

A Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Protocol among Mothers of Under Five Children Residing at Naramau Kanpur UP

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ABSTRACT

Children are the most valuable asset for any society. They are the builders of the future of any nation. Children are priceless resources. Child hood malnutrition, feeding problems, diarrhea, fever, and these along with upper respiratory tract infection contributes to high morbidity among children and remains a major cause of high infant and child mortality in our country. Hence this study was intended to assess the effectiveness of structured teaching programme on knowledge of mother regarding Integrated Management of Neonatal and Childhood Illnesses (IMNCI) protocol, at Naramau Kanpur. Title of the study was “A study to evaluate the effectiveness of structured teaching programme on knowledge regarding integrated management of neonatal and childhood illnesses (IMNCI) protocol among mothers of under five children residing at Naramau ”Kanpur UP.” Objectives of the study was to assess the pre-test level of knowledge of the mothers of under five children on IMNCI protocol, to determine effectiveness of structured teaching programme on knowledge regarding IMNCI protocol among mothers of underfive children, to find out the association between pre-test knowledge scores of mothers of under five children with selected demographic variables. Methodology adopted for the study was In the present study, Pre experimental design was adopted. The structured questionnaire was developed to collect the data. 50 mothers of under-five children; Sample selected by using convenient sampling technique, descriptive and inferential statistics was used to analyze the data. The overall pretest mean knowledge score obtained by the mothers was 15.06 (50.02%) with the standard deviation of 3.467 and the overall post test mean knowledge score obtained by the mothers was 19.02 (63.4%) with standard deviation 2.952. The total difference in the mean of overall knowledge score was 3.60 with the ‘t’ value of and found to be significant at the level of $p < 0.01$. Results also shows that there was no statistically significant association between the knowledge score of the mothers with demographic variables at the probability level of $p < 0.05$. The present study attempted to assess the effectiveness of structured teaching programme on knowledge of mothers regarding Integrated Management of Neonatal Childhood Illnesses (IMNCI) protocol, at Naramau and concluded that there was a significant difference between the knowledge level of mothers of under- five children and structured teaching programme was effective in improving the knowledge of mothers of under-five children.

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KEYWORDS: Childrens Are Priceless Resources, Malnutrition, Feeding Problems, Diarrhoea, Respiratory Tract Infection

Need for the study: -

Children brought for medical treatment are often prompt to suffering from more than one morbid condition; therefore making a single diagnosis is impossible. These children require a combined therapy for successful treatment. Furthermore, they may be put at further risk because parents after fails to recognize when their children are seriously ill and do not seek urgent medical attention. It involves parents in effective prevention of disease through immunization, improved nutrition, and breast feeding.

The IMNCI strategy provides for home-based care for new-borns and young infants. The home care component for new-borns aims to promote exclusive breast feeding, prevent hypothermia, improve recognition of illnesses by parents, and reduce delays in seeking care. IMNCI strategy promotes the accurate identification of childhood illnesses in outpatient setting and ensures appropriate combined treatment of all major illnesses, strengthens counseling of caretakers, and speeds up the referral of severely-ill children. At a referral facility, the strategy aims to improve the quality of care provided to sick children. In the home setting, it promotes appropriate care- seeking behaviors, improved nutrition and preventive care, and the correct implementation of recommended care. The mother is given clear instructions on how to give oral drugs and to treat the child at home when hospital admission is either not required or is not possible. She is also directed to return for follow-up visits as per the IMNCI protocol.

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. Seven in 10 of these deaths are due to acute respiratory infections (mostly pneumonia), diarrhea, measles, malaria, or malnutrition - and often to a combination of these illnesses. In India, common illnesses in children under 3 years of age include fever (27%), acute respiratory infections (17%), diarrhea (13%) and malnutrition (43%) - and often in combination. Neonatal mortality contributes to over 64% of infant deaths and most of these deaths occur during the first week of life. Mortality rate in the second month of life is also higher than at later ages. Any health program that aims at reducing Infant Mortality Rate needs to address mortality in the first two months of life, particularly in the first week of life.

Objectives

1. To assess the pre-test level of knowledge of the mothers of under five children on IMNCI protocol.
2. To determine effectiveness of structured teaching programme on knowledge regarding IMNCI protocol among mothers of under five children.
3. To find out the association between pre-test knowledge scores of mothers of under five children with selected demographic variables.

Material and method:-

Research approach and design: - Quantitative approach with evaluation one group pretest post-test design was adopted.

Setting of the study: - Selected rural areas at Chaubepur, Kanpur, U.P.

Study population: - mothers of under 5 children.

Accessible population: - mothers of under 5 children in selected rural areas of Kanpur U.P.

Sample size: - 50

Sampling technique: - Non probability convenient sampling technique.

Inclusive criteria:

1. Those who are willing to participate.
2. Those Mothers of under five children only
3. who are available during data time

Exclusion Criteria

1. Those who are aware of IMNCI
2. Those who don't know to read and write Hindi

Variables under study**Independent variable:**

Structured teaching programme regarding Integrated Management of Neonatal and Childhood Illnesses (IMNCI) protocol

Dependent variables: knowledge of mothers of under-five children

Demographic variables: Age, education status, occupation and family income, type of family, religion.

Description of Tools

Structured interview schedule, which contains items on the following aspects

Part - I: Demographic Data

This section consisted of items seeking personal information such as Age, education status, occupation and family income, type of family, religion.

Part - II: Knowledge questionnaires

The knowledge questionnaires consisted of 30 items on five knowledge aspects such as concept of IMNCI

Protocol, concept of community IMNCI, Meaning and management of malnutrition, importance exclusive breast feeding, feeding problems of young infants, and Meaning and management of Diarrhea.

Each question had 4 responses with which one correct response and 3 distracters. Score '1' was given for correct response in a single question and score '0' was given for wrong response. The total numbers of items were 30 giving rise to maximum score of 30.

Data collection procedure: -

The data collection was done in selected rural areas at Chaubepur. A formal written permission was obtained from the Medical officer and data collected within a given period from 06-3-2023 to 20-3-2023. Data were collected from 50 mothers who fulfilled the inclusion and exclusion criteria.

The techniques followed during the interview are

- Mothers were made to feel comfortable and relaxed

- A rapport was established
- Consent was taken
- Questions regarding demographic data were asked first and then knowledge questions regarding the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) protocol were asked in the interview schedule.
- Responses were recorded as per the schedule
- At the end of the interview, the questions asked by the mothers were clarified.

Limitations of the study

1. Study was conducted in specific geographic area imposes limits on generalization
2. The findings could be generalized only to the population which fulfilled the criteria in the study.
3. The study limited to assessment of knowledge.
4. The sample was limited to 50 only
5. Long-term follow-up could not be carried out due to time constraints.

Analysis and interpretations

Section I:- Base line characteristics of participants.

Table 1: - Baseline characteristics of the participants

Sl. no	Demographic variables	frequency	percentage
1.	Age in years		
	19-24 years	18	36
	24-29 years	11	22
	29-34 years	17	34
	More than 34 years	4	8
2.	Education qualifications		
	No formal education	15	30
	Primary education	16	32
	High school education	8	16
	Pre university	6	12
	Degree and above	5	10
3.	Occupation		
	House wife	19	38
	coolie	14	28
	Private employee	15	30
	Government employee	2	4
4.	Family income per month		
	Less than 5000 Rs	29	38
	Rs 5001-1000	10	20
	Rs 10001-15000	6	12
	More than Rs 15001	5	10
5.	Type of family		
	Nuclear family	32	64
	Joint family	12	24
	Extended family	06	12
6.	Religion		
	Hindu	39	78
	Muslim	11	22
	Christian	00	00

Section II: - Knowledge of mother regarding IMNCI protocol**Table no 2: - Effectiveness of STP on Anemia.**

Knowledge level	Poor	Average	Good
Pre test	29	20	01
Post test	00	40	10

Pretest mean value was 15.06, post mean value was 19.02, pretest standard deviation was 3.46 and post test standard deviation was 2.92. Paired t test used to assess the effectiveness of STP on knowledge regarding IMNCI protocol among mothers of under five children and the obtained value was 6.06 and the table value was 1.68 at 0.05 level of confidence. Since the obtained value greater than the table value STP was effective So, the H1 hypothesis was accepted. The investigator concluded the structured teaching programme was effective.

Section III:- Assess the association between pre-test knowledge score with selected demographic variables.**Table no: - 3 Chi square test showing association between pre-test knowledge with selected demographic variables.**

Sl. no	Demographic variables	Obtained value	Table value	Degree of freedom	Interference
1.	Age in years	1.87	7.81	3	NS
	19-24 years				
	24-29 years				
	29-34 years				
2.	More than 34 years	1.01	9.48	4	NS
	Education qualifications				
	No formal education				
	Primary education				
	High school education				
3.	Pre university	3.20	7.81	3	NS
	Degree and above				
	Occupation				
	House wife				
4.	coolie	4.50	7.81	3	NS
	Private employee				
	Government employee				
	Family income per month				
5.	Less than 5000 Rs	1.90	5.99	2	NS
	Rs 5001-1000				
	Rs 10001-15000				
	More than Rs 15001				
6.	Type of family	2.03	5.99	2	NS
	Nuclear family				
	Joint family				
	Extended family				
	Religion				
	Hindu				
	Muslim				
	Christian				

The chi-square calculation explains that there was no significant association between pre test knowledge level and the any one of sociodemographic variables as the chi-square value was less than the table value at 0.05 level of significance.

Conclusion:-

The present study attempted to assess the effectiveness of structured teaching programme on knowledge of mothers regarding Integrated Management of Neonatal Childhood Illnesses (IMNCI) protocol, at Naramau and concluded that

there was a significant difference between the knowledge level of mothers of under- five children and structured teaching programme was effective in improving the knowledge of mothers of under-five children.

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