Cross-Sectional Study on Post Natal Care at District Banaskantha of State Gujarat

By

Snehlata

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr Sneh Lata student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat from 6-02-2017 to 5-05-2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

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To be obtained on official stationary

The certificate is awarded to

Dr. Sneh Lata

In recognition of having successfully completed her
Internship in the department of

District Urban Health Unit, Banaskantha
and has successfully completed her Project on

"A Cross-sectional study on post natal care at district Banaskantha of state Gujarat"

Date_5/5/17

National Health Mission, Gujarat

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

Dr. A. H. Acharya
Chief District Health Officer
Jila Panchayat
District: Banaskantha, Palanpur

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**A Cross-sectional study to assess the knowledge of ASHA on newborn care in urban block of District Banaskantha of state Gujarat** submitted by **Sneh Lata** Enrollment No. **IIHMR-U/01/2015-17/0352** under the supervision of **Prof. Dr. Suresh Joshi** for award of MBA in Hospital and Health of the University carried out during the period 6th February to 5th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **A CROSS-SECTIONAL STUDY TO ASSESS THE KNOWLEDGE OF ASHA ON NEW BORN CARE IN URBAN BLOCK OF DISTRICT BANASKANTHA OF STATE GUJARAT**

Signature of student

Acknowledgment

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. We express sincere gratitude towards everyone who helped directly or indirectly in completion of my internship from NHM GUJARAT (India).

At the onset of my report, i Would like to acknowledge my genuine thanks to my college Indian institute of health management and research, jaipur for providing me platform to gain enough knowledge and skills in different aspects of health management.

I express my gratitude and regards to my guide Dr. Suresh Joshi sir for his proficient assistance and helpful suggestions which helped me in finishing the project work.

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I will also like to thanks my seniors and classmates for believing in me and supporting me throughout my internship period.

Finally, and most importantly, I will like to thanks God for allow me to complete my project, my dearly loved parents for their blessing and my associates for their aid and wishes for the victorious achievement of this internship.

Thanking You

Dr. Sneh Lata

IIHMR University

Jaipur

TABLE OF CONTENTS

LIST OF FIGURES

List of Tables

LIST OF ABBREVIATION

BPMU	**:**	**Block Programme Management Unit**
CHC	:	Community Health Care
CM	:	Contraceptive method
dlhs	:	district Level House Hold survey
dpmu	:	district Programme management Unit
ECP	:	Emergency contraceptive pill
FP	:	Family Planning
GoI	:	Government Of India
IUD	:	Intrauterine device
JSY	:	JananiSurakshaYojana
NFWP		National Family Welfare Programme
PRI	:	Panchayati Raj Institution
SHC	:	Sub Health Centre
SPMU	:	State Programme Management Unit
UPHC	:	Urban Primary Health Centre

CHAPTER ONE

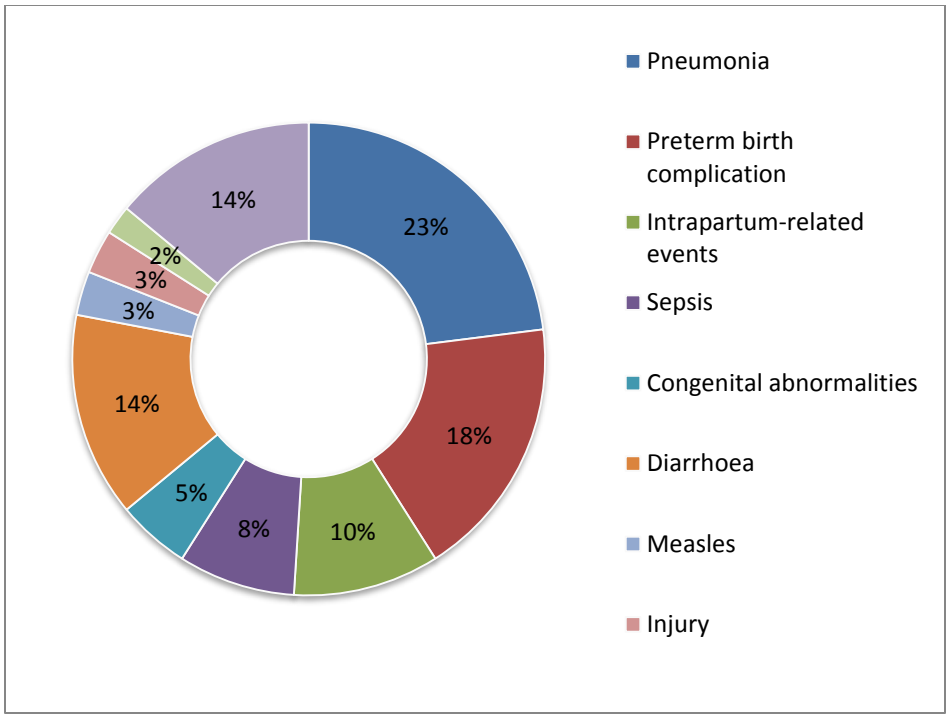
INTRODUCTION

1.1INTRODUCTION

The Goi launch nationwide Rural Health mission (NRHM) on 12th april 2005 to Address the health desires of rural population, particularly the susceptible section Of the society. One of the type apparatus of the National rural Health mission is to supply every community in the country with a trained female Community health Activist or accredited social Health Activist (ASHA) elected from the same village.

The objective of the nrhm is to reinforce healthcare release system with a center on the wants of the poor and vulnerable sections among the rural population. The NRHM has prioritized on low performing states to reduce regional imbalances in the health outcomes. The NRHM is also attending to the Determinants of Good health, like, sanitation, Nutrition, and safe Drinking water.

The time of postnatal care critical to the well-being of the baby postnatal mind is necessary to save the life of the newborn.



.Figure 1: causes of Neonatal and child mortality in india

Source: who - Child Health epidemiology reference Group report - causes of Under five Deaths india (2012)

1.2 REVIEW OF LITERATURE

lawn je (2005) worldwide, over 130 million babies are natural each year, and approximately 4 million die in the first four weeks of existence.

haishan Fu(2004) currently, theIinfant death rate (IMR) for India is 47 per 1000 live births, and the neonatal death rate (NMR) is 32 per 1000 live births.india aim for a two-thirds decrease in IMR, From the 1990 level of 84/1000 Live births to 28/1000 Live Births by 2015.

vijayalakshmi [*], Rajkumar patil and shib sekhar Datta (2014)neonatal death has been on its last legs worldwide. neonatal Mortality rate (NMR) is cheap by 28% in last two Decades

from an likely 32 deaths Per 1000 live births (Year 1990) to 21 Deaths (year 2011). worldwide, around 86% of neonatal deaths are due to PneuMonia, Diarrhoea, and preterm Births. To prevent Newborn and maternal Infection, clean delivery practice and suitable treatment should be adopt. birth Asphyxia causes 23% of Newborn deaths and can mostly be prohibited by improved care throughout labour and delivery.

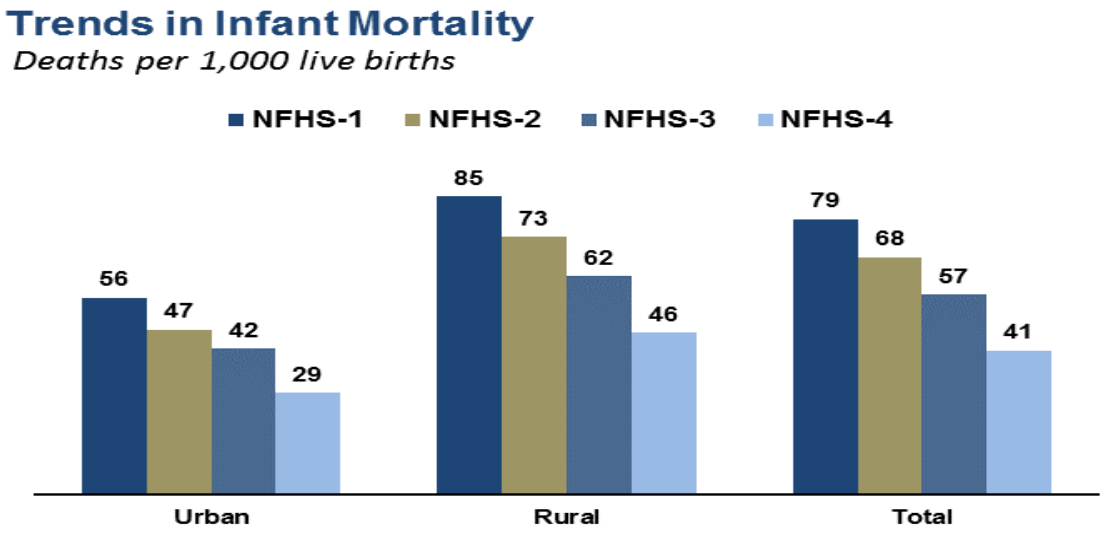
Dalpath S(2013)conducted a study on new born Care practices and home Based post natal care, Newborn care programme mewat, haryana, india 2013 shows that mothers adopted a few safe practices, ASHA Seem to Have play a key position in facilitate the acceptance of Safe practices, though the quality of Services can be further enhanced. Study suggests that regular clinical test and observation of the Woman and her Baby, routine infant showing to notice potential disorders, support for infant feed and continuing provision of Information and Support. It provides maternal and child health services, including health counseling, vaccination, physical examination of woman, nutrition, immunization as well as weighing of Children under Five Years of age, are conducted on a monthly basis. Study concludes that Knowledge- Practice gaps existed amongst mothers counseled by ashas.

if birth is in a health Facility, mothers and Newborns should receive Postnatal care in the facility for at slightest 24 hours after birth. If birth is at Home, the first Postnatal contact should be as early as likely within 24 hours of Birth. At least three Additional Postnatal contacts are suggested for all Mothers and Newborns, on day 3 (48–72 hours) and among days 7–14 after birth, and six weeks after birth.(WHO recommendations on postnatal Care of the mother and Newborn october 2013)

1.3 RATIONALE OF STUDY

given that basic care to newborns at home has been recognized as a serious involvement that helps in prevent newborn death. though, PostNatal care has not received sufficient attention until lately and nfhs-III records only a small proportion of Women or Children being visit by a health Worker throughout the first Month of life.

Nrhm includes a complete package of newborn and Child Health intervention for achievement, the aim Being “a decisive breakthrough in neonatal, infant and child mortality”. The Strategy encompass home, society and facility level care to mirror a "continuum of care". The Month after Birth is the critical period for the infant and for the Mother after Delivery ASHA will undertake 4 home visits.



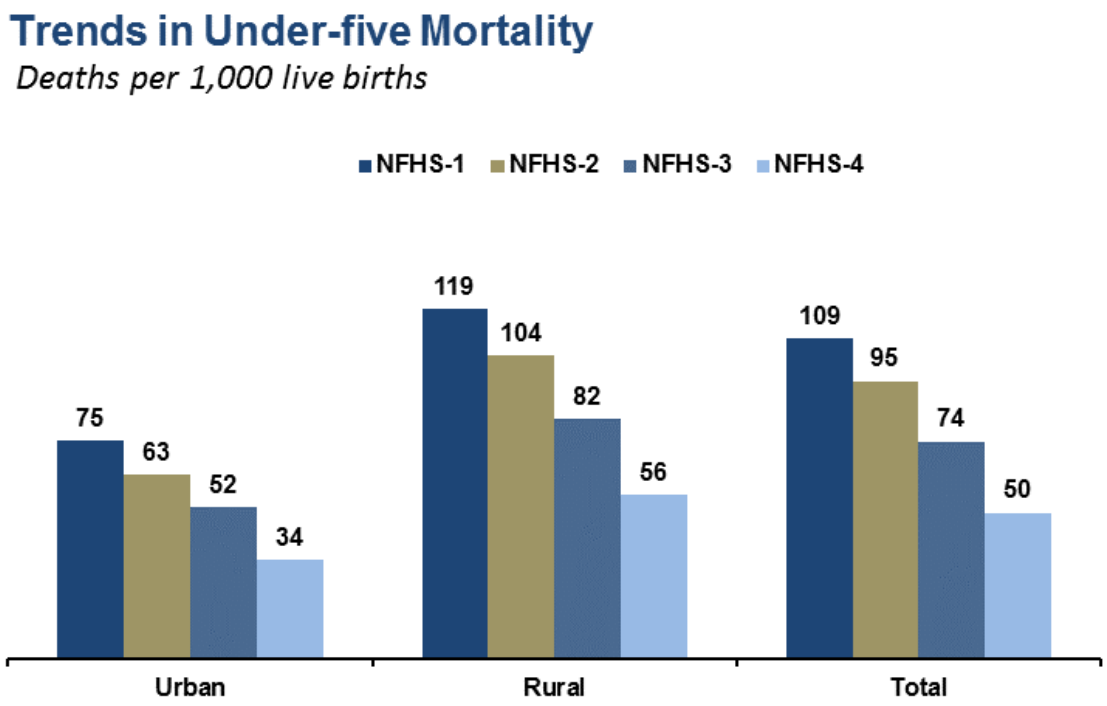


Figure 3: Comparative trends in Under-five Mortality in India

CHAPTER TWO

DISTRICT PROFILE

2.1 DEMOGRAPHIC INFORMATION

bordered by marwad and lengthy way towards sirohi regions of Rajasthan State in the north, sabarkantha banaskantha touches the desert. demand urgency from Strategically, District include the area about the Bank of Banes River. The District is District in the east, and mehshana District in the south and patan District in the west. importance because of its sensitive borders. Being a border State of Gujarat, Border of Pakistan banaskantha District is of much banaskantha's problems military view point.

- gram panchayat - 877
- population- 25,02,843
- literacy- 42%
- area- 19757 s/K.m.
- literacy- 42%
- Taluka - 14
- area- 19757 s/K.m.
- Rural residents- 22,48,743

Palanpur: 6 years of age.As rate of 86%, high comprise 53% of the population and have a population females 47%. palanpur has an standard Literacy than the nationwide common of 59.5%: of 2011 india Census, palanpur have a population of 1,40,344. Males Male of 2011 india Census, palanpur of 1,40,344. Males literacy is 94%, and Female literacy is 78%. In palanpur, 13% of the Population is less than **Deesa:** The Sex ratio of Deesa city is 893 per 1000 males.as per temporary reports of census of india, Population of deesa in 2011 is 111,149; of which Male and female are 58,724 and 52,425 correspondingly.

Taluka	No. of District Hospitals	No. of Sub District Hospitals	No. of Community Health Centers	No. of Primary Health Centers	Non Functional Primary Health

					Centers
Palanpur 1	0	0	0	1	0
Palanpur 2	0	0	0	1	0
Deesa 1	0	0	0	1	0
Deesa 2	0	0	0	1	0

Table 2: Health facility under urban block of District Banaskantha

2.2 HEALTH SERVICES IN BANASKANTHA:

Medical relief is provided to the rural and urban people through 14 Taluka with1General Hospital and60 Dispensaries. A total of 298 beds are available in the hospital.

Class 1 District Hospitals are equipped with Operation Theatre, Intensive and Cardiac Care Units, X-Ray, Ultrasound and Laboratory facilities, E.C.G. and Blood Transfusion services. Sub-district (Taluka) Hospitals have limited specialties like Surgery, Obstetrics and Gynecology, Pediatrics and Dentistry. Ambulance services are available round the - clock in both the categories of hospitals.

The Urban Primary Health centre Facility

1. Manpower
    a. one medical officer
    b. fourteen paramedical and additional staff
2. functions
    a. out patiet service
    b. in door patients (4 – 6) beds
    c. restorative, protective, promotive and Family benefit Service

2.3 STRUCTURE OF HEALTH SERVICES

designed for a population of (3000 to 5000), a primary health care (PHC) for (20,000 to 30,000) population and a community health centre (CHC) for every(1,00,000) population. ThePrimary stage has three types of health care institutions namely, a sub-centre (SC) ThePrimary stage has three types of health care institutions namely, a sub-centre (SC)

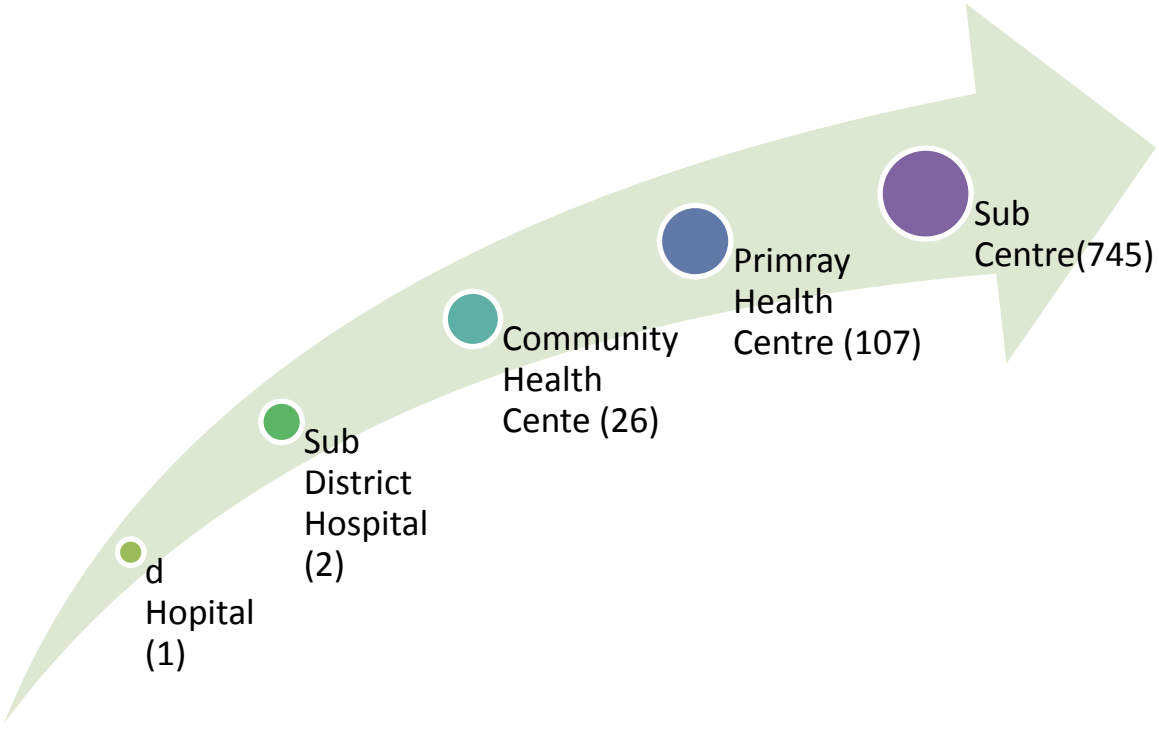


Figure 2: Structure of health services in banaskantha

organization that are well prepared with stylish dThe District hospital meaning like the secondary level of be is thus designed in a three-tier fashion.

concerned for the rural population. specialized hospitals and fitness care iagnostic Tertiary health care is provide by extremely and exploratory amenities. The wellbeing set-up in Gujarat

2.4 HEALTH INDICATORS

The entire Fertility Rate of State is 2.0. The newborn Mortality the Rate is 34 and motherly death proportion is 122 (S R S 2010 - 2012) which lesser is thus designed in a three-tier fashion. than the nationwide standard. The Sex is thus designed in a three-tier fashion. Ratio in State 950 (compare to 991 used for nation). relative statistics of key physical condition and demography indicator be as follow:

Indicator	Gujarat	India
Entire population (In crore) (Census 2011)	6.04	121.01
Infant Mortality Rate (NFHS 4)	34	41
Maternal death Ratio (SRS 2010-12)	122	178
Total fecundity Rate (NFHS 4)	2.0	2.2
Sex proportion (NFHS 4)	950	991
Child Sex Ratio (NFHS 4)	907	919
Under-five mortality rate (NFHS 4)	43	50

Table 3: Demography, Socio-economic and physical condition profile as compare to India figures

Source: Factsheet of india and Gujarat NFHS 4 (2015-16)

CHAPTER THREE

ASHA PROFLE

3.1 ABOUT ASHA

Taluka	Number of ASHA trained in module 6 & 7	Time Period
Deesa 1	**12**	**12 Sep - 16 Sep 2016**
Deesa 2	**10**	**3 Oct - 7 Oct 2016**
Palanpur 1	**12**	**10 Nov - 16 Nov 2016**
Palanpur 2	**13**	**5 Dec – 9 Dec 2016**

Table 4: Taluka wise number of ASHA's trained in module 6&7.

3.4 HR STATUS OF ASHA:

	UPHC	U-ASHA	Filled	Vacant
	Palanpur 1	12	12	0
BANASKANTHA	Palanpur 2	13	13	0
	Deesa 1	13	12	1
	Deesa 2	10	10	0
Total		48	47	1

Table 5: HR status of ASHA's of urban block of District Banaskantha

3.5 CONTENTSOFASHAKITS:-

Equipment:

- Digital watch/ARI Timer
- Digital thermometer
- Neonatal weighing scale(spring balance)
- Baby feeding spoon/Paladin

Medications:-

- GV paint 0.5%
- Syp Paracetamol
- Syp Cotrimoxazole

Consumables:-

- Cotton
- Gauge
- Soap.

CONTENTS OFASHAKITS:-

- Counseling
- Weight recording
- Temp recording
- Hand washing
- Breast feeding and related issues
- Wrapping the baby
- KMC
- Recognition of danger signs and referral
- Treating minor ailments.

3.6WHAT ASHADOES throughout HOME VISITS?

During these visits, ASHA examines the baby, ensures warmth by wrapping the baby properly, cord care, skin care, assists in starting breastfeeding, identifies problems if any and guides accordingly counsels about nutrition and rest for the mother, guide about the vaccination agenda, VHND a family preparation. During every of these visits ASHA records her answer in a poatal card.

CHAPTER FOUR

METHODOLOGY

4.1 RESEARCH QUESTION:

- What is the knowledge of ASHA in providing newborn care to infants of 0-6 months of age in last one month in district Banaskantha of state Gujarat?

4.2 OBJECTIVES:

1. To assess the knowledge of ASHA regarding visits delivered under newborn Care.

4.3 METHODOLOGY:

Study Design: Descriptive cross-sectional study be conduct in the urban block District Banaskantha on total 47 ASHA workers. Data was composed using a prearranged questionnaire consituted of items going on knowledge of identification of danger signs of maternal and newborn health. Qualitative data was expressed in percentages.

Study Area: Urban block of District Banaskantha of state Gujarat.

Study Duration: 1 month

Study Participants: Total ASHAs of urban Block of district Banaskantha.

Sample Size: 47 ASHAs of urban Block of District Banaskantha

Sampling Technique:

- Method of data collection: Self administered questionnaire
- Tools for Data Collection: Structured questionnaire
- Target Population: ASHAs who are trained in module 6 & 7.

4.4 DATA ANALYSIS METHOD:

The data is organized, tabulated and analyzed by using descriptive and inferential statistics. The data were planned to present in the form of tables, figures and charts.

Data Analysis Procedure: Microsoft Excel and SPSS 16

4.5 TOOLS FOR DATA COLLECTION:

The prepared self-administered questionnaire is use to save the data from the respondents.

4.6 ETHICAL CLEARENCE

The study was conducted after the approval of the research committee of IIHMR. Permission is obtained from the head of the institution. The purpose and the details of the study are explained to the participants and an informed consent is obtained from them. Assurance is given to the participants regarding the confidentiality and anonymity of the data collected from them.

CHAPTER FIVE

FINDINGS

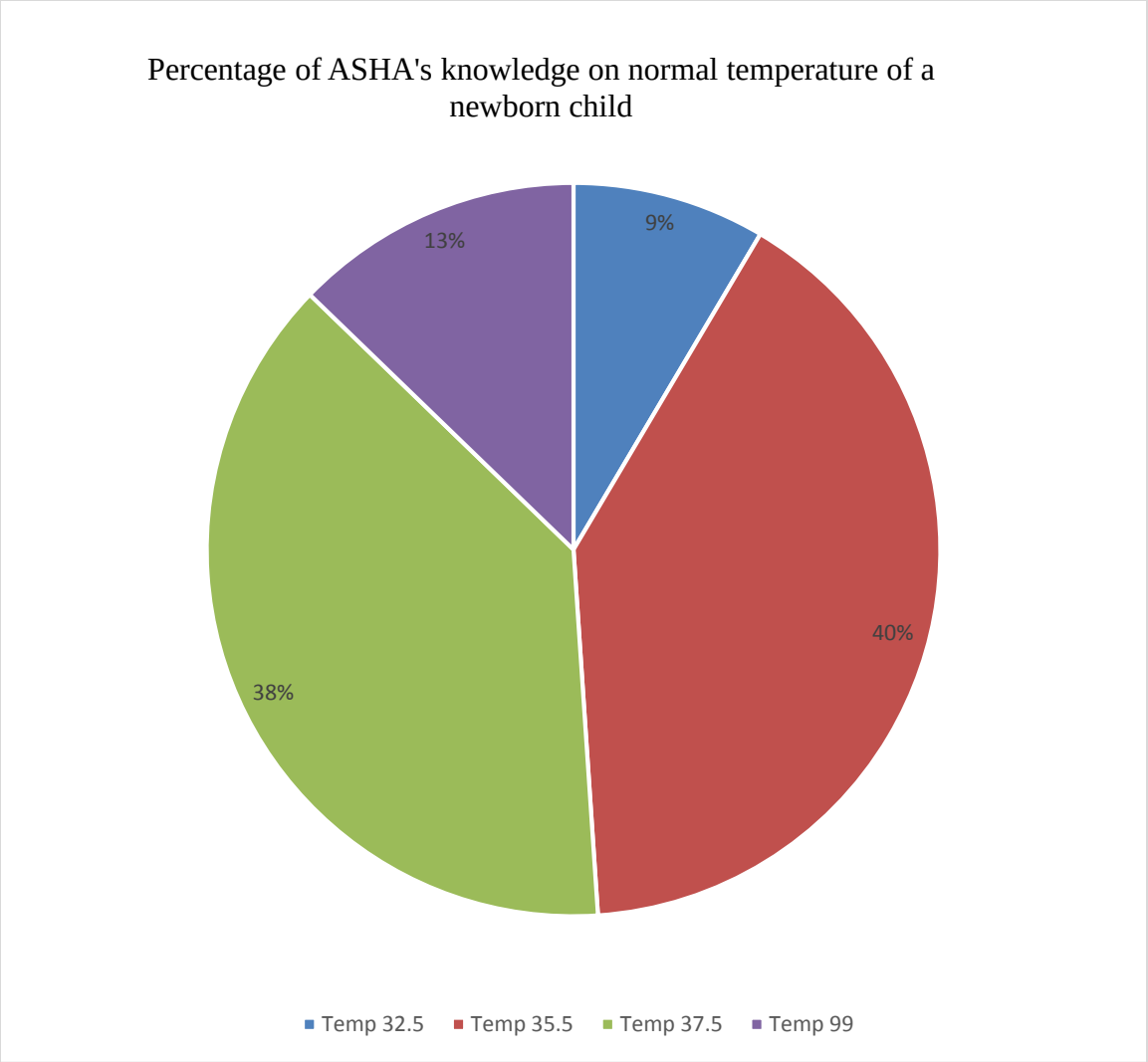
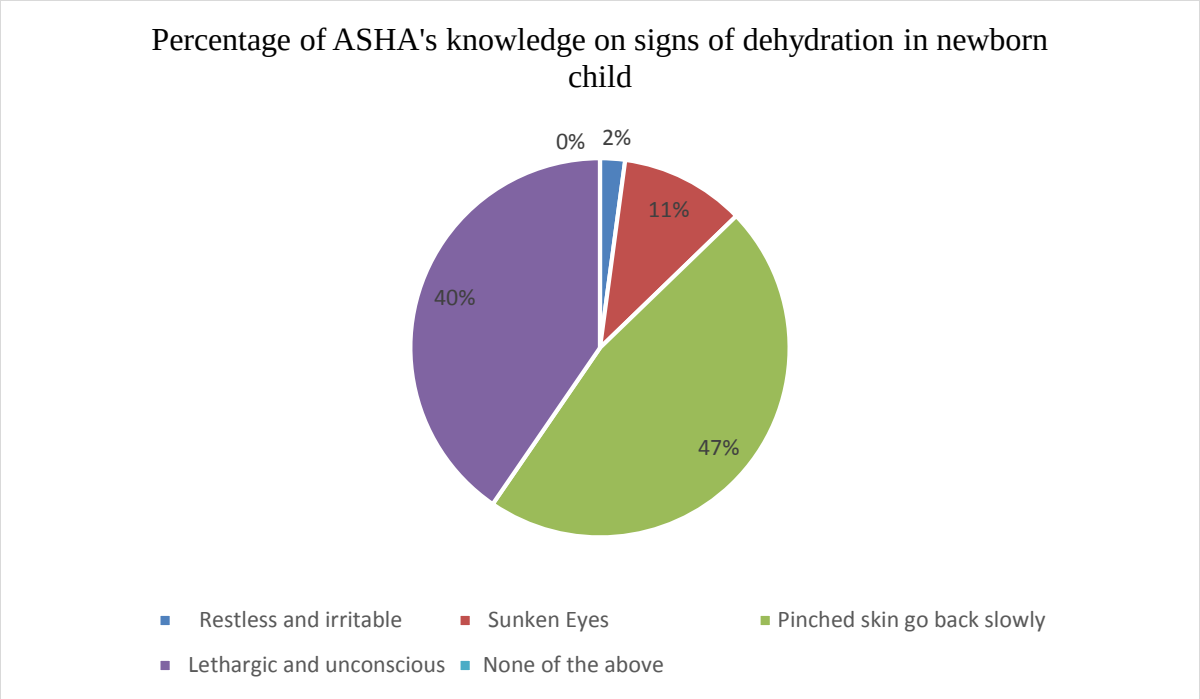


Figure 5: ASHA's knowledge on normal temperature of a newborn child

Result: On accessing the knowledge of ASHA's on normal temperature of a newborn 38% had correct knowledge while 9% could not say any temperature. However the remaining 40% gave temperature which was either lower or higher than the normal temperature indicating that they have not registered the correct temperature.



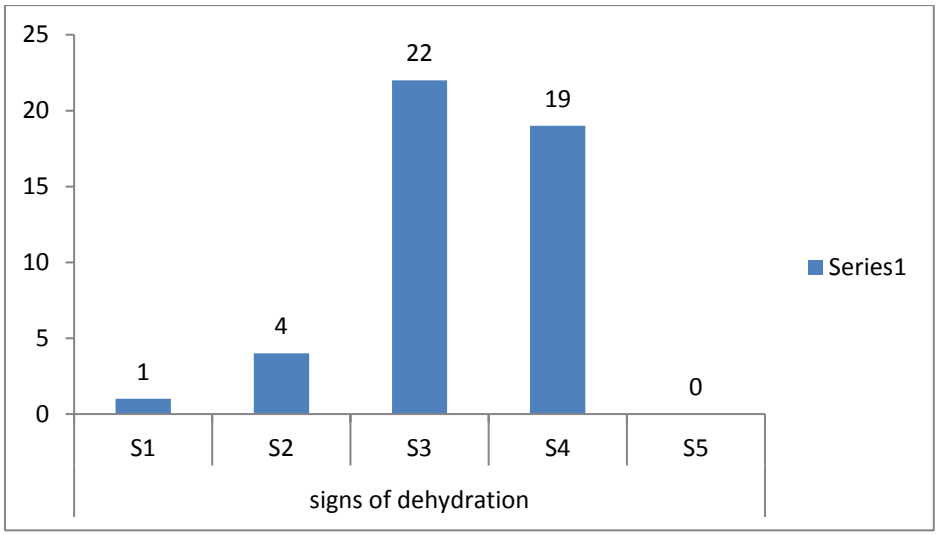


Figure 6 : ASHA's knowledge on signs of dehydration in newborn child

Result: On accessing the knowledge of ASHA's on signs of dehydration in a newborn child 47% had correct knowledge while 2% could not say any answer. On the other hand the remaining 40% gave multiple answers which indicate that they have partial knowledge.

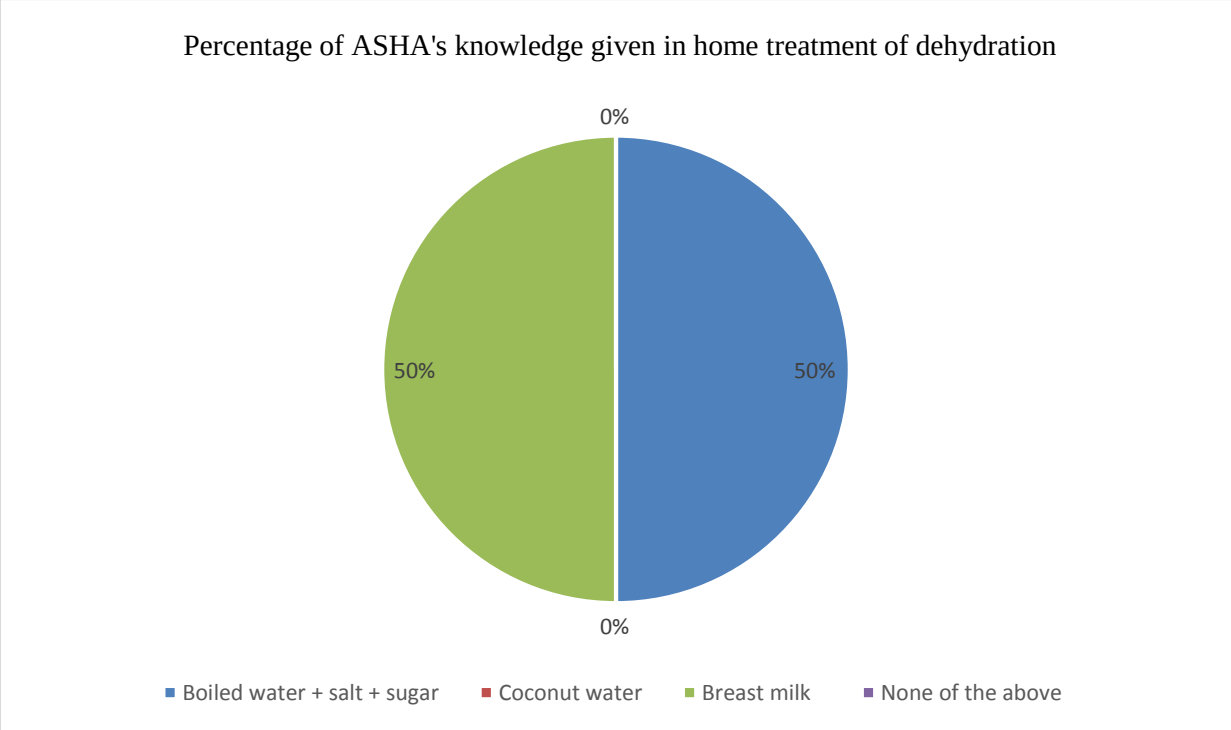


Figure 7 : ASHA's knowledge given in home treatment of dehydration

Result: On accessing the knowledge of ASHA's in giving home treatment in dehydration 50% had correct knowledge conversely the remaining 50% has partial knowledge about the home treatment for dehydration.

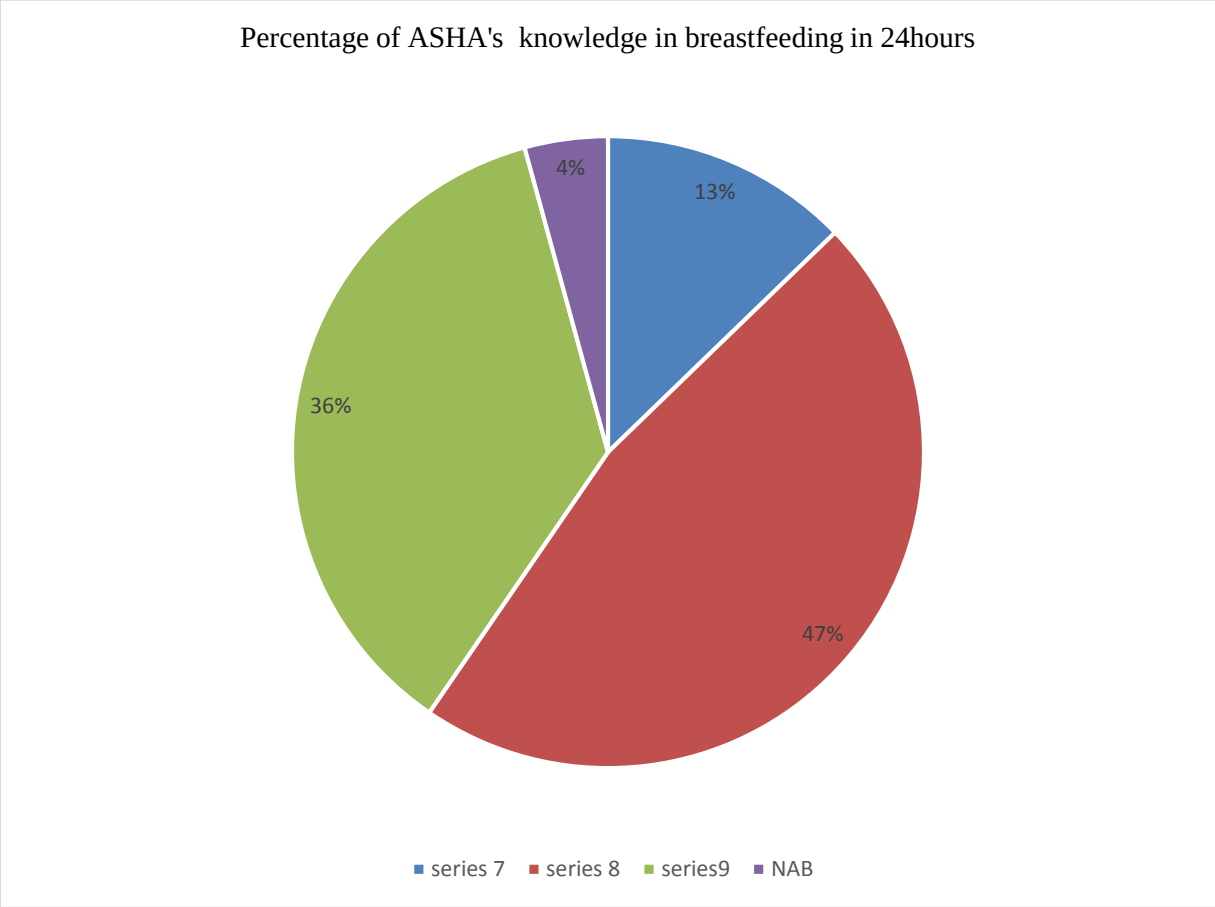


Figure 8: ASHA's knowledge in breastfeeding in 24hours

Result: On accessing the knowledge of ASHA's for how many times the breastfeeding should be done in 24hrs, 47% had correct knowledge that it should be 8 times however 4% could not say any answer. On the other hand the remaining 13% have partial knowledge of 7 times in a day.

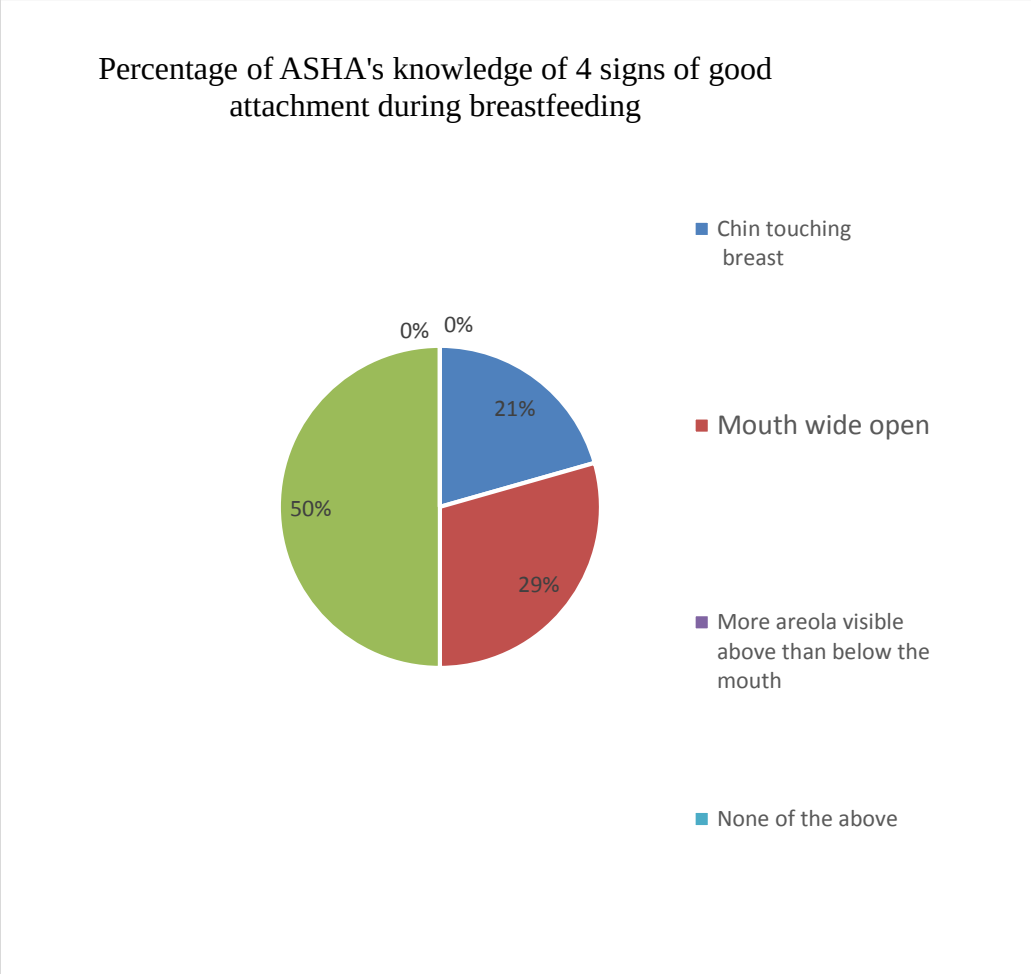


Figure 9: ASHA's knowledge of 4 signs of good attachment during breastfeeding

Result: On accessing the knowledge of ASHA's the 4 signs of good attachment during breastfeeding 29% had correct knowledge however 50% have partial knowledge and the remaining 21% admitted that they did not know the correct answer.

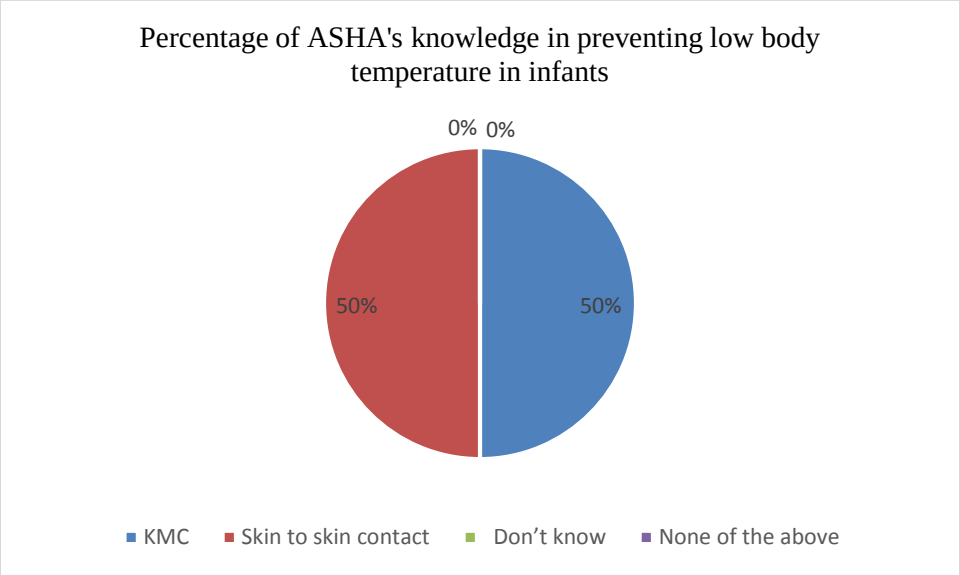


Figure 10: ASHA's knowledge in preventing low body temperature in infants

Result: On accessing the knowledge of ASHA's in preventing low body temperature in infants 50% had correct knowledge that baby ought to be like get in touch with mother while the remain 50% has partial knowledge about the kangaroo mother care.

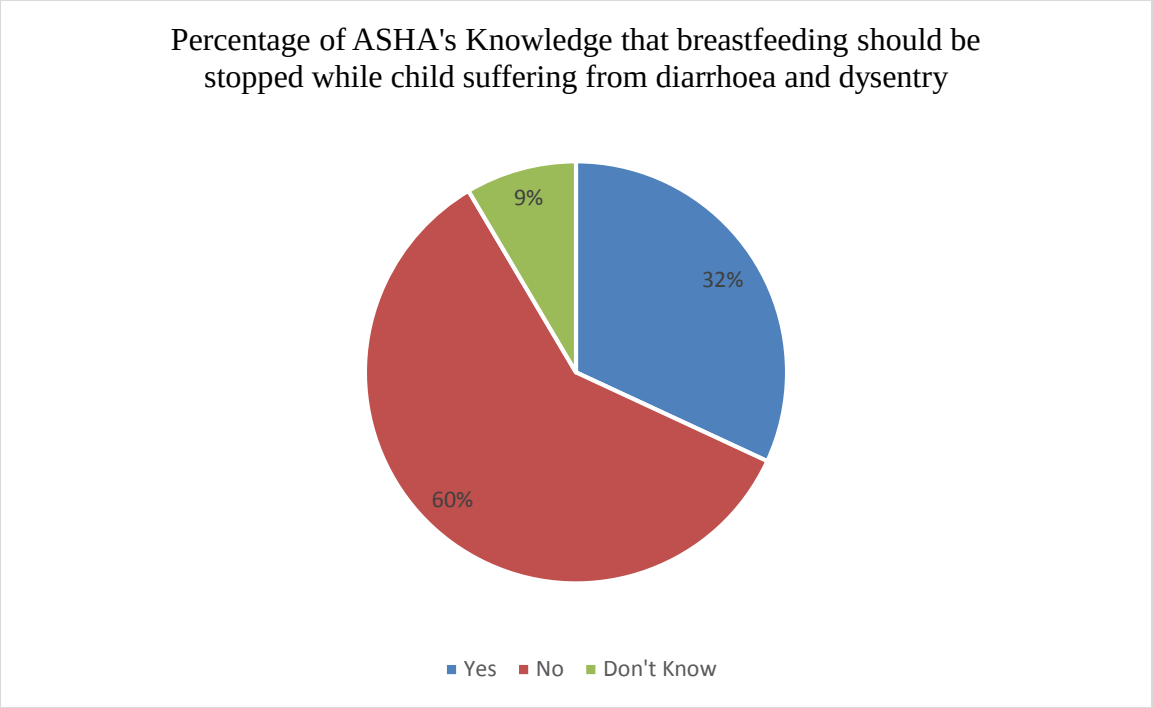


Figure 11: ASHA's Knowledge that breastfeeding should be stopped while child suffering from diarrhea and dysentery

Result: On accessing the knowledge of ASHA's only 60% had correct knowledge that breastfeeding should not be stopped while child suffering from diarrhea and dysentery however 32% had partial knowledge and 9% had admitted that they did not know the right answer.

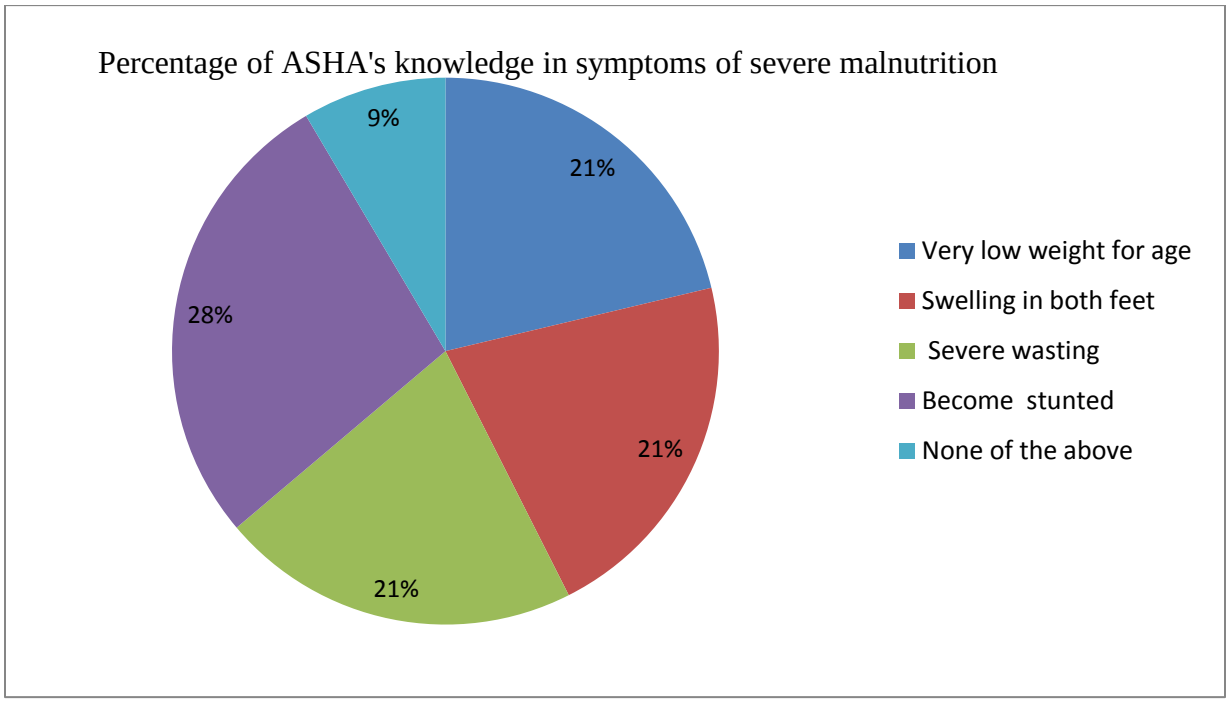


Figure 12: ASHA's knowledge in symptoms of severe malnutrition

Result: : On accessing the knowledge of ASHA's in symptoms of severe malnutrition only 21% ASHA know the correct symptom of malnutrition i.e. swelling in both feet. 9% reported that they didn't know the answer and 28% of ASHA answered the wrong option.

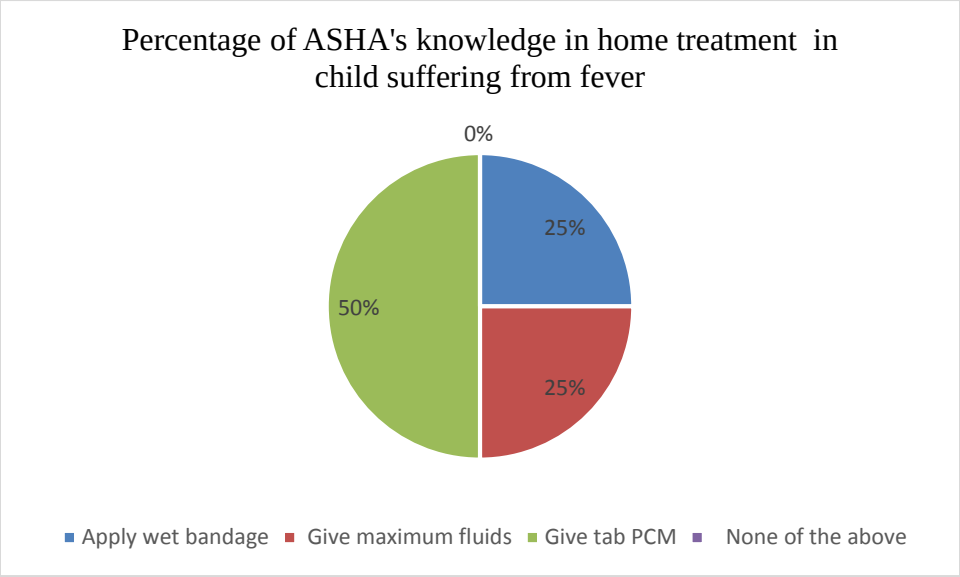


Figure 13: ASHA's knowledge in home treatment in child suffering from fever (Multiple answer)

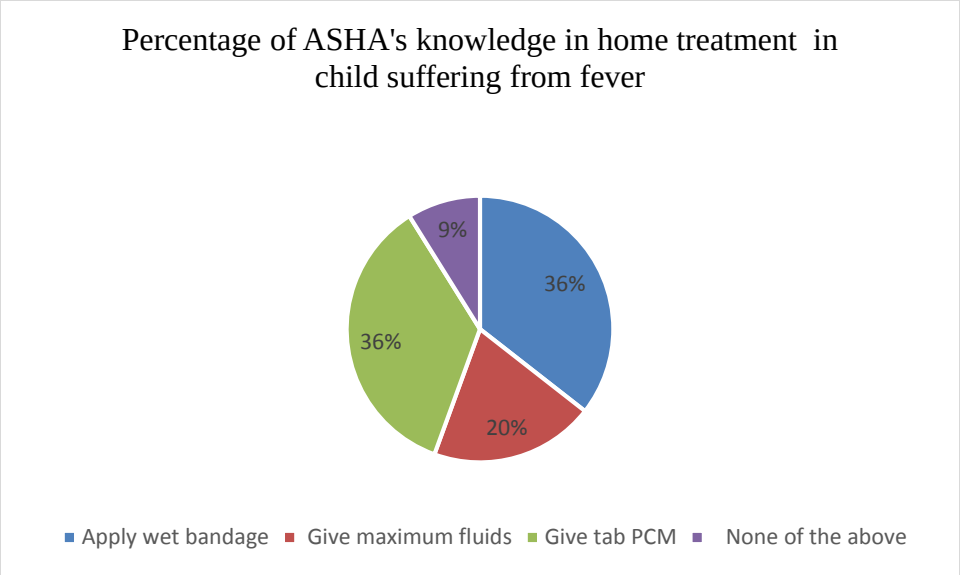


Figure 14: ASHA's knowledge in home treatment in child suffering from fever

Result: On accessing the knowledge of ASHA's only 36% of them know the home treatment should be given in child suffering from fever. Another 36% of them know to apply wet bandage during fever and 9% reported that they didn't know the answer. In above graph ASHA had given multiple responses that 50% of them will use the Tab PCM.

DISCUSSION

. There is a incidence of stuffy foods being specified capability nourish their Children less than diverse economic children 6 terms of range and dietary content months are normally breastfed completely lengthy way towards; with the majority respondents introduce balancing foods before 6 months. When balancing feeding is The poverty level, combined with introduce, household with in a different way to poor children and a more partial diet in. the feed system of family in rural areas, might relation for the small growth of children report in nationalized journalism. Improving the living values of families in rural areas force to go a rectify this state.

CONCLUSION

bath instantly after bath of newborn are still x of my study indicate that the majority of the mothers are mother focusing on newborn w the overall practices like giving pre-lacteal ellbeing have good child care practice. Practice like give pre-lacteal feeds, appliance of substances on the cord, giving bath to baby immediately after birth is less common is thus designed in a three-tier fashion. in my study. Still even if give to eat; appliance on umbilical cord and give experienced in the study region. The current situation can be enhanced through pretty Information learning and designed in a three-tier fashion Counseling actions, education of health personnel and care practice.

REFERENCES:

1. Lawn JE, Cousens S, Zupan J; Lancet Neonatal Survival Steering Team. 4 million neonatal deaths: When? Where? Why? *Lancet,* 2005, 365:891–900. doi:

2. World Bank report on Neonatal Mortality Rates. *Washington, DC, World Bank, 2012.*

3. District Level Household and Facility Survey (DLHS-3), 2007-08.

4. Increasing the availability of skilled birth attendance in rural India (February 2013).
5. Knowledge and practice of Accredited Social Health Activists for maternal healthcare delivery in Delhi (July 2015)
6. Newborn care practices and home-based postnatal newborn care programme – Mewat, Haryana, India, 2013
7. Home visits by ASHA to deliver post natal services to the mother & newborn. NIPI 2009.
8. ASHAs to be paid for providing Home-based Newborn Care in rural India: A policy decision of the Ministry of Health
9. Effect of timing of first postnatal care home visit on neonatal mortality in Bangladesh: a observational cohort study
10. Increasing postnatal care of mothers and newborn includingfollow-up cord care and thermal care in rural Uttar Pradesh
11. Evaluation of Knowledge and Skills of Home Based Newborn Care among Accredited Social Health Activists (ASHA)
12. A study on knowledge and skills of female health workers regarding maternal care under rch programme