An exploratory study to identify the determinants of health care services utilization and competencies of nursing personnel in dealing with under-five children at specified levels of health care in terms of IMNCI guidelines

Poonam Joshi

Abstract

Background and objectives

Child survival is a very sensitive indicator of population growth and socio-economic development in any country. The status of children is of utmost importance as they determine the future of human existence. Under-five children fall sick despite precautions and care, especially in resource poor settings. Literature suggests that health care seeking behaviour of families’ influences under-five children’s mortality and morbidity. The present study was undertaken to describe the health care seeking behaviour of families for their under-five children, to identify the factors promoting and impeding appropriate and timely health care seeking behaviour and to explore the competencies of nursing personnel in dealing with the problems of under-five children at specified levels of health care in terms of IMNCI guidelines.

Methods

Mixed method approach was used to describe the health care seeking behaviour and factors promoting and impeding appropriate & timely health care seeking behaviour during child illness among 340 PCG. Enrolment of the PCG was done using consecutive sampling technique. For in-depth interviews PCG were selected randomly till the point of data saturation. Data was analyzed quantitatively using SPSS 17.0 using measures of central tendency, frequencies, percentages, chi square test, one way ANNOVA and logistic regression test, and qualitatively by deriving the domains and unfolding the themes.

Competencies of nursing personnel in dealing with the problems of under-five children at specified levels of health care in terms of IMNCI guidelines were assessed by a descriptive survey and observation. Number of government health care facilities included by total enumeration technique was 26 (6 CHC, &20 PHC). The number of nursing personnel recruited using total enumeration technique was 183. Knowledge and attitude assessment was done using a validated knowledge assessment proforma based on IMNCI guidelines and attitude scale on 5 point likert scale. For assessing the performance 3-4 observations per personnel were carried out in conveniently selected 65 nursing personnel. Data was analyzed quantitatively using SPSS 17.0 using measures of central tendency, frequencies, percentages, chi square test, coefficient of correlation and kappa test. The set level of significance for all statistical tests was set as p < 0.05 at 95% confidence interval.

Results

The study found that care seeking was appropriate in majority cases. Eighty-one percent of PCG had made use of some kind of health care facility; private, government or both during the illness. Majority PCG (60.3%) had been to private health care facility to seek the treatment. The factors influencing health care seeking behaviour were age, gender, occupation and family income of PCG; age, gender, birth order, type of illness of the child; perceived severity of illness; affordability, accessibility and convenience and type of health care facility; trust, approach, and attitude of health care providers. The conceptual model developed from the findings of the study resembles the concepts and relationships in Anderson and Newman’s and Young’s health care utilization model that validate the findings.

Majority nursing personnel had good knowledge and positive attitude towards IMNCI. Weak correlation was observed between knowledge and age, total experience, while negative weak correlation was observed between knowledge and duration of IMNCI. The degree of agreement between the nursing personnel and the investigator in the areas of assessment and classification of cough (pneumonia), diarrhoea, fever, malnutrition, anaemia, immunization, feeding and their treatment in sick children (2months- 5 years) was good. In young infants (0-2
months) PSBI, dehydration, feeding problem & assessment, immunization and their treatment were the areas where agreement was found to be good. The commonly missed or wrong signs/classifications were related to plotting grades of malnutrition on weight for age graph, assessing severity of pallor in older children and assessing activity & general condition in young infants.

**Conclusion**

Majority PCG had used health care facility for their sick children. Private health care facility was preferred due to availability even in the evening and night, accessibility, quick relief and good individual attention. Various factors impeding and promoting timely health care seeking behaviour were identified. Priority of the government should be towards improvement in the quality of government health care services directed towards childhood illness.

IMNCI personnel have good knowledge and positive attitude towards the programme and their performance can be improved further with drills, exercises and supervised practices. In India careful planning, reviewing and supervision of nursing personnel can go the long way in implementing the IMNCI programme to achieve maximum benefits for child survival.

**Keywords:** Health Care Seeking Behaviour, Primary Care Giver (PCG), Competencies of Nursing Personnel.

Poonam Joshi

08NC004