcher from the District medical and health office at Shivarampally Ranga Reddy District. 25 memebers from the saroornagar primary health centre and 15 members from the malakajgiri PHC were selected randomly as they were all undergone IMNCI training programme for 8 days..

The analysis with the distribution of demographic data of 40 health assistants, majority of them 45% belongs to 31-35 years of age, 25% were in the age group of 36 years and above, 12.5% were 20-25 years and 17.5% were in the age group of 26-30 years. In regards to religion, majority were 57.5% Hindus, 32.5% were Christians, 10.0% were Muslims. Regarding Marital status 85% were married, 12.5% were unmarried, 2.5% were widows. Regarding Professional experience 47.5% were having 10 years and above, 27.5% were having 7-9% years, 20.18% were having 4-6 years, 5% had 1-3 years' experience. About Periods of experience after training 35% were having 1 year, 30% were having 6months, 22.5% were 2 years and above, 12.5% were having 1.5 years of experience after training.

Regarding knowledge of health assistants related to selected IMNCI guidelines shows that out of 40 health assistants, 62.5% were average, 27.5% were above average, 10% were below average. Regarding implementation of selected IMNCI guidelines 57.5% were average, 2.5% were above average, 10% were below average. The relationship between knowledge and implementation, there is a positive moderate correlation found between them as they obtained mean value of the knowledge score is 24.97, standard deviation is 6.71, 'r' value 1, the Mean value of the implementation score is 12.72, standard deviation is 2.88, 'r' value is 0.5.

The association between knowledge and selected variables was computed by using chi square test. There is a significant association found between the knowledge of health assistants and selected variables such as age, period of experience after training. There is a significant association found between the implementation of health assistants and selected variables such as Professional experience, period of experience after training.

Table :1 Relationship between Knowledge &   Implementation selected IMNCI guidelines

N=40

Variable	Mean	SD	r

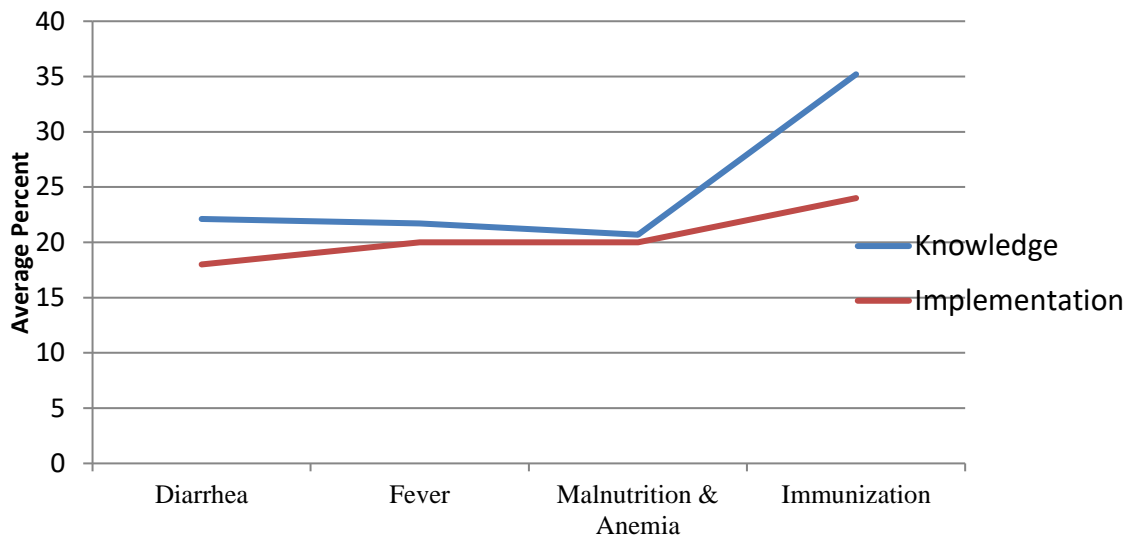| Knowledge	24.975	6.71580	1.0
Implementation	12.725	2.88220	0.55

Fig-1 Association between knowledge and implementation regarding selected IMNCI guideline

CONCLUSION

The present study findings showed that knowledge and Implementation of selected IMNCI guidelines among health assistants at selected health centres T.S. Quantitative approach was chosen for the study. It was conducted on a group of 40 health assistants 25 at SaroorNagar 15 at Malkajgiri, R.R District, T.S. Regarding knowledge of selected IMNCI guidelines 62.5 % of the health assistants had average, 27.5% had above average and only 10% had below average knowledge. Regarding implementation of selected IMNCI guidelines 57.5% were at average, 2% were at above average and remaining 10% were at below average. The finding point of the study proved that IMNCI training programme helped the health assistants in enhancing the knowledge and implementation of selected IMNCI guidelines. Therefore, every health professional should undergo IMNCI training programme to identify the early warning signs, prompt treatment and referral among under five children.

Out of 40 health assistants, 10% were having less knowledge regarding selected IMNCI guidelines, 62.5% were having average level of knowledge regarding selected IMNCI guideline and only 10% were having below average level of knowledge. Regarding implementation, 57.5% were at average and only 10% were at below average. The finding point of the study shows that IMNCI training has enhanced the knowledge and implementation among health assistants.

IMPLICATION NURSING PRACTICE

The nurse play a pivotal role in the delivery of health care to children through health assistants. The nurse can educate the health assistants regarding the care of under five children and in return the health assistants can teach the family members, as it is an essential component of community health. In the hospital setting, if the staff nurses are equipped with the knowledge and skills in managing the under five children, they could be able to provide quality of care to the young children.

Nursing Education

Nurses who are equipped with updated knowledge regarding care of under five children, are better persons to impart knowledge to the health assistants, The activities may involve to find out the special needs of the children during diarrhea, malnutrition and anemia, fever and immunization. Plan and implement various campaigns since the health care provides are the key personnel in imparting education. There is also a need for in service education program for the health care providers for preparing them to function effectively as a counsellor for health assistants.

Nursing Administration
Nursing Administrators need to plan staff development programs in hospital as well as in community on care of under five children, which can help in educating health assistants. The nurse administrator can organize the workshops and orientation programs regarding IMNCI guidelines to practice the nursing care and reduce the childhood mortality in children among health assistants.

Nursing Research
Research can be done continuously in order to identify various aspects of management of selected IMNCI guidelines and role of nurse in reducing mortality and morbidity among under five children. Research helps in evidence based nursing practice. It will help nurses to take appropriate decisions in meeting the needs of under five children and treating the emergency conditions which are fatal and that may last in childhood mortality.

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