

International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 2 | Issue 2 | April - June - 2014 www.ijamscr.com

Research article

A descriptive study on newborn care among postnatal mothers inselected maternity centersin Madurai, Tamilnadu.

Darling .B. jiji1*, Ranjita.S. Wankhede2, Bazil Alfred Benjamin3

¹Lecturer in college of nursing, Sebha University, Sebha.

ABSTRACT

The newborn health challenge faced by India is more formidable than that experienced by any other country in the world. The newborn health is inevitably affected by the traditional care practices of the mothers causing high infant morbidity and mortality. The aim of the study were determine the knowledge, attitude and practice of postnatal mothers regarding new born care and find out the association between knowledge, attitude and practice of postnatal mothers regarding new born care and to determine the association between these as well as with the selected demographic variables. A descriptive study was conducted to assess the knowledge, attitude and practice of postnatal mothers regarding new born care in selected maternity centres in Madurai. Survey approach was employed to select sample and it consisted of 100 postnatal mothers. Data was collected using structured interview schedule. Findings of the study showed that 65% of postnatal mothers had moderate knowledge; 61% had favourable attitude and 57% of them had high practice of new born care. There was a significant association between knowledge and attitude (r=+0.567), knowledge and practice (r=+0.388), attitude and practice (r=+0.321) .There was a significant association between knowledge and education, monthly family income and obstetrical score at p<0.05. Findings of the study indicated the need to conduct frequent assessment of knowledge, attitude and practice of postnatal mothers regarding new born care. Awareness and attitude of the mothers towards new born care still has lots of lacunae especially in those who belong to the lower socio economic statusand poorly educated postnatal mothers. So it is imperative to provide comprehensive training in the field of new born care for mothers during pregnancy.

Key words: Knowledge, Attitude, Practices, Postnatal mother, Newborn care.

INTRODUCTION

Child birth and neonatal period have great emotional effect on families and could be considered as a new experience in life. Neonatal mortality is the most leading cause of mortality in under 5 year children. It is estimated that out of 3.9 million neonatal death occur worldwide, almost 30% occur in India [1]. Care practices immediately after delivery play a major role in causing neonatal

morbidities and mortalities. Essential new born care practices were outlined to decrease the neonatal morbidity and mortalities [2,3].

All new-borns get care as per the perception and socio-cultural behaviour of the society. New born care is strongly influenced by women's social status, health status and home care practices for mother and new born care services[3].

E-mail address: jijinjijin2000@gmail.com

²Asst .Lecturer in college of nursing, Sebha University, Sebha.

³Radiographer in Ministry of health, Brack, Shathi.

^{*} Corresponding author: Darling .B. jiji

In India 25 million babies are born every year which accounts for 20% of global birth, Imillion die before completing the 4 first week of life. This accounts for nearly 25% of the total the total 3.9 million neonatal deaths worldwide[4]. The major causes of neonatal deaths reported include prematurity 28%, sepsis and pneumonia 26%, birth asphyxia and injuries 23%, tetanus 7%, congenital anomalies 7% and diarrhoea[5].

Insufficient knowledge of parents regarding new born care could lead to parent's confusion, decrease quality of care and threaten neonatal health. Neonatal care include clean cord care, thermal care, initiating breastfeeding immediately after birth (within one hour) and immunization. The traditional practices like applying cow dung on the umbilical stump, oil instillation into nose etc also contribute to new-born's risk of morbidity and mortality[6,7].

Objectives of this study were to:

- 1. Determine the existing knowledge of postnatal mothers regarding new born care.
- 2. Determine the attitude of postnatal mothers regarding new born care.
- 3. Determine the practices of postnatal mothers regarding new born care .
- 4. Find out the relationship between knowledge, attitude and practices of postnatal mothers regarding new born care.
- Determine the association between knowledge and selected demographic variables of postnatal mothers regarding new born care.

MATERIALS AND METHODS

To achieve the objectives a descriptive research design was adopted. The population of study included the postnatal mothers who were admitted and delivered in selected maternity centres of Madurai Corporation. Thus 100 postnatal mothers were selected using simple random sampling technique. A structured interview schedule was used to collect the data. It consisted of four parts, viz. Part -I that helped to collect the demographic data of neonate and postnatal mother; Part - II that was aimed at assessing the postnatal mother's knowledge about new born care. Thequestionnaire consisted of34 questions. The knowledge score were categorized as follows: 0 -50% inadequate knowledge; 51-75% moderately adequate

knowledge; 76- 100% adequate knowledge. Part – III consisted of Likert type attitude scale to assess the attitude regarding new born care. It consisted of 22 items. The attitude level were categorized based on scores obtained as unfavourable (<50%), moderate (51-75 %) and favourable attitude (>75%). Part- IV consisted of 13 questions, as checklist to assess the practices of mothers on new born care. The level of practice was categorized arbitrarily based on scores obtained as inadequate (<50), moderate (50-75) and adequate (>75%). The prepared tool was validated by experts. The reliability of the tool was found to be r =0.98.

RESULTS

The study sample consisted of 100 postnatal mothers. Table 1, shows that majority of postnatal mothers 57% were below 20 years age; most of postnatal mothers 64 belongs to Hindu religion; 50 of them had education up to high school; 93 of them were not working; 46 of them had the income Rs. 2001 – 6000; most of them 64 belongs to joint type of family; 96 postnatal mothers were non- vegetarians; 66 had obstetrical score of multipara; 92 were had below 1 weeks of postnatal days; and 28 got antenatal care from private doctor and only 3 postnatal mothers had no antenatal care.

Table 2 shows that out of 100, 65% postnatal mothers had moderate knowledge, 22%had inadequate knowledge and 13% had adequate knowledge regarding new born care among postnatal mothers. Table 3 shows that 61% had a favourable attitude and

none of them had unfavourable attitude towards new born care. The highest scores were found in the aspect of immunization followed by a favourable attitude towards father's role in new born care and towards breast feeding.

Table 4 shows that more than half postnatal mothers 57% had high practice level, 43% had moderate practice level and none with low practical level. The highest mean scores were found in the aspect of basic new born care followed by immunization. The lowest mean score was found in the aspect of breast feeding. This shows a low breast feeding practice among mothers. Table 6 and Table 7 Correlation was computed between knowledge and attitude, knowledge and knowledge and practice and practice and attitudes. All of which showed a significant correlation at 0.05 level.

Table 1.Percentage distribution of socio demographic variables. N=100

Variables	Frequency	Percentage
Age (in years)		
Below 20	57	57
21 -30	41	41
31-40	2	2
Above 41	-	-
Religion		
Hindu	64	64
Christian	11	11
Muslim	25	25
Wiusiiiii	23	23
Education		
Illiterate	6	6
Primary school	50	50
High school	40	40
Higher secondary	3	3
College	1	1
.		
Occupation	7	7
Working	7	7
Not working	93	93
Monthly family income		
Below Rs. 2000	16	16
Rs .2001 - 6000	46	46
Rs . 6001 - 10000	34	34
	4	4
Above Rs. 10000	4	4
Type of family		
Joint family	64	64
Nuclear family	36	36
Dietary pattern		
Vegetarian	4	4
Non – vegetarian	96	96
Non – vegetarian	90	90
Obstetrical score		
Primi para	34	34
Multi para	66	66
Number of postnatal days		
Below 1 week	92	92
2-3 weeks	8	8
4-5 weeks	-	-
6 weeks	-	-
Type of antenatal care		
Primary health care	20	20
Secondary health care	16	16
Tertiary health care	26	26
Private doctor	27	27
Health worker	8	8
No antenatal care	3	3

Table: 2a. knowledge aspects of postnatal mothers regarding new born care N=100

Knowledge aspects	Statements	Max.score	Mean	SD	Mean	SD
					(%)	(%)
Basic concept of new born care	4	4	2.28	0.8	57.0	19.8
Breast feeding in new born baby	9	9	5.43	1.6	60.3	18.3
Maintenance of temperature & prevention of	5	5	2.74	1.2	54.8	23.5
hypothermia						
Prevention of infection	9	9	6.17	1.8	68.6	19.9
Immunization	2	2	1.08	0.6	54.0	28.1
Danger signs in new born	5	5	3.12	1.1	62.4	21.1
Combined	34	34	20.82	4.5	61.2	13.1

Table: 2b. knowledge level of postnatal mothers regarding new born care N=100

Knowledge level	Category	Frequency	Percentage
Inadequate	≤50% score	22	22.0
Moderate	51-75% score	65	65.0
Adequate	>75% score	13	13.0

Table: 3a. Attitude aspects of postnatal mothers regarding new born care N=100

Attitude aspects	Statements	Max.	Mean	SD	Mean (%)	SD (%)
		score				
Basic concept of new born care	2	10	6.58	1.7	65.8	17.2
Breast feeding in new born baby	5	25	20.33	4.1	81.3	16.3
Thermal protection	4	20	14.03	3.1	70.2	15.3
Prevention of infection	7	35	27.92	3.7	79.8	10.7
Immunization	2	10	9.40	0.9	94.0	9.3
Diarrhoea management	1	5	3.66	1.7	73.2	34.0
Father role in new born care	1	5	4.09	1.2	81.8	24.5
Combined	22	110	86.01	9.6	78.2	8.8

Table: 3b. Attitude levelof postnatal mothers regarding new born care N=100

Attitude level	Category	Frequency	Percentage
Unfavourable	≤50% score	-	-
Moderate	51-75% score	39	39
Favourable	>75% score	61	61

Table: 4a. Practice aspects of postnatal mothers regarding new born care N=100

Practice aspects	Statements	Max. score	Mean	SD	Mean (%)
Basic concept of new born care	2	2	1.93	0.3	96.5
Breast feeding in new born baby	4	4	2.16	1.0	54.0
Thermal protection	3	3	2.43	0.7	81.0
Prevention of infection	3	3	2.48	0.6	82.7
Immunization	1	1	0.89	0.3	89.0
Combined	13	13	9.89	1.5	76.18

Table: 4b. Practice level of postnatal mothers regarding new born care N=100

Practice level	Category	Frequency	Percentage
Low	≤50% score	-	-
Moderate	51-75% score	43	43.0
High	>75% score	57	57.0

Table :5 Scores of knowledge, attitude and practice of the new born care among postnatal mothers N=100

Aspects	Statements	Max. score	Mean	SD	Mean (%)
Knowledge	34	34	20.82	4.5	61.2
Attitude	22	110	86.01	9.6	78.2
Practice	13	13	9.89	1.5	76.1

Table: 6 Correlation between knowledge, attitude and practice of the new born care among postnatal mothers N=100

Parameters correlated	r- value	p-value
Knowledge & Attitude (KA)	+0.567	P<0.01
Knowledge & Practice (KP)	+0.388	P<0.05
Attitude & Practice (AP)	+0.321	P<0.05

CONCLUSION

Assessment of knowledge regarding new born care among postnatal mothers revealed showed that 65% of postnatal mothers had moderate knowledge; 61% had favourable attitude and 57% of them had high practice of new born care. There was a significant association between knowledge and attitude (r=+0.567), knowledge and practice (r=+0.388), attitude and practice (r=+0.321). There was a significant association between knowledge and education, monthly family income and obstetrical score at p<0.05. The WHO recommends for dry cord care. 60% of postnatal mothers felt that there

was no need for any medication application on the stump. A large proportion of postnatal mothers 88% disagreed that application of ash, cow dung, ghee on cord as essential. Low practice scores were seen in the aspect of breast feeding and discarding colostrum. Poor knowledge, attitude and practice was associated with young postnatal mothers, low education and who had acquired their knowledge from sources other than health workers. So it is imperative to provide comprehensive training in the field of new born and infant care for mothers.

REFERENCES

- [1] Senarath U, Fernando DN, Vimpani G, Rodrigo I, Factors associated with maternal knowledge of newborn care among hospital delivered mothers in Sri Lanka; Trop Med Hyg 2007 Aug; 101 (8):823
- [2] Black RE, Morris SS, Bryce, Where and why are 10 million children dying every year? Lancet 2003; 361: 2226 2234.
- [3] Agarwal S, Srivastava K, Sethi V, Maternal and new born care practices among the urban mothers in Indore, India: Gaps, reasons and possible program options, Urban health resources center New Delhi -2007.
- [4] Raman Alamelu V, Traditional practices and nutritional taboos, The Nursing Journal of India; LXXIX(6), 1988; 46 50.
- [5] Worldinfant mortality rates by five years averages population reference bureau united nations world population prospects: 2011 revision.

- [6] Chauhan M, Rathanm, Healthy Mother Healthy baby, Social Welfare; XL(7) 1998; 10-12
- [7] MohamdAsifpadiyath, Vishnu Bhat B, HeswanEkambaram , Knowledge ,attitude and practice of neonatal care among postnatal mothers, Jawaharlal institute of postgraduate medical education and research, Puducherry, India Vol:14, No:2; 2010:10-12.
