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"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING ESSENTIAL NEWBORN CARE AMONG WOMEN IN SELECTED RURAL COMMUNITIES OF KASHMIR"

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ABSTRACT:

The birth of a child is usually occasioned by a well term baby and a healthy mother. In the minority of cases the pregnancy may be complicated by maternal illness, preterm labour, a difficult delivery or other problem resulting in babies requiring additional neonatal care at and after birth. Essential newborn care is the care required by all neonates (first 28 days of life) whether they are born healthy, small or unwell. It includes appropriate preventive care, routine care, transition and care of sick. Deaths in the first month of life, which are mostly preventable, represent 45 per cent of total deaths among children under five. As mortality among children under five declines globally, deaths among these children are more and more concentrated in the first days of life. This makes focus on newborn care critical than ever before. In 2015, an estimated 2.7 million children died in their first month of life; almost 1 million or 36 per cent died in the first day of life. Despite ongoing challenges, major progress has been made in improving neonatal survival. Neonatal mortality is on the decline globally. The world's neonatal mortality rate fell from 36 deaths per 1,000 live births in 1990 to 19 per 1,000 live births in 2015, a 47 per cent decline. The result is a drop in neonatal deaths worldwide from 5.1 million in 1990 to 2.7 million in 2015.

The large majority of newborn deaths (80 per cent) are due to complications related to preterm birth, intrapartum events such as birth asphyxia, or infections such as sepsis or pneumonia. Thus, targeting the time around birth with proven high impact interventions and quality care for small and sick newborns may prevent up to 80 per cent of newborn deaths. The "Every Newborn Action Plan" (ENAP) calls for an increased focus on the time around birth with targeted high impact

interventions as a strategy for reducing not only newborn deaths but also maternal deaths and stillbirths, generating a triple return in investment.

The study conducted, assess the knowledge which is present in the women of reproductive age group and also aims at improving the level of awareness by determination of relationship of knowledge and other variables making the study worth it.

Keywords: Knowledge, Essential Newborn care, Reproductive age.

INTRODUCTION

Essential newborn care has its knowledge varying from areas to populations depending upon multiple factors. Various studies carried in the past proves for the same. A study in Tamil Nadu shows that the level of knowledge regarding newborn care was present only in 15% of mothers, feeding practices in 39%, various components of immunization in 8%, growth and development in 42% and about newborn illness in 33% of the mothers. Another study in Karnataka shows the mean knowledge value on newborn care of primi mother was 67.2. This indicates that the mother who is primi have moderately adequate knowledge, test revealed that there is a significant association between knowledge on newborn care and selected demographic variables such as education. But there is no significant association between other variables likes age, area of residence, employment status, economic status, religion and type of family.

Of the 3.1 million newborn deaths that occurred in 2010, a quarter to half of them occurred within the first 24 hours after birth. Many of these deaths occurred in babies born too early and too small, babies with infections, or babies asphyxiated around the time of delivery. Labour, birth and the immediate postnatal period are the most critical for newborn and maternal survival. Unfortunately, the majority of mothers and newborns in low- and middle-income countries do not receive optimal care during these periods. Studies have shown that many newborn lives can be saved by the use of interventions that require simple technology. The majority of these interventions can be effectively provided by a single skilled birth attendant caring for the mother and the newborn. Care of all newborns includes immediate and thorough drying, skin to skin contact of the newborn with the mother, cord clamping and cutting after the first minutes after birth, early initiation of breastfeeding, and exclusive breastfeeding.

Through the review of literature, references we felt that there is a need to conduct the study in order to create awareness among the general public both in urban and rural areas. The basic need for the study is to determine the level of awareness women have regarding care of newborn as well as determining its relationship with several factors so that contributing steps can be taken to improve the knowledge regarding subject in community.

STATEMENT OF PROBLEM

"A descriptive study to assess the knowledge regarding essential newborn care among women in selected Rural Communities of Kashmir"

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding essential new born care.
2. To compare various demographic variables with level of knowledge.

HYPOTHESIS

H1: There is an association between the knowledge level of the women and selected demographic variables.

DELIMITATION

The study is delimited to:

- Women in the age group of 20-40 years.
- Women of selected rural communities of Baramulla, Kashmir.

PROJECTED OUTCOME

The study findings will help to improve the knowledge of post covid complications and minimizes its prevalence.

REVIEW OF LITERATURE:

The review of literature for this study was organized under following headings.

1. Studies related to essential new born care in general.
2. Studies related to the assessment of knowledge in women regarding essential new born care.

Research Methodology:

A descriptive study is carried out for the purpose of providing and accurate portrayal of a group of subjects with specific characteristics, situations or group and frequency with which certain phenomenon occurs.

POPULATION

Target population

Target population for the present study was comprised of women of reproductive age group 20-40 years in the selected rural communities of district Baramulla. The total number of sample was 150 women of reproductive age.

Accessible Population

Accessible population for the present study was women of reproductive age group 20-40 years in the rural communities of district Baramulla.

SAMPLING TECHNIQUE:

Convenience sampling technique was used to select the subjects. A total number of 150 subjects were selected for the present study.

CRITERIA FOR SAMPLE SELECTION:

The samples were selected based on the following inclusion and exclusion criteria

Inclusion criteria

- Age within 20-40 years and of reproductive age group.
- Subjects who are willing and available to participate during data collection period.

Exclusion criteria

- Subjects who were less than 20 years of age
- Subjects who were not willing to participate and not available during data collection.

VARIABLES:

Independent Variables

In this study, self-instruction module regarding post covid complications was the independent variable.

Dependent Variable

In this study, the level of knowledge regarding essential newborn care among women was dependent variable.

Section A

It was about demographic profile such as age, type of family.

Section B

Structured interview schedule was prepared to assess the knowledge of women regarding essential newborn care.

The structured interview schedule was divided into 2 sections to assess the pattern and impact of bullying behavior.

Section 1: Consisted of questions related to personal and family details. Personal data include demographic data such as age, qualification, religion, number of children, family income, and type of family.

Section 2: Consisting of questions related to skin care, breastfeeding, eye care, cord care, baby bath, and weaning.

RELIABILTY OF THE TOOL

The tool was tested to ensure the reliability. It has been administered on 5 women aged within 20-40 years and of reproductive age group during the pilot study. Reliability of the tool was established by test re-test method and the reliability was r=0.8.Hence the tool was reliable.

DATA COLLECTION PROCEDURE:

The data had been collected by investigators in the month of Jan-Feb, 2022 from 100 subjects using structured interview schedule in rural communities of Baramulla Kashmir. The respondents were oriented and explained the purpose and importance of the study. They were assured about the confidentiality of their responses. The purposive and convenient sampling has been used to select the subjects for structured interview schedule. Average time taken was 10 minutes per subject.

Results:

Frequency and percentage distribution as per their level of knowledge of regarding essential new born care among women in selected rural communities of dist. Baramulla, Kashmir.

S. No	Grade	Score	Percentage
1	**In adequate**	<=13	<50%
2	**Moderately Adequate**	14-21	50-75%
3	**Adequate**	>21	>75%

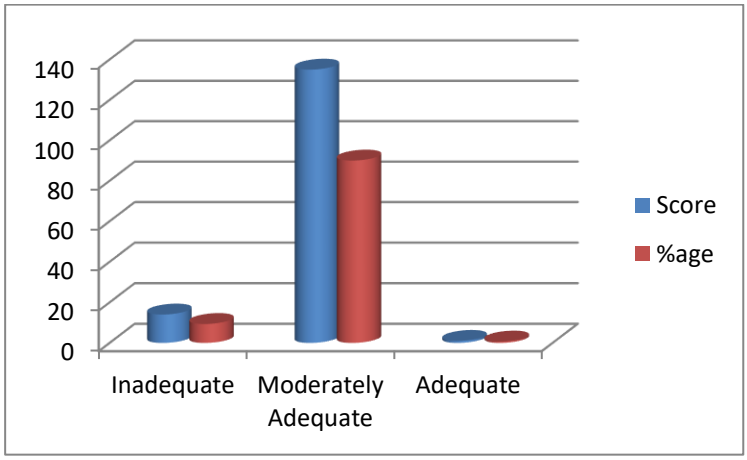
This table categorizes the score obtained into three grades with score less than 50% labeled as inadequate and a score above 75% as adequate. Anything between these is labeled as moderately adequate.

Score grading Comparison based on scale

Grade	Total Score	
	Number	%age
Inadequate	14	9.33
Moderately adequate	135	90
Adequate	1	0.666

From the above table it is clear that about 14(9.33%) women had inadequate knowledge and majority of the women's 135 (90%) had moderately adequate knowledge ,and only 1(0.666%) had adequate knowledge

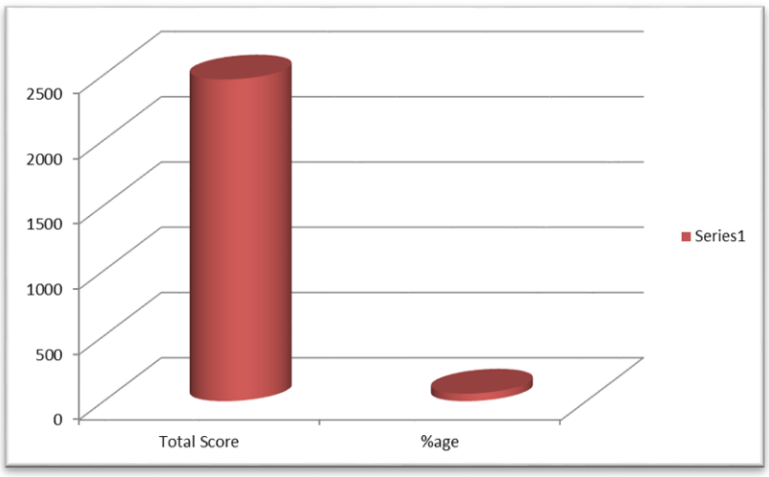
regarding subject essential new born care among women in selected rural communities of Baramulla Kashmir.



Total scores with percentage

Total Score	
Score	**%age**
2465	58.30

The total score achieved by the study group was 2465 out of 4228 which is 58.30 % as is clear from the above table. This gives an indication of moderately level of knowledge regarding essential new born care among women.



To find association of knowledge with selected variables (Age/Type of family)

Association of knowledge with age							
AGE	Yes	No	Total	df	Chi-square calculated	Chisqu. tab	Interpretation
20-25	410	274	684	3	12.03	7.815	Significant difference
25-30	600	385	985				
30-35	799	677	1476				
35-40	656	427	1083				
Total	2465	1763	4228				

Association of knowledge with type of family							
Family type	Yes	No	Total	df	Chi-square calculated	Chisqu. tab	Interpretation
Nuclear	1255	635	1890	2	7.021	5.991	Significant difference
Joint	756	743	1499				
Extended	499	385	884				
Total	2465	1763	4228				

CONCLUSION:

This study concluded that the there is an urgent need of providing knowledge to the women regarding new born care especially in the rural areas of district Baramulla with a target to reduce the infant mortalities.

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