ASSESSMENT OF KNOWLEDGE ABOUT VITAMIN A PROPHYLAXIS PROGRAMME AMONG HEALTH AND ICDS FUNCTIONARIES IN DISTRICT BANDA (U.P.)

D. S. martolia*, Suresh Chandra**, Nadeem***, J. P. Srivastava****,

R.P. Sharma*****, Punit Varma******, Anurag Srivastava***

Assistant Professor*, Associate Professor**, Resident***, Professor****,

Associate Professor****, Lecturer*****

Department of community Medicine, G.S.V.M. Medical College, Kanpur

Abstract:

Research question: What is the level of knowledge about vitamin A among health and ICDS staff? Objectives:

1. To assess the knowledge of respondent staff.

2. to. suggest need for strengthening, reorienting training and motivation of staff for the success of the programme.

Study design - cross sectional

Setting - the study was performed in district Banda (UP)

Result: total respondents interviewed were 125 with male female ratio of 55:70.

75% of the total respondents were in the age group 20 to 45 years. Regarding knowledge 91.2% responded blindness and 15.4% Bitot's spots as symptom of vitamin A deficiency.

Introduction:

Malnutrition as recognized by WHO is associated with over half of all child deaths that occur in the developing countries. Micronutrient, vitamin A deficiency increases severity and duration of measles and contributes to under five children mortality., Vitamin A deficiency continues to be a serious public health problem concluded by a district wise survey under taken by state government. Incidence of conjunctiva xerosis and Bitot's spot is reported to be 1-8 to 8.9%, while public health cut off is only 5%. Despite of this only 10% of children are reported to have received at least one dose of vitamin A supplement through the routine programme activities. Observing severity of the problem and quality of the services provided by health and ICDS departments, a study was carried out at Banda district of UP in may 2005

with following objectives:

- To assess the knowledge of ICDS and Health staff
- 2. To suggest need for strengthening reorientation training and motivation of staff for the success of the programme.

Material and Method:

The present study was carried out using prestructured and pretested questionnaires for interviewing health and ICDS functionaries. Out of the total area visited, only 125 respondents from both the sectors could be approached and interviewed with confidentiality as needed.

Results:

Among respondents about majority were in the age of 20 to 45 years age. And majority (68.0%) belonged to residing at distant places from the

(68.0%) place of posting. Regarding knowledge about Vit A deficiency symptoms (multiple answers) 91.2% answered blindness followed by watering of eye (64.8%), pain in the eye (59.2%) at least others (18.4%), night blindness (85.6%), corneal xerosis (18.9%) and Bitot's spots 15.4%, when asked about cause of vita A deficiency disorders majority (67.2%) responded vita A deficiency, followed by infection (13.6%) direct contact (11.2%) and air borne (2.4%). Among methods of administration of Vit A, special spoon used was 56.8%, cap of bottle 19.2%, ordinary spoon 11.2% and dropper used 9.6%. Consumption of green leafy vegetable and yellow fruits were hi hlvig. (84.8%) considered preventive measure followed by consumption of pulses in large amount (25.6%) and least consumption of vegetable oils (16.8%) Necessity of 5 doses of Vit A to be administered in three years, was responded (56.8%) followed by 4 doses (7.3%) and 2 doses (3.2%)

Conclusion:

In the present study it was observed that though most of the ICDS and health field staff have workable knowledge about Vit A deficiency symptoms but this is not sufficient for success of the programme objectives and early case detection, Hence regular reorientation and training of field staff regarding ultimate and immediate objectives of the VitA prophylaxis programme is very essential. No doubt administrative and political hurdles are being faced by field workers but they should be motivated so strongly that they can put their maximum efforts within currently existing and limited resources made available by the govt.

TABLE - 1
Knowledge about Vit A deficiency symptoms (multiple answers)

Symptoms (n =125)	Number	Pereentage
Swelling the eye	48	
Pain in the eye	74	59.2
Watering of the eye	81	64.8
Blindness	114	91.2
Others	23	18.4

TABLE - 2
Knowledge about causes of night blindness

S.No.	Causes	Number	Percentage
1.	Infection	17	13.6
2.	Direct contact	14	11.2
4.	Air borne route	3	2.4
5.	Vit A deficiency	84	67.2
-	Other	7	5.6
	Total	125	100%

TABLE - 3
Knowledge about Mode of Administration

S.No.	Modes	Number	Percentage
1.	Ordinary spoon	14	11.2
2.	Cap of bottle	24	19.2
3.	Dropper	12	9.6
4.	Special spoon for Vit A	71	56.8
5. Others	Others	4	3 2
	Total	125	100%

TABLE - 4
Knowledge about Prevention of Night Blindness (multiple answers)

S.No.	Prevention (n=125)	Number	Percentage	
1.	Consumption of pulses in large amount	3 2	25.6	
2.	Consumption of G.L. vegetable and			
	yellow fruits	106	84.8	
3.	Consumption of vegetable oils	21	16.9	

TABLE - 5
Knowledge about total number of doses of Vit A administered to <3year children.

No.	Total doses Number	Percentage	
1.	Two	4	3.2
2.	Three	28	22.4
3.	Four	9	7.3
4.	Five	71	56.8
5.	More than 5	7	5.6
	Others	6	4.8
	Total	125	100

REFERENCES:

- 1. Unicef: State of the world's children, New York: Oxford University Press, 2000.
- 2. Pedro MRA, Cheong RL, Madriaga JR, Barba CVC, 2001 Impact, policy, and program implications of the Philippines vitamin A-supplementation program vienna Page 84.
- 3. M.C. Gupta, B.K. Mahajan, 2003 Text book of Prexentive and social Medicine, 3rd edition Page: 354-355.
- 4. K. Park 2005 Text book of Preventive and social Medicine 18th edition, Page 442-444.