

## Effect of Structured Teaching on Knowledge Regarding Management of Diseases as per IMNCI Guidelines among the Mothers of Under-Five Children's At Anganwadis.

<sup>1</sup>Mrs.Rohini Dani, <sup>2</sup>Ms Priyanka Pandhare

<sup>1</sup> Mrs. Rohini Pravin Dani, Clinical Instructor Bharati Vidyapeeth (Deemed to be) University, College of Nursing, Sangli.

<sup>2</sup>Ms Priyanka Pratap Pandhare, Clinical Instructor Bharati Vidyapeeth (Deemed to be) University, College of Nursing, Sangli.

**Email for all:** rohinipdani@gmail.com

**Corresponding author email id:** priyanka325ph@gmail.com

### ORCID ID-

Mrs.Rohini Dani-0000-0002-1241-4986

Ms Priyanka Pandhare-0000-0003-4112-1645

---

### Abstract

IMNCI is a strategy that integrates all available measures for health promotion, prevention and integrated management of childhood diseases through their early detection and effective treatment, and promotion of healthy habits within the family and community.<sup>1</sup>

IMNCI delivers child health interventions to mothers and children who need them. It does this by improving key family practices to better prevent illness in the home, managing illness when it occurs and seeking preventive and curative services when necessary. This study was conducted to assess the effectiveness of structured teaching on knowledge regarding management of selected disease as per IMNCI Guidelines among the mothers of under-five children. Quantitative research approach with Pre-experimental one group pre-test and post-test design was used for this study. Samples were mothers of under five children attending selected anganwadis. Non probability purposive sampling technique was chosen. Data was collected by Using self-structured questionnaire consisting 23 questions related to management of selected diseases according to IMNCI guidelines. Study findings revealed that 90 % mothers had average knowledge, 10% mothers good knowledge score whereas in the post test maximum mothers that is 66% were in the excellent grade and 34% mothers were having good knowledge grade. The mean value of pre-test score is 10.22 with standard deviation of 1.75. The post-test mean value is 16.66 with standard deviation 2.1 and the p value obtained in the study is 0.0001 this proves that there is significant increase in post test score so planned teaching was effective. This study concludes the knowledge of mothers was increased and they were acquired by the management of selected disease as per IMNCI Guidelines.

**Keywords:** Structured teaching, Mothers of Under five Children, IMNCI guidelines.

### Introduction:

Integrated Management of Childhood Illness is a systematic approach to children's health which focuses on the whole child. This means focusing not only on curative care but also on

prevention of disease.<sup>2</sup> The approach was developed by United Nations Children's Fund and the World Health Organization in 1995.

The objectives of the IMNCI strategy are: to reduce mortality and morbidity associated with the major causes of disease in children less than five years of age, and, to contribute to the healthy growth and development of children.<sup>3</sup>

The IMNCI process can be used by doctors, nurses and other health professionals who see sick infants and children aged from 1 week up to five years. It is a case management process for a first-level facility such as a clinic, a health centre or an outpatient department of a hospital.

All sick children aged up to 5 years are examined for general danger signs and all sick young infants are examined for very severe disease. These signs indicate immediate referral or admission to hospital<sup>4</sup>

“A Study to assess the effectiveness of structured teaching on knowledge regarding management of selected disease as per IMNCI Guidelines among the mothers of under-five children’s at selected Anganwadies of Sangli Miraj and Kupwad corporation.”

### **Objectives**

1. To assess the existing knowledge regarding management and disease.
2. To assess the effectiveness of structured teaching on knowledge regarding management and disease.
3. To compare the pre-test and post-test knowledge score.

### **Material and methods:**

Quantitative research approach with Pre-experimental one group pre-test and post-test design research were used for assessing the knowledge and effect of plan teaching program. Sample were mothers of under five children in selected Anganwadies of Sangli , Miraj , Kupwad corporation area .Non probability purposive sampling technique was chosen.

Data was collected by Using self-structured questionnaire consisting 23 question related to management of selected diseases according to IMNCI guidelines and question having 4 choices and standing for 1 mark each. Grading table was chosen which consist of grade, average standing for (6-11 ) marks good grade standing for ( 12-17 ) marks , excellent grade standing for ( 17-22 ) marks .

After doing the validity of the tool by experts the final tool were prepared with two sections. Section I with Demographic Variables and Section II Self-structured Knowledge Questioner.

The research was approved by Institutional Ethical Committee after presenting research proposal with data collection tool. Permission was taken from concerned authority. Written Informed Consent was taken from Mothers. Code numbers were given to the data collection tool to maintain the confidentiality. Questionnaire was administered to the Mothers.

### **Result and Discussion:**

The data collected from 50 mothers in selected anganwadi’s in Sangli , Miraj and Kupwad corporation area. The analysis of the data was done to assess effectiveness of structured teaching on

knowledge regarding management of selected disease as per IMNCI guideline among the mothers of under 5 children. The data was analyzed on the basis of the objectives of the study in the following way.

**TABLE NO.1**

Frequency and percentage distribution of demographic variable

**n=50**

Sr.no	Demographic characters	Frequency	Frequency in percentage
1	<b>AGE: -</b>		
	a) 20yrs-25yrs	15	30%
	b) 25yrs-30yrs	25	50%
	c) 30yrs-35yrs	08	16%
	d) 35yrs-40yrs	02	04%
2	<b>EDUCATION: -</b>		
	No formal education	01	02%
	Primary		
	Secondary	30	60%
	Graduate and above	16	32%
		03	06%
3	<b>RELIGION: -</b>		
	a) Hindu	42	84%
	b) Muslim	06	12%
	c) Christian	02	04%
	d) other	0	00%
4	<b>OCCUPATION: -</b>		
	a) Housewife	38	77%
	b) Working women	12	23%
		<b>TOTAL</b>	<b>100%</b>

In age, 30% mothers were between 20-25 years of age, 50% mothers were between 25-30 years of age, 16% mothers were between 30-35 years of age and 4% mothers between 35-40 years of age. In educational qualification, 2% mothers received no formal education, 60% mothers were 10<sup>th</sup> pass, 32% mothers were 12<sup>th</sup> pass and 6% mothers were graduate and above.

In occupation variable it was observed that 77% mothers were housewife and the remaining 23% mothers were working women. According to religion, 84% mothers belonged to Hindu religion, 12% mothers belonged to Muslim religion, 4% mothers belonged to Christian religion.

**Section II – frequency and percentage distribution of pretest knowledge score .**

**TABLE NO.2**

**PRE-TEST KNOWLEDGE SCORES**

**n = 50**

LEVEL	FREQUENCY	PERCENTAGE
Average	45	90%
Good	5	10%

Table no : 2 shows that frequency and percentage of pretest scores. Maximum mothers having average grade with 90%, 10% mothers having good grade. None of the mothers acquired excellent grade .It is evidenced that more effort are necessary to improve the knowledge regarding management of selected diseases as per IMNCI guideline among the mother under five children at selected Anganwadis of Sangli , Miraj , Kupwad corporation .

**SECTION III -Frequency And Percentage Distribution Of Post Test Knowledge Score**

**TABLE NO.3**

**POST-TEST KNOWLEDGE SCORES.**

**n= 50**

LEVEL	FREQUENCY	PERCENTAGE
Good	33	66%
Excellent	17	34%

Table number 3 shows that frequency and percentage of post test scores. Maximum mothers are having excellent grade with 66%. 34% mothers are having good grade. None of the mothers acquired poor grade. Maximum mothers acquired excellent grade which shows increase in the level of knowledge.

**SECTION IV – Comparing Between Pre Test And Post Test Knowledge Score**

**TABLE NO.4**

n = 50

	Mean	Standard deviation	Standard Error mean	Paired t	P value
Pre-test	10.22	1.75	0.247	16.27108	< 0.0001
Post-test	16.66	2.1	0.308		

Table no 4 shows that mean value of pre test score is 10.22 with SD 1.75 and post test knowledge score is 16.66 with SD 2.1. t value is 16.27 and P value is 0.0001

This suggest that there is a significant increase in post test score so plan teaching program on knowledge regarding management of selected diseases as per IMNCI guideline among the mother of under five children at selected Anganwadis of Sangli , Miraj , Kupwad corporation area was effective

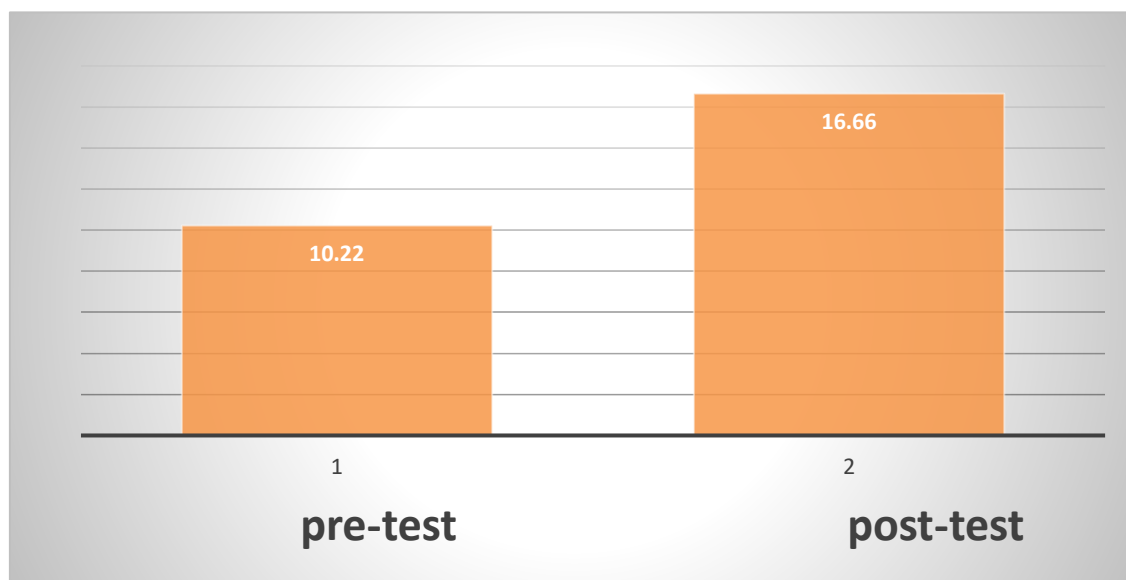


Fig. no.1 Comparison Between Pre-test and Post-test

Fig 1 shows that pre-test mean is 10.22 and post-test mean is 16.66 so plan teaching program on knowledge regarding management of selected diseases as per IMNCI guideline among the under five children at selected Anganwadis of Sangli , Miraj , Kupwad corporation area

The pre-test study showed that maximum mothers are having average grade with 90%, 10% mothers are having the grade good, none of the mothers acquired excellent grade. The post-test study showed that maximum mothers acquired excellent grade with 66%. 34% mothers are having good grade, none of the mothers acquired poor grade.

The mean value of pre-test score is 10.22 with standard deviation of 1.75. The post test mean value is 16.66 with standard deviation 2.1 and the p value obtained in the study is 0.0001 this suggests that there is significant increase in post test score so planned teaching was effective.

The study done by Mohammed Abayneh suggested that with good quality training and consistent supportive supervision, adequate performance on the assessment and classifications of the childhood illness among IMCI trained service providers can be sustained to have a more tremendous effect. Besides, training in IMCI improves the performance of health teams, the understanding, and practices of caregivers, especially concerning the advice to the caregiver. Moreover, after the intervention, the under-five departments were visit.<sup>7</sup>

This study was undertaken to assess the knowledge regarding management of selected disease as per IMNCl guidelines of under five children based on the objectives the researcher tried to assess the existing knowledge of sample. in this study mothers those who are having only primary education scored the least marks, whereas mothers having secondary education got average marks, graduate and above graduate and scored the highest. pre-test was conducted on knowledge regarding management and disease and after a week a post-test was conducted which resulted in increase in the knowledge of mothers of children regarding management and disease.

## **CONCLUSION.**

In this present study effectiveness of planned teaching programme on knowledge regarding management of selected disease as per IMNCl Guidelines. The knowledge was assessed with the help of questionnaire. Findings of the study clearly indicate that knowledge was significantly increased in post - test. Hence, null hypothesis is rejected at 0.00 level of significance. Mothers need to expand their knowledge, increase responsibility and should know more about management of selected disease as per IMNCl Guidelines. During the data collection it was easy to convince the mother of children to allow us to assess the knowledge.

Various AV Aids Were used to make the planned teaching program effective. This study concludes the knowledge of mothers was increased and they were acquired by the management of selected disease as per IMNCl Guidelines.

## **References:**

1. WHO / MOHFW. Students handbook for IMNCl integrated management of neonatal and childhood illness. WHO and Ministry of health and family welfare Government of India, 2003 ; 1-7
2. Ingle GK, Malhotra C. Integrated management of neonatal and childhood illness : An overview. Indian Journal of Community Medicine. 2007 ; 32 (2) : 108-110.

3. Sanjana. IMNCI-Progress made in Rajasthan. Publication by Ministry of Health and Family Welfare. Government of Rajasthan. [cited on 2014 Oct. 21] Available from :
4. International Institute for Population Sciences IIPS and ORC Macro 2001. National family health survey NFHS-2, India ; 1998-99 : Rajasthan. Mumbai : IIPS 185-187 [cited on 2009 Feb. 17] Available from : <http://www.dhsprogram.com/pubs/pdf/FRIND2/FRIND2.pdf>. Website : <http://www.nfhsindia.org>.
5. SRS Bulletin. Sample registration system. Registrar General of India, Vital Statistics Division, New Delhi. Monthly report October 2009 ; 44 (1) 1, 5. [cited on 2010 June 26] Available from : [censusindia.gov.in/vital\\_statistics/SRS\\_Bulletins/SRS-Bulletin-October-2009.pdf](http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS-Bulletin-October-2009.pdf)
6. Ministry of Health and Family Welfare, Government of India. District level household and facility survey DLHS-3. International institute of population Sciences. Mumbai. India Rajasthan 2007-08 ; 5. [cited on 2009 Feb. 17] Available from : [rchiips.org/pdf/rch3/state/Rajasthan.pdf](http://rchiips.org/pdf/rch3/state/Rajasthan.pdf).
7. International Institute for Population Sciences (IIPS) and ORC Macro International 2008. National Family Health Survey NFHS-3. India 2005-06 ; Rajasthan. Mumbai : IIPS : 56 [cited on 2009 Feb. 17] Available from : [http://www.rchiips.org/nfhs/raj\\_state\\_report.pdf](http://www.rchiips.org/nfhs/raj_state_report.pdf).
8. . UNICEF / WHO. Concept and Strategy Framework : Integrated Management of Neonatal and Childhood illness. Government of India, State Government, 2003 ; 1-16.