

Knowledge Regarding IMNCI among Health Workers

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Abstract

Background: Successful approaches and projects are critical to the venture of solid propensities and the alleviation of hazard factors for ailment. The Integrated Management of Child Illness (IMCI) system was presented in the principle focal point of the system was on improving clinical consideration given at wellbeing offices to outpatient debilitated kids. IMCI expects to decrease demise, sickness and inability. IMCI incorporates both preventive and remedial components that are actualized by families and networks just as by wellbeing offices.

Objectives: 1. To assess the knowledge of health workers regarding IMNCI, 2. To evaluate the effectiveness of Structured teaching programme on IMNCI, 3. To discover a relationship between pre-test information scores and chose segment factors.

Methodology: Evaluative research approach used for this study. Pre- experimental (One group Pretest – posttest) design carried out for the Study. Collected information by self-structured questionnaire by purposive sampling method.

Result: Assessed the knowledge regarding IMNCI among health workers and result were found as: pre-test majority of the health workers 60% common knowledge, 26% poor knowledge and 14% good knowledge. Whereas, in post-test 68% of usual knowledge, 24% had good information & 8% poor knowledge on the subject of IMNCI among health workers.

Conclusion: Study revealed that effectiveness of structured teaching programme is effective to increase the knowledge on IMNCI among health workers.

Key Words: IMNCI, knowledge, structured teaching programme, Health workers.

Introduction

The wellbeing of the kid populace is intelligent of the to a great extent soundness of a Nation, and has numerous ramifications for the Nation's future as these kids develop into grown-ups. Physical, mental, and enthusiastic wellbeing influence for all intents and purposes each aspect of life, for example, learning, interest in relaxation exercises and so forth.¹ Wellbeing propensities perceived in youth regularly proceed all through the life expectancy, and numerous medical issues in adolescence, for example, weight and helpless oral wellbeing, impact wellbeing into adulthood.² Successful approaches and projects are critical to the venture of solid propensities and the alleviation of hazard factors for ailment.³ All things considered, the wellbeing and

medicinal services needs of kids change after some time, and current information on these issues is fundamentally significant as strategy creators and program organizers try to misuse the strength of kids later on.³

The Integrated Management of Child Illness (IMCI) system was presented in the Eastern Mediterranean Region in 1996. At first, the principle focal point of the system was on improving clinical consideration given at wellbeing offices to outpatient debilitated kids.⁴ Throughout the years, more consideration has step by step been given to completely incorporated childcare, tending to wellbeing, development and advancement of any little youngster, regardless of whether debilitated or sound, whether taken to wellbeing offices or thought

about in the home. The methodology has then expanded its degree in this Region and changed into the Integrated Management of Child wellbeing, while as yet holding its unique abbreviation “IMCI”.⁵ More accentuation is likewise being put on advancing great youngster care rehearses at home and the network. IMCI is a coordinated way to deal with youngster wellbeing that centers on the prosperity of the entire kid. IMCI expects to decrease demise, sickness and inability. IMCI incorporates both preventive and remedial components that are actualized by families and networks just as by wellbeing offices.⁶

Statement of Problem:

“Effectiveness of structured teaching programme on knowledge regarding Integrated Management of Neonatal and Childhood Illness among health workers working for PHCs of Pune

Objectives of The Study

1. To assess the knowledge of health workers regarding IMNCI
2. To evaluate the effectiveness of Structured teaching programme on IMNCI
3. To discover a relationship between pre-test information scores and chose segment factors.

Hypothesis:

- Ø H1- The mean post-test information scores will be higher than the mean pre-test information scores of health workers with respect to coordinated administration of neonatal and youth ailment at the 0.05 degree of significance.
- Ø H2- There will be critical relationship between pretest information scores and chose segment factors.

Research Methodology

Research Approach:

Evaluative approach used for this study.

Research Design

Pre- experimental (One group Pretest – posttest) design carried out.

Results

Findings related to socio-demographic variables.

The majority of health workers 23 (46 %) were in the age group of 30-35, 36(72%)health workers were female. Majority of health workers 27(54%)were studied ANM. Majority of health workers 36 (72%) had 3-6 years of work experience. 70% of health workers had previous source of information on IMNCI.

Health workers frequency and percentage distribution regarding knowledge scores of IMNCI.

n = 50

	PRE-TEST		POST-TEST	
	Frequency(f)	Percentage	Frequency(f)	Percentage
Good	7	14%	12	24%
Average	30	60%	34	68%
Poor	13	26%	4	8%

Above table reveals that in pre-test majority of the health workers 30 (60%) common knowledge, 13 (26%) poor knowledge and 7 (14%) good knowledge. Whereas, in post-test 34(68%) of usual knowledge, 12(24%) had good information & 4 (8%) poor knowledge.

Mean difference, Standard Error of Difference, hypothesis and paired 't' values of knowledge score on IMNCI.
n=50

Mean Difference (d)	Standard Error Difference (SEd)	Paired 't' Values	
		Calculated	Tabulated value
22.38	0.62	39.79*	1.96

Above table uncovers, that determined paired 't' esteem (t=39.79) is more noteworthy than organized worth (t=1.96). Thus H1 - The mean post test information scores was higher than the mean pre test information scores of wellbeing laborers with respect to coordinated administration of neonatal and youth disease at the 0.05 degree of essentialness was acknowledged.

Association between the existing pre-test knowledge of health workers on IMNCI and selected demographic variables.

It was evidenced a statistically significant association involving year experience as calculated value 13.9 is greater than table value 12.5, and previous sources of information as calculated value 41.6 was greater than table value 21.02, with knowledge score regarding IMNCI at the 0.05 level of significance.

Discussion

knowledge scores of health workers regarding IMNCI present examination it shows that pre-test lion's share of the wellbeing workers 30 (60%) had normal information, 13 (26%) had helpless information and 7 (14%) great information. While, in post test 34 (68%) of had normal information, 12 (24%) had great information and 4 (8%) helpless information.

Similar study was conducted by Sruthi Kanuganti 2015, in that study it was seen that, majority of Health Care Providers 26 (86.66%) were Inadequate Knowledge whereas in Post-test majority 22 (73.3 %) were Adequate Knowledge regarding IMNCI among health care providers.

Effectiveness of structured teaching programme INMCI.

Present investigation it shows that post test mean estimation of information was 34.08 with SD of 3.16, which was higher than the pretest estimation of information was about 11.7 with SD of 3.6. The mean distinction among pretest and post test information was 22.38 and the got 't' esteem was 39.79 which was noteworthy at (p=0.05). The determined 't' esteem is more than the table worth, which was critical at 0.05 level.

Similar study was conducted by Sruthi Kanuganti 2017, The Paired 't' test value for Knowledge between Pre and Post-test was 18.293, when compare to table value 2.05, it was high. There was highly significant effectiveness on Knowledge regarding IMNCI among Health Care Providers.

One more comparable investigation was directed by Pooja jishi et al 2018, in that review it uncovered that, that the mean pre test information on nursing understudies was 11.05 and the mean post test information on the nursing understudies was 25.19. The 't' esteem for complete pre test and post test was 42.22. There was huge contrast between pre test information score and post test information scores. Mean change in pretest and post test was 14.14. Examination of studies it demonstrates that organized encouraging project was exceptionally successful in expanding the information on with respect to INMCI.

Conclusion

The structured teaching programme was found to be very effective in improving knowledge among health workers regarding IMNCI. The knowledge regarding

IMNCI was improved by education, as it is found that the posttest score is higher than pretest score. Being a health profession, our responsibility is to try to make each citizen of India aware of IMNCI by organizing various means of the health education program.

Source of Funding: Self

Conflict of Interest : Nil

Ethical Clearance: Institutional Research committee

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