

# A Study to Assess the Knowledge, Attitude and Practice of Neonatal Jaundice Among Primary Health Care Workers

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## Introduction

Doctors and nurses offer primary services to everyone in the neighbourhoods where people live, which is nearest to the general health. They are located right in the centre of the health care distribution network, thus, acting as triage for the most seriously sick people. Patients of a 2–5 years of age are qualified to take care of small injuries, offer vaccines to kids under two, and refer infants and really sick people to bigger facilities. The lack of medical professionals in developed countries raises the likelihood of being in charge of the administration of the primary health clinics.

Jaundice is commonly seen in many neonates that have unconjugated hyperbilirubin that has not yet been resolved. Leading to irreversible brain injury, causing developmental impairment and early mortality of children, lead to cognitive delay and retardation in those under one year old. If bilirubin saturation is correctly handled with phototherapy and exchange transfusion, much of these problems may be prevented. Primary health professionals must be able to understand the disorder to be willing to direct children to medical and treatment locations that address their needs immediately. Since they generally don't base their decisions on logic, it is the mindset and opinion of the health status of the medical professionals that influences the type of treatment they offer more frequently than experience. No recent research have explored how much of our awareness regarding N.N.J. we can attribute to imagination.

The research goal was therefore was to examine the current level of awareness, mindset, and practises with respect to NNJ so as to recognise some myths and improper attitudes of health care staff..

## Methods

The experiment was performed at the hospitals located in Davanakore,K Six health centres were chosen at random to engage in the study and out of a number of twelve, the six selected, six were selected by drawing lots. Self-administered questionnaires were distributed to the community health staff to provide them with an opportunity to provide their feedback They were not asked to include any information other than their name. Medical practitioners were prohibited from engaging in the research..

The survey instrument, the questionnaire, developed by the writers, had a total of 17 items In the first part of the interview, the respondents listed their work and demographic information; the remainder concerned NNJ. There were multiple option questions, whilst the other five were open-ended. Neonatal jaundice assessments probed health workers' understanding of the onset, diagnosis, and symptoms of neonatal jaundice, as well as the course and care of the disease. The test targeted at N.N.J. citizens who were on the lookout for current attitudes and practises of the health care professionals in relation to Native Americans Many of the doctors and nurses in the unit were apprised of the survey's goal. Those who signed up for the questionnaire were granted the ability to openly chose. During the exercise, they were only permitted to request clarity, but not inter-speak with the superiors.

## **Results**

About sixty-six (93% of 71%) of the community health staff chose to take part in the study. Three of the five people withheld their agreement out of concern about their own well-being, while the other two withheld their support for professional or personal purposes. Participants comprised people aged 25 to 53, with a mean age of 36.3 (SD 7.1). Counseling percentages were twenty-two (36.4%) of the respondents, all of whom were Community Health Officers, and of the remaining 29%, 29 (43.9%) were Senior Health Promotion Specialists. Residency staffs comprise Nurses-level 4 (6.1 percent) and Health Care employees-7 (or 7.0 percent) (10.6 percent). Two participants declined to respond. Thirty-six (53.3 percent) respondents identified the first month (or twenty-eight days) period of existence as being discoloured by bilirubin build-up. Just 26 (39.4 percent) of the 39 answers were correct. only of the three responses were right. There were 37.9% correct answers. Of the three, only early pregnancies, blood-type, and illness in the infant were reliable. Seventeen (23.4 percent) respondents answered correctly while (23.5 percent) failed the task. In the other side, 23 (34.8%) responded with the response to being bitten by mosquitoes, and 6 (9%) had caused by Malaria whereas 5 (7.6%) preferred to respond with diseases in the breast milk. 53. That is, on the issue of NMJ, 34 (54.5%) referred to the latest technologies, 21 (31.8%) listed photo therapy and 21 (31.8%) proposed a particular blood transfusion. In this study, 13.6% of the respondents did not respond. When it came to medication, 14% agreed (23.3% total) that they thought herbs could work. 9 out of the 14 herbal remedies, fruit extract unripe paw-paw was listed the most often (64.3% of respondents) More than half of respondents (41 or 62.1%) thought that such antibiotics, such as Ampiclox® syrup, might be useful in the treatment of NNJ; nevertheless, the majority of these respondents (63.4%) incorrectly concluded that Ampiclox+ syrup was more effective. 9.10 percent of respondents reported the lack of phenobarbene. 63% of the remaining respondents listed chloramphenicol, gentamicin eye drops, and vitamins/nutritional supplements for orange-nosed cats. Several approaches were listed by respondents including good prenatal care (43.9 percent), antenatal blood screening (12.3.8 percent), and management of malaria in pregnancy (9.2.4 percent) (7.3 percent). 2 people said they felt the yellow fever vaccination could protect people from the new Jersey virus (4.9%)

## **Discussion**

Although the participants' information was found to be sufficient in general, certain observations should be recognised as surprising. It should be noted that more than half of the respondents had clients with neonates, but only half could define the diagnosis, regardless of this reality. Additionally, the volunteers working as health care providers did not demonstrate much knowledge of NJ's needs in the group. In Nigeria, the main factors for neonatal jaundice are ABO blood incompatibility, early delivery, and premature hypoglycemia. Fifty percent of the participants failed to identify all three of these criteria. The absence of a glucosetase-6-phosphatase 6 enzyme in the survey was found to be a challenge for community health staff.

If we examine the strategies and approaches proposed by our respondents, it is easy to see that prevention does not play a key role in NNJ's management. As well as supplying care for malaria in infancy, ensuring sure mothers have enough meals, and delivering yellow fever vaccines. Primary care providers must raise the level of consciousness among pregnant women and immediately after delivery about the benefit of administration of anti-D globulin to those with diminished immunity during the 28-week span of childbirth and for their babies, respectively. An essential element of community service delivery component is NNJ's involvement in health education, and it'sheartwarming to see how many clients participating in our research programmes focus on this as part of treatment. To keep accurate details from being shared with the general public, it is vital that their awareness of the topic is updated on a regular basis.

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