Original Research Paper

Volume - 14 | Issue - 04 | April - 2024 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Nursing Science

EFFECTIVENESS OF EDUCATIONAL PACKAGE ON KNOWLEDGE REGARDING SELECTED ASPECTS OF INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI) AMONG HEALTH WORKERS IN SELECTED HEALTHCARE CENTERS OF MANGALORE

Noothan Laveena Lasrado* — Deputy Nursing Superintendent, Yenepoya Medical College Hospital, Deralakatte, Mangalore. *Corresponding Author

Prof.(Mrs) Helen Claret D'Souza — Professor, Father Muller College of Nursing, Mangalore.

ABSTRACT **Background of the Study:** Children are most important age group in all societies. Health status and health behavior of later life are laid down at this stage. In India, common illnesses in children under 3 years of age include fever (27%), acute respiratory infections (17%), diarrhea (13%) and malnutrition (43%). Mortality rate in the second month of life is higher than at later stages. IMNCI covered children aged seven days to five years and targeted health workers at primary-care facilities. Hence the investigator felt the need to evaluate the effectiveness of educational package on knowledge regarding selected aspects of IMNCI among Health care **Aim:** To determine the level of knowledge, find the effectiveness of educational package and find the association of pre-test knowledge scores of health workers with selected baseline characteristics. **Method:** An evaluatory approach with pre- experimental (one group pre-test post-test) design was used for the study. The sample consisted of 40 healthcare workers selected by purposive sampling method. **Results:** The mean post-test knowledge score (22.45%) was higher than the mean pre-test knowledge score (15.6%). The computed 't' value ($t39=13.122, p<0.05$) showed a significant difference suggesting that the educational package was effective in increasing the knowledge of healthcare workers on selected aspects of IMNCI. **Conclusion:** The overall findings of the study revealed that there was a significant increase in the knowledge of HWs regarding selected aspects of IMNCI after the administration of educational package

KEYWORDS : Effectiveness, integrated management of neonatal and childhood illness (IMNCI), Educational package, health workers (HWs)

INTRODUCTION

Children constitute the foundation of nation. Healthy children grow to become healthy adults with optimal physical strength and emotional poise to become useful members of our society and contribute effectively in the nation building process. During the mid 1990s the WHO, in collaboration with UNICEF and many other agencies, institutions and individuals developed the IMNCI strategy. The core of this strategy is the management of the most common childhood illness in the developing countries by the case management skills of the health staffs, the health system itself as well as family and community practices. IMNCI recognizes newborn care as critical for improving child survival and it is strengthened by increasing the newborn-care component of the training programme and including prevention and management of health condition in the first week of life.

Objectives Of The Study

1. To determine the level of knowledge on selected aspects of IMNCI among health workers measured using structured knowledge questionnaire.
2. To find the effectiveness of educational package on selected aspects of IMNCI in terms of gain in knowledge score.
3. To find the association of pre-test knowledge scores of health workers with selected baseline characteristics (age, training programme, designation, years of clinical experience and training on IMNCI).

Operational Definitions

- **Effectiveness:** In this study, effectiveness refers to the extent to which educational package (VATP and information booklet) has achieved an intended result in terms of gain in knowledge score measured using structured knowledge questionnaire.
- **Selected Aspects of IMNCI:** In this study, the selected aspects of IMNCI refers to acute respiratory infections, diarrhea, malnutrition, measles and fever among children aged between two months to five years.
- **Educational Package:** It refers to the systematically designed teaching material using VATP and information booklet which is designed and prepared by the investigator to educate about selected aspects of IMNCI for two months to five years children to improve the knowledge of HWs working in selected healthcare centers of Mangalore.
- **Health Workers:** In this study, health worker refers to ANMs, GNMs and Accredited Social Health Activist(ASHA) who are working in selected healthcare centers of Mangalore.
- **Healthcare Centers:** In this study, healthcare center refers to selected community health centers, primary health centers and sub centers of Mangalore where the health workers are rendering services.

METHODS AND MATERIALS

Research Approach and Design: an evaluatory approach with pre-experimental (one group pre-test post-test) design was used for the study.

Sample: Health workers of selected healthcare center of Mangalore who met an inclusion criteria.

Sample Size: 40 health workers

Sampling Techniques: Purposive sampling technique

Data Collection

21.09.2012-31.09.2012. Pre-test was conducted by administering a structured knowledge questionnaire prepared by the investigator. The educational package was administered to the healthcare workers after the pre-test and on the seventh day post-test was conducted using the same knowledge questionnaire.

Inclusion Criteria

- Health workers who can read and write English or Kannada.
- Health workers who were willing to participate in the study.

Exclusion Criteria

- Health workers who were not available at the time of data collection.

Data Collection Instrument: Structured knowledge questionnaire on selected aspects of IMNCI.

Scoring Key

The structured knowledge questionnaire consists of 30 questions. Each correct answer was given a score of '1' (one) and a wrong answer a score of '0'(zero). The maximum score was 30. To interpret the level of knowledge the scores arbitrarily distributed are as follows;

Poor ≤ 12 score (40%)
Moderate/Average 13-17 score (41-59%)
Good 18-23 score (60-79%)
Excellent 24-30 score (> 80%)

Content Validity Of The Tool

The prepared tool along with the problem statement, objectives, operational definitions, blue print and criteria checklist for validation was submitted to 13 experts for content validity. There were ten experts the department of pediatric nursing, one from the department of community health nursing and two pediatricians.

Ethical Consideration

- The formal written permission was obtained from the District Health Officer and Medical Officers, Mangalore
- Administrative permission obtained from Principal, St. Ann's College of Nursing, Mulki, Mangalore.
- Verbal and written consent was obtained from the participants of the study.
- The subject was assured of confidentiality during data collection.

RESULTS

The data was presented under the following headings;

Table 1: Frequency And Percentage Distribution Of HWs Based On Demographic Variables

Demographic variables	Frequency (f)	Percentage (%)
Age(in years)		
Below 25	7	17.5%
26-35	17	42.5%
Above 36	16	40%
Training program		
ASHA	22	55%
ANM training	12	30%
GNM training	6	15%
Designation		
Staff nurse	6	15%
Junior health assistant	8	20%
Lady health visitor	4	10%
ASHA worker	22	55%
Years of clinical experience		
Below 1 year	3	7.5%
1-5 years	24	60%
Above 6 years	13	32.5%
Training on IMNCI		
Yes	18	45%
No	22	55%

Table 2: Range, Mean, Standard Deviation Of Pre-test And Post-test Knowledge Score Of HWs

Knowledge	Range	Mean	Median	Mean%	SD
Pre-test	10-21	15.56	16.0	38.90	2.6
Post-test	16-27	22.45	23.0	56.12	2.4

Table 3: Association Between The Pre-test Knowledge Score And Selected Variables

Variables	Pre-test knowledge score		X^2 Value
	< median	≥ median	
Age in years			0.303
Below 25	6	1	
25-35	11	6	
Above 35	10	6	
Training programme			0.332
ASHA	14	8	
ANM	8	4	
GNM	5	1	
Designation			0.0012
Staff Nurse	5	1	p
Junior health assistant	5	3	
Lady health visitor	3	3	
ASHA worker	14	14	
Years of clinical experience			1.546
Below 1 year	2	1	
1to 5 year	14	10	
Above 6 year	11	2	
Training on IMNCI			0.0103
Yes	12	6	p
No	15	7	

X^2=3.84, P< 0.05 *Significant, ^{p} Fisher exact test

CONCLUSION

The following conclusions were drawn based on the present study:

- The pre-test findings showed majority of HWs had average knowledge on selected aspects of IMNCI.
- The post test findings showed significant increase in knowledge.
- Educational package was an effective teaching method for providing information
- There was no significant association between pre-test knowledge scores and selected baseline characteristics(age, training programme and years of clinical experiences)

The overall experience of conducting this study was inspiring one, as there was a good cooperation from HWs. The respondents were satisfied and happy with the information they received. The study was new learning experience for the investigator. The study revealed that educational package could be used as an effective teaching strategy.

REFERENCES

1. Wichrikey. Health is wealth [internet]. Jul 2012. Available from URL:http://www.studymode.com
2. Basavanthappa BT. Community health nursing. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers; 2008
3. Ingle GK, Malholtra C. Integrated management of neonatal and childhood illness [internet]. 2007 jul 22 [cited on 2007 jul 22]; available from URL:www.ijcm.com
4. UNICEF. Integrated management of neonatal and childhood illness (IMNCI), health UNICEF India. 2006 oct 5. Available from: URL:http://www.unicef,org/ndia/health 369.htm.
5. Students handbook for IMNCI (Integrated management of neonatal and childhood illness). World health organization, department of child and Adolescents health and development, ministry of health and family welfare Government of India; 2003
6. Park K. Preventive and social medicine. 18th ed. Jabalpur: Banaridas Bhanot Publishers; 2005.p.422-3
7. Suryakantha AH. Community medicine with recent advance 2nd ed. New Dlhi: Jaypee Brothers Medical Publishers (P) Ltd; 2010.p.853
8. Brito SP. Effectiveness of video assisted teaching program (VATP) on knowledge regarding integrated management of neonatal and childhood illness among community health workers. Master of science in Nursing dissertation submitted to RGUHS, Banhgalore;2012.
9. Chopra M, Patel S, Cloete K, Sanders D, Peterson S. Effect of an IMNCI intervention on quality of care. Disease in childhood.2004 dec 13; 900 (4):397-401
10. Thompson ME, Harutyunyan TI. Impact of community based integrated management of childhood illness. Health policy plan 2009 mar,24 (2): 101-7