

Chapter-4

KNOWLEDGE REGARDING MINIMUM ESSENTIAL COMMODITIES OF 5*5 MATRIX OF RMNCH+A AMONG HEALTH WORKERS IN KAIMUR DISTRICT

¹Kumari Anisha Shah

¹Student, IIHMR University

²Dr. J.P. Singh

²Professor, IIHMR University

DOI: <https://doi.org/10.52458/978-8197040863.2024.eb.ch-04>

Ch.Id:- IIHMR/NSP/EB/RHP/2024/Ch-04

INTRODUCTION

The focal point of achieving the national health objectives, as outlined in the National Health Mission (NHM) and the Millennium Development Goals (MDG) 4 and 5, is the improvement of maternal and child health to ensure their survival. Over the preceding seven years, the national program has developed innovative strategies to implement evidence-based interventions across various population groups. There has been a substantial increase in financial resources allocated to Reproductive and Child Health (RCH), healthcare infrastructure, workforce, and program management capacity since the inception of NRHM in 2005. This presents a pivotal opportunity to consolidate collective efforts. As we approach 2015, there is a chance to accelerate progress towards MDGs and redefine the national agenda, promoting a coordinated approach to maternal and child health in the coming five years [1].

Significant disparities exist in the outcomes and coverage of reproductive, maternal, newborn, and child health (RMNCH) interventions between Nepal's mountainous regions and other ecosystems. Providing essential health services in these remote mountainous areas presents challenges, and limited accessibility serves as a recognized barrier to utilization. Consequently, policies and programs encounter difficulties in strategically addressing constraints to enhance coverage [2]. To assess the awareness of reproductive and child health (RCH) services among healthcare workers, pregnant women, mothers, and adolescent girls, a cross-sectional study was carried out in the rural field practice areas of K. S. Hegde Medical Academy. Interviews were conducted with 37 health workers, 50 pregnant women and mothers, and 56 adolescents, using a pre-tested questionnaire [3].

Descriptive statistics were utilized for the analysis. Health workers demonstrated proficient knowledge in identifying high-risk pregnancies, normal birth weight, and anaemia. However, their awareness regarding the minimum required strength of medical officers in a FRU (First Referral Unit) and recognizing fast breathing in infants under two months was constrained. Among mothers, awareness levels

varied concerning the number of ANC (Antenatal Care) visits, the appropriate pregnancy interval, and methods to prevent STI (Sexually Transmitted Infection) transmission. Adolescents exhibited sound knowledge regarding the legal age for marriage and various contraceptive methods [4].

RESEARCH QUESTION

What was the present level of understanding among healthcare professionals regarding the 5x5 matrix of Reproductive, Maternal, Newborn, Child Health, and Adolescents (RMNCH+A)?

RESEARCH AIM

To determine whether the existing knowledge of reproductive, maternal, newborn, child health, and adolescents among health workers contributes to the effective implementation of the RMNCH+A strategy.

RESEARCH OBJECTIVE

To assess the understanding of health workers regarding the necessary items related to Reproductive, Maternal, Newborn, Child Health, and Adolescents (RMNCH+A).

RESEARCH METHODOLOGY

The study, conducted over a duration of two months, employed a descriptive cross-sectional design. The research was carried out in Primary Health Centers (PHCs) and Community Health Centers (CHCs) located in Kaimur District. The study participants comprised medical officers from PHCs and CHCs, along with Female Health Supervisors from Primary Health Centre.

A total of 52 medical officers and 45 Female Health Supervisors were interviewed from PHCs. Seven medical officers from 11 CHCs were included in the study. Stratified random sampling was employed, selecting 52 medical officers out of the 65 Primary Health Centers (PHCs) and seven Medical Officers out of the 11 Community Health Centers (CHCs). All 45 Female Health Supervisors from the 65 PHCs were included in the study. Data collection utilized a structured

questionnaire with both open-ended and closed-ended (checklist) items, developed for this questionnaire-based survey. The study population consisted of medical officers from PHCs and Female Health Supervisors from the respective PHCs. Data were gathered during block meetings of Medical Officers and field visits. For Female Health Supervisors, data collection occurred during staff meetings and field visits. The returned questionnaires underwent thorough checks for completeness and accuracy, and the collected data were entered into Microsoft Excel for subsequent analytical treatment and graphical presentations.

RESULTS AND DISCUSSION

The questionnaire data analysis revealed that 55% of medical officers were knowledgeable about both the full form and the number of stages in RMNCH+A, while 15% were unaware of both aspects. Moreover, 18% knew only the full form, and 12% knew only the number of stages (pillars) in RMNCH+A. Regarding awareness of the essential components within the 5x5 matrix, medical officers exhibited strong knowledge in the areas of reproductive, maternal, neonatal, child, and adolescent health. However, discrepancies were found, with some medical officers and female health supervisors exhibiting incorrect knowledge about certain essential commodities, indicating a potential gap in understanding the RMNCH+A strategy. These findings suggest a need for targeted interventions to improve awareness and knowledge among health workers for effective implementation of RMNCH+A initiatives.

CONCLUSION

The research sought to assess the extent to which health workers in Kaimur possess knowledge about the RMNCH+A 5x5 matrix and whether this knowledge contributes to the successful implementation of the strategy. The findings revealed a lack of awareness among both medical officers and female health supervisors regarding essential elements of the RMNCH+A 5x5 matrix. This deficiency in knowledge is particularly worrisome in a high-priority district like Kaimur, where the effective and prompt execution of RMNCH+A holds significant importance. To achieve optimal outcomes, it is crucial to enhance

awareness and understanding of the RMNCH+A 5x5 matrix among the healthcare workforce through targeted sensitization programs. Additionally, the study brought to light the prevalence of inaccurate knowledge, as none of the medical officers possessed complete and accurate information about the minimum essential commodities of RMNCH+A. This trend was also observed among female health supervisors. Given the current awareness levels in Kaimur District, substantial investment in training and knowledge upgrading is imperative for the effective adoption of this recently introduced strategy.

REFERENCES

1. A strategic approach to reproductive, maternal, newborn, child and adolescent health (RMNCH+A), Ministry of Health & Family Welfare Government of India, Nirman Bhawan, New Delhi.
2. Byrne, A., Hodge, A., Jimenez-Soto, E., & Morgan, A. (2013). Looking beyond supply: a systematic literature review of demand-side barriers to health service utilization in the mountains of Nepal. *Asia Pacific Journal of Public Health*, 25(6), 438-451.
3. Lodhiya, K., Pithadiya, P., Unadkat, S., & Yadav, S. (2012). A study on knowledge and skills of female health workers regarding maternal care under RCH programme. *National Journal of Community Medicine*, 3(01), 35-39.
4. Syamala, T. S. (2004). Do health worker female and traditional birth attendant equipped to provide primary health care in tribal areas? Evidences from tribal Andhra Pradesh. *Studies of Tribes and Tribals*, 2(2), 119-124.