Nursing

A STUDY TO ASSESS THE EFFECT OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE AND PRACTICES REGARDING THE SELECTED ASPECTS OF IMMUNIZATION AMONG THE ANGANWADI WORKERS IN SELECTED ANGANWADIS IN RURAL AREA.

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ABSTRACT

Introduction: A child is a unique individual; he or she is not a miniature adult, not a little man or women. Children are the major consumers of health care. In India, about 35% of total population is the children below 15 years of age. They are not only large in numbers but also vulnerable to various health problems and considered as a special risk group. Majority of childhood illness and death are preventable by simple low cost measures like Immunization. The Anganwadi Worker is the community - based voluntary frontline workers of the ICDS Programme. Selected from the community, she assumes the pivotal role due to her close and continuous contact with the beneficiaries. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. The objective of the study was to assess the effectiveness of Self-Instructional Module on selected aspect of Immunization.

Materials and Methods: Experimental one group pre- test & post – test design was used. As the research problem was aimed at enhancing the Knowledge and Practice of the Anganwadi Workers regarding selected aspect of Immunization. The sample for the study was n=100 anganwadi workers selected by using Non probability Convenience sampling technique. The pre-test was introduced to assess the knowledge and practices among the group of samples on the basis of pre-test result Self-Instructional Module was formulated and introduce to the sample after that the post-test was conducted and the result were evaluated through the structured questionnaire and self-reported observational checklist, The data was analyzed using a paired t test to find out the significant difference between pre-test & post-test mean Knowledge & Practice scores and inferential statistic method ANOVA applied to evaluate the association between the Knowledge & Practice scores with the selected demographic variables.

Results: The average mean Knowledge score of Anganwadi Workers in pre-test was 24.50 and in post-test was 29.94 and on overall mean Practice score of Anganwadi Workers in pre-test was 21.15 and in post-test was 22.85 indicated that, null hypotheses H0 was rejected & the research hypotheses H1 is accepted, which signifies that Self Instructional Module significantly effective in improving the Knowledge and Practice of the Anganwadi workers regarding selected aspects of Immunization. There was association of marital status and number of children with Knowledge score. (p=<0.018)

Conclusion: The results indicated the positive response to the Self Instructional Module for improvement in the Knowledge & Practices regarding selected aspects of Immunization. The Anganwadi Workers expressed that they were expecting more of such kind of information programme with pictures, videos, demonstration and planned teaching.

KEYWORDS : Self Instructional Module, Immunization, Anganwadi workers, ICDS.

INTRODUCTION:

Children are the future investment and the future citizen, they balance the population. Therefore only by paying attention to their health, one can imagine a strong and pleasant future of the country. ICDS is a centrally sponsored flagship programme, which provides a package of six services viz., supplementary nutrition, Immunization, health check-up, referral services, nutrition and health education for mothers and non-formal pre-school education for children between 3-6 years the purpose of this Anganwadi Workers in India is for people who suffer from malnourishment, poverty and high infant mortality rates. Children of today are the citizens of tomorrow. Children are precious to their family. Parents want their child to be safe from diseases. Routine immunization is an almost universal experience for children for this reason they choose immunization as a measure.

In India, about 35% of total population is the children below 15 years of age. They are not only large in numbers but also vulnerable to various health problems and consider as a special risk group. Majority of childhood illness and death are preventable by simple low cost measures like Immunization.

The WHO reports licensed vaccines being available to prevent, or contribute to the prevention and control of, 25 vaccine-preventable infections. In 2012, the World Health Organization estimated that vaccination prevents 2.5 million deaths each year. With 100% immunization, and 100% efficacy of the vaccines, one out of seven deaths among young children could be prevented, mostly in developing countries, making this an important global health issue. Four diseases were responsible for 98% of vaccine-preventable deaths: measles, Homophiles influenza serotype-b, pertussis, and neonatal tetanus. The Immunization Surveillance, Assessment and Monitoring programme of the WHO monitors and assesses the safety and effectiveness of programme and vaccines at reducing illness and deaths from diseases that could be prevented by vaccines.

According to the National Family Health survey (NFHS-3), in India only 44% of the children of age one to two years have received the basic package. According to DLHS-3 (2007-2008)[6] rural area of Maharashtra, 67.8% children were fully immunized, 1.2% of the children were unimmunized, while the total rates in the state of Maharashtra were 69.1 and 1.1, respectively. Data of NFHS-3 revealed that the percentage of children between 12 and 23 months of age, in Maharashtra, with full immunization (BCG, measles, and three doses each of polio/DPT) was 58.8% and in the rural area of Maharashtra it was 49.8%.

Bhatia V (2004), recent studies and surveys are observing a declining trend of routine Immunization coverage and fully immunized children in India are reported to be 38%. Efforts must be made to strengthen routine Immunization programme especially in the underprivileged groups and areas such as slums in cities so that target of universal coverage can be achieved as envisaged at national level.

The present study was developed to assess the effectiveness of Self-Instructional Module on selected aspect of Immunization.

OBJECTIVE:

1. To estimate the existing level of Knowledge and Practices

regarding selected aspects of Immunization among the Anganwadi Workers.

2. To evaluate the effect of Self Instructional Module on Knowledge and Practices regarding selected aspects of Immunization among the Anganwadi workers.

3. To determine the correlation between the mean Knowledge and Practices scores of Anganwadi Workers regarding selected aspects of Immunization.

Materials and Method:
Quantitative research approach and one group pre-test and post-test design was used. Sample was n=100 anganwadi workers from selected anganwadi of rural area were selected by using Non probability Convenience sampling technique. Development of the Data collection instrument. A Structured questionnaire was used during the data collection and this was developed based on the objective of the study and review of literature. Structured questionnaire tool was used which consisted of 3 sections. Section-I Demographic profile of Anganwadi workers, Section-II Analysis of practice score with the help of observational checklist. Assessment of knowledge score consider as Excellent 71-80 & above, Very Good 61-70, Good 51-60, Average 41-50, Poor Below 40. Selected aspect of Immunization includes Part A: Knowledge related to Immunization, Part B: Knowledge related to National Immunization Schedule and Part C: Knowledge related to Maintenance of cold Chain. Self Reported Practice total score was 23. Each question was given score of 1 for right answer and 0 for the wrong answer.

Result: Demographic profile of Anganwadi workers; finding of the study indicated that, the majority of the AWW (36%) belonged to age group 41 years & Above, majority of the Anganwadi Workers (92%) belongs to Hindu family, Anganwadi Workers (34 %) had completed education qualification up to SSC, majority of Anganwadi Workers (67%) belonged Rs 4000/-- 6000/- monthly income of their family, Anganwadi Workers (91%) were married, majority of the Anganwadi Workers (61%) had two children, majority of the Anganwadi Workers children (83%) were belongs to age group more than 36 months, Anganwadi Workers (33%) having 6 years to 10 years of working experience and (50%) equal distribution of Anganwadi Workers in working place.

Table No-1 Part-A Distribution of Knowledge scores of Anganwadi Workers regarding Immunization.

N = 100

Sr. no.	Grades wise Knowledge scores	Grades	Pre-test (%)	Post-test (%)
1	Excellent Knowledge	71-80% & above	34 %	89 %
2	Very good Knowledge	61-70%	50 %	11 %
3	Good Knowledge	51-60%	6 %	0 %
4	Average Knowledge	41-50%	0 %	0 %
5	Poor Knowledge	Below 40%	0 %	0 %
	Total		100 %	100 %

Table 2- Distribution of Anganwadi Workers according to the grade wise Knowledge scores regarding National Immunization Schedule in pre-test & post-test.

N = 100

Sr. no.	Grades wise Knowledge scores	Grades.	Pre- test (%)	Post-test (%)
1	Excellent Knowledge	71-80 % & above	30 %	100 % 100
2	Very good Knowledge	61-70 %	49 %	0 %
3	Good Knowledge	51-60 %	18 %	0 %
4	Average Knowledge	41-50 %	3 %	0 %
5	Poor Knowledge	Below 40 %	0 %	0 %
	Total		100 %	100 %

Table 3- Distribution of Knowledge scores regarding maintaining Cold Chain in pre-test & post-test.

N = 100

Sr. no.	Grades wise Knowledge scores	Grades	Pre- test (%)	Post-test (%)
1	Excellent Knowledge	71-80% & above	6 %	68 %
2	Very good Knowledge	61-70%	56 %	32 %
3	Good Knowledge	51-60%	35 %	0 %
4	Average Knowledge	41-50%	3 %	0 %
5	Poor Knowledge	Below 40%	0 %	0 %
	Total		100 %	100 %

Table 4- Distribution of Anganwadi Workers according to the overall grade wise Self Reported Practices scores in the pre-test & post-test.

N = 100

Sr. No.	Grades of Practices Scores.	Grades	Pre- test (%)	Post-test (%)
1	Excellent Practices	71-80% & above	99 %	100 %
2	Very good Practices e	61-70%	0 %	0 %
3	Good Practices	51-60%	1 %	0 %
4	Average Practices	41-50%	0 %	0 %
5	Poor Practices	Below 40%	0 %	0 %
	Total		100 %	100 %

Table 5 – Mean scroes of overall Knowledge of the Anganwadi Workers regarding selected aspects of Immunization in pre-test and post-test.

N = 100

Comparison		Mean	S. D.	SEMD	M.D.	t value	p value
Overall Knowledge	Pre test	24.50	2.460	0.246	5.440	20.537	0.00
	Post-test	29.94	0.763	0.076			

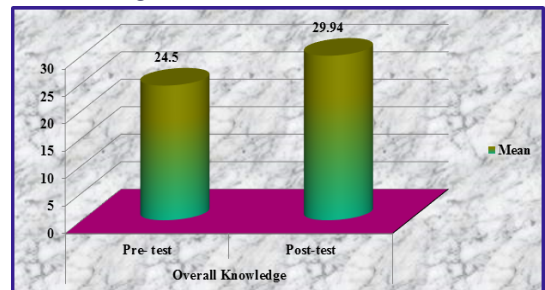df= 99, level of significance is 0.05 for table value of 1.98

Fig no: 1 Mean scores of overall Knowledge of the Anganwadi Workers in pre-test & post-test.

Table 6– Mean scroes of overall Self Reported Practices of the Anganwadi Workers regarding selected aspects of Immunization in pre-test and post-test.

N = 100

Comparison		Mean	S. D.	SEMD	M.D.	t value	p value
Overall Practice	Pre test	21.15	1.336	0.134	1.700	12.113	0.00
	Post-test	22.85	0.435	0.044			

df = 99, level of significance is 0.05 for table value of 1.98
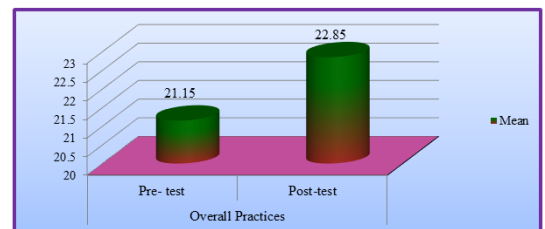

Fig no: 2, Mean scores of overall Self Reported Practices of the Anganwadi Workers in pre-test & post-test.

Table No.7 Correlation of the Anganwadi Workers according to the mean scores of overall Knowledge & Self Reported Practices in pre-test and post-test.

N= 100

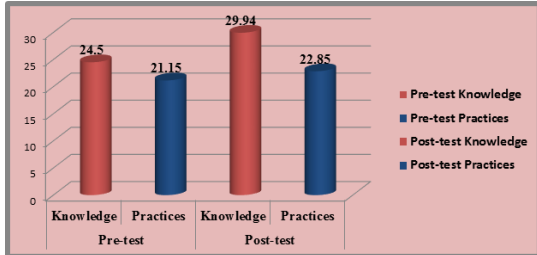| Comparison		Mean	S. D.	t value	Pearson Correlation r value
Overall Pre-test	Knowledge	24.50	2.460	.682	.041
	Practices	21.15	1.336		
Overall Post-test	Knowledge	29.94	.763	.383	.088
	Practices	22.85	.435		

Fig no: 3, Correlation of the mean scores of overall Knowledge & Self Reported Practices in pre-test and post-test.
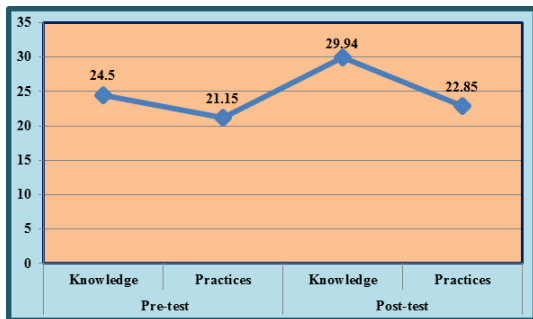

Fig no: 4 Correlation of the mean scores of overall Knowledge & Self Reported Practices in pre-test and post-test.

The above table:7 and fig no: 3 & 4, highlighted that, the calculated ''r' value (.041) in pre-test (.088) was less than the ''r'' value i. e. $-1 \leq r \leq 1$. Correlation between Knowledge and Practices is established but it does not mean that Knowledge change the Practices. There is no significance between Knowledge and Practices. The Practices of Anganwadi Workers remains same. So there is no significant correlation between Knowledge and Practices.

Conclusion:
The results of pre-test of the study revealed that there was low level of Knowledge & Practices in the Anganwadi Workers regarding selected aspects of Immunization. In post-test there was significant gain in Knowledge & Practices regarding selected aspects of Immunization was observed. The results indicated the positive response to the Self Instructional Module for improvement in the Knowledge & Practices regarding selected aspects of Immunization. The Anganwadi Workers expressed that they were expecting more of such kind of information programme with pictures, videos, demonstration and planned teaching.

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