

CHAPTER: 04

COMPARISON OF KNOWLEDGE, ATTITUDE, AND PRACTICES OF MOBILE HEALTH TEAMS OF DISTRICT BURHANPUR AND KHANDWA POSTED UNDER RASHTRIYA BAL SWASTHYA KARYAKRAM IN MADHYA PRADESH

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INTRODUCTION

In a vast country like India, ensuring a healthy and vibrant future for a large population is of supreme importance for the creation of a developed and competitive civilization on the global stage. The realization of a vision for such a healthy and developed society necessitates concerted and organized efforts at all levels. The initiation of the 'Child Health Screening and Early Intervention Services' Program by the Ministry of Health and Family Welfare (MoHFW) under the National Health Mission aligns with this goal, aiming to detect and treat the prevalent 4Ds in children—Defects at birth, Diseases, Deficiency conditions, and Developmental Delays, including Disabilities.

The health and wellbeing of children are influenced by various factors, all of which can impact early childhood development. Negative experiences in early life can have long-lasting effects, contributing to inequalities and adversely affecting the health and wellbeing of individuals and society throughout their lives [2]. Early intervention services have the potential to shape future outcomes, and the substantial improvements they can bring to overall outcomes are widely acknowledged. Numerous policy initiatives, programs, and interventions are centred around the early intervention theme, with the Rastriya Bal Swasthya Karyakram (RBSK) being a significant program among them. Identifying and addressing the factors that affect the program is crucial for its proper functioning and to achieve the expected results [1-3].

A recent comparative study was conducted in Indore and Ujjain districts to assess the Knowledge, Attitude, and Practice of Mobile Health Teams (MHTs). The findings revealed that in both districts, the requirement for Medical Officers in the interviewed MHTs was fulfilled by AYUSH doctors. Specifically, all medical officers held a degree in Ayurveda (BAMS), and there was a lack of representation from other AYUSH streams in the teams. Most of these medical officers had been working with the Rashtriya Bal

Swasthya Karyakram for a duration of two years, and all had received training for RBSK, with the exception of one. However, there was a deficiency of data entry operators cum pharmacists and nurses in the MHTs under study. The absence of data entry operators cum pharmacists placed an additional burden on doctors for reporting and data entry tasks. The absence of nurses posed challenges in conducting organized screenings of children. On a positive note, all MHTs had access to vehicles and drivers, facilitated through an MOU with a private sector transporter, which proved to be a strength of the teams [4].

RESEARCH QUESTIONS

1. What was the prevalence of various health conditions (diseases, deficiencies, delays, and deformities) within the 4Ds framework of the Rashtriya Bal Swasthya Karyakram (RBSK) in the district?
2. What was the level of knowledge, attitude, and practices among the Mobile Health Teams (MHTs) of RBSK in Burhanpur and Khandwa districts?

RESEARCH OBJECTIVES

1. To assess the knowledge, attitude, and practices of the RBSK teams in Burhanpur district.
2. To identified and facilitated the surgical intervention for positive cases of cleft lip and cleft palate among individuals aged 1 to 18 years and subsequently declared Burhanpur district free from cleft lip/cleft palate patients.

RESEARCH METHODOLOGY

Baseline variables, encompassing age, gender, background, years of experience, RBSK training/workshop attendance, and compatibility with team member software, were examined among a population of 60 RBSK health team members, including AYUSH

doctors, pharmacists, and ANMs. The instrument development involved discussions with health personnel, experts, and reference to RBSK literature by NHM MoHFW. The structured questionnaire, comprising 60 questions, assessed knowledge, attitude, and practice based on RBSK operational guidelines, job aids, program knowledge, child health awareness, work attitude, sense of responsibility, and standard practices. Scoring categories were defined as: <50% (<30) - Inadequate knowledge, 50-75% (31-44) - Moderately adequate knowledge, >75% (>45) - Adequate Knowledge. Data collection utilized primary sources, including interactions, questionnaires, and direct observations, and secondary sources, such as registered records, the organization's website, and available literature. The investigator conducted field visits, introduced the study, administered questionnaires, engaged in personal discussions and interviews, and observed current health screening practices. Operational definitions were established for key terms, including "knowledge," "attitude," and "practice," with demographic variables like age, gender, qualification, marital status, designation, and length of service considered. The study aimed to comprehensively assess the KAP of RBSK health team members, offering insights into the effectiveness of health screening practices in the study districts.

RESULTS AND DISCUSSION

The KAP assessment indicated that the RBSK teams in both Burhanpur and Khandwa demonstrated satisfactory performance, falling into the category of adequate knowledge (Score >75%). However, the screening practice in both districts was classified as moderately adequate, and the attitude towards RBSK was considered adequate in Khandwa but moderately adequate in Burhanpur. Notably, the number of surgeries and reporting in Khandwa (60) was lower than in Burhanpur (83). Burhanpur had achieved success in conducting 35 surgeries for cleft lip and cleft palate, leading to the District Magistrate declaring it free from such patients within the age group of 1 year to 18 years.

Several factors contributed to the observed poor performance, including the absence of a District Early Intervention Centre (DEIC) in both Khandwa and Burhanpur. Additionally, there was a lack of convergence with the Women and Child Development (WCD) department and the Education department. Human resource challenges were prevalent across most teams, with no regular induction programs to motivate them to organize surgical camps. Communication gaps with hospitals providing surgical assistance for RBSK and a lack of clear awareness regarding surgical treatment, along with team members' insufficient knowledge about proper surgical referrals, further contributed to the observed shortcomings. Addressing these issues was crucial for improving the overall performance and effectiveness of the RBSK program in the studied districts.

CONCLUSION

The study concluded that there were deficiencies in the implementation of RBSK, and rectifying these issues could lead to a highly successful program. Addressing these concerns was crucial for reaping significant benefits, including improved survival rates, reduced prevalence of malnutrition, enhanced cognitive development and educational achievements, and an overall better quality of life for citizens. Correcting these issues would also reduce out-of-pocket expenses for delayed treatment, prevent the development of debilitating and incurable conditions, and alleviate the burden on the healthcare system. Furthermore, the Child Health Screening and Early Intervention Services would generate nationwide epidemiological data on the 4 Ds (Defects at birth, Diseases, Deficiencies, and Developmental Delays, including Disabilities).

REFERENCES

1. Ramey, C. T., & Ramey, S. L. (1998). *Early intervention and early experience. American psychologist*, 53(2), 109.
2. Guralnick, M. J. (1997). *Effectiveness of early intervention for vulnerable children: A developmental perspective. American Journal on mental retardation*, 102(4), 319-345.
3. Yoshikawa, H. (1995). *Long-term effects of early childhood programs on social outcomes and delinquency. The future of children*, 51-75.
4. Parmar, S., Bansal, S. B., Raghunath, D., & Patidar, A. (2016). *Study of knowledge, attitude and practice of AYUSH doctors, evaluation of MHTs working in RBSK and client satisfaction. Int J Community Med Public Health*, 3, 2186-90.