

Neonatal Danger Signs Knowledge and Health Care Seeking Behavior among Mothers in Gasera District, Bale Zone, Ethiopia

Fikadu Nugusu

Abstract

The majority of newborn deaths occur at home where a few families recognize signs of newborn illness. Thus, this study was intended to assess the level of knowledge and health care seeking behavior about neonatal danger signs and associated factors among mothers in Gasera district, Ethiopia. Community based cross-sectional study design conducted from March 12 to April 10, 2017 using quantitative method supplemented with qualitative method. Multistage stratified sampling method used to select 501 study participants for quantitative part whereas purposive sampling method used for qualitative part. Logistic regression techniques; along with thematic qualitative data analysis was used. The proportion of mothers who had knowledge of neonatal danger signs was found to be 26.0%. The odds of having good knowledge was associated with husband's formal education, birth preparedness, health extension workers home to home visit, receiving family health booklet. About 182(55.8%) of the mother sought medical treatment for their newborn. Likewise, the odds of having good health care seeking behavior for neonatal illness was associated with maternal knowledge of danger signs, family income, postnatal care follow up, and receiving family health card. Therefore, intervention modalities focusing on increasing access to postnatal care service, provision and use of integrated family health booklet for health information, and health extension workers home to home visit were recommended.

Keywords: *Neonatal danger sign, health care seeking behavior, Gasera district*

Neonatal danger signs

Neonatal danger signs and health care seeking behaviors

Neonatal danger signs are clinical signs that would indicate high risk of neonatal morbidity, mortality, and the need for early therapeutic intervention (Lawn et al., 2010). Identification and diagnosis of neonatal illness may be delayed if parents are not intelligent, observant, and concerned (Choi et al., 2010). World Health Organization (WHO) recognized nine neonatal danger signs

(WHO & UNICEF, 2012).

Maternal knowledge about neonatal danger signs

Of the total respondents, only 129 (26.0%) mothers were knowledgeable about neonatal danger sign. When asked to list those signs, 88 (17.7%) had no knowledge of any and mention none. One hundred-fifty (30.2%) of the mothers mentioned correctly at least one of the WHO recognized danger signs. Two, three, four and five neonatal danger signs were correctly listed by 130 (26.2%), 79 (15.9%), 32 (6.4%) and 16 (3.2%) of the respondents, respectively. Fever (49.7%) and poor feeding (37.4%) were the most commonly mentioned neonatal danger signs, whereas hypothermia (3.2%) and jaundice (3.4%) were the least recognized danger signs.

Most of the in-depth interview participants mentioned fever, diarrhea, abdominal distension, abdominal colic, tonsillitis, headache, persistent vomiting, unable to suck, fast breathing, frequent crying and cough as the neonatal danger signs. Majority of focus group discussants consider crying as a major sign of any problem the newborn develop. In addition, a 41 years old traditional birth attendant said that “the newborn baby frequently cries because of abdominal colicky pain which is, beginning, from maternal sickness (ameba) and as well if something left in baby’s abdomen immediately after birth”.

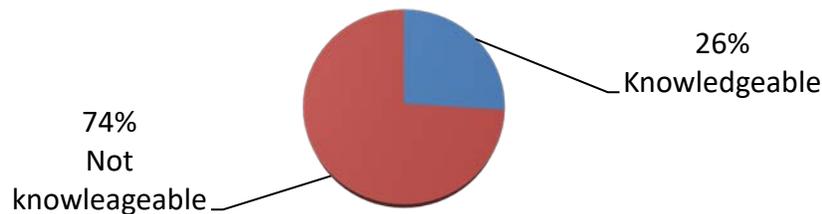


Fig. 1: Level of maternal knowledge of neonatal danger signs in Gasera district, Ethiopia, 2017

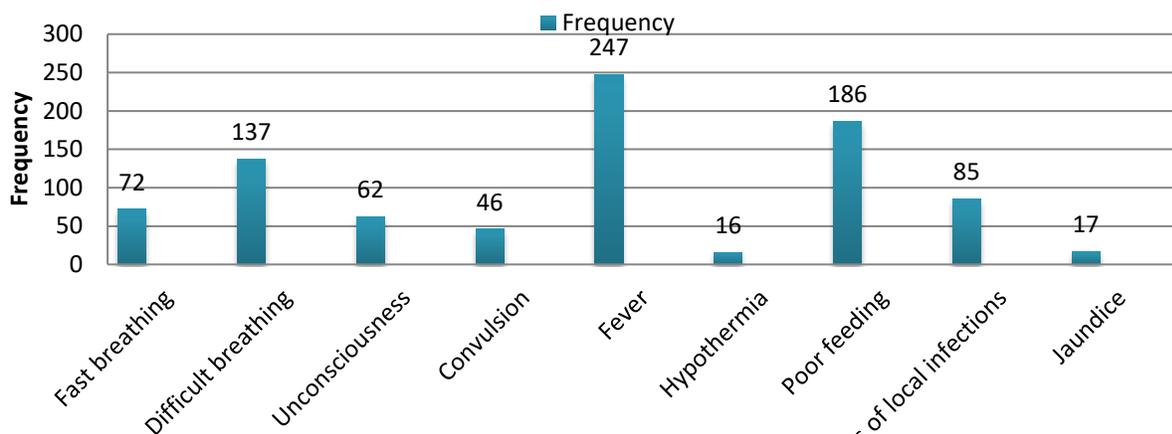


Fig. 2: Neonatal danger signs mentioned by mothers in Gasera district, Ethiopia, 2017

Neonatal danger signs and health care seeking behaviors

Three hundred and twenty-six (65.6%) of the respondent had previously noticed one or more of the danger signs in their current newborn or current child when they were neonates. Of these, only 182 (55.8%) mothers took their child to the nearby health institution for medical treatment immediately without any home intervention. Most the focus group discussants and in-depth interview participants label the newborn illnesses as “mitch”, and massage them with a local herb and have them inhale the smoke from burning the leaves, rather than seeking medical care. A 27-year-old mother of small baby said that “babies experiencing breathing problems and difficult of passing stool have shrunken intestines from either fallen or not being carried properly and would be taken to “wogasha” (traditional bone settlers) for treatment”.

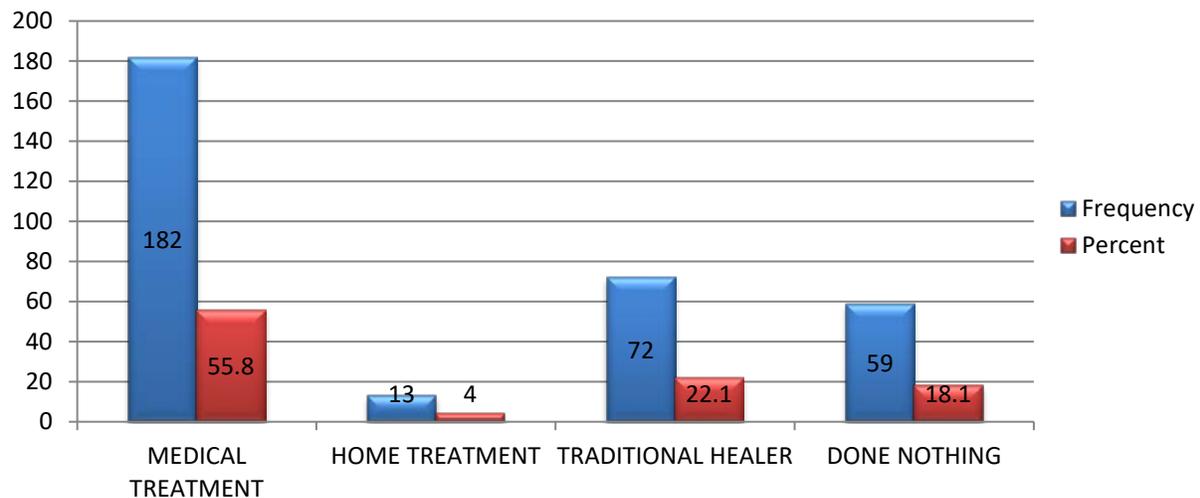


Fig. 3: Action taken for neonatal illness among mothers in Gasera district, Ethiopia, 2017

In conclusion, this study showed low level of knowledge about neonatal danger signs among women in Gasera district. Along with, it revealed that more than half of the mothers sought medical treatment for their newborn, while only one third sought immediate medical treatment within 24 hours. The main predictors of knowledge and treatment seeking for neonatal dangers sign were husband educational status, postnatal care follow up, health extension workers home visit, birth preparedness, receiving family health booklet and family income.

Variable		Frequency	Percent (%)
The current child experienced neonatal illness (n= 497)	Yes	326	65.6
	No	171	34.4
Time took to seek medical treatment for sick newborn (n=182)	Within 24 hr	57	31.3
	More than 24 hr	125	68.7
Source of medical treatment (n=182)	Government hospital/health center	107	58.8
	Health post	7	3.8
	Private clinic	56	30.8
	Pharmacy/drug store	12	6.6

Table 1 Health care-seeking behavior for neonatal illnesses among mothers in Gasera district, Ethiopia, 2017

Better design interventions focusing on community demand creation, strengthening postnatal care follow up and counseling, looking up for the extent and quality of the information given to women, escalation of health extension workers routine home to home visits, rising efforts to provide health messages and routinely using information on family health booklet during counseling were recommended.

Bibliography

- CHOI, el Arifeen, Mannan, Rahman, and Bari. 2010. "Can mothers recognize neonatal illness correctly? Comparison of maternal report and assessment by community health workers in rural Bangladesh", *Tropical Medicine & International Health*, 15, 743- 753.
- LAWN, Kerber, Enweronu-Laryea, and Cousens. 2010. "3.6 million Neonatal deaths–what is progressing and what is not?" *Semin Perinatol* 34, 371-386.
- WHO and UNICEF 2012. "Caring for the newborn at home; a training course for community health workers", *Community Health Workers Manual*. Geneva.