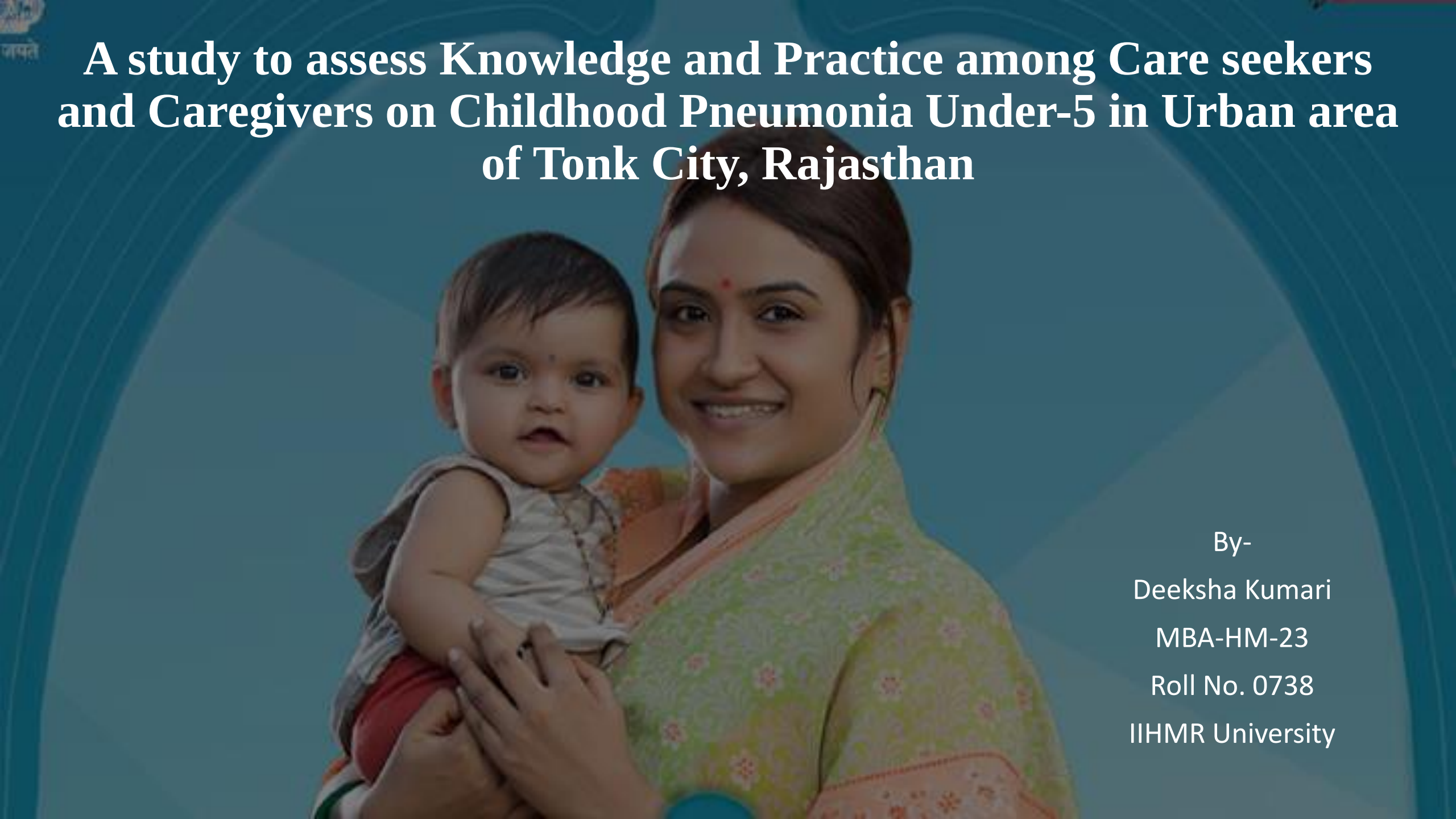
A study to assess Knowledge and Practice among Care seekers and Caregivers on Childhood Pneumonia Under-5 in Urban area of Tonk City, Rajasthan



By-

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INTRODUCTION

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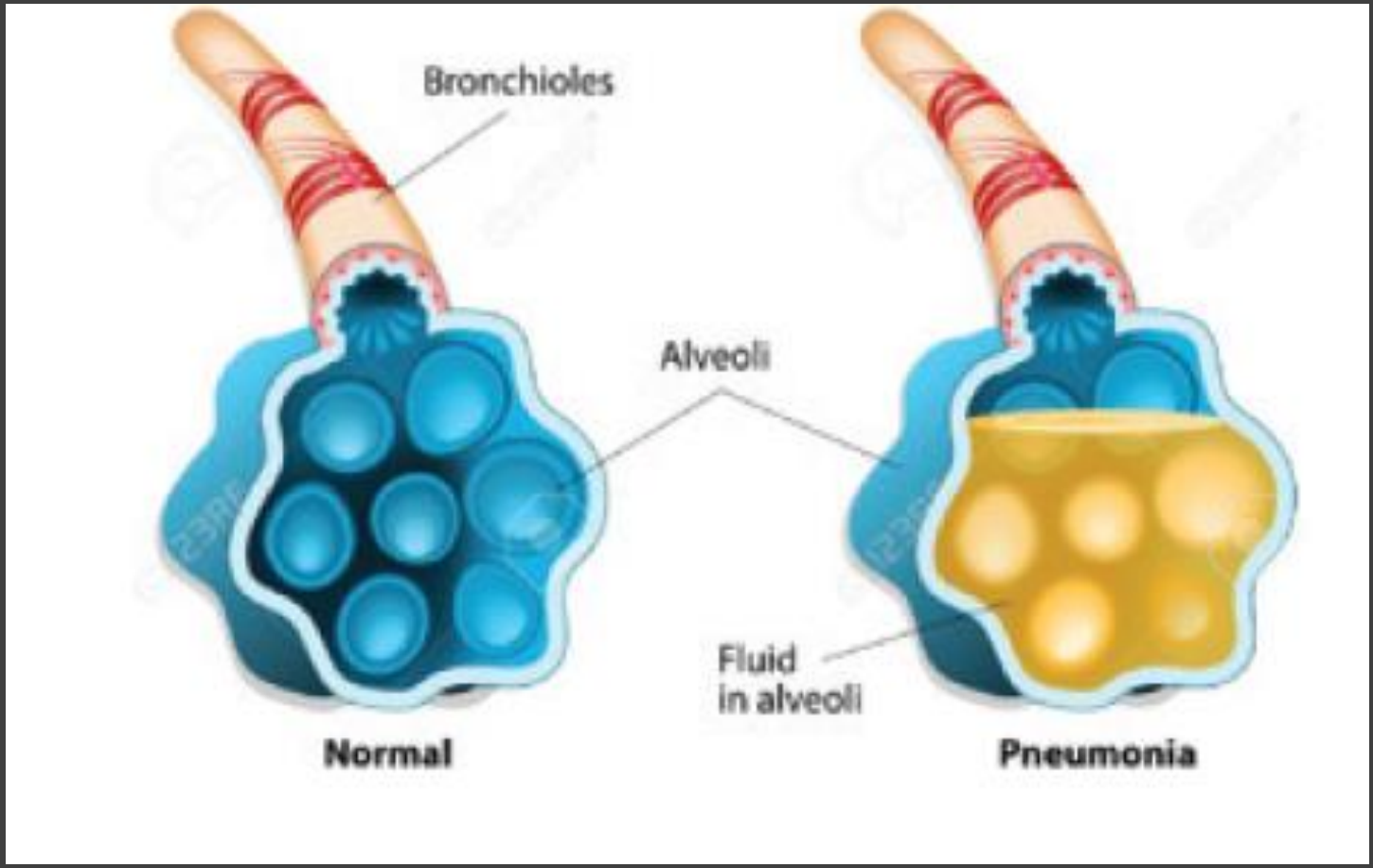
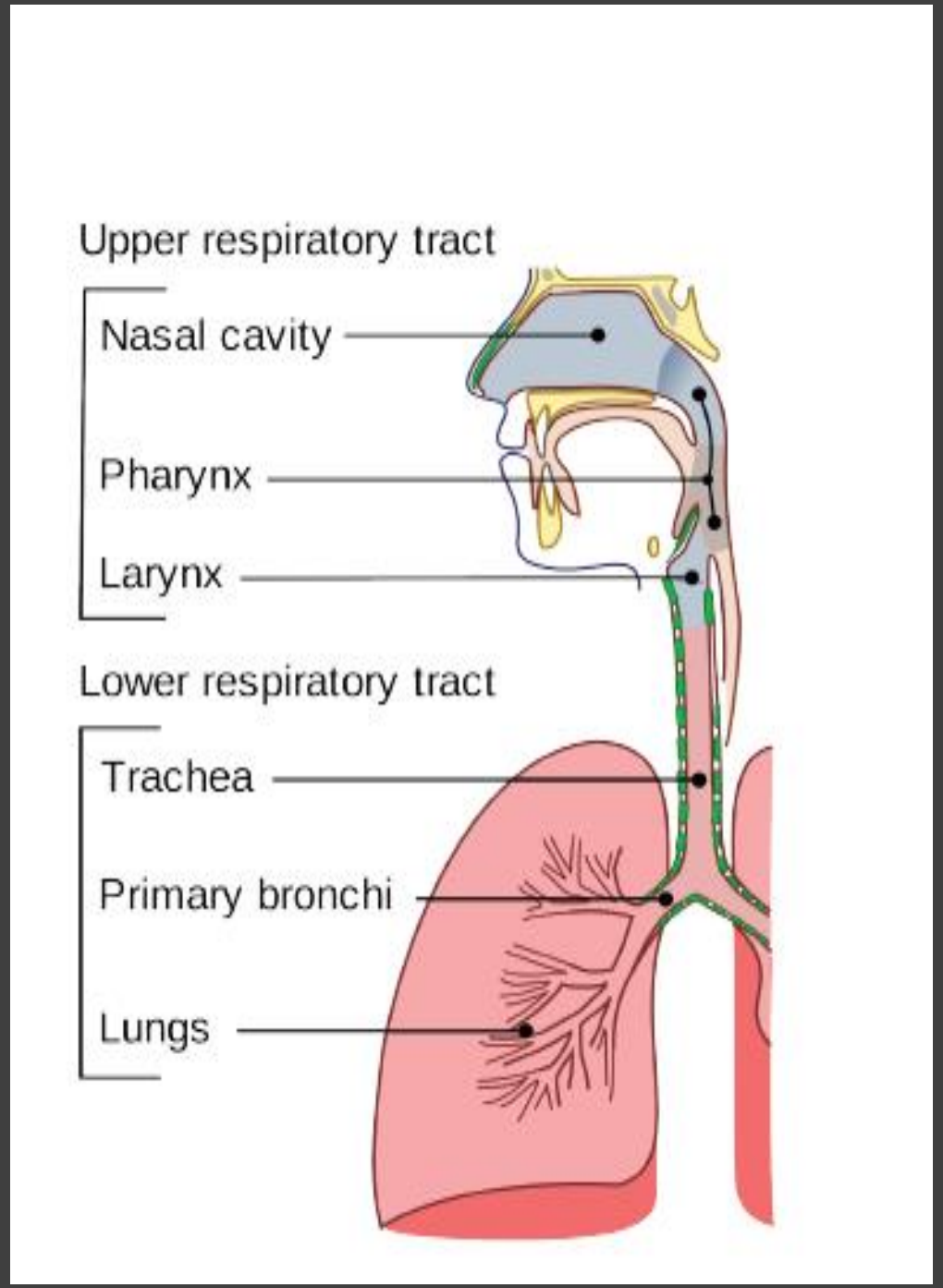
Pneumonia is a severe form of acute lower respiratory infection that specifically affects the lungs. When a person has pneumonia, pus and fluid fill the alveoli in one or both lungs, which interferes with oxygen absorption, making breathing difficult. If timely interventions are not reached the affected person may die.

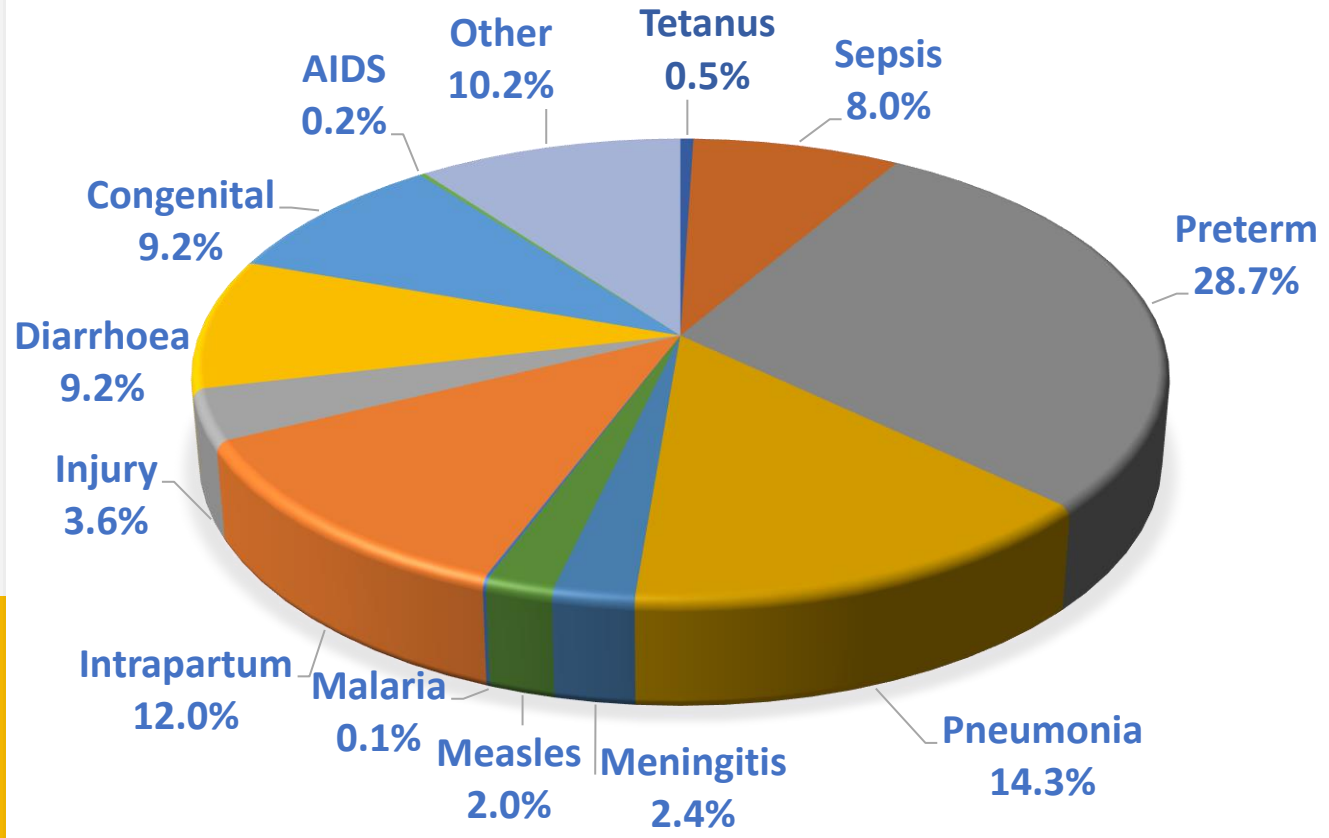




INTRODUCTION (Continued)

Childhood Pneumonia continues to be the topmost infectious killer among under-five children, contributing to **14 percent** of under-five deaths in the country. Around **1.4 lakh*** children die due to Pneumonia annually in the country.

CAUSES OF UNDER-5 DEATHS, INDIA



* Childhood Pneumonia Management Guideline- Ministry of Health and Family Welfare, Government of India.

INTRODUCTION (Continue)

- According to SRS 2017 report, the under-5 mortality is 37/1000 live births and the goal of National Health Policy 2017 is to reduce U5 mortality to 23/1000 live births by 2025. In order to achieve the National Health Policy goals, the pneumonia mortality needs to reduce to less than 3/1000 live births. This is also in tune with the goal of India Integrated Action Plan for Pneumonia & Diarrhoea (IAPPD)

- Deaths due to pneumonia are preventable if we strengthen our systems to detect Pneumonia cases early in childhood to provide effective coverage of protective, preventive and treat interventions (PPT Interventions) according to the National Health Policy 2017.

RATIONALE

- It is known that pneumonia is a preventable disease. A proven treatment is also available at health facility and community level across the country even then the mortality rate of pneumonia in children under-5 is highest among all infectious disease according to NFHS-4.
- **Now questions arise that why the death is so high among children although the treatment is available?**
- The study shows that most of the children at high risk of ARI do not reach health facility Centre for early diagnosis and timely treatment. The effective interventions to care seekers (households) are too low because of less knowledge, poor awareness, and wrong practices at the level of family members especially mother and caregivers (ASHA/ANM).

RESEARCH OBJECTIVE

1

To assess the Current level of knowledge among care seekers (households) and caregivers (ASHA/ANM) on the symptoms and risk factors of childhood Pneumonia.

2

To assess the practices adopted by care seekers and caregivers to protect & prevent from Pneumonia.

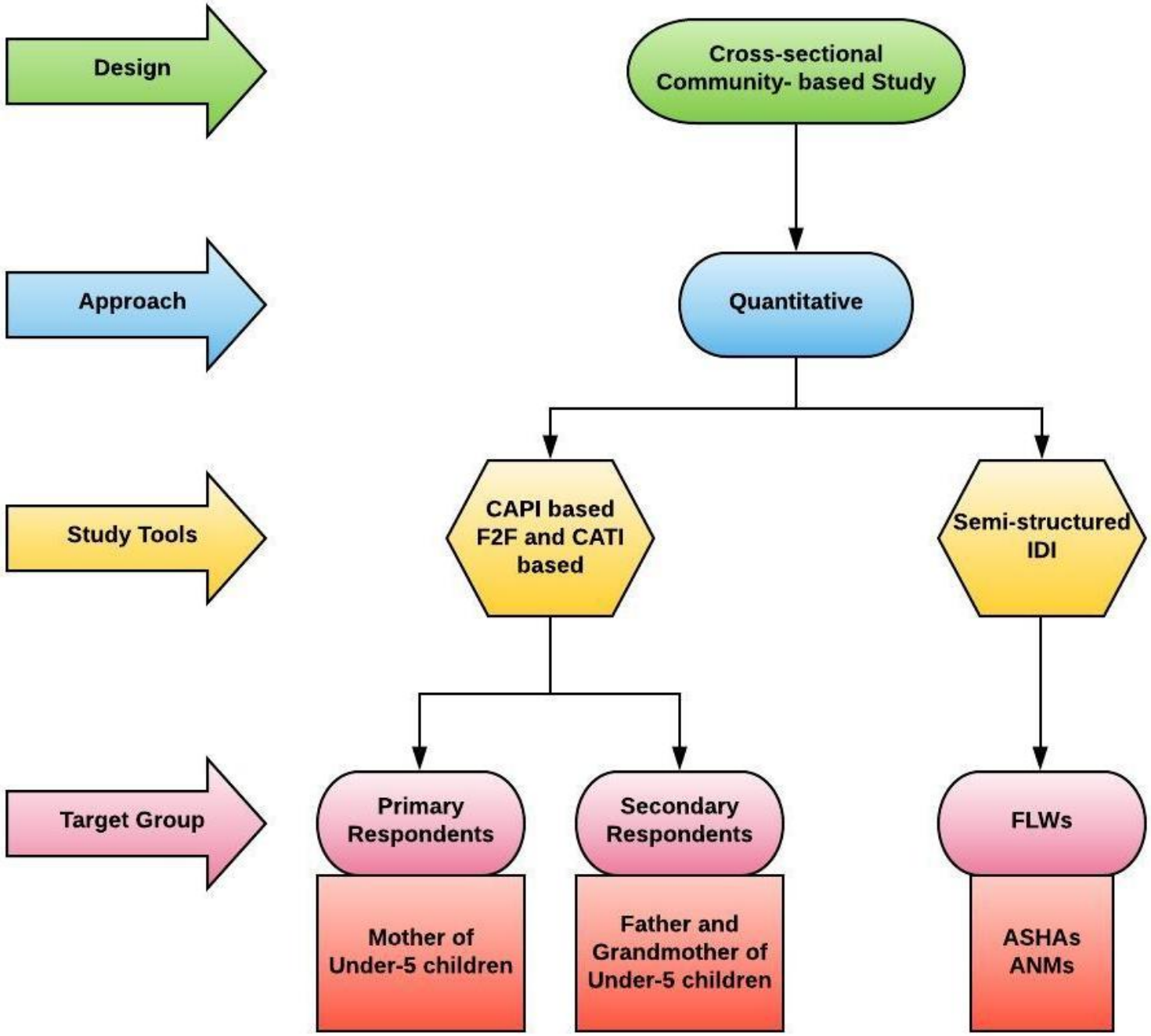
3

To assess and analyse the skill to manage the Pneumonia cases by FLWs.

METHODOLOGY

Duration of Study

3 months
(12th March 2020 – 12th June 2020)



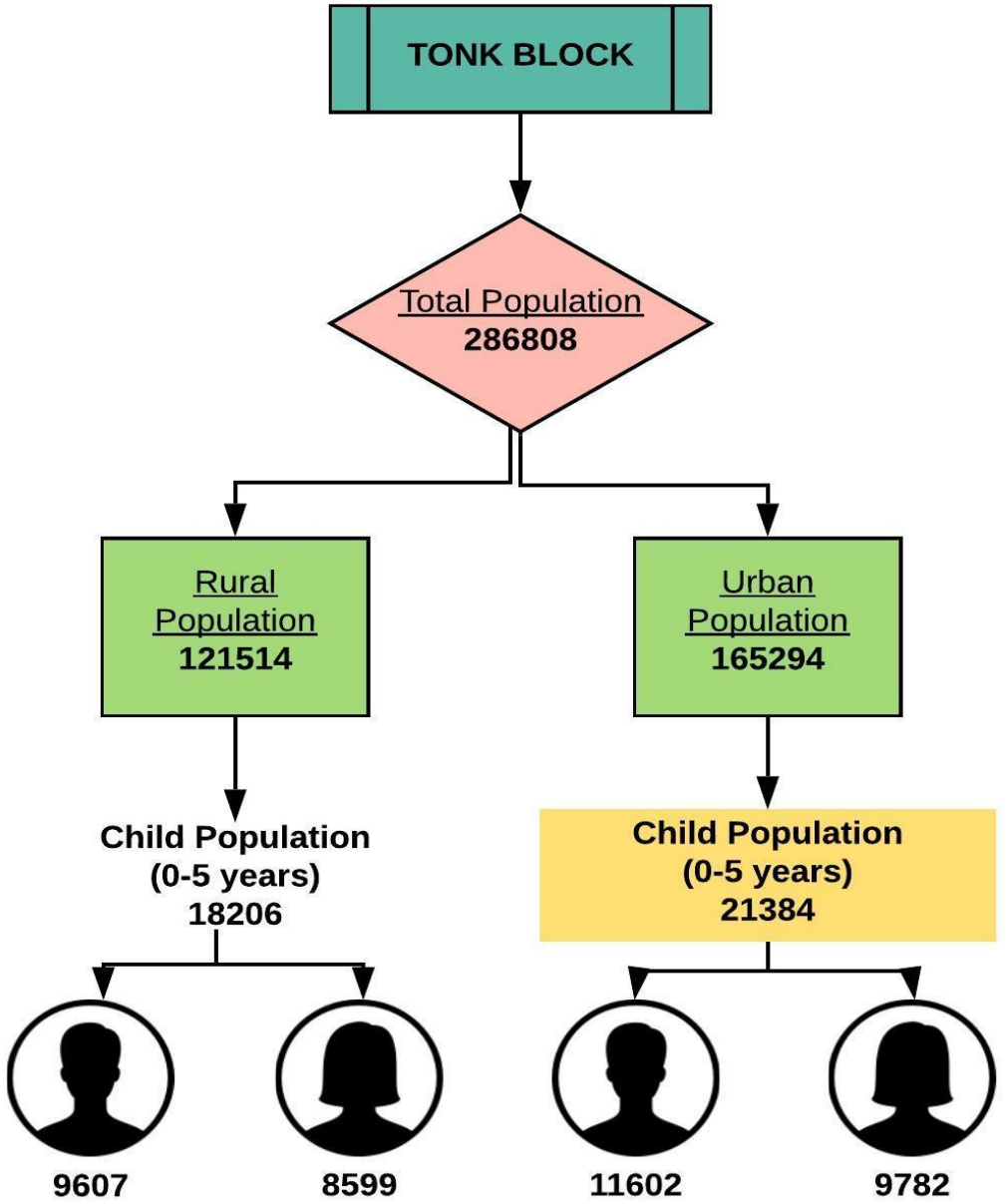
STUDY LOCATION

State-

RAJASTHAN

District-

TONK



METHODOLOGY (Continued)

SAMPLE SIZE

$$\text{Sample size} = \frac{\frac{z^2 \times p\,(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p\,(1-p)}{e^2 N}\right)}$$

- N = U5-Child Population size (21384)
- z = z-score corresponding to 95% significance level (1.96)
- e = margin of error (5%) corresponding value (0.05)
- p = standard of deviation (50%) corresponding value (0.50)

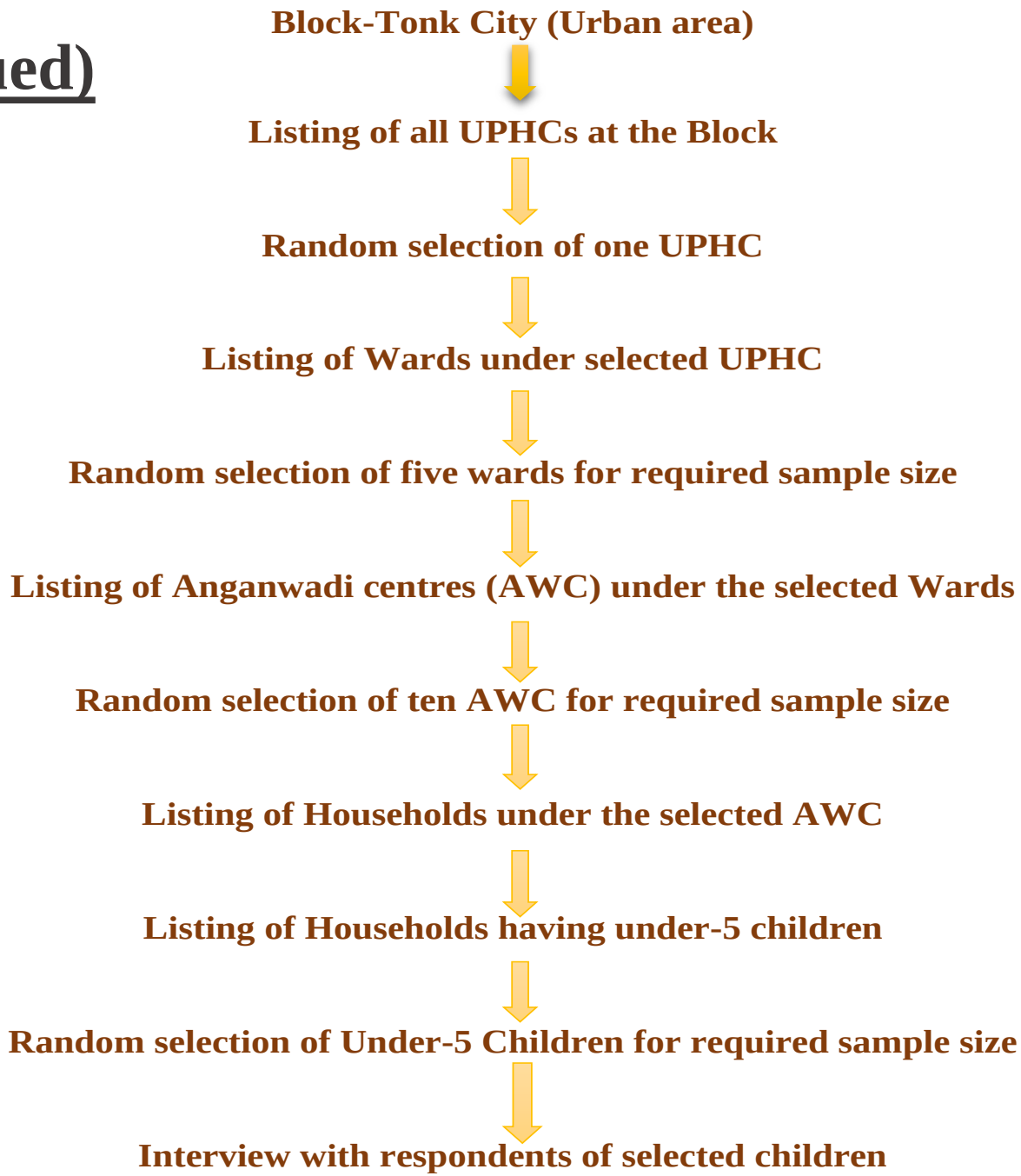
Respondent Group	Sample size	
Mothers of Under-5 children	250	378
Fathers of Under-5 children	64	
Grandmothers of Under-5 children	64	
ASHAs	10	13
ANMs	3	
	391	391

With this formula we had calculated the required sample size: n= 378

METHODOLOGY (Continued)

SAMPLING TECHNIQUE

Multi-Stage Random sampling



METHODS OF DATA COLLECTION

1. Home visits were started initially to collect the data with the help of Cluster coordinators (Project Vishwaas of Save The Children) and Anganwadi workers.

2. The synthesis of evidence is evaluated through face to face interview from primary source in **two phases**:

3. **First phase-** Before lockdown (from 14th March to 20th March 2020) by **CAPI** method.

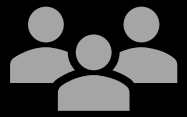
4. **Second phase-** During lockdown period (from 15th April to 30th May 2020) by **CATI** method.

5. Interview was done with Semi-structured Questionnaire in English language, which was translated into Hindi for better understanding with respondents.

DATA ANALYSIS - Data analysis were done using **Microsoft-Excel.**

FINDINGS

Findings from survey with Households



Findings from survey with Frontline Workers

FINDINGS FROM SURVEY WITH HOUSEHOLDS

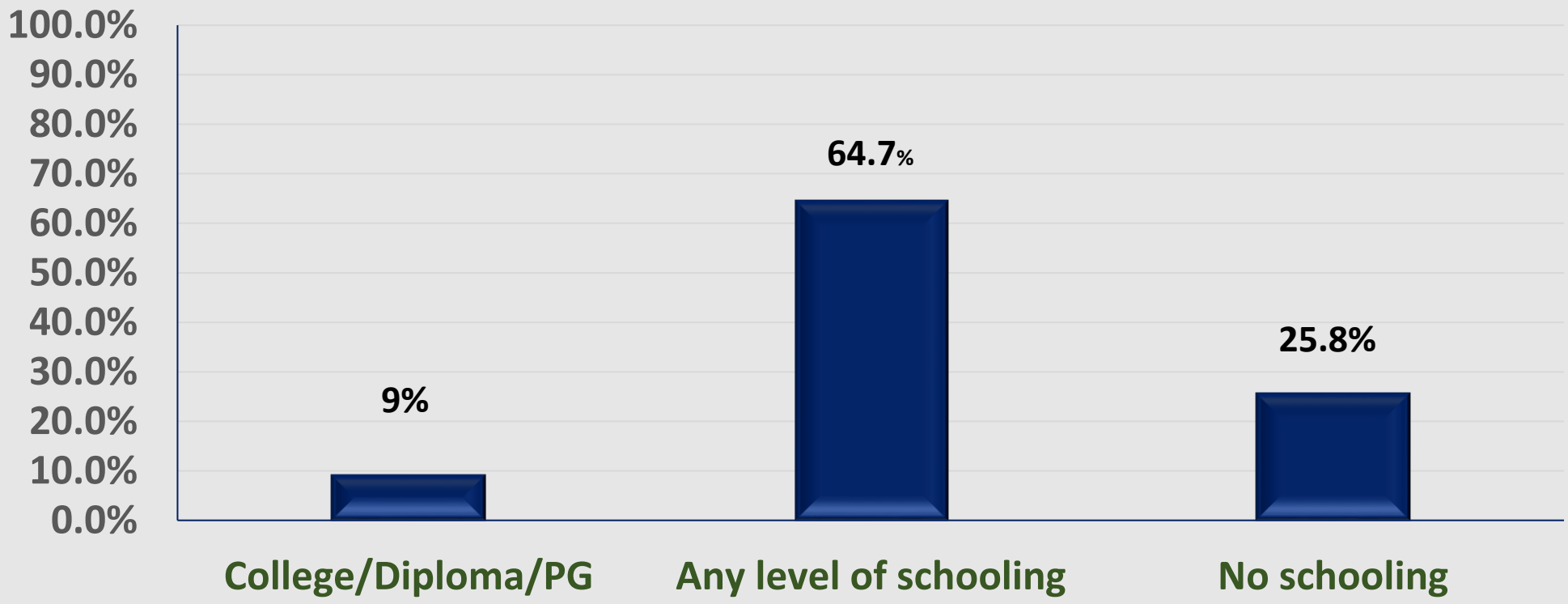
Religion of Respondents (N=391)		
Hindu	35.8%	140
Muslim	63.9%	250
Sikh	0.3%	1
Jainism	0.0%	0
Others	0.0%	0
Total	**100.0%**	**391**

Caste of the Respondents (N=391)		
General	72.4%	283
OBC	0.3%	1
SC	24.6%	96
ST	2.8%	11
	100.0%	**391**

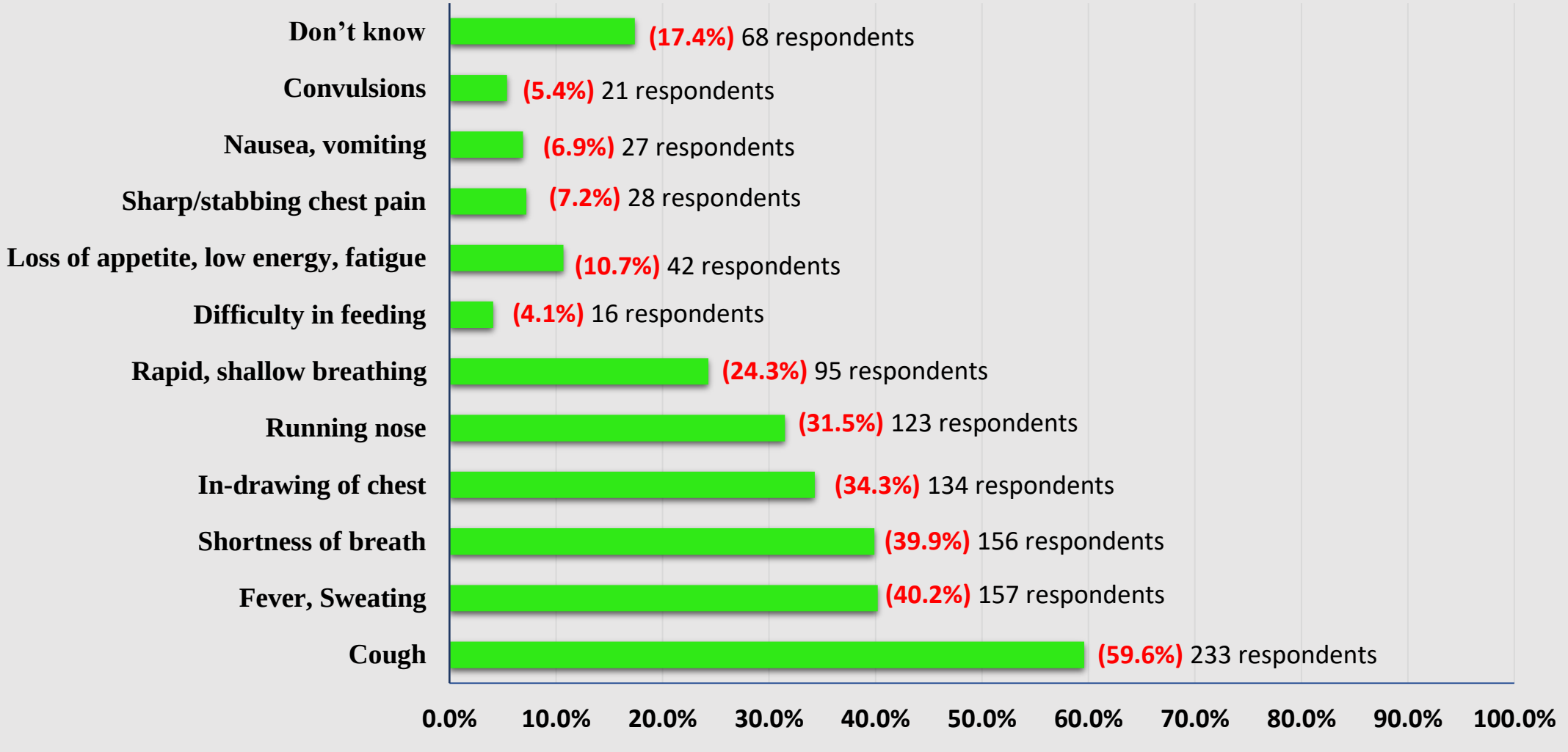
Prevalence of ARI with Age and Gender of children

	Total Children of Under-5 age N=391		Child suffering from ARI N=112 (**28.6%** of 391)	
	%	**Respondents**	**%**	**Respondents**
Distribution of Age-group				
24-60 months	44.8	**175**	47.3	**53**
13-23 months	25.6	**100**	27.7	**31**
3-12 months	26.1	**102**	22.3	**25**
0-2 months	3.6	**14**	2.7	**3**
Gender-wise Distribution				
Female	45.8	**179**	43	**48**
Male	54.2	**212**	57	**64**

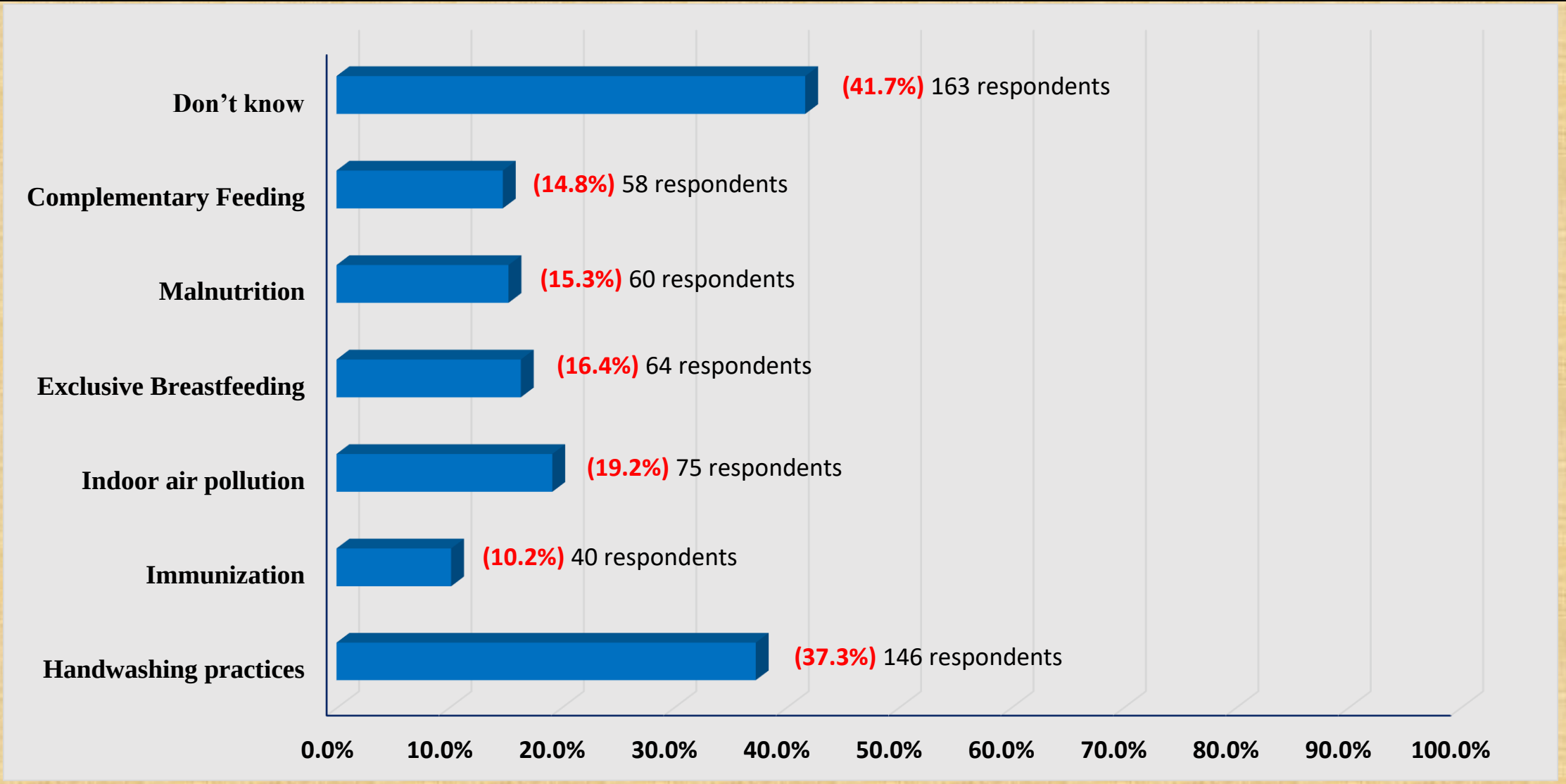
Education level of Mothers (N=391)



Knowledge about symptoms of Pneumonia (N=391)



Knowledge about risk factors of Pneumonia (N=391)



Nutritional Practices in children aged 6-23 months (N=164)

1

Breastfeeding at the time of Birth- **Initiation of Breastfeeding**

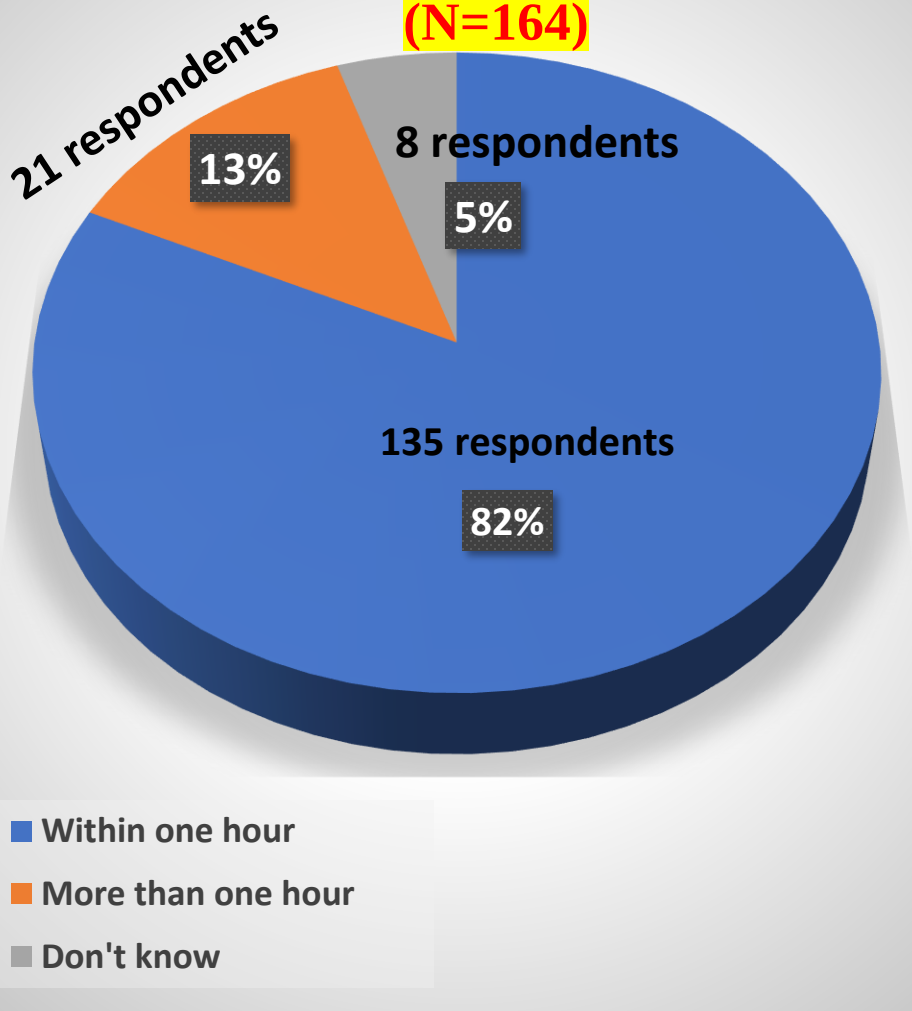
2

Breastfeeding at 0 to 6 months of age- **Exclusive Breastfeeding**

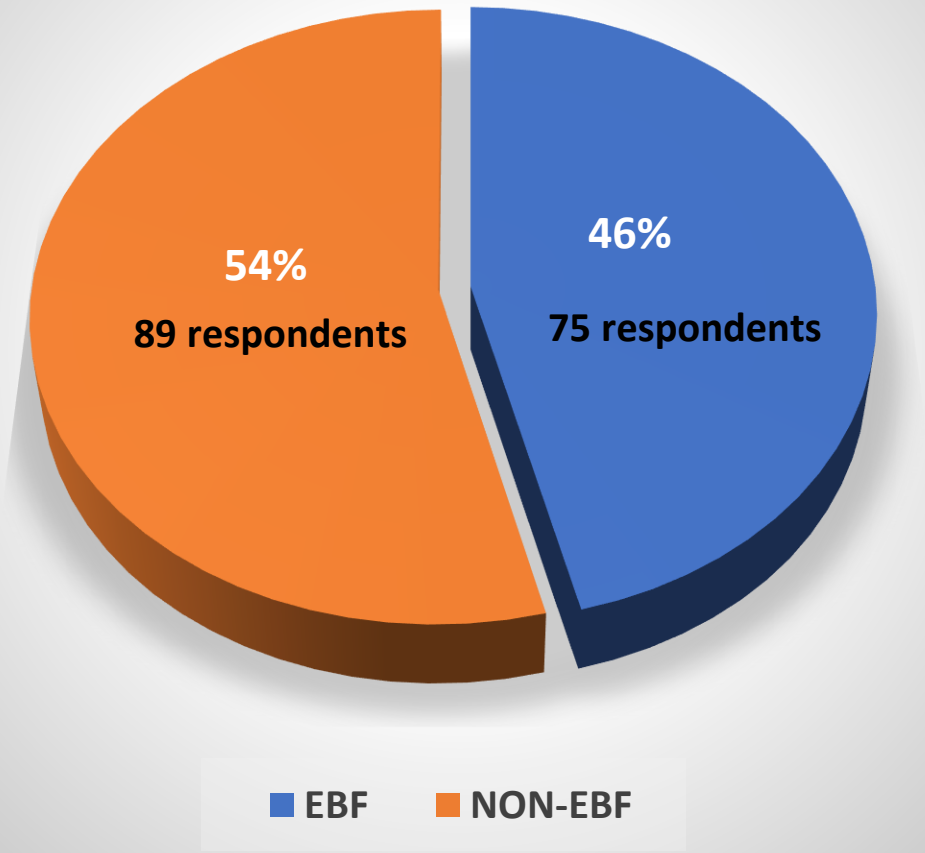
3

At 6 to 23 months of age- **Complementary Breastfeeding**

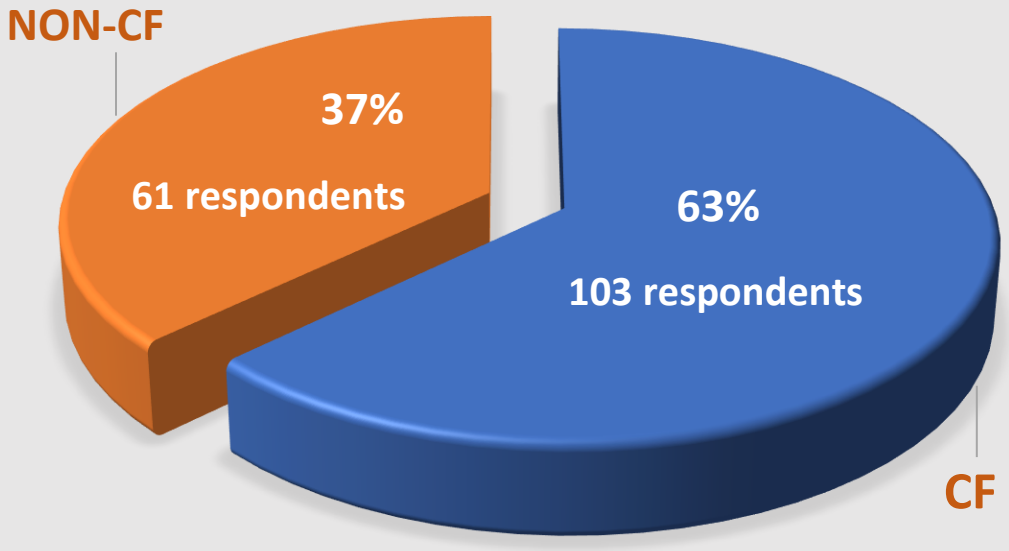
Early initiation of breastfeeding (N=164)



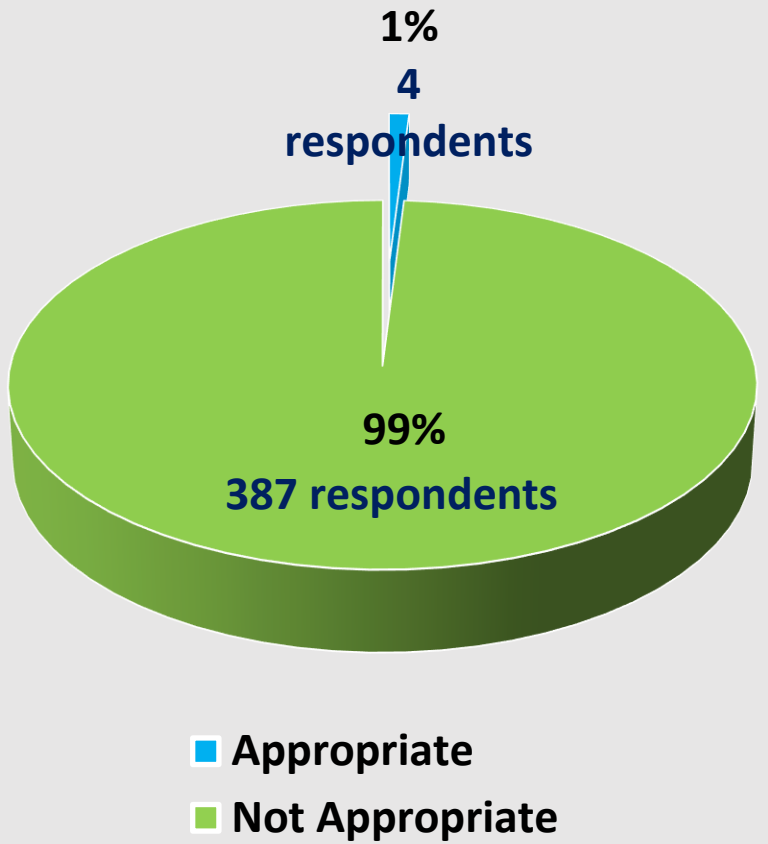
Exclusive Breastfeeding (N=164)



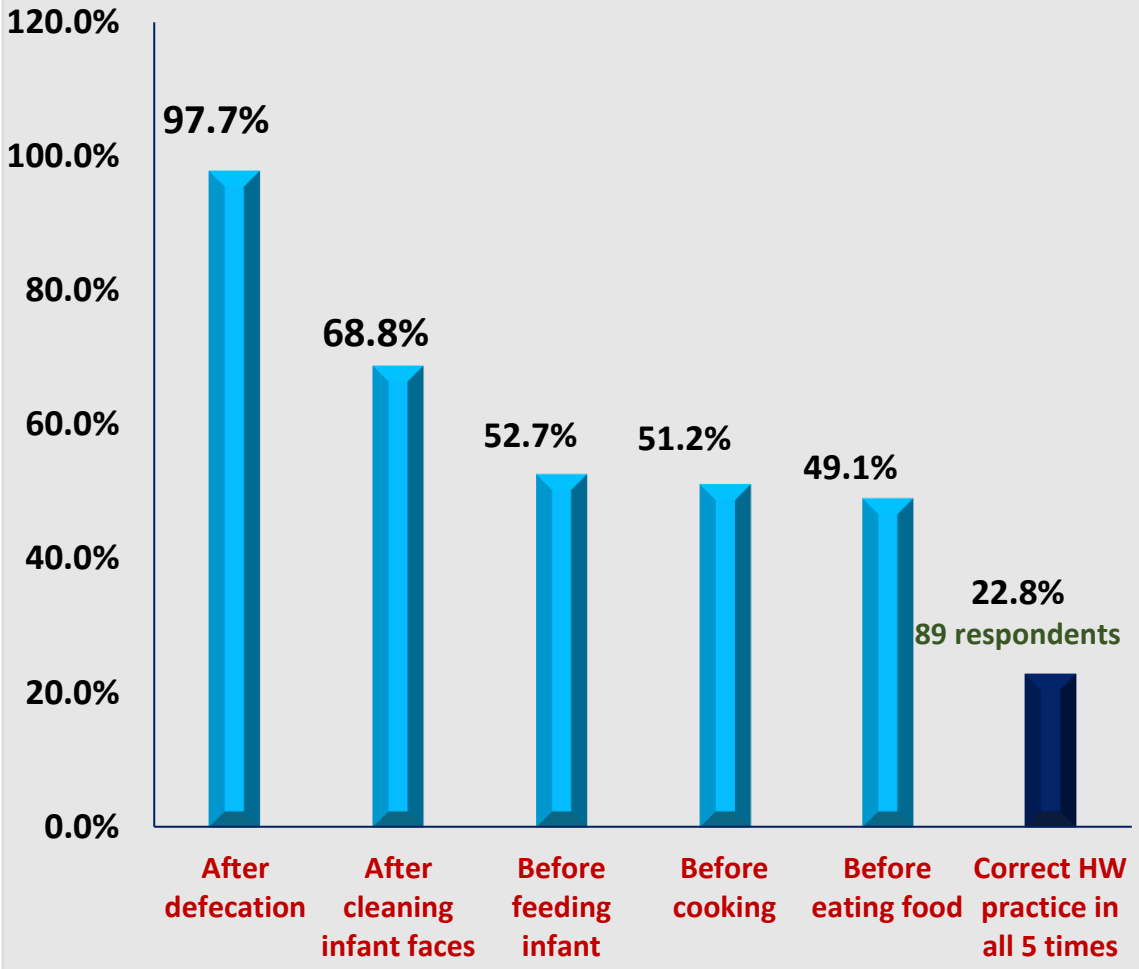
Complementary Feeding (N=164)



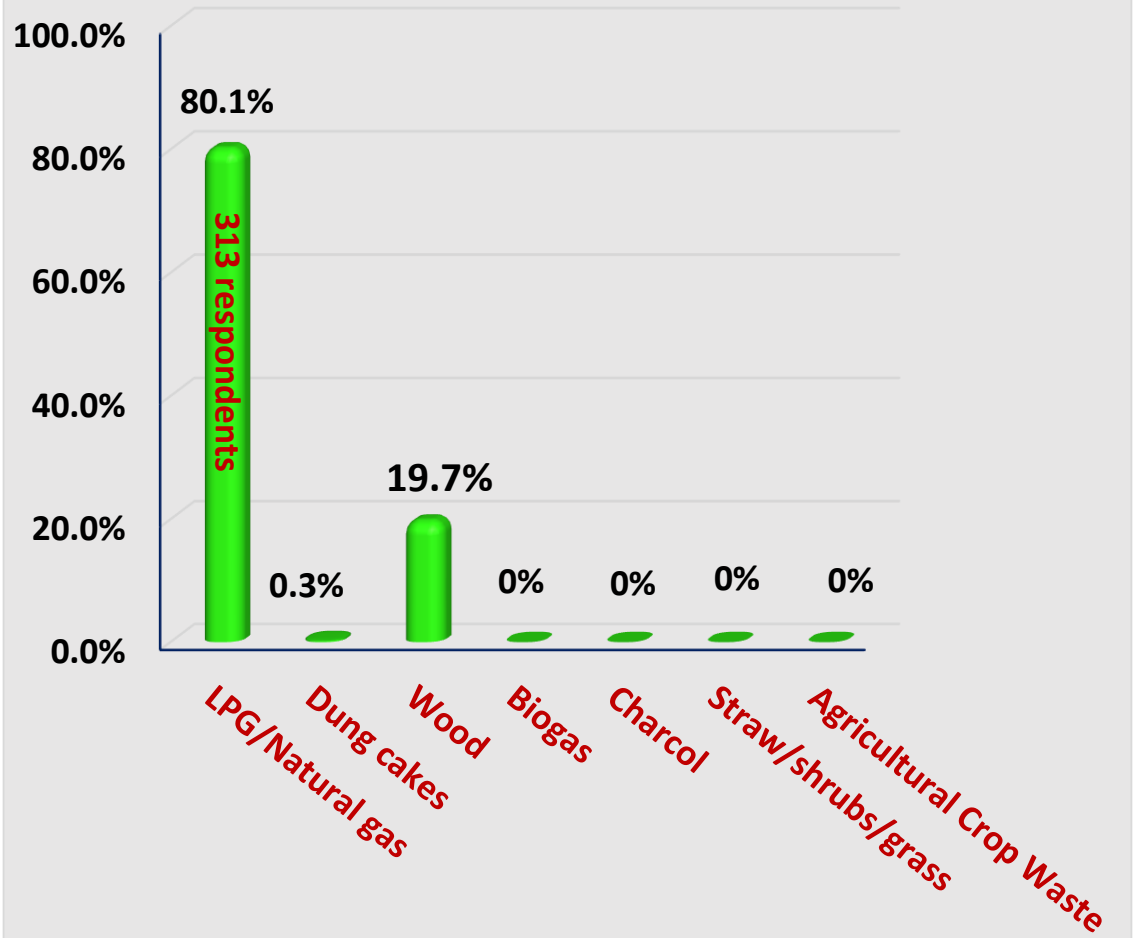
Feeding Practices during illness of child (N=391)



Critical times of Handwashing (N=391)

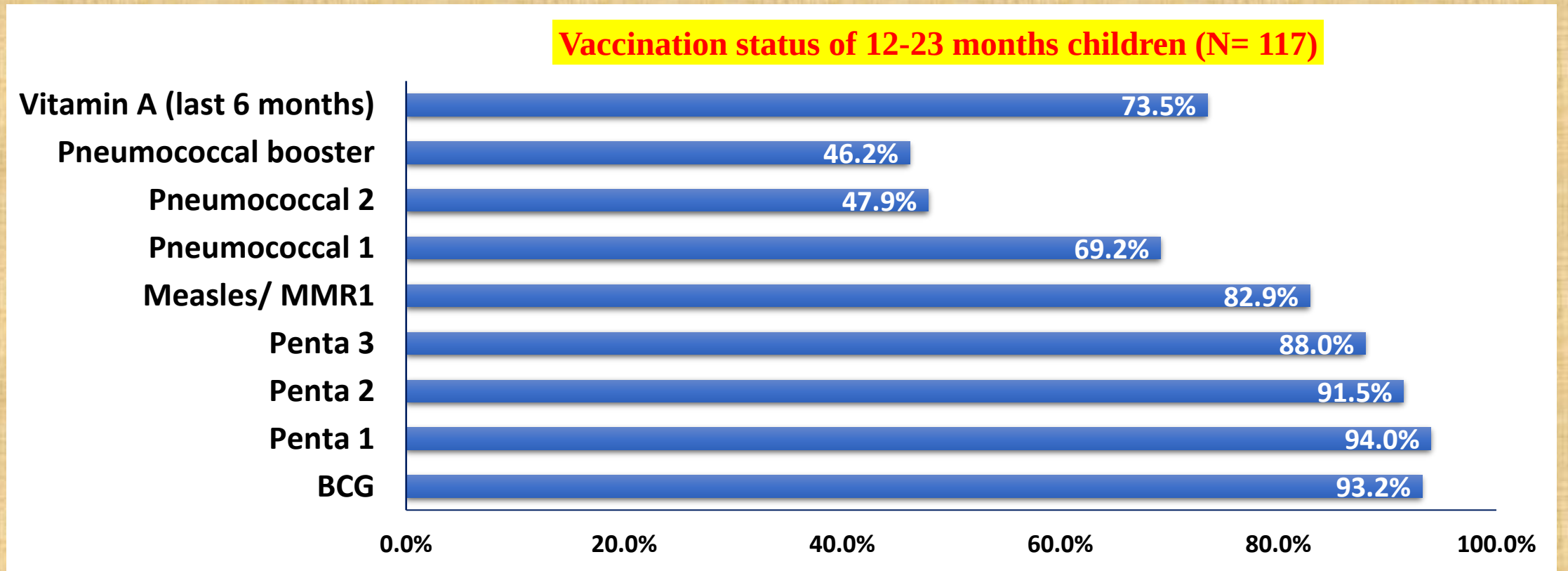


Most used fuel for cooking (N=391)



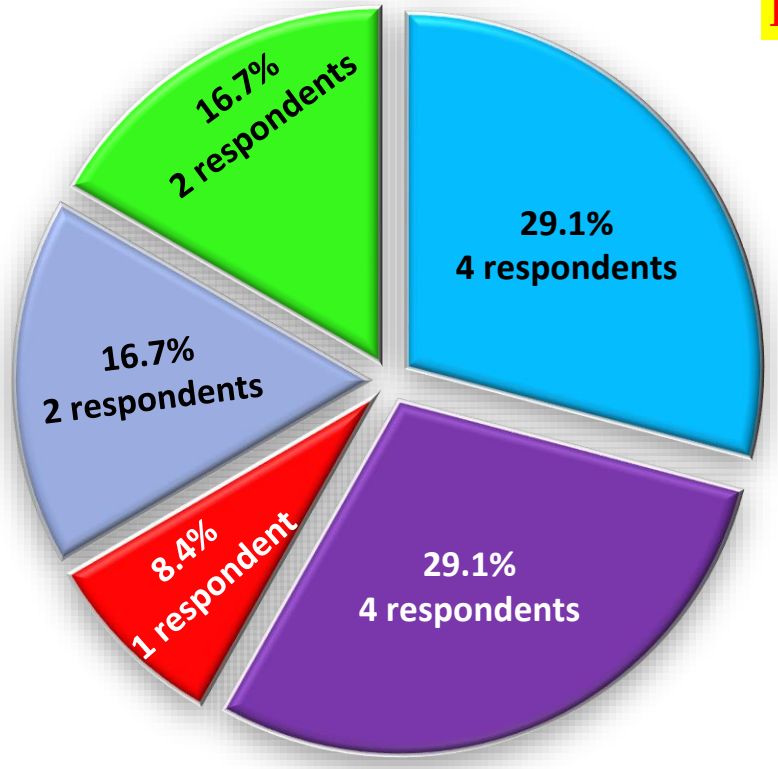
IMMUNIZATION STATUS

Availability of MCP/Immunization Card (N=391)		
Available	78%	305
Unavailable	22%	86
	100%	391



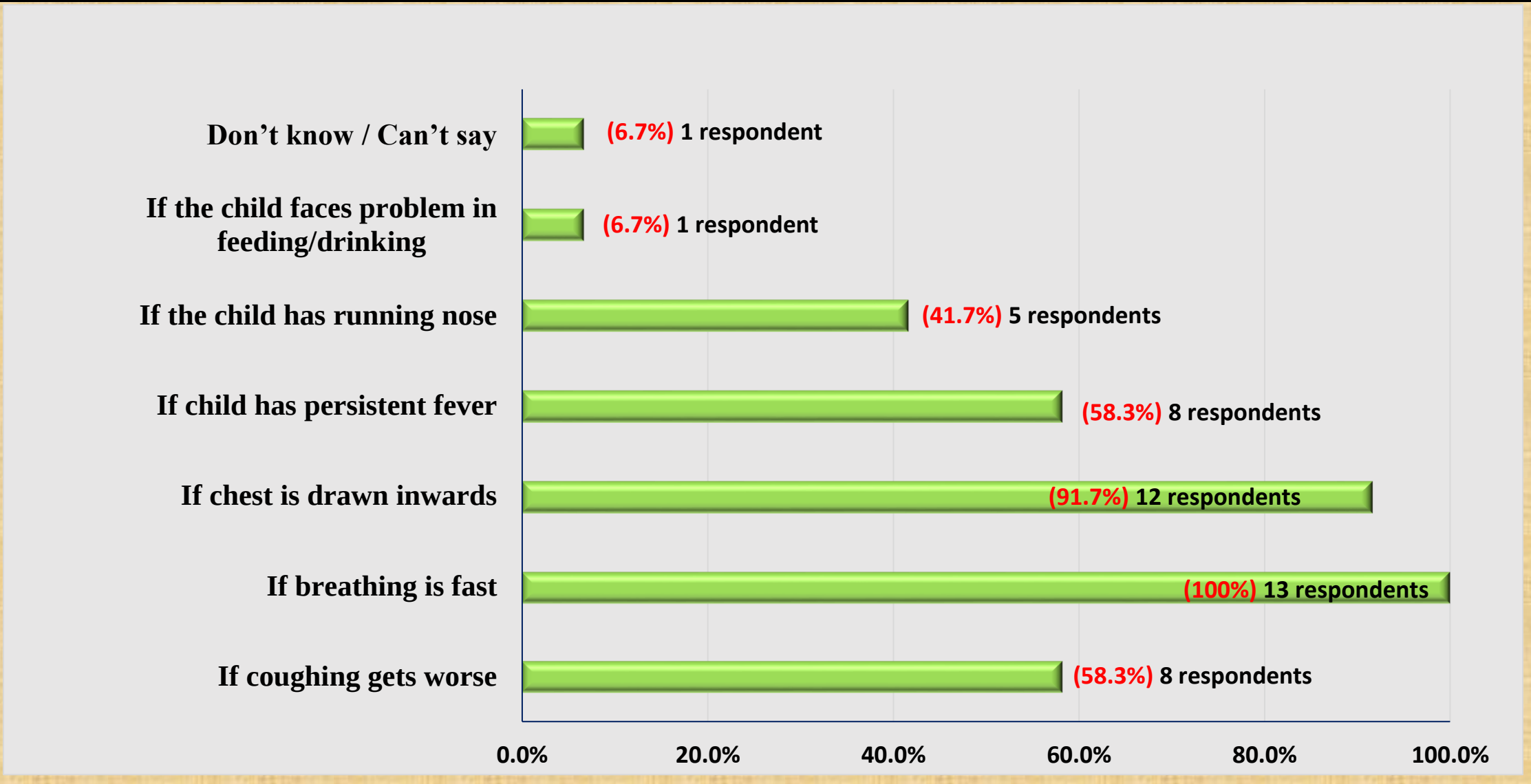
FINDINGS FROM SURVEY WITH FRONTLINE WORKERS

Education level of FLWs (N=13)

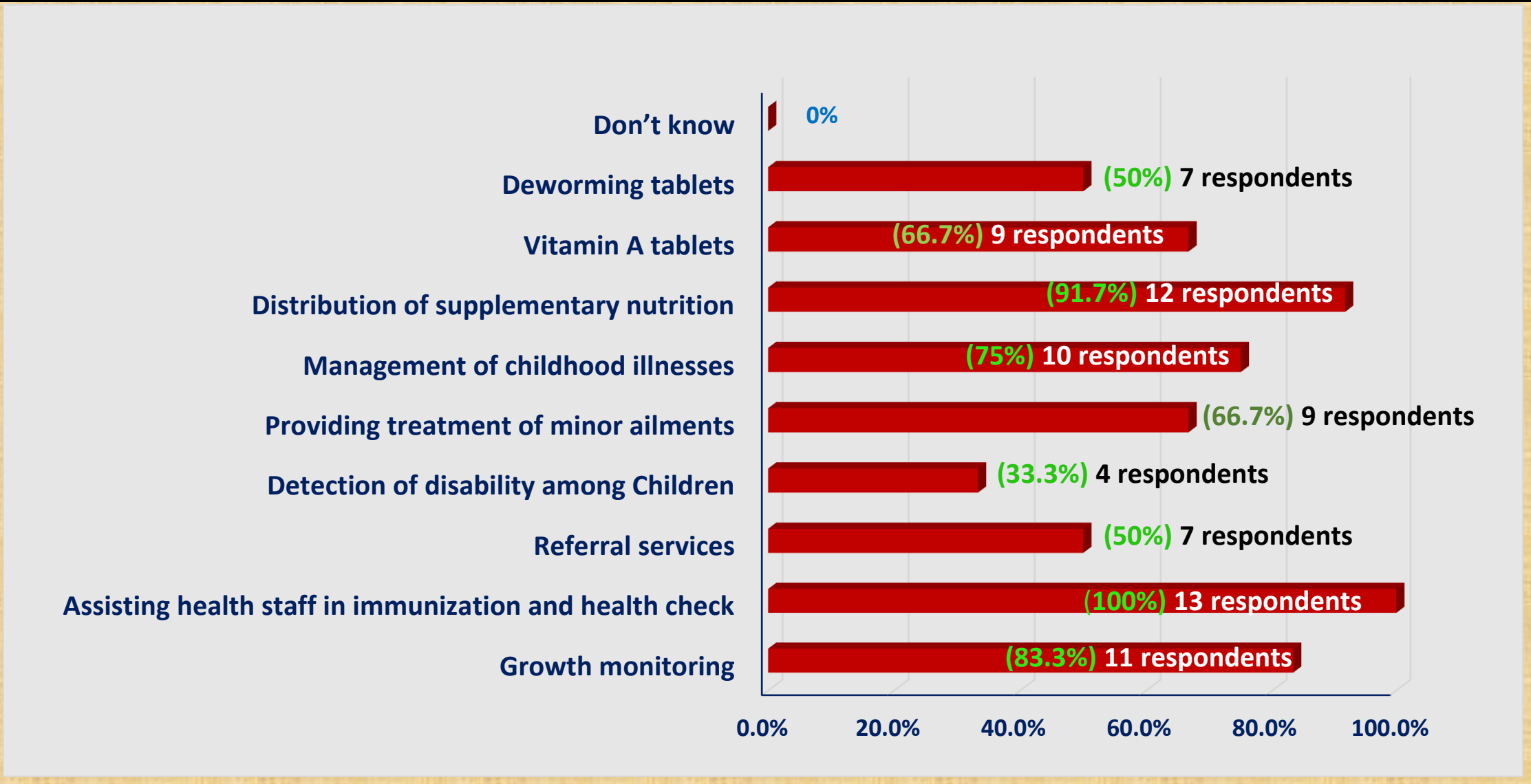


Referral cases of Pneumonia	ANM	ASHA
New cases in last 1 month (N)	7	20
Management at FLW level	0	2
Referral cases (n)	7	18
Referral cases (%)	**100%**	**90%**

Knowledge of FLWs about Pneumonia (N=13)



Services provided by FLWs to Under-5 children (N=13)



CONCLUSION

Overall study showed that to prevent and protect children from pneumonia disease, a topmost priority to be given to establish a good health practices which were found inadequate at both levels (households & FLWs).

The study reveals that the mortality rate of Pneumonia under five children is likely more because care seekers (Guardian of children) and caregivers (FLWs) were not having sufficient knowledge about the symptoms & risk factors of pneumonia.

For this **Health education** programs or campaigns at the community level will be one of the most effective ways to disseminate knowledge.

Recommended practices of breastfeeding (initial, exclusive & complementary) are not adopted by seekers for maintaining the nutritional balance. 99% mothers are not practicing appropriate feeding during the illness of their child.

Demonstration of feeding practices during each home visit by ASHA/ANM and even on the similar platforms like VHSND, MCHN, Immunization Day.

Study shows that Children are not getting 100% Immunized and even 22% care takers do not have their Immunization card.

Handwashing practices at all critical times are maintained by only 23% care seekers.

Frontline workers were lacking skills for early identification and management of pneumonia cases.

There is need to create awareness regarding feeding practices, hand hygiene, immunization and awareness about symptoms and risk factors of pneumonia amongst mothers through ASHA or Anganwadi workers.

An Orientation programs or trainings should be conducted to upgrade the knowledge of FLWs to promote skill.

Integrated programming and implementation in the system should be promoted.

Pneumonia is treatable, a child does not have to die by seconds.

चैन की साँस लेगा बचपन, जब आप तुरन्त पहचाने निमोनिया के लक्षण

निमोनिया एक गंभीर बीमारी है। देश में 5 साल से कम उम्र के बच्चों की मृत्य का ये सबसे बड़ा कारण है। इसलिये **घरेलू उपचार** में समय ना गवाएं। निमोनिया के लक्षण पहचान कर बच्चे को **तुरन्त स्वास्थ्य कार्यकर्ता** के पास या **स्वास्थ्य केन्द्र** ले जाएं।

THANK YOU