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Original Research Article

Assess The Knowledge Regarding Essential Health Facilities Provided by PHC and Benefits for Mother with A View to Develop an Information Booklet

*Karishma Singh Thakuri [1], Kalpana Paudyal [2], Althaf V.S [3]

[1] TUIoM Nepalgunj Nursing Campus, Nepalgunj, Nepal
[2] Department of nursing, Nepalgunj Nursing Campus, Tribhuvan University, Nepalgunj, Nepal
[3] Faran college of nursing, Bangalore, India

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***Corresponding author: Karishma Singh Thakuri**
TUIoM Nepalgunj Nursing Campus, Nepal
Email: skarishma350@gmail.com

Abstract

In India the government has launched various national programme for the control and eradication of the endemic disease like leprosy eradication programme, tuberculosis control programme, Malaria eradication programme and other prevention and control of locally endemic disease to promote Primary Health Care in a population. A descriptive survey research design was done among 60 mothers of undefive children at rural community of Bangalore. A simple random sampling technique was used to select the sample for the study. A structured knowledge questionnaire was used to collect the data from the subject. Majority 56.7% of mothers had moderate knowledge on essential health facilities provided by PHC. 69.2% of respondents had knowledge on the aspect of general knowledge on PHC and the least aspect wise mean percentage score was observed (50.7%) in safe drinking water, for aspect of immunization the score was 51.5%, the score was 51.4% for sanitation. The study conclude that 43.3% had inadequate knowledge 56.7% of them had moderate knowledge and none of the participant who participated in the study had adequate knowledge.

Keywords: *Socio-demographic variables, essential health facilities, information booklet.*

1. Introduction

In the early 1970s, the health care approach consisted of efforts concentrated on eliminating specific diseases, specially smallpox and malaria. The only access to health care for many people living in poor areas of the country consisted of vaccines and spray against malaria. In the 1960s, China developed a health care system, which emphasized preventive, rather than curative, care. China's program consisted of rural medical services by "barefoot doctors." These "doctors" were individuals with some general education, who were selected to receive a three-month to six-month intensive course in medical training. They lived in the same village in which they worked. Their proximity to patients made it easier for them to provide quicker help. In 1974, in order to obtain recognition for the health care model, China began pressing the United Nations for a conference on primary health care.

In September 1978, an international conference was held in the city of Alma-Ata, Kazakhstan to propose a plan that would keep as many people as possible healthy worldwide. During this year, primary health care emerged, with the ultimate goal of better health for all. During this conference, the Declaration of Alma-Ata and the primary health care model emerged. This declaration states that health is a human right and that attaining this health should be the primary goal of every government. One of the main themes of this declaration was the involvement of community health workers and traditional healers in the new health system.

It addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.

Universal immunization programme is in operation Under National Health Policy, 2017, Infant Mortality Rate (IMR) target for the year 2019 is 28 per 1000 live births. In 2018, about 86% of the world's children received vaccines that would protect them against polio, diphtheria, tetanus, pertussis, and measles. Immunizations currently prevent 2 million to 3 million deaths every year.

Now there are nearly 5886 PHC operating in India. In India the government has launched various national programme for the control and eradication of t endemic disease like leprosy eradication programme, tuberculosis control programme, Malaria eradication programme and other prevention and control of locally endemic disease to promote Primary Health Care in a population. Nurse and nursing team collect the data education.do home visit and follow up cases and provide surveillance over the target population to ensure that communicable disease is eradicated or controlled.

2. Review of literature

Numerous studies have been done to assess the knowledge regarding essential health facilities provided by phc and benefits among mother A descriptive study was conducted to assess the knowledge regarding immunization among the mothers of under five children admitted in pediatric ward of prabhakarkore hospital, belagavi. The study was conducted on 50 mothers of under five children admitted in pediatric ward of PrabhakarKore Hospital A non-experimental design was used and the convenient sampling technique was applied. The result of the study showed the mean and standard deviation of knowledge score was 9 and 3.679 respectively. The majority of 34(68%) of the mothers of under five children had an average knowledge regarding immunization. Whereas, around 9 (18%) of mothers of under five children had good knowledge and minimal 7(14%) had poor knowledge. The study concluded the mother's knowledge regarding immunization is essential for timely utilization of immunization services as it is the most cost-effective measure to prevent vaccine preventable diseases.

A cross-sectional study was performed on sample of 40 participants to assess the Knowledge, Attitude and Practice regarding Hygiene Water and Sanitation in Urban Slum of South Delhi, India. A convenient sampling technique was used and questionnaire was enrolled to collect the data. The results revealed an average 75% of the participants did not use any method for drinking water treatment. 45% of the participants consumed water from privately-owned tube well/ bore well. Females aged 15 years and above were largely responsible (93%) for fetching water from water source. 45% of the participants had toilets within their households. 53% of drinking water samples collected from storage containers showed positive bacteriological contamination. The study concluded there is an urgent need to develop family centered educational programs that would enhance awareness about water treatment methods that are cost effective and easily accessible.

A survey was done in 1050 households to assess the knowledge, Attitude and Practices (KAP) of the people on sanitation, hygiene and water supply was collected in Sarai Upazila, Brahman Baria District, Bangladesh using cluster-village-survey methods. A pre-coded questionnaire was developed for the interview, Demonstration and Observation was done to collect the data. The result showed Use of tube wells for drinking water was almost 100% but for washing ut//ensils and bathing its use was only 63% and 16% respectively,27% of the marginal farmers and 15% of the small farmers arrange tubewells in collaboration with their neighbors and 44% of the marginal farmer collected water from their tube wells. A majority of households were observed to use lid/cover over the food and 59% used lid to cover drinking water. About 22% households were found with feces lying in the yard, while 41% households dumped garbage in yards. About any kind of latrine users (hygienic and un-hygienic), in 32% cases feces were found around the platform of latrines and in 28% latrines feces were found in the pan. Soap was found near latrines in 23% of households. Survey concluded the people undermine the importance of hand-washing practices before taking food than after defecation. Therefore, for the programme, there is a need to raise awareness.

3. Research Method

A descriptive and inferential statistics design was used among 60 mothers of under five children mothers of selected community area in Bangalore using simple sampling technique with structured questionnaire for knowledge assessment.

4. Research Objectives

- To assess the level of knowledge of mothers regarding essential health facilities provided by PHC.
- To assess the level of knowledge of mothers regarding benefits of essential health facilities given by PHC.
- To determine an association between mean knowledge scores of mothers in selected rural areas of Bangalore with their selected socio-demographic variables.
- To develop information booklet for mothers in selected rural areas of Bangalore regarding essential health facilities provided by PHC and its benefits for mother

5. Research Hypothesis

H_1: There is a significant association between the mean knowledge scores of mothers regarding essential health facilities provided by PHC and benefits for mother.

6.Theoretical framework

According to IMOGENE KING, nursing is defined as a process of action, reaction and interaction, whereby nurse and the client share information about their perception in relation to nursing care. It is based on the concepts of personal, interpersonal and social systems including systems including perception, judgment, action, reaction, interaction and transaction.

Perception

- In this study, it refers to the investigator's perception of the need for knowledge regarding essential health facilities provided by PHC and benefits for mother.

Judgment

- judgment of nurse investigator includes the opinion that informational booklet may improve the knowledge regarding the essential health facilities provided by PHC and benefits for mother.

Action

- In this study, action of nurse investigator includes planning for developing informational booklet regarding the essential health facilities provided by PHC and benefits for mother.
- It may help to update knowledge and improve the knowledge regarding the essential health facilities provided by PHC and benefits for mother.

Mutual goal setting

- the goal of the investigator is to improve the knowledge regarding the essential health facilities provided by PHC and benefits for mother.

Reaction

- In this study, reaction includes developing and obtaining validity of booklet, and lesson plan for knowledge regarding the essential health facilities provided by PHC and benefits for mother.

Interaction

- The nurse investigator interacts with the mothers of 0-5 year children aged between 18- 40 years of age.

Transactions:

- It refers to the assessment of level of knowledge the essential health facilities provided by PHC and benefits for mother.

Positive outcome:

Adequate knowledge is seen in the significant improvement on knowledge regarding knowledge regarding essential health facilities provided by PHC and benefits for mother residing in selected rural area of Bangalore.

7. Data Analysis and Interpretation

Data analysis will be done by using descriptive and inferential statistics. Frequency and percentage distribution was used to analyze the demographic variables. The demographic variables were presented in tables and figures. The analysis of knowledge was done by mean, median and standard deviation.

A chi-square (x^2) test was used to determine the association between the mean knowledge score of mothers regarding essential health facilities provided by PHC and its benefits with their selected socio-demographic variables.

TABLE – 1 association between Demographic variables and Knowledge level on Essential health facilities provided by PHC

n=60

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	18-23	20	9	45.0	11	55.0	0.26 NS	P>0.05 (5.991)
	24-29	32	13	40.6	19	59.4		
	30-35	8	4	50.0	4	50.0		
Educational level	Illiterate	40	14	35.0	26	65.0	6.65*	P<0.05 (5.991)
	Primary	10	4	40.0	6	60.0		
	Secondary	10	8	80.0	2	20.0		
Occupational status	Self employed	10	4	40.0	6	60.0	0.98 NS	P>0.05 (5.991)
	Private	19	10	52.6	9	47.4		
	House wife	31	12	38.7	19	61.3		
Combined		60	26	43.3	34	56.7		

* Significant at 5% Level, NS: Non-significant

Note: Figures in the parenthesis indicate Table value
With regards to the association between age group of participants obtained in chi-square value was 0.26which was found to be less than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between age group and mothers' knowledge level on essential health care facilities provided by PHC.

With regards to the association between educational level of participant obtained in chi-square value was 6.65which was found to be more than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between educational level and mothers knowledge level on essential health care facilities provided by PHC.

With regards to the association between occupational status of participant obtained in chi-square value was 0.98 which was found to be less than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between occupation status and mothers knowledge level on essential health care facilities provided by PHC

TABLE – 2 Association between Demographic variables and Knowledge level on Essential health facilities provided by PHC

n=60

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Religion	Hindu	10	4	40.0	6	60.0	0.10 NS	P>0.05 (5.991)
	Christian	31	14	45.2	17	54.8		
	Muslim	9	8	42.1	11	57.9		
Type of family	Joint	27	16	59.3	11	40.7	6.61*	P<0.05 (5.991)
	Extended	11	5	45.5	6	54.5		
	Nuclear	22	5	22.7	17	77.3		
Combined		60	26	43.3	34	56.7		

* Significant at 5% Level, NS: Non-significant

Note: Figures in the parenthesis indicate Table value

With regards to the association between religion of participant obtained in chi-square value was 0.10 which was found to be less than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between religion and mothers knowledge level on essential health care facilities provided by PHC.

With regards to the association between type of family of participant obtained in chi-square value was 6.61which was found to be more than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between type of family and mother's knowledge level on essential health care facilities provided by PHC.

TABLE – 3 Association between Demographic variables and Knowledge level on Essential health facilities provided by PHC

n=60

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Number of Children	One	20	13	65.0	7	35.0	5.74*	P<0.05 (3.841)
	Two	40	13	32.5	27	67.5		
Family income/month	<Rs.15000	8	4	50.0	4	50.0	1.47 NS	P>0.05 (5.991)
	Rs.15001-20000	19	10	52.6	9	47.4		
	>Rs.20001	33	12	36.4	21	63.6		
Combined		60	26	43.3	34	56.7		

* Significant at 5% Level, NS: Non-significant

Note: Figures in the parenthesis indicate Table value

With regards to the association between number of children of participant obtained in chi-square value was 5.74 which was found to be more than the table value P<0.05 (3.841) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between number of children and mother's knowledge level on essential health care facilities provided by PHC.

With regards to the association between family income of participant obtained in chi-square value was 1.47 which was found to be less than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between family income and mother's knowledge level on essential health care facilities provided by PHC.

TABLE – 4 Association between Demographic variables and Knowledge level on Essential health facilities provided by PHC

n=60

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Received information on essential health facilities by PHC	Yes	29	17	58.6	12	41.4	5.34*	P<0.05 (3.841)
	No	31	9	29.0	22	71.0		

Source of Information	Health personnel	19	12	63.2	7	36.8	6.29*	P<0.05 (5.991)
	Family members/ Relatives	7	3	42.9	4	57.1		
	Friends	3	2	66.7	1	33.3		
	No	31	9	29.0	22	71.0		
Combined		60	26	43.3	34	56.7		

* Significant at 5% Level, NS : Non-significant

Note: Figures in the parenthesis indicate Table value

With regards to the association between received information on essential health care facility of participant obtained in chi-square value was 5.34 which was found to be more than the table value P<0.05 (3.841) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between received information on essential health care facility and mother's knowledge level on essential health care facilities provided by PHC.

With regards to the association between source of information of participant obtained in chi-square value was 6.29 which was found to be more than the table value P<0.05 (5.991) at 5% level of significance. Based on these, the research hypothesis is accepted and null hypothesis is rejected, therefore there is significance association between source of information and mother's knowledge level on essential health care facilities provided by PHC.

8. Discussion

The findings shows that Knowledge level on Essential health facilities provided by PHC. It is observed that the 26 (43.3%) had inadequate knowledge, 34(56.7%) of them had moderate knowledge and none of the participant who participated in the study had adequate knowledge regarding essential health facilities provided by PHC.

The above findings were supported by descriptive study was done among 232 Mothers to assess the Knowledge, Attitudes and Practices regarding Immunization in Jos North, Nigeria. Multi-. Only 2.6% had excellent knowledge on vaccine preventable diseases, 89.6% had an overall good knowledge while 5.2% each had fair and poor knowledge. Similarly, a cross-sectional study was done to assess the Level of Knowledge Regarding Water and Sanitation among Women of Biratnagar, Nepal 44% had adequate knowledge, 45.3% had moderate knowledge and 10.7% had inadequate knowledge regarding safe water and sanitation. In this study most of the respondents, i.e. 45.3% had moderate knowledge

The investigator identified that the knowledge regarding PHC and its benefits was moderate. Similarly, it has been found that health care system has changed so many hins in the PHC facilities. Hence, Information booklet has been prepared with more emphasis on the above-mentioned areas where improvement is required.

9. Conclusion

The finding shows that 26 (43.3%) had inadequate knowledge, 34 (56.7%) of them had moderate knowledge and none of the participant who participated in the study had adequate knowledge regarding essential health facilities provided by PHC. Thus the finding indicate that descriptive study was effective to assess the knowledge regarding essential health facilities provided by PHC and benefits for mothers residing in rural area at Bangalore.

10. Recommendations

- In order to increase knowledge about PHC, the media should be engaged. They play a key role in promotion of knowledge in community.
- Government should increase opportunity to take on the job training for health care providers in order to make services more assessable through provision of correct information on PHC facilities of mothers.
- To improve knowledge of mothers on PHC, health workers should use mass media, health education at ANC community outreach. Health workers should work to create awareness on the importance and benefits of use of PHC facilities. This could be achieved through the development and implementation of strategies that specifically target on its use.

- A similar study may be replicated on a large sample.
- A comparative study may be conducted between literate eligible mothers and
- Illiterate mothers.

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