A CROSS-SECTIONAL STUDY TO ASSESS THE KNOWLEDGE OF ASHA ON NEW BORN CARE IN URBAN BLOCK OF DISTRICT BANASKANTHA OF STATE GUJARAT"

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INTRODUCTION

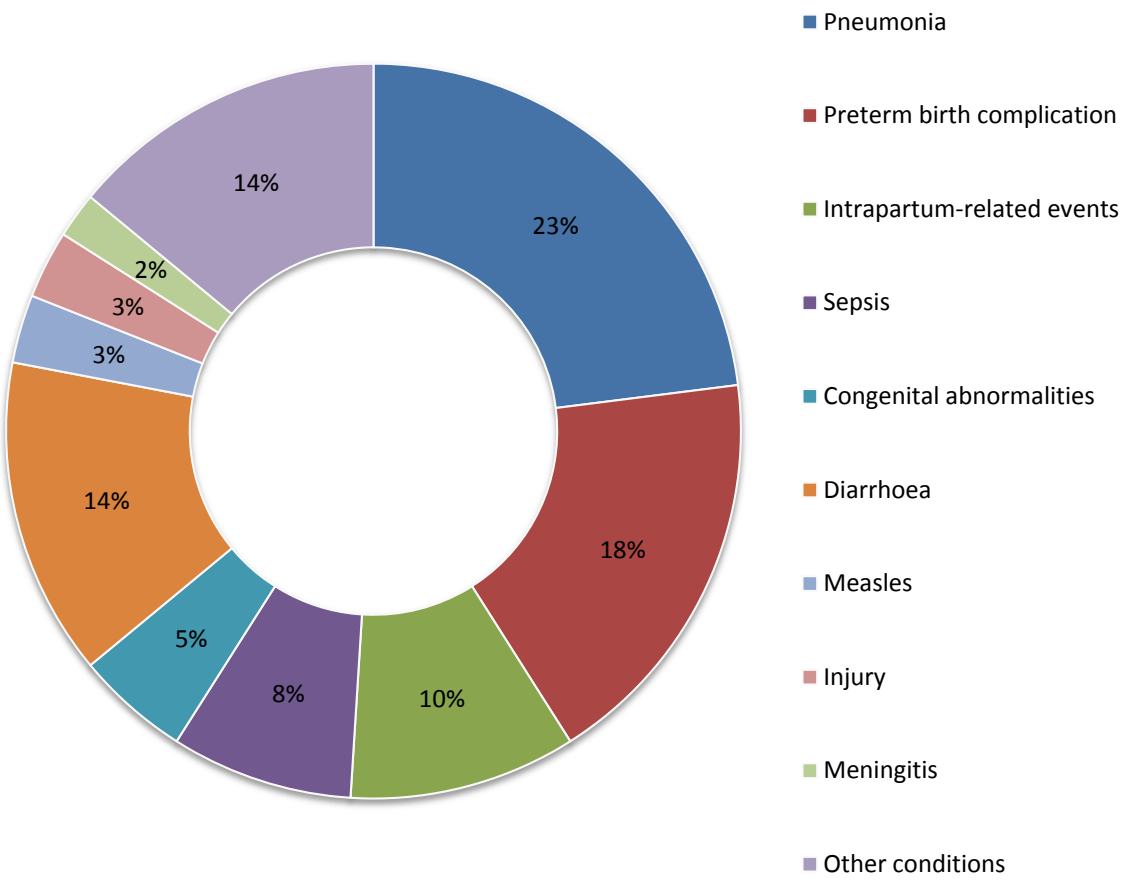
- The postnatal period, defined as the time immediately after the birth of the baby and up to six weeks (42 days) after birth, is critical for the newborn and the mother.
- Preterm birth, asphyxia and severe infections pose greatest risk to newborn. Two thirds of all neonatal deaths arise from such complications, while inappropriate feeding and cultural practices during the postnatal period may pose further risks to the life of the newborn.
- ASHAs form the backbone of the NRHM and are meant to be selected by and be accountable to the village. They need to provide preventive, promotive and curative health facilities in the rural community
- All these maternal and neonatal problems could be reduced if women receive appropriate postnatal care.

❖ A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery.

HOME VISIT SCHEDULE:

- 1st visit (Day 1-Day of birth)
- 2nd visit (Day 2-3 after birth)
- 3rd visit (Day 5-7 after birth)
- 4th visit (Day 14-17 after birth)
- 5th visit (Day 23-28 after birth)
- 6th visit (42-45 days after birth)

Causes of Neonatal and Child Mortality in India



Demographic, Socio-economic and Health profile as compared to India figures

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

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

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?

OBJECTIVES

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

METHODOLOGY

STUDY DESIGN:

A descriptive cross-sectional study was conducted in the urban block of District Banaskantha on total 47 ASHA workers after taking written informed consent.

STUDY AREA:

Urban block of District Banaskantha of state Gujarat.

DURATION OF STUDY:

Study was conducted over a period of one month

Data collection (March-April 2017)

STUDY PARTICIPANTS:

Total ASHAs of urban Block of district Banaskantha

DATA COLLECTION TOOLS

The structured self-administered questionnaire

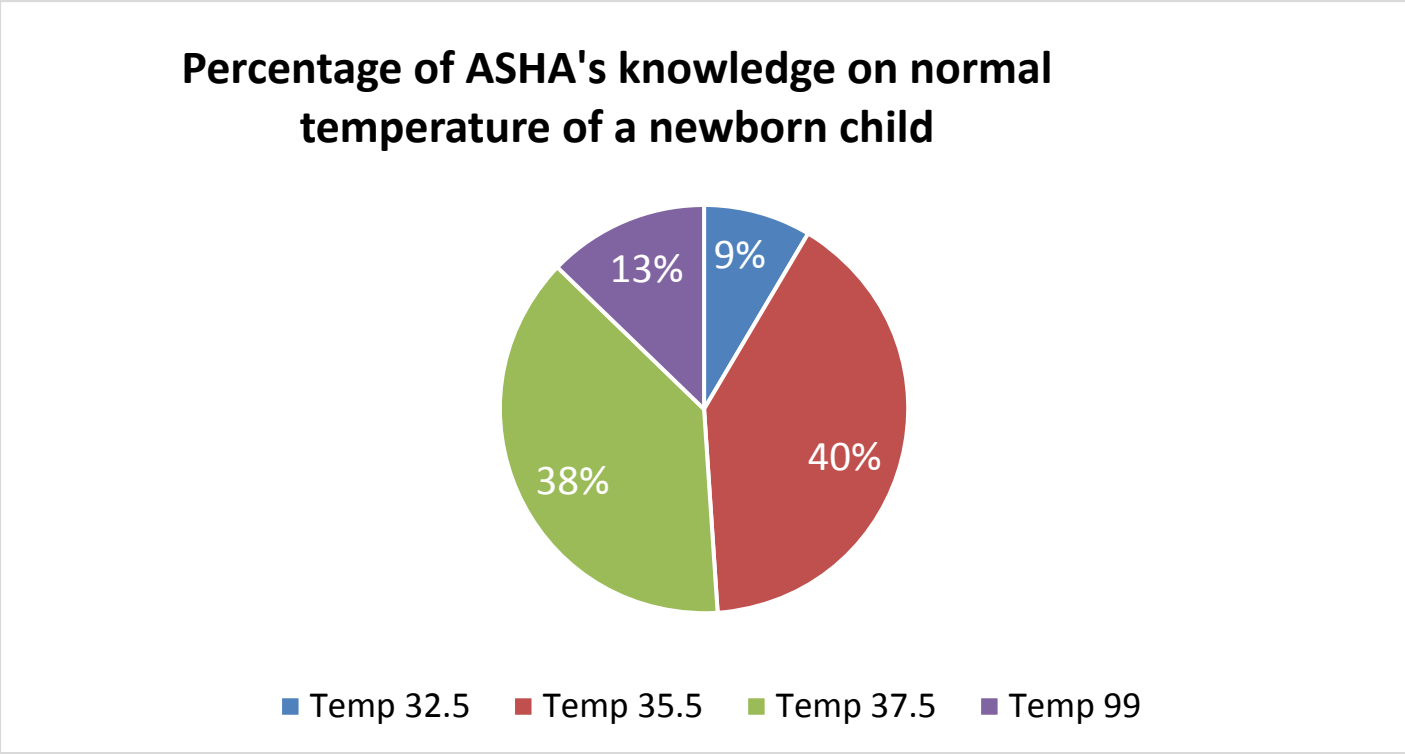
SAMPLE SIZE:

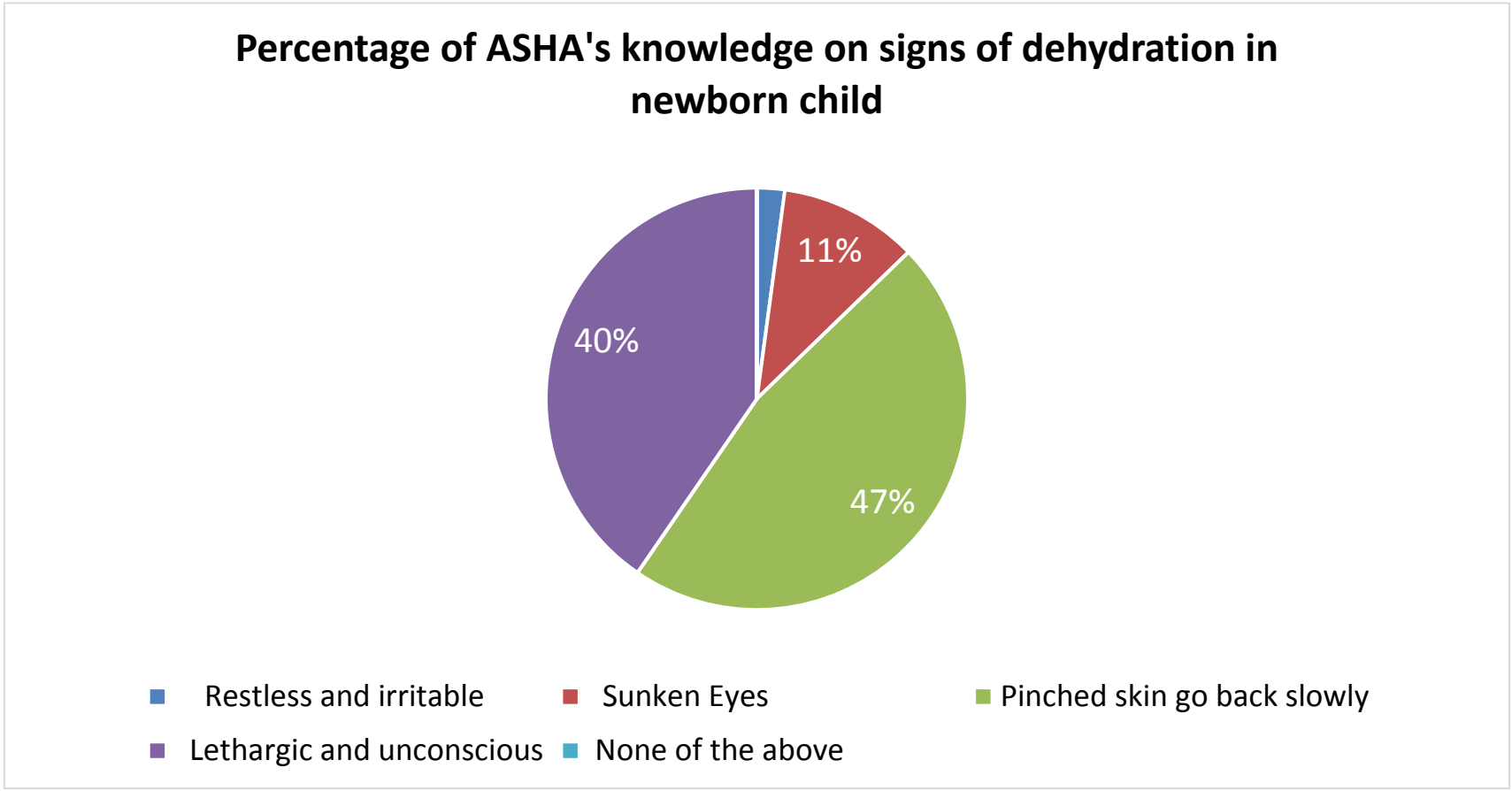
47 ASHAs of urban Block of District Banaskantha

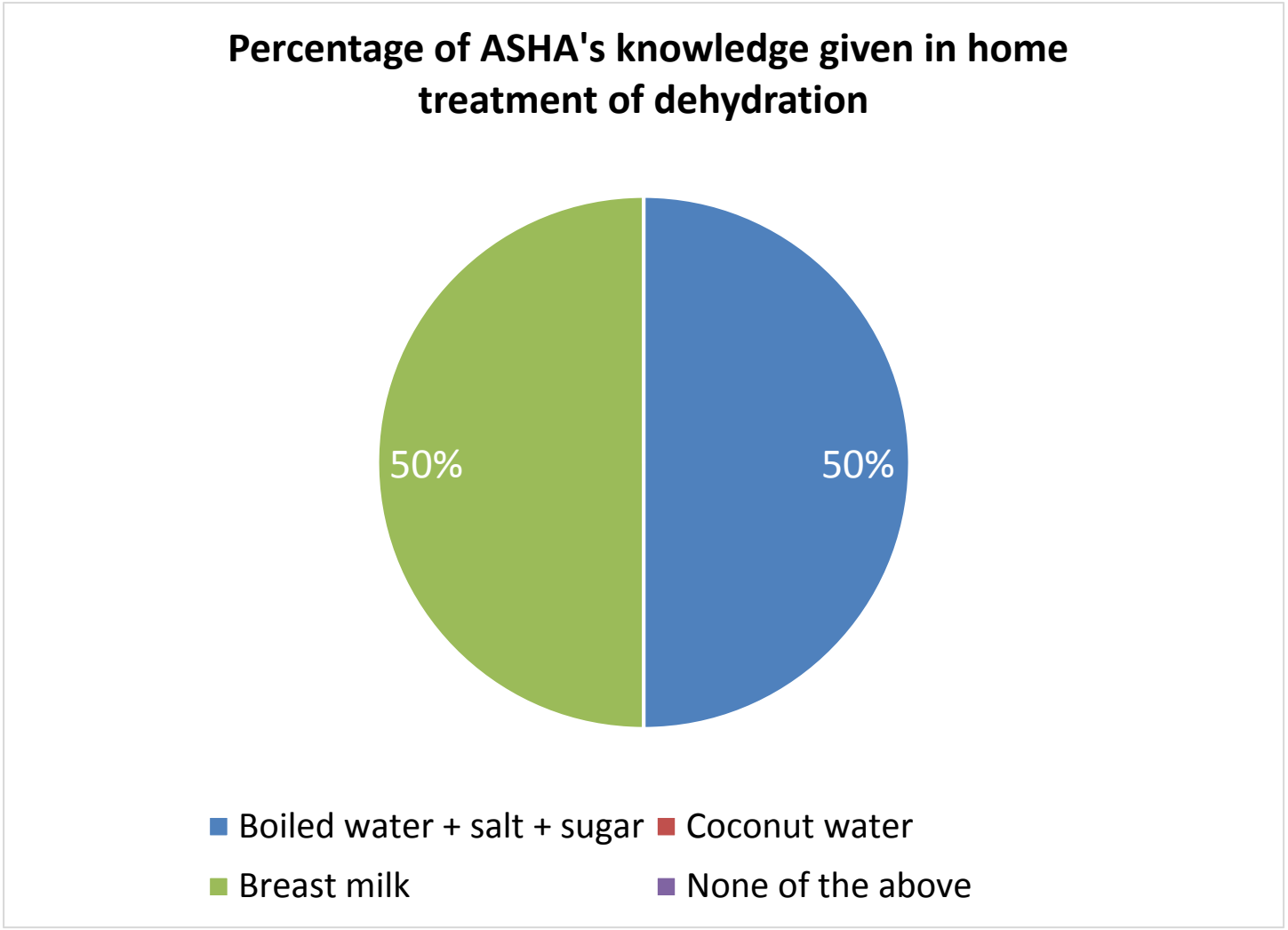
TARGET POPULATION:

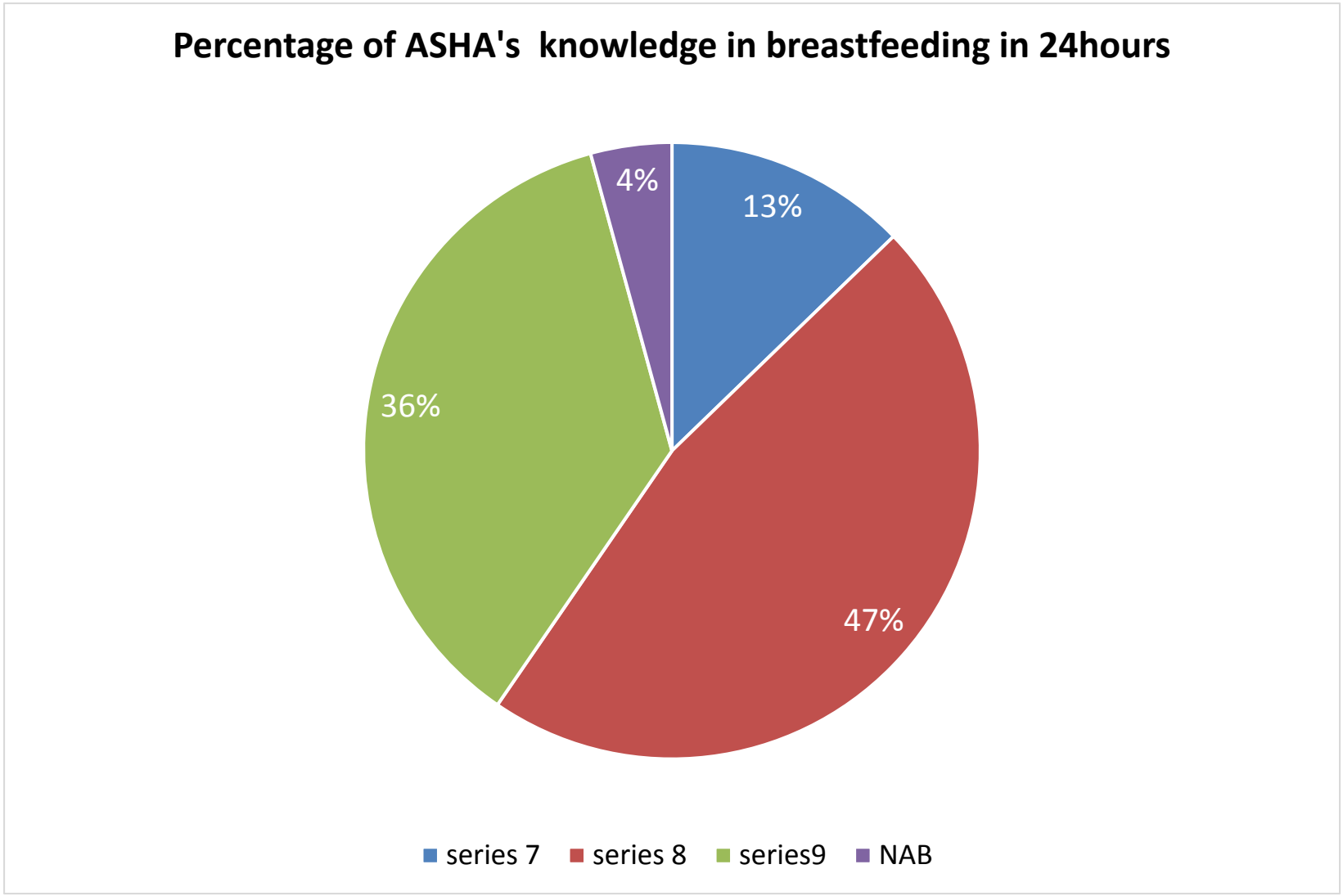
ASHAs who are trained in module 6 & 7.

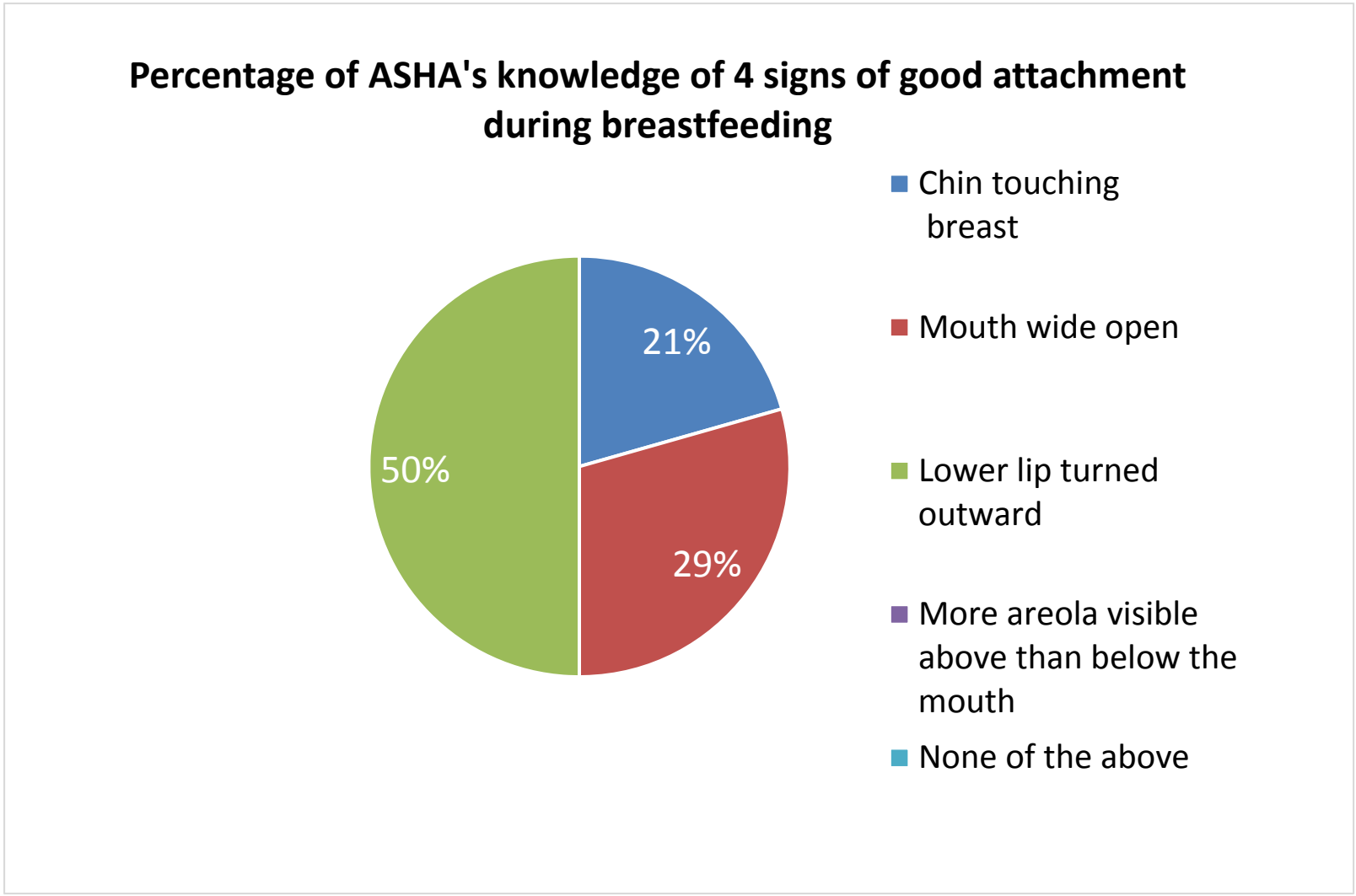
FINDINGS


Percentage of ASHA's knowledge on normal temperature of a newborn child
9%
40%
38%
13%
Temp 32.5
Temp 35.5
Temp 37.5
Temp 99

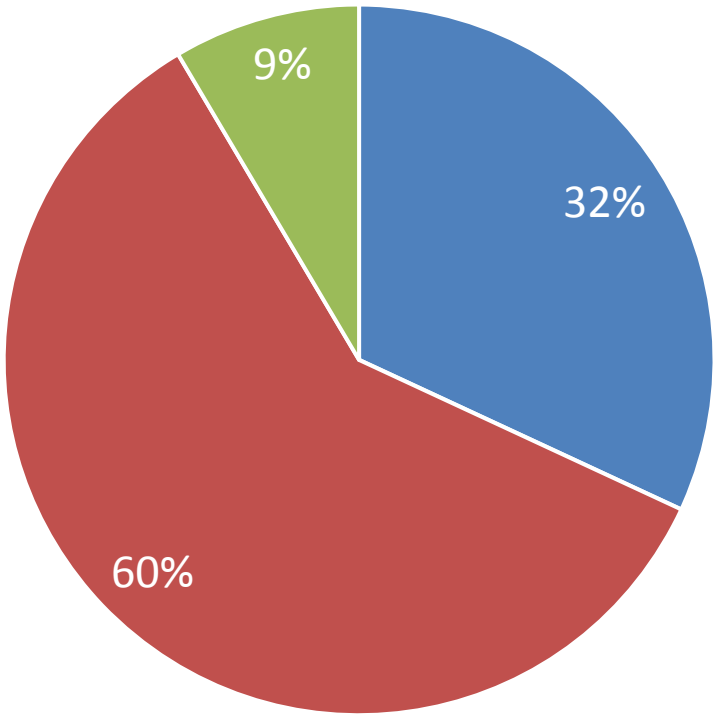

Percentage of ASHA's knowledge on signs of dehydration in newborn child
11%
47%
40%
Restless and irritable
Sunken Eyes
Pinched skin go back slowly
Lethargic and unconscious
None of the above


Percentage of ASHA's knowledge given in home treatment of dehydration
50%
50%
Boiled water + salt + sugar
Coconut water
Breast milk
None of the above

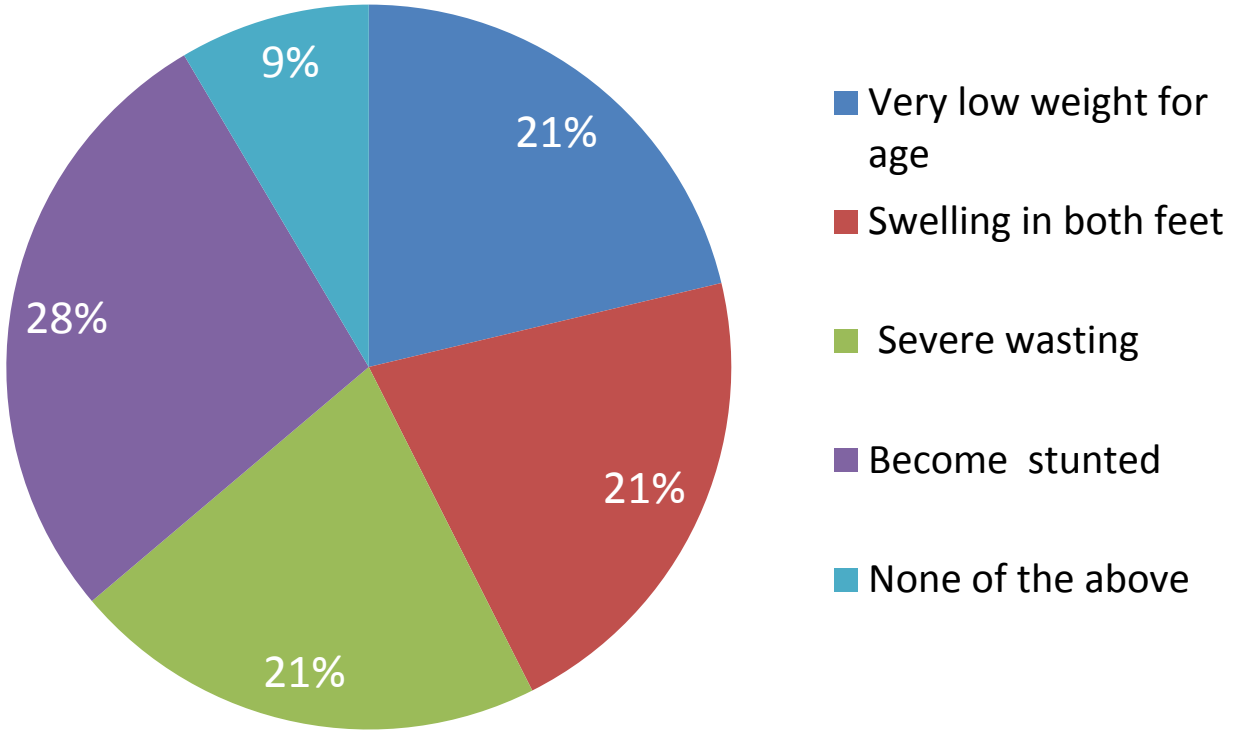

Percentage of ASHA's knowledge in breastfeeding in 24hours
4%
13%
36%
47%
series 7
series 8
series9
NAB

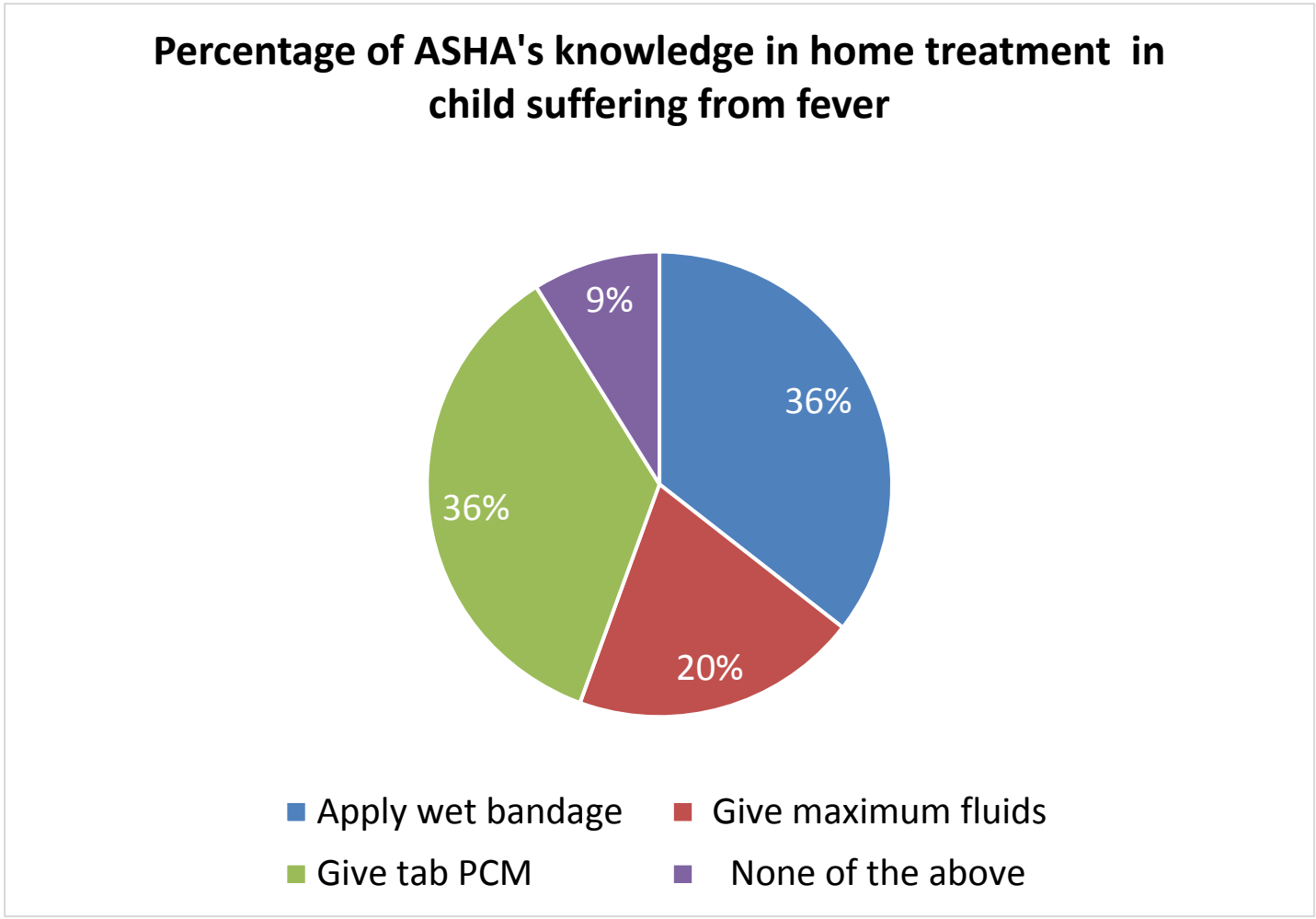

Percentage of ASHA's knowledge of 4 signs of good attachment during breastfeeding
21%
29%
50%
Chin touching breast
Mouth wide open
Lower lip turned outward
More areola visible above than below the mouth
None of the above

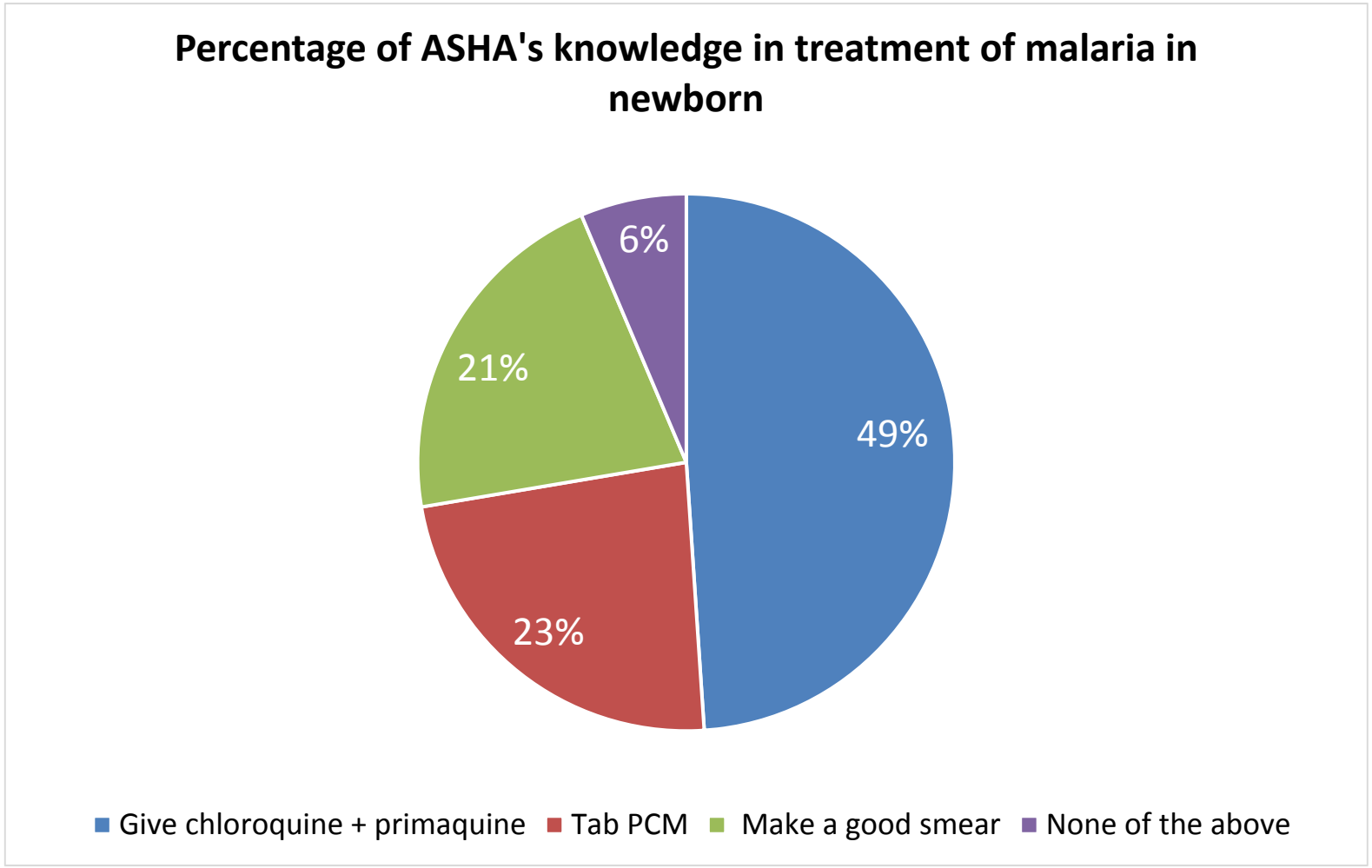
Percentage of ASHA's Knowledge that breastfeeding should be stopped while child suffering from diarrhoea and dysentry



Percentage of ASHA's knowledge in symptoms of severe malnutrition




Percentage of ASHA's knowledge in home treatment in child suffering from fever
9%
36%
36%
20%
Apply wet bandage
Give maximum fluids
Give tab PCM
None of the above


Percentage of ASHA's knowledge in treatment of malaria in newborn
6%
21%
49%
23%
Give chloroquine + primaquine
Tab PCM
Make a good smear
None of the above

CONCLUSION

The results determines that the knowledge of ASHA is not appropriate in diagnosing newborn diseases which ultimately can reduce morbidity. They even didn't get refresher trainings frequently. Urban block is deficient in staff, equipments and infrastructure. The physical infrastructure of SC includes loopholes in maintenance of SC i.e. cleanliness, sewerage, water supply etc.

Thank you