"A descriptive study to assess the knowledge and practices of mothers regarding newborn care at Selected Hospitals of Distt Kangra."

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ABSTRACT:
Background: *Birth of a healthy newborn is one of the finest gift of nature and one of the happiest and emotional event that can occur in one's life time. Most of complications of the normal neonate may occur during first 24 hours or within 7 days. So close observation and daily essential routine care are important for health and survival of newborn baby. God could not be everywhere, therefore he made* ***"MOTHER".*** *Newborn health lies in mother hand and effective newborn care helps to attain a good neonatal and infant health. In community setting women of rural areas are not aware regarding their newborn's health. Some of them are not able to afford antenatal visits. And some due to their culture believes and practices deteriorates their child's health. Therefore, the investigator strongly felt the need to study and assess the knowledge and practice of mothers regarding newborn care.*
AIM: *The study was conducted with an aim to assess the knowledge and practices of mothers regarding newborn care at Selected Hospitals of Distt Kangra."*
METHODOLOGY: *A descriptive study was conducted at selected hospitals of distt. Kangra in September 2016. 30 post natal mothers of newborns was selected by purposive sampling. Self structure knowledge questionnaire and checklist related to knowledge and practice of mothers regarding newborn care were administered to the samples and data was collected. The gathered data was analysed by calculating frequency and percentage distribution of demographic variables. Mean, median and standard deviation of level of knowledge and practices of mothers regarding newborn care.*
RESULT: *Mean score, median score, standard deviation of the level of knowledge was 15.9, 13, 5.4 respectively. Mean, Median, standard deviation of level of practices of mothers regarding newborn care was 10.5, 10.5, 1.7 respectively. The chi square value shows statistically non significant relationship (i.e >0.05) between demographical variables and level of knowledge.*
CONCLUSION: *The study's findings showed that 13.3% mothers were having unsatisfactory knowledge, 53.3% mothers were having moderately satisfactory knowledge and 33.3% mother were having satisfactory knowledge regarding newborn care. 43.3% mothers were having moderately satisfactory practices and 56.6% mothers were having satisfactory practices and no mother having unsatisfactory newborn practices. The chi square values reveals that there was not significant association of age, education, occupation, types of family, per capita income, parity and type of antenatal care with level of knowledge.*

I. INTRODUCTION

"A baby in the house is a well spring of pleasure, a messenger of peace and love, a resting place for innocence on earth, a link between angels and men."   **- Martin Fraquhan Tupper**

The period from birth to 28 days of life is called neonatal period and the infant in this period is termed as neonate or new born baby. The first week of life is known as early neonatal period and the late neonatal period extends from 7th to 28th days of age. The average birth weight of a newborn baby in India is a around 3.0 kg. A newborn baby has only 3 demands; they are warmth in arms of its mothers, food from her breast and security in the form of her presence.

The principle of essential newborn care are simple, that is warmth to avoid hypothermia, early breast feeding, hygiene, support for the mother and infant relationship, early treatment of sick baby. Fulfilments of all the crucial

principles leads to healthy survival of an infant.

Observed factors contributing to high newborn mortality rates in South Asia include widespread low birth weight babies, lack of skilled health care at birth, low level of exclusive breast feeding in initial month of life. Maternal sexually transmitted infections are major preventable cause of stillbirth. Other listed causes of neonatal death are asphyxia, respiratory distress, early sepsis, preterm babies, poor pre pregnancy health and inadequate care during pregnancy and delivery.

In rural setting the leading cause of neonatal death include lack of awareness regarding newborn care, wrong cultural believes and practices for example discarding of colostrum, applying cow dung over umbilical cord etc. Immense illiteracy, ignorance and lack of awareness causes increase chance of neonatal infections, diarrhoea, malaria, malnutrition, measles and pneumonia.

According to WHO, three quarter of all newborn death occur in first week of life world-wide. Almost 3 million of the neonates and infants die within 1 week and 2 million on their first day of life

Each year 26 million infants are born in India, of which 1.2 million do not survive to complete the first 4 week of their life .India accounts of 30% of all newborn deaths worldwide (According to charity save the children 2013) and according to world health statistics 2013 neonatal mortality rate in India per 1000 live birth was 32%. In Himachal Pradesh the infant mortality rate was 40/1000 population according to 2010 survey.

Statement Of Problem: A descriptive study to assess the knowledge and practices of mothers regarding newborn care at Selected Hospitals of Distt Kangra.

Objectives of studies
- To assess the demographic variables of mothers.
- To assess the knowledge of mothers regarding newborn care.
- To assess the practices of mothers regarding newborn care.
- To determine the association of the knowledge score with selected demographic variables among mothers.

II. METHODOLOGY

In this study quantitative approach and descriptive research design was used to collect data from sample size of 30 postnatal mothers of infant of age 0-7 days at Dr. RPGMC (Rajendra Prasad Govt. Medical College) Tanda Hospital Distt. Kangra. Purposive sampling technique was used to select sample. Self-structure knowledge questionnaire and checklist related to knowledge and practice of mothers regarding newborn care were administered which consist of three parts. **Part-I-** Deals with information regarding demographic variables (age, education, occupation, type of family, per capita income, parity and type of antenatal care.). **Part-II-** Deals with structured questionnaire seeks information regarding knowledge on newborn care among mothers. **Part-III-** Deals with the checklist seeks information regarding practices of newborn care among mothers.

The pilot study was conducted after taking permission from SMO Civil Hospital Palampur, in month of June, 2016. Six mothers of newborn were selected through purposive technique. Knowledge of mothers were assessed regarding newborn care with the help of structured knowledge questionnaire and the practices were assessed through checklist. The analysis of the pilot study was done in accordance with the objective of the study. Finding of the pilot study revealed that it was feasible to conduct the study and criterion measures were found to be effective.

The main study was conducted in the month of September 2016 at Dr. RPGMC Tanda Hospital. Ethical approval was sought from the concerned authorities of Dr. RPGMC Tanda. An informed consent was obtained from the participants (mother) before administering the tool. Confidentiality and privacy of the collected data was maintained.

The gathered data was analysed by calculating frequency and percentage distribution of demographic variables. Mean, median and standard deviation of level of knowledge and practices of mothers regarding newborn care.

III. RESULTS

The result reveals that majority of mothers (60%) belongs to age group 20-25 years, majority (60%) were educated up to secondary level, majority (93.3%) were housewife, (73.3%) belonged to joint family, majority (53.3%) of the mothers were multipara and about (86%) mothers had received antenatal care in the tertiary centre.

Table 1.1
Frequency and percentage distribution of level of knowledge of the mothers regarding newborn care.
N=30

LEVEL OF KNOWLEDGE	SCORE	FREQUENCY	PERCENTAGE
Unsatisfactory	0-10	04	13.33%
Moderately Satisfactory	11-20	16	53.33%
Satisfactory	21-30	10	33.34%

Table-1.1 reveals that 53.3% of mothers were having moderately satisfactory knowledge, 33.3% mothers were having satisfactory knowledge whereas only 13.3% of mothers were having unsatisfactory knowledge regarding newborn care.

Table – 1.2
Frequency and percentage distribution of practices related to newborn care.
N=30

LEVELS	SCORE	FREQUENCY	PERCENTAGE
Unsatisfactory	0-5	00	0%
Moderately satisfactory	6-10	13	43.33%
Satisfactory	11-15	17	56.67%

Findings related to levels of practices reveals 43.3% mothers were having moderately satisfactory level of practices and 56.6% mothers were having satisfactory level of practices where as 0% mothers were having unsatisfactory level of practices regarding newborn care.

TABLE-1.3
Mean, Median, Standard Deviation distribution of level of practices of mothers regarding newborn care.
N = 30

LEVEL OF PRACTICES	MEAN	MEDIAN	STANDARD DEVIATION
Unsatisfactory			
Moderately satisfactory	10.5	10.5	1.7
Satisfactory			

TABLE- 1.4
Chi square showing association of level of knowledge with demographic variables.
N =30

Sr. No.	Demographical variables	Level of knowledge		X^2	df
		Below median	Above median		
1. AGE (in years)					
a.	<20	01	00	3.45[NS]	3
b.	20-25	04	14		
c.	26-30	03	07		
d.	31-35	00	01		
2. EDUCATION					
a.	Primary level	01	01	4.84[NS]	4
b.	Secondary level	06	12		
c.	High level	00	05		
d.	Graduate	00	05		
3. OCCUPATION					
a.	Housewife	07	21	0.65[NS]	1
b.	Professional	00	02		
4. TYPE OF FAMILY					
a.	Nuclear	01	07	0.76[NS]	1

b.	Joint	06	16		
5. PER CAPITA INCOME					
a.	<5000	03	02	6.45^{NS}	3
b.	5000-10000	01	08		
c.	10000-15000	01	09		
d.	>15000	02	04		
6. Parity					
a.	Primi	03	11	0.055^{NS}	1
b.	Multi	04	12		
7. Type of antenatal care					
a.	Secondary care centre	01	02	0.45^{NS}	5
b.	Tertiary care centre	06	20		
c.	Private doctor	00	01		

NS: showing the non-significant values.

The data reveals that there was not significant association of age, education, occupation, types of family, per capita income, parity and type of antenatal care with level of knowledge.

IV.   DISCUSSION

The purpose of the present study was to assess the level of knowledge and practices of new born care among postnatal mothers. Analysis of the study indicates the significant effect of assessing the level of knowledge and practices related to newborn care among postnatal mothers. The findings of present study indicate that there is non-significant relationship between level of knowledge and demographical variables. The study concluded that most of the mothers were from age group 20-25 years, educated up to secondary level, majority were multipara, majority from joint family and housewife.

V.   CONCLUSION

The study's findings showed that 13.3% mothers were having unsatisfactory knowledge regarding newborn care, 53.3% mothers were having moderately satisfactory knowledge regarding newborn care and 33.3% mother were having satisfactory knowledge regarding newborn care. 43.3% mothers were having moderately satisfactory practices related to newborn care and 56.6% mothers were having satisfactory practices related to newborn care. No mothers having unsatisfactory newborn practices.

Limitation Of Study: The study was time bound and confined to small number (30) of mothers of newborn babies. Further studies with large numbers of sample size at hospital as well as community level recommended.

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