

A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAM ON KNOWLEDGE REGARDING INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS AMONG COMMUNITY HEALTH WORKERS AT SELECTED HEALTH CENTER IN GONDA DISTRICT, UTTAR PRADESH.

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ABSTRACT:

Background: Integrated management of neonatal and childhood illness is an integrated approach to child health that focuses on the well-being of the whole child. It focused primarily on the most common causes of child mortality – diarrhoea, pneumonia, measles, malaria and malnutrition illness affecting children aged 1 week to 2-month, 2 weeks to 5 year including both preventive and curative elements to be implemented by families. **Objectives:** 1) To assess the practices of Community Health workers regarding Integrated Management of Neonatal and Childhood Illness. 2) To determine the association between the demographic variables with knowledge and practice regarding Integrated Management of Neonatal and Childhood Illness. 3) To develop self-instructional module based on Integrated Management of Neonatal and Childhood Illness. **Material and methods:** Non experimental research design was considered as appropriate research approach for the present study. The sample of this study comprised of 60 Community health workers of selected health center in Gonda district U.P. Purposive sampling technique was used to draw the sample.

KEY WORDS: Effectiveness, Video assisting teaching program, Integrated Management of Neonatal and Childhood Illness, Community Health workers.

INTRODUCTION:

The Integrated management of neonatal and childhood illness strategy is a broad strategy developed by WHO in collaboration with UNICEF, and it aims at reducing childhood deaths, illness, and disability, and improving growth and development. It combines improved management of childhood illness with aspects of nutrition and immunization in children below the age of five years. The Integrated management of neonatal and childhood illness is to reduce the high number of deaths in children below five years, majority of which occur in developing countries. It is estimated that 70% of all these deaths are due to acute respiratory infections (ARI), malaria, diarrhea, measles and malnutrition. Research has also shown that more than fifty percent of deaths occur in the community and thus the strategy focuses on interventions at health facilities as well as in the community.

The various child health programs were integrated in 1992 under the Child Survival and Safe Motherhood Programs and have continued to be a part of the Reproductive & Child Health Programme implemented since 1997. Integrated Management of Neonatal & childhood illness (IMNCI) is a Child Health Intervention to be

implemented as part of NRHM/RCH-II to bring down neonatal, infant & child mortality rate. During the mid-1990s, the World Health Organization (WHO), in collaboration with UNICEF and many other agencies, institutions and individuals, developed strategy known as the Integrated management of neonatal and childhood illness (IMNCI). Although the major reason for developing the IMNCI strategy stemmed from the needs of curative care,

the strategy also addresses aspects of nutrition, immunization, and other important elements of disease prevention and health promotion. But since newborn care is an important issue for bringing down the infant mortality rate in India, this aspect has been included in the IMNCI package adapted by India. This strategy expanded in India to include all neonates and renamed as 'Integrated Management of Neonatal and Childhood Illness (IMNCI)',³.

NEED FOR THE STUDY:

The Integrated management of neonatal and childhood illness by WHO and UNICEF aims to improve skills of health workers, the health system itself the knowledge and practices of families in relation to their young children.

Each year approximately 10 million children less than 5 years of age in developing countries die from one of the following 5 conditions: pneumonia, diarrhoea, malaria, measles and malnutrition. Other causes of under-five mortality include neonatal causes and HIV/AIDS. To reduce child mortality, the IMNCI strategy was developed and targeted these five diseases. Besides these major childhood illnesses, mortality and unnecessary morbidity of children is due to poor quality of health care provided to children. Surveys performed prior to the IMNCI intervention reveal that many sick children were not properly assessed and treated by health care providers, and that their parents were poorly advised.⁶

Over the last 3 decades the annual number of deaths among children less than 5 years of age has decreased by almost a third. However, this reduction has not been evenly distributed throughout the world. Every year more than 10 million children die in developing countries before they reach their fifth birthday.

In India, common illnesses in children under 3 years of age include fever (27%), acute respiratory infections (17%), diarrhoea (13%) and malnutrition (43%)—and often in combination. Infant Mortality Rate continues to be high at 68/1000 live births and Under Five Mortality Rate at 95/1000 live births per year.

OBJECTIVES OF THE STUDY

1. To assess the practices of Community Health workers regarding Integrated Management of Neonatal and Childhood Illness.
2. To determine the association between the demographic variables with knowledge and practice regarding Integrated Management of Neonatal and Childhood Illness.
3. To develop self-instructional module based on Integrated Management of Neonatal and Childhood Illness.
4. To assess the knowledge of community health workers regarding Integrated Management of Neonatal and Childhood Illness.

HYPOTHESIS: -

H₁-The mean post-test knowledge score of community health worker regarding integrated management of neonatal and childhood illness after video assisting teaching program will be significantly higher than mean pretest knowledge score.

H₂-There will be a significant association between knowledge and practice of Community Health workers regarding Integrated Management of Neonatal and Childhood Illness with selected demographic variables.

MATERIAL AND METHODS:

Research Approach

Quantitative/ experimental approach.

Research Design

One group pre-test and post-test (pre-experimental) design.

Sampling Technique

Purposive sampling technique was used this study.

Inclusion Criteria

- 1) The study is limited to the selected community health worker only.
- 2) Community health worker who are willing to participate in the study.

Exclusion Criteria

- 1) Who are not co-operating with the study.
- 2) Who are not available during the study.
- 3) Health workers who are not skilled.

Tools and technique

Part-I: consisted of 7 items related to demographic data of the subjects such as Age in years, Religion, Educational status, Type of the family. Family Income/month (Rs), Source of Information.

Part-II: Structured knowledge questionnaire consisting of 30 items on knowledge of Community health workers. It consists of Pretesting and reliability of the tool was established prior to the pilot study. Pilot study was conducted among 6 Community health workers. This gave a basis for the investigator to conduct the actual study. The actual study was conducted among 60 Community health workers.

Data Collection Procedure:

Data collection is the gathering of information needed to address a research problem. The formal permission was obtained from the authorities selected Health center gonad Uttar Pradesh (U.P). The data was collected from 60 Community health workers were selected by using Purposive sampling technique. The sample was administered structure questionnaire personally by the investigator and they spent 30-45 minutes to answer questionnaires. All the samples were receptive and co-operative during data collection.

Data Analysis:

Descriptive statistics like frequency, mean, SD, mean percentage was used for description of demographic characteristics and assessment of knowledge. Inferential statics like paired t test was used to evaluate the effectiveness of Video Assisted teaching programme and chi-square test was used to find out the association between Knowledge with Demographic Variables.

Description of demographic characteristics of Community health workers:

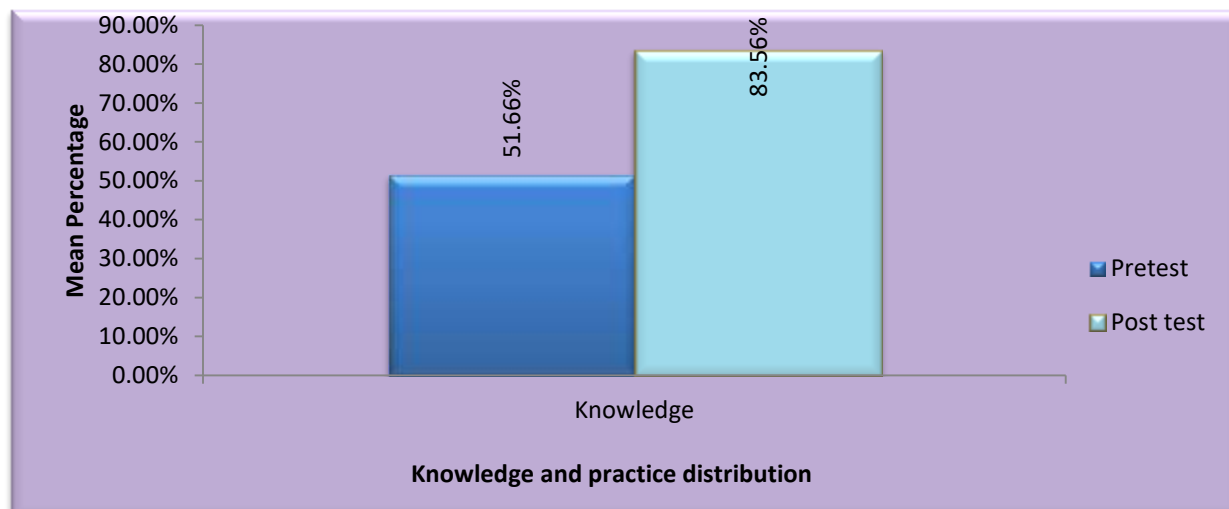
the age group of Less than 25 years, 46.7% of subjects were in the age group of 26-30 years, and remaining 15% of the subjects were aged 31 years and above.

the 41.7% of the subject's had Vegetarian food and remaining 58.3% of them had mixed diet. Those majority 65% subjects belong to Hindu religion, 26.7% were Muslims and 8.3% were Christians.

Knowledge level of Community health workers regarding the Integrated management of neonatal and childhood illness: that majority 60% of the subjects had moderate knowledge and 40% of them had inadequate knowledge in the pretest. After administration of structured teaching programme 63.3% of the subjects had adequate knowledge, 36.7% had moderate knowledge regarding Integrated management of neonatal and childhood illness in the post test.

Comparison of the pre-test and post-test knowledge score of Community health workers:

It is evident that the obtained "t" value 13.984 is greater than the table value at the degrees of freedom 59 at 0.01 level of significance. Therefore, "t" value is found to be significant. Hence it is inferred that there is significant difference between the pre-test and pos-ttest knowledge scores of Community health workers regarding the Integrated management of neonatal and childhood illness.



Comparison of mean percentage of pre-test and post-test scores
Comparison of pre- test and post -test knowledge scores of Community health workers

N = 60

Variable	Pre test		Post Test		Mean difference	t value	Inference
	Mean	SD	Mean	SD			
Knowledge	15.5	3.606	25.07	3.645	9.56	13.984	S

Recommendation

On the basis of study findings, following recommendations have been made for further study.

1. The study can be replicated on a large sample with a control group.
2. A comparative study may be conducted between urban and rural areas Community health workers to find out the effectiveness of Video Assisted teaching programme regarding the same topic.
3. Similar study can be undertaken using other teaching strategies.

CONCLUSION

This study was conducted to assess the knowledge of Community health workers regarding the Integrated management of neonatal and childhood illness in Gonda, U.P. Findings reveal that increase the knowledge of Community health workers regarding the Integrated management of neonatal and childhood illness.

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