Assess the Knowledge on Clinical Guidelines regarding Integrated Management of Neonatal and Childhood Illness (IMNCI) among Health Care Workers Serving in Selected Health Care Centers of Maharashtra

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Abstract: *A child is an important assert to its family. Only a healthy child can become a healthy citizen and make a healthy nation. Child is a precious gift which has lot of potential and they are the best resources for the nation. In India more than 400million children are there and they are more prone to get diseases.* <u>*Methods:*</u> *A descriptive study was conducted to assess the knowledge on Clinical guidelines regarding Integrated Management of Neonatal and Childhood Illness (IMNCI) among Health care workers. One hundred & twenty five (n =125) health care workers were selected by stratified random sampling technique. A study was conducted at rural region of Maharashtra i. e. five Primary health centres, fifteen Sub centres, one community health centre & ten anganwadi centres. Data gathered were analyzed and interpreted using descriptive & inferential statistics.* <u>*Result:*</u> *It was observed that 75.2% had good knowledge score, 17.6% had very good knowledge score, 7.2% average knowledge score and no one had either poor or excellent knowledge.* <u>*Conclusion:*</u> *The mean knowledge score on clinical guideline of IMNCI shows that 22 health care workers had very good knowledge with a mean score of 18.32±1.40. Whereas none of them had poor or excellent knowledge on clinical guideline of IMNCI. However, 94 health care workers had good knowledge with a mean score of 14.64±1.64 on clinical guideline of IMNCI. Hence, it can be interpreted that majority of the health care workers had good knowledge on clinical guideline of IMNCI.*

Keyword: Knowledge, IMNCI, Health care worker, Health Centre

1. Introduction

India's future lies with children and its economy cannot continue to grow without them. Investment in child care is the best investment any country can make.[1]

Leading causes of death in children under-5 years are preterm birth complications, birth asphyxia/trauma, pneumonia, congenital anomalies, diarrhea and malaria, all of which can be prevented or treated with access to simple, affordable interventions including immunization, adequate nutrition, safe water and food and quality care by a trained health provider when needed.[2]

Around 14% of child deaths were due to pneumonia in 2017, and it was the second biggest killer of children under-five children in India.[3]

Diarrhea is the third leading cause of childhood mortality in India, and is responsible for 13% of all deaths/year in children under 5 years of age.[4]

Low-cost interventions could reduce neonatal mortality up to 70% if provided universally. Providing quality care to sick children in middle & low-income countries including India is a difficult task. During the mid-1990s, the World Health Organization (WHO), in collaboration with United Nations International Children's Emergency Fund (UNICEF) and many other agencies, institutions and individuals, responded to this challenge by developing a strategy known as the Integrated Management of Childhood Illness (IMCI).[5]

Government of India has initiated several measures to bring down the Infant Mortality Rate in the country. A major initiative is the implementation of the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality-sepsis, acute respiratory infections, diarrhea, measles and malaria, all compounded by malnutrition. IMNCI is to be implemented throughout the country in a phased manner.[6]

IMNCI (2007) is considered as the center piece of newborn and child health strategy. Due to which more physicians and health workers are being trained in IMNCI where young infants and sick children are being referred to first referral facilities. Medical officers and Health Care Workers working in these facilities would be responsible for providing optimum care for referred sick infants and children. Therefore, IMNCI is the central pillar of child health interventions under the RCH II April, 2005strategy.[7]

In India common illnesses in children under 3 yrs. of age include fever (27%), acute respiratory infections (17%),

diarrheas (13%) and malnutrition 43% (NFHS-I). Neonatal mortality contributes to over 64% 3 of infant death. Most of these deaths occur during the first week of life. Mortality rate in the second month of life is also higher than later age. So, an integrated approach like IMNCI is needed to manage sick children to reduce child mortality rate and to achieve better outcomes. It is also important that child health program's need to move beyond taking single diseases in order to address the overall health and wellbeing of the child. In this context, WHO responded to this challenge and developed the strategy; IMNCI. In India it is expanded as 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.[8]

Objectives:
To assess the knowledge on Clinical guidelines regarding IMNCI among Health care workers

2. Material & Methods

To accomplish the objectives of the study, a descriptive design was adopted. The population of the study included health care workers in Maharashtra region, thus 125 health care workers were selected using stratified random sampling. The study was conducted at sleeted primary health centres, sub centres, community health centres & anganwadi centres of rural Maharashtra region.

Self-Administered Questionnaire was used to collect the data which consist-
Part-I: information on demographic variables of health care workers at in selected health centers. The variable includes; health care workers, age, gender, religion, qualification, professional experience, and income.
Part-II: Dealt with knowledge questions on component of IMNCI, Categorization or coding of client, management of case according to guideline which consisted 30 Questions.

The knowledge level were classified arbitrary as poor (20% & below), average (21%-40%), good (41%-60%), very good (61%-80%) & excellent (81% & above).

The prepared tool was validated by experts from different faculty. The reliability of tool was r=0.72. The pilot study showed that the study was feasible.

3. Result

It was found that 20% of them were nurses, 19.20% were Doctors, 11.20% were HWM, 17.60% were AWW, 28% of them belonged to the age group of 31–40 years whereas the health care workers with 41 years & 50 years were 20%, 52% were females, 48 % were males, 27.20% were education up to Graduation Level, whereas 21.60% were education up to Diploma, Post-Graduation were 24% respectively, 28% health care workers had 5 years and Below of Experience, Whereas 24.80% had 06-10 years of experience & 24% of health care workers had 16 & above years of experience.

It was found that majority of health care workers 94 (75.2 %) had good level of knowledge score, 22 (17.6) had very good level of knowledge score & 9 (7.2 %) of health care workers had average level of knowledge score. The mean knowledge score regarding clinical guideline of IMNCI was18.32±1.40 among Health care workers
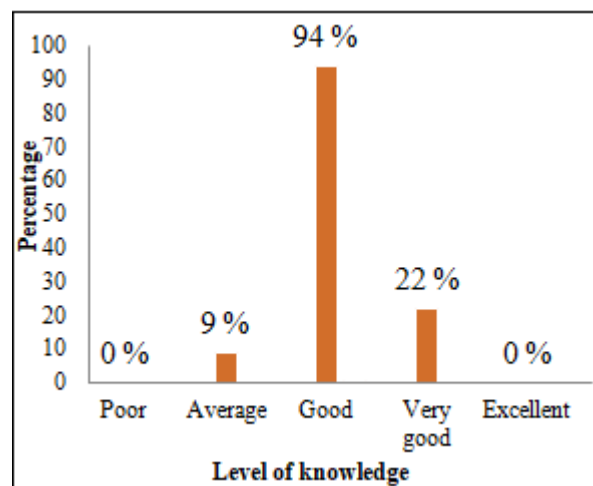
4. Conclusion

The mean knowledge score on clinical guideline of IMNCI shows that 22 health care workers had very good knowledge with a mean score of 18.32±1.40. Whereas none of them had poor or excellent knowledge on clinical guideline of IMNCI. However, 94 health care workers had good knowledge with a mean score of 14.64±1.64 on clinical guideline of IMNCI. Hence, it can be interpreted that majority of the health care workers had good knowledge on clinical guideline of IMNCI.

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