

# Study of Orientation of Anganwadi workers on Integrated Management of Childhood Illness (IMCI) in Jagdalpur.

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## ABSTRACT

**Background:** “Integrated management of childhood illness” is a clinical practice guide line; the guideline addresses the case management of clinically ill children. Slum would be “a heavily populated urban area characterized by standard housing and the main objective was to study the orientation of anganwadi workers on IMNCI in jagdalpur. **Methods:** The study was observational and conducted in slums of jagdalpur Chhattisgarh. Only those who fully satisfied both the inclusion and exclusion criteria were included in the study. Permission from institutional ethics committee was obtained. Selection criteria in the present study were all children in the Anganwadi in a defined area. **Results:** Working status of the mother is more in cases group than the control group. In cases group it was 360 and control group it was 240. Family size the average numbers of family members in 0 – 2 months age group and in two months to five years age group in both the cases and control group. In 0 – 2 months of age cases were 6 and controls were 5.5 and in case of 2 months to 5 years cases were 6.5 and controls were 6. **Conclusion:** They face problems of poor housing, hazardous environment with poor sanitation barrier, child labor, and unavailability and non-affordability of balanced diet, malnutrition, infections, non-utilization of health services, which are a constant threat to their health in all respects.

**Keywords:** Anganwadi workers, childhood illness, Slums, Health care services.

## INTRODUCTION

World health organization and united nation children fund have launched a global initiative to reform the health care received by sick children in developing countries. The core of this initiative known as “Integrated Management Of Childhood Illness” is a clinical practice guide line, the guideline addresses the case management of clinically ill children under the condition typical of periphery, focusing on the most common serious condition such as pneumonia and malaria, diarrhea according to WHO up to 70% childhood death can be addressed by IMCI.<sup>[1]</sup>

By the following clinical guidelines of IMNCI our resources can be utilized in a better way to provide quality care to children. Since lack of trained persons in a major problem in developing countries. The need of community based health care worker has been emphasized. They increase the coverage and equity of service of delivery at low cost compared to alternative mode of service organization.<sup>[2]</sup>

The name imply integrated management of neonatal

and childhood illness has helped countries to revise and update their child health policies, streamline essential drug list for children, increase utilization, improve quality of care and nutritional counseling improve health system and community practice.<sup>[3]</sup>

The term “slum” is used to describe a wide range of low – income settlements and poor human living conditions. A simple definition of slum would be “a heavily populated urban area characterized by standard housing and squalor”. Slums can be divided into two broad types. “Slums of hope” and “slums of despair”. The first are settlements on an upward trend, largely made up of newer, usually self- built structures, and those are in or have recently been through a process of development, consolidation and improvement. The second group comprise” declining” neighborhood in which environmental conditions and services are in a process of seemingly inevitable decay.<sup>[4]</sup>

## MATERIALS AND METHODS

The study was observational and conducted in slums of jagdalpur Chhattisgarh. Only those who fully satisfied both the inclusion and exclusion criteria were included in the study. Permission from institutional ethics committee was obtained. Selection criteria in the present study were all children in the Anganwadi in a defined area under 5

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year's age. The study was conducted for a period of 2 years i.e. 2009 – 2011. For the study, each anganwadi center covers a population of 1000 having 10 -15% of under five years of children in one Centre. 30 Anganwadi workers were selected out of which only 25 participated in the study. They were given training based on IMNCI for about three hours for three days. After about six months of training Anganwadi workers collected data by MCQ questionnaire based on IMNCI and in local language. These questions were regarding about common childhood illnesses.

#### **Inclusion Criteria:**

- All children in the Anganwadi in a defined area under 5 years of age

#### **Exclusion Criteria:**

- Children above 5 years are not considered.

## RESULTS

**Table 1: Mothers education – Under mentioned table shows the education status of mother in both the case and control group.**

S.NO	Mothers education	Case	Control
1	High school	24	24
2	Middle school	96	84
3	Primary school	150	132
4	Uneducated	330	360

**Table 2: Working status of the mother – The following table shows the working status of the mother in both the age groups in both the cases and control group respectively.**

S. No	Group	Case	Control
1	Working mothers	360	330
2	Non-working mothers	240	270

**Table 3: Family size – The following table shows the average numbers of family members in 0 – 2 months age group and in two months to five years age group in both the cases and control group.**

S. No	Categories	Case	Control
1	0 -2 months	6	5.5
2	2months – 5 years	6.5	6

**Table 4: Maternal age – The following table shows the average age of mother in 0 – 2 months age group and in two months to five years age group in both the cases and control group.**

S. No	Categories	Case	Control
1	0 -2 months	21.75 year	20.5 year
2	2months – 5 years	25.25 year	25 year

**Table 5: Place of delivery**

S. No	Place of delivery	Case	Control
1	Home delivery	80	100
2	Hospital delivery	120	100

## DISCUSSION

According to census of India, the urban population in the country as on 1st March 2001 was 286

million. This constituted 27.8% of the total population of 1028 million. The net addition of population in urban areas during the decade 1991 – 2001 was about 68 million. The slum census, 2001 in towns with more than 50,000 population, numbering 607, reported 40.606 million slum dwellers decadal growth rate of urban population in India is significantly higher than rural population.<sup>[5]</sup> S.P. Srivastava et al found that in his study 87.9% mothers used pre lacteals which included honey 7.8%, cow's milk 13.5%, plain water 16% and sugar water 47.5%. Pre lacteals used by them are much higher than our study. 5% mother breast fed in 6 hours, 32.2% in 24 – 48 hours and 41% between 48 - 72 hours and 14% after 72 hours.<sup>[6]</sup>

Anju Agarwal et al she found that in her study 62.7% baby breast fed with in first day, 73.3% mothers had given top fed and 80% of top feed is diluted cow's milk reason for this is maternal illness, relatives advice, and joing of work.<sup>[7]</sup>

Chandrasekhar T Shreeramreddy et al found that in his study two mothers recalled that the birth attendant had washed their hands and 116 recalled that they did not do so. The umbilical cord was cut after the expulsion of placenta in 154 deliveries.<sup>[8]</sup>

A Kaur et al she found that in her study ORS is used by 9 of the mothers for the treatment of diarrhea, 33 used home available fluids, and 4.1% mothers had done complete diary restrictions.<sup>[9]</sup>

M R Savitha et al found that in his study that a total number of 30.77% children had respiratory tract infection. Of the total 104 cases with pneumonia 12.51% cases had pneumonia, 82.69% had severe pneumonia and 4.8% cases very severe pneumonia which is much higher than our study.<sup>[10]</sup>

## CONCLUSION

The urban slum children of northern slum area of Jagdalpur mostly belong to poor socioeconomic and illiterate families. They have mostly illiterate and ignorant parents. They face problems of poor housing, hazardous environment with poor sanitation barrier, child labor, and unavailability and non-affordability of balanced diet, malnutrition, infections, non-utilization of health services, which are a constant threat to their health in all respects. With increasing urban migration in the years ahead, the problems of malnutrition, diarrhea, pneumonia and other infectious disease in urban slums of Raipur will also acquire increasing dimension unless special efforts are initiated to mitigate the health and nutrition problems of urban slum children of Jagdalpur.

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