

Effect of Health Education on Navjaat Shishu Suraksha Karyakram (NSSK) Among Health Workers Working at Selected Health Centers in Rural Regions of Maharashtra

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Abstract: Background of the study; A healthy start to life is vital in establishing the foundation of healthy nation. Neonates truly constitute the foundation of a nation and no sensible government can afford to neglect their needs and rights.¹ The World Health Organization (WHO) and American Academy of Pediatrics (AAP) both define a newborn, or neonate, as a child who is 28 days old or younger. A neonate is also called a newborn. The neonatal period is the first 4 weeks of a child's life. It is a time when changes are very rapid change. Many critical events can occur in this period i.e. Feeding patterns are established, Bonding between parents and infant begins, the risk for infections that may become more serious are higher, many birth or congenital defects are first noted. The health of the children differs from place to place and in the same place. It is assessed in terms of child morbidity and mortality. The factor which affect the health of children include poverty, ignorance, illiteracy, age, sex, environment, size of the family, malnutrition, lack of access to maternal and child health services, etc.² Objective: The objective of the study was to assess the effect of health education on navjaat shishu suraksha karyakram (NSSK) among health workers working at selected health centers in rural regions of Maharashtra. The health workers were selected by convenient sampling technique where data was collected by using Structured Interview Schedule (SIS). The analysis was done by using descriptive and inferential statistics. Results: participants based on their age groups. Among the total sample of 125 individuals, the majority, 53 participants (42.4%), fall within the 18-25 years age group. This is followed by 36 participants (28.8%) who are 42 years and above, indicating a significant proportion of older individuals in the study. The 34-41 years age group comprises 31 participants (24.0%), while the smallest group, aged 26-33 years, includes only 6 participants (4.8%). These figures show that the study population is diverse in terms of age, with a higher concentration of younger adults (18-25 years) and older individuals (42 and above), while middle-aged

participants (26-41 years) are comparatively fewer.125 participants based on their designation. Out of the total, 35 individuals (28.0%) were Anganwadi Workers (AWWs), 47 (37.6%) were Auxiliary Nurse Midwives (ANMs), and 43 (34.4%) were Accredited Social Health Activists (ASHAs). This indicates that the largest group among the participants were ANMs, followed closely by ASHAs, with AWWs being the smallest group represented. participants based on their professional experience. Among the total 125 participants, the highest proportion, 41 individuals (32.8%), have 5-10 years of experience. This is followed by 36 participants (28.8%) who have 15 years or more of experience. 25 individuals (20.0%) have been working for 10-15 years, while 23 participants (18.4%) have less than 5 years of experience. These findings indicate that the majority of participants have at least 5 years of experience, with the largest group falling within the 5-10-year range, and a significant number having over 15 years of experience, highlighting a mix of both relatively new and highly experienced professionals in the sample. participants based on gender. Among the 125 participants, the majority, 125 individuals (100.0%), are female, while 0 participants (0.0%) are male. This indicates a significant gender disparity, with a much higher representation of females in the study sample. This trend may reflect the fact that professions related to healthcare and community health work are predominantly female-dominated. participants based on their previous information regarding the NSSK (Navjaat Shishu Suraksha Karyakram) program. Out of 125 participants, 35 individuals (28.0%) reported having prior knowledge of the NSSK program, while the majority, 90 individuals (72.0%), had no prior information about it. This suggests a significant gap in awareness about the NSSK program among the participants, indicating the need for enhanced educational and training efforts to improve knowledge and implementation of neonatal care practices. participants based on their source of information. Among the 125 participants, the majority, 55 individuals

(44.0%), reported social media as their primary source of information. This was followed by 41 individuals (32.8%) who obtained information through newspapers, while 29 individuals (23.2%) relied on books. The findings indicate that social media plays a dominant role in information dissemination among the participants, highlighting its potential as an effective medium for educational and awareness programs. 23%

Conclusion: Analysis of data showed that there is significant difference between pre-test and post-test knowledge. Hence, Health education has significantly brought out their improvement in the knowledge on NSSK among Health workers.

Keywords: Navjaat Shishu Suraksha Karyakram (NSSK), Health workers, Health Education, Health Centers, Rural Regions.

INTRODUCTION

Navjaat Shishu Suraksha literally means 'Protection for the newborn.' Newborns are our future citizens. If we do not take care of the health of newborns, we will not be ensured that the next generation will be healthy and productive. We must try our best to ensure adequate frameworks in the country that will assist the health of newborns in ensuring that they have a good start in life.³ The Government of India has been implementing Navjaat Shishu Suraksha Karyakram (NSSK) since 2009. These programs provide the beneficiaries for the neonates or newborn. On November 20th, 2020, Dr. Harsh Vardhan, Hon'ble Union Minister of Health and Family Welfare, Government of India, launched the revised training package for "Navjaat Shishu Suraksha Karyakram (NSSK)", to commemorate the National Newborn Week from 15th - 21st November, 2020.⁴ The National Health Mission (NHM) is a major initiative launched by the Government of India in 2013. It is designed to strengthen the healthcare system in the country and improve healthcare services for its citizens. The primary goal of the National Health Mission is to provide accessible, affordable, and quality healthcare services to all, especially to vulnerable and underprivileged populations.⁵ NSSK is a programme aimed to train health personnel basic newborn care and resuscitation, has been launched to address care at birth issues i.e. Prevention of Hypothermia, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. Newborn care and

resuscitation is an important starting-point for any neonatal program and is required to ensure the best possible start in life.⁶

OBJECTIVES

The objectives of study are;

1. To assess the knowledge of health workers regarding NSSK in control and experimental group before intervention.
2. To assess the knowledge of health workers regarding NSSK in control and experimental group after intervention.
3. To find out effect of health education on NSSK between post test knowledge score in control and experimental group.
4. To find out association between post-test knowledge scores on NSSK and selected demographic variable of health worker in experimental group

MATERIALS AND METHODS

A quantitative approach was adopted and non-randomized control group design was used for this study. The study was carried out in the selected rural regions of Maharashtra. The period of data collection was three weeks. The permission was obtained from authorities concerned of selected rural region. (PHC,SC). The convenient sampling technique was used to select 125 health workers from different regions. Written consent was obtained from the samples and pre-test has been assessed for all the 125 health workers using demographic and structured interview schedule questionnaire for assessing knowledge. Then the health education was given for all health workers to whom the pre-test was conducted. After 7 days, the post-test was taken and the data was analysed.

Statistical Analysis The data was analysed by descriptive and inferential statistics. Demographic data was analysed using frequency and percentage, data from the questionnaire before and after health education administered was also analysed using frequency, percentage and 't' test. The association between knowledge findings and demographic variables was found by using t test and chi-square test.

RESULTS

Table 1: Percentage wise distribution of Health workers according to their demographic characteristics

n=125

Demographic Variables	Frequency	Percentage
Age (in years)		
18-25 years	53	42.4
26-33 years	6	4.8
34-41 years	30	24.0
42 and Above	36	28.8
Gender		
Female	125	100
Male	0	0
Designation		
Anganwadi Workers (AWWs)	35	28.0
Auxiliary Nurse Midwife (ANM)	47	37.6
Accredited Social Health Activist (ASHA)	43	34.4
Professional Experience		
Less than 5 years	23	18.4
5-10 years	41	32.8
10-15 years	25	20.0
15 years and Above	36	28.8
Previous information regarding NSSK program		
Yes	35	28.0
No	90	72.0
Source of Information		
Newspaper	41	32.8
Social media	55	44.0
Books	29	32.2

Table 2: Significance of difference between knowledge score in control and experimental of health workers.

n=125

		Mean	N	Std. Deviation	Std. Error Mean	df	T-test	P-value
Knowledge	Control	11.7280	125	3.06219	0.27389	124	-41.575	<0.001
	Experimental	24.1440	125	1.09031	0.09752			

The table presents the results of the independent t-test comparing knowledge scores between the control and experimental groups. The mean knowledge score for the control group was 11.7280, with a standard deviation of 3.06219, while the experimental group had a significantly higher mean score of 24.1440, with a standard deviation of 1.09031. The t-value was -41.575 with 124 degrees of freedom (df), and the p-value was <0.001

DISCUSSION

This section presents the discussion of finding against the main objectives of the investigator behind the study that was undertaken to effect of health education on NSSK among health workers working at selected health centers in rural regions of Maharashtra. A significant link was found between health workers' knowledge and their professional experience, previous training on the NSSK program and sources of information. However, factors like age, designation, and gender had no significant impact on their knowledge. Statistical analysis confirmed these findings, highlighting the importance of experience, previous training on the NSSK program and information sources in determining health workers' knowledge levels

CONCLUSION

The study analysed the effectiveness of health education on the Navjaat Shishu Suraksha Karyakram (NSSK) program among health workers in rural Maharashtra. The results showed a significant improvement in knowledge scores after the intervention. Professional experience, previous training on the NSSK program, and source of information were found to be significantly associated with knowledge levels. However, age, designation, and gender had no significant impact. The Chi-Square analysis confirmed these findings, highlighting the importance of experience, previous training on the NSSK program, and information sources in shaping knowledge levels. The study also found that social media was the most effective source of information for health workers. The reliability analysis showed a high reliability coefficient of 0.879, indicating that the tool was reliable and valid. The study concludes that health education programs can significantly improve knowledge levels among health workers, particularly when tailored to their professional experience, previous training on the NSSK program, and information sources. The findings have implications for the design and implementation of health education programs in rural areas. Overall, the study highlights the importance of targeted health education programs in improving knowledge levels and promoting effective healthcare practices.

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