

**AN ASSESSMENT OF ESSENTIAL NEWBORN CARE PRACTICES
AMONG ADOLESCENT MOTHERS IN HOIMA DISTRICT,
UGANDA.**

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DECLARATION

I declare that I personally did the work presented in this dissertation and that it has not been presented before to any institution or university for any award. Where other individuals' work is referenced, it has been cited or acknowledged appropriately.

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DEDICATION

To my family

With lots of love

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ACRONYMS AND ABBREVIATIONS

AHSPR	Annual Health Sector Performance Report
ANC	Antenatal care
CHW	Community health worker
ENC-	Essential newborn care
HSD	Health Sub District
HSSIP	Health Sector Strategic Investment Plan
ICCM	Integrated Community Case Management
MDG	Millennium Development Goal
PPS	Probability proportionate to size
SBA	Skilled birth attendance
SRS	Simple random sampling
VHT	Village Health Team
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
WHO	World Health Organization

OPERATIONAL DEFINITIONS

Adolescent –People aged between 10 – 19 years (Adolescent national health policy, 2012)

Adolescent mother-In this study an adolescent mother will refer to any woman aged between 15 and 19 years with a baby aged 1 to 6 months.

Newborn - According to the World health Organization, a newborn, or neonate, is a child under 28 days of age. In this study, the term newborn or neonate will be used.

Essential newborn care practices- In this study, the term Essential Newborn Care will refer to the recommended practices to be done during the newborn period. In this study, the Essential Newborn care to be studied will include; exclusive breastfeeding, thermal protection and dry cord care.

Community health worker- sometimes called "village health workers" are members of a community who are chosen by community members to provide basic health and medical care to their community.

Good cord care- Good cord care was defined as no substance applied to the cord or dry cord care.

Optimal thermal care- In this study, an adolescent mother will be considered to have practiced optimal thermal care if she practiced any two or all the following thermal care practices; skin to skin care, covering the baby in warm clothes or delaying the first bath for more than 24 hours.

Appropriate neonatal breastfeeding – Appropriate neonatal breastfeeding was defined as initiating breastfeeding within the first one hour after birth, colostrum given plus exclusive breastfeeding during the first month of life.

ABSTRACT

Introduction and background: Adolescent motherhood remains a challenge to improving child survival in countries like Uganda still struggling with high neonatal mortality rates. Although Ministry of Health Uganda has promoted the recommended essential newborn care practices to reduce neonatal mortality to the lowest level in the community, little is documented about the essential newborn care practices and the associated factors among adolescent mothers. This study therefore sought to describe the essential newborn care practices and associated factors among adolescent mothers in order to inform policy and intervention design.

Methods: Data for this cross sectional study was collected using structured interviewer administered questionnaires from 410 adolescent mothers with children one to six months accessed from eighty two randomly selected villages across four randomly selected sub counties in Hoima District. Data was entered using Epi Data version 3.5 and exported to STATA 12 for analysis. Three composite variables (appropriate neonatal feeding, good cord care and optimal thermal protection) were derived by combining related practices from a list of recommended newborn care practices. Logistic regression analysis was conducted to identify factors independently associated with practice of essential newborn care.

Results: 61.9% (254/410) were knowledgeable of dry cord care, 76.3% (313/410) knowledgeable of optimal thermal care and 87.6% (356/410) knew the correct time to initiate breastfeeding.

Sixty percent of adolescent mothers were judged to have practiced appropriate newborn feeding. Sixty seven percent practiced optimal thermal protection and only thirty one percent had practiced dry cord care.

After logistic regression adolescent mother who delivered twins (AOR 0.05, 95%CI 0.01-0.24) and those with no or poor knowledge of dry cord care (AOR 0.19, 95%CI 0.05- 0.66) were less likely to practice dry cord care. Likewise, adolescent mothers with poor knowledge of optimal thermal protection (AOR 0.04, 95% CI 0.01-0.15) were less likely to practice optimal thermal protection. For appropriate newborn feeding, adolescent mothers who stayed for more than one day in hospital post partum (AOR 2.45, 95%CI 1.23-4.86) were more likely to practice appropriate newborn feeding while those did not know the correct time within which to initiate

breastfeeding (AOR 0.07 95% CI 0.02-0.19), those that had delivered by caesarean section (AOR 0.19, 95% CI 0.04-0.96) or those who had a male caretaker in the postnatal period (AOR 0.18, 95% CI 0.07-0.49) were less likely to practice appropriate neonatal breastfeeding.

Conclusion: Sub optimal essential newborn care practices were noted among this study population. Applying potentially harmful substances to the newborns' cord stumps, early bathing and giving pre-lacteal feeds were the major drivers of the sub optimal practices. Having delivered twins, or not being knowledgeable of dry cord care were found negatively associated with dry cord care while poor knowledge was the only factor found associated with optimal thermal protection. Adolescent mothers who had stayed for more than one day in hospital post partum were more likely to practice appropriate newborn feeding while those who had a male caregiver, a caesarean birth or those not knowledgeable of the correct time to initiate breastfeeding were found less likely to practice appropriately newborn feeding.

Special ANC sessions for adolescent mothers and behaviour change communication strategies with emphasis on dry cord care, skin to skin care, delaying baths and good breastfeeding in totality could improve the knowledge of essential newborn care among and address the other barriers to the recommended care in this population.