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Knowledge Regarding Newborn Care in Primipara Mothers

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INTRODUCTION

"Today'schildren are tomorrow citizen".

The state of one's health is reflective of an individual's ability to meet life's challenges and maintain his/her capacity of optimal functioning. This require the various aspects of one's makeup i.e. mental, physical, and biochemical, to maintain a level of functioning that has a positive influence and support for one another, where health is defined by the World Health Organization as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Women's health refers to the health of women, which differsfrom that of men in many unique ways. Women's health is an example of population health. Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women".

Pregnancy is the term used to describe a period in which a fetus develops inside a woman'swomb or uterus. Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery. Health Care providers refer to three segments of pregnancy, called trimesters; which are First trimester (week 1 to week 12), Second trimester (week 13to week 28), and Third trimester (week 29 to week 40).

Childbirth, also known as labor or delivery, is the ending of pregnancy where one or more babies leave the uterus by passing through the vagina or by Caesarean section. In 2015, there were about 135 million births globally. About 15 million were born before 37 weeks of gestation, while between 3 and 12% were born after 42 weeks. In the developed world, mostdeliveries occur in hospitals, while in the developing world most births take place at home with the support of a traditional birth attendant.

The most common way of childbirth is a vaginal delivery. It involves three stages of labor: the shortening and opening of the cervix during the first stage, descent and birth of the baby during the second stage, and the delivery of the placenta during the third stage. The first stage begins with cramp abdominal or back pain that lasts around half a minute and occurs every 10 to 30minutes. The pain becomes stronger and closer together over time. The second stage ends when the infant is fully expelled. In the third stage, the delivery of the placenta, delayed clamping of the umbilical cord.

Newborn care is the care which occurred within the first 24 hours after birth. EssentialNewborn Care (ENC) is care that every newborn baby needs regardless of where it is born or its size. ENC should be applied immediately after the baby is born and continue for at least the 7days after birth. Many ENC interventions are simple and can be provided by a Skilled Birth Attendant (SBA) or a Trained

Community Health Workers (CHW) or Traditional Birth Attendants (TBA) or by a family member supporting the mother in a health facility or at home. Many of these deaths occurs in babies born too early or too small, babies with infection, or babies asphyxiated around the time of delivery.

Primipara mothers are those a woman who has had one pregnancy that resulted in a fetusthat attained a weight of 500 gram or a gestational age of 20 weeks, regardless of whether theinfant was living at birth or whether it was a single or multiple birth.

OPERATIONAL DEFINITION

1. Pimipara mothers – In this study primipara mothers refers to one who is pregnant for the first time.

2. Newborn care – In this study newborn care refers to from birth to 28days of age.

3. Knowledge about newborn care – In this study knowledge refers to range of information, awareness and all that has been perceived or grasped by the primipara mothers regarding newborn care.

3. Care – Looking after somebody for their health and protection.

Research Approach

Research approach indicates the basic procedure of conducting the research. Present study aimed to assess the knowledge of primipara mother regarding newborn care in primipara mothers. Hence, based on the nature of the study researcher adopted non – experimental qualitative approach to achieve the objectives of the present study.

Population

The population represents the entire group under the study. In the present study the population primipara mother admitted in selected hospital, Haldwani.

Sample and Sample size

- **Sample:-** In the present study , the sample consisted primipara mothers admitted in selected hospital of Haldwani.

- **Sample size:-**This Sample size consisted of 50 primipara mothers in selected hospital of Haldwani .

Sampling Techniques

In the present study non-probability (convenient) sample technique was used. Primipara mother who were admitted on selected Hospital, Haldwani on scheduled days of data collection were approached for participation.

Description of Tools

Section 1:- Socio – demographic data

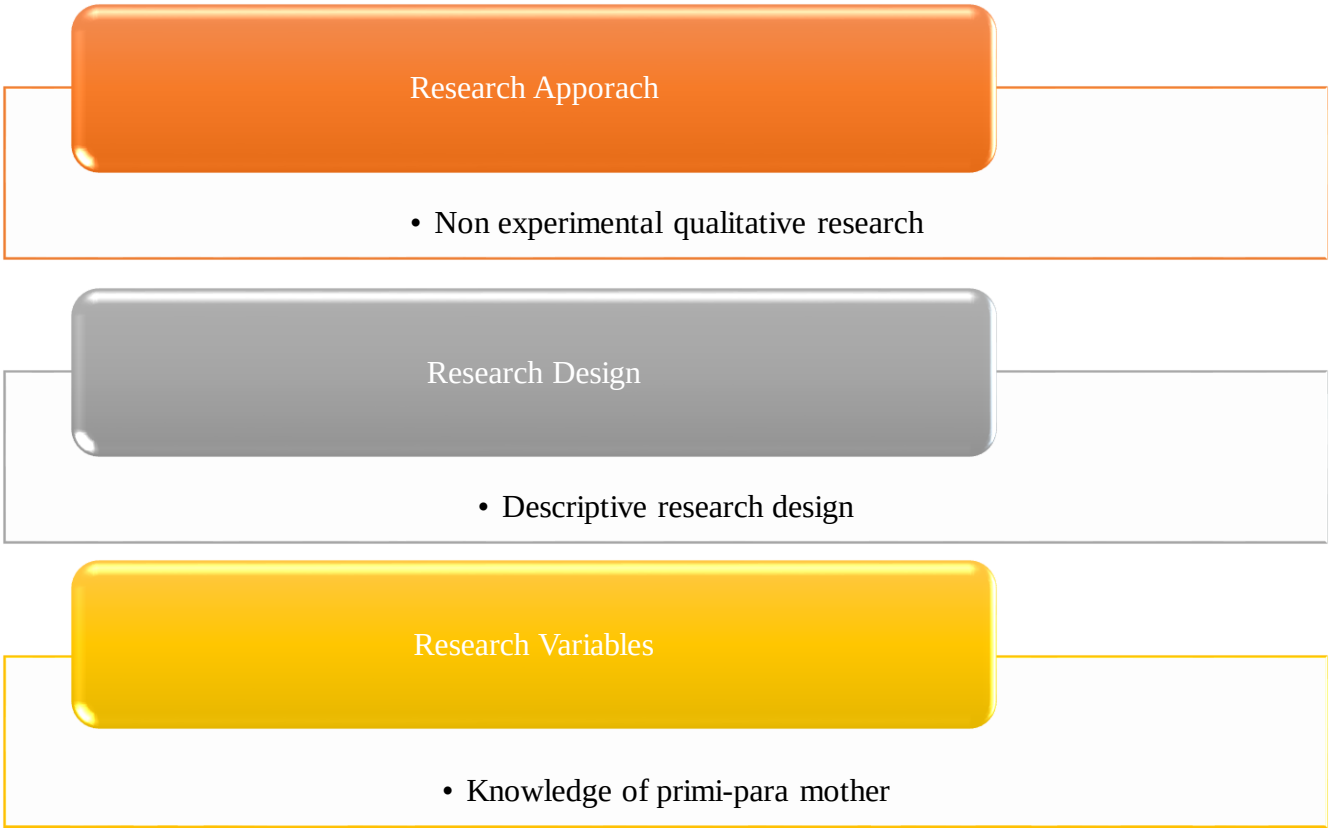
Socio-demographic data includes mothers age, residential area, religion,education of mother, occupation of mother, occupation of father, family income per month, did you attend any antenatal program, gestational age, antenatal visit, type of family, family member in health department.

Section 2:- Knowledge questionnaire

This section consists of 27 self-reported knowledge to assess the knowledge of mothers regarding Essential Newborn Care(ENC). The each objective type question has 4 options, the correct answer was awarded a score "ONE" and wrong question or unattemptquestion was given "ZERO''.The total score of each subject was calculated, converted into percentage and interpreted. The maximum possible score was 27 and minimum was zero.

The selected reported structure knowledge questionnaires will assess knowledge of five area:-

- Knowledge regarding Breastfeeding
- Knowledge regarding Maintaining warmth
- Knowledge regarding Immunization
- Knowledge regarding Umbilical card care
- Knowledge regarding Eye care



Sample

•Primi-para mothers

Sample Size

•50 samples

Sampling Technique

• Questioneries technique is used

Setting

• The study was conducted in selected Hospital, Haldwani

Population

• The target population is all primi-para mothers

Inclusion Criteria

• The mother having first newborn baby
• Mother will able to understand Hindi / English

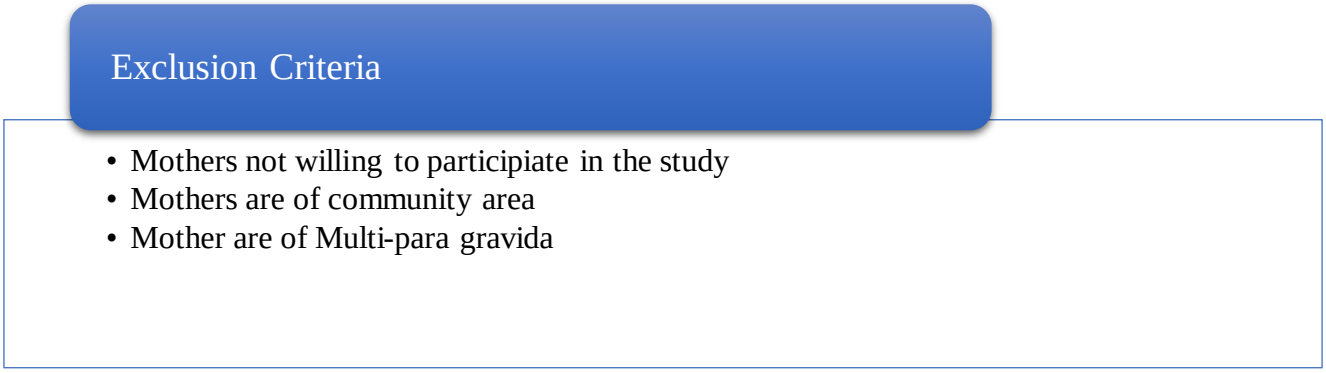


Fig. 1: Schematic presentation of research methodology

Data collection process

The data collected from 20 July 2021 to 24 July 2021. An informed consent was taken from the primipara mothers who were willing participate in study. The data were collected after obtaining an administrative permission from the concerned authority. The selected subject was explaining about the purpose of the study. The average time consumed to collect data from each mother was 10-15 minutes.

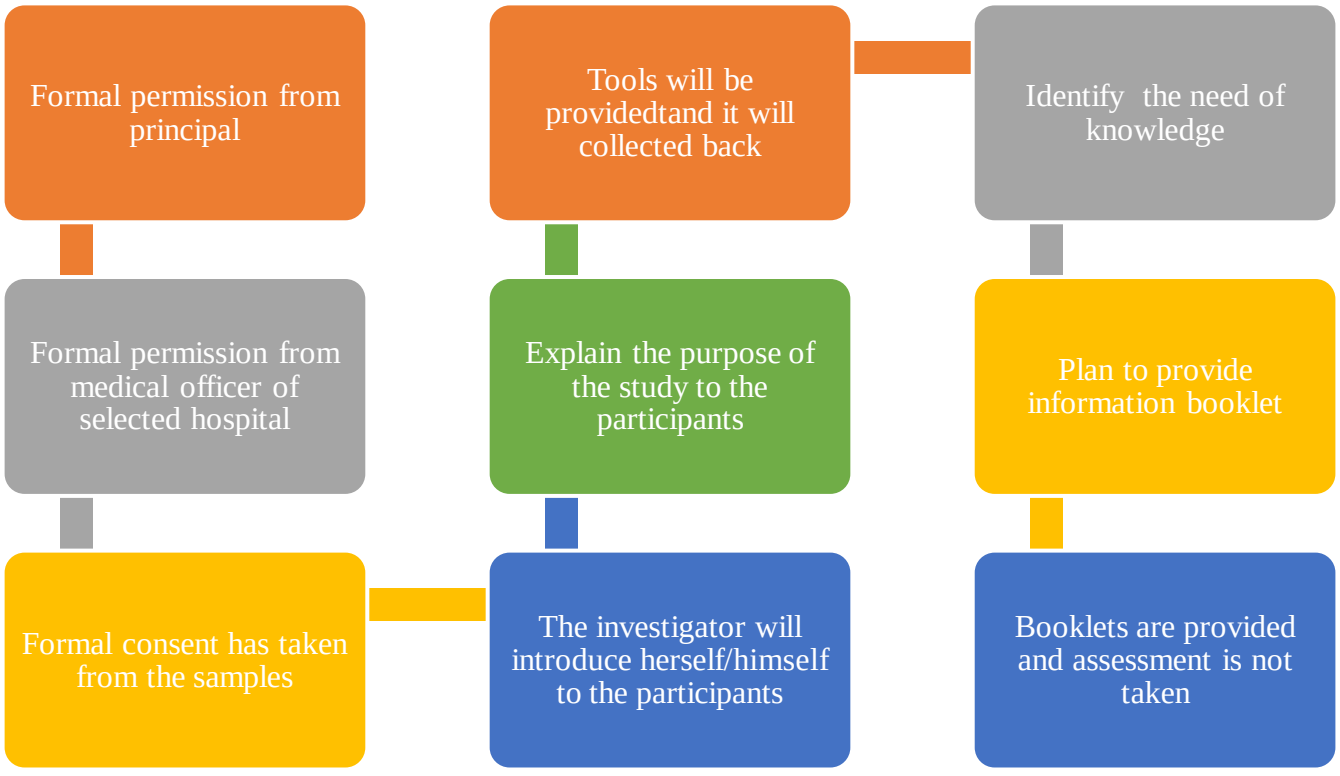


Fig. 2 - Schematic presentation of data collection process

Analysis and Interpretation of Data

Arbitrary Scoring:-

Category	Score
Poor	0-9
Average	10-18
Good	19-27

Section 1:- Socio –demographic characteristics of study subjects

Table No.1:- Frequency and percentage distribution of socio-demographic characteristics of study subjects.

***n*=50**

S. No.	Components	Sample characteristic	Frequency	Percentage %
1.	**Age of mother**	0-24 5-29 0-34 5-39	22 19 06 03	44% 38% 12% 06%
2.	**Residential area**	Rural Urban Semi-urban	21 17 12	42% 34% 24%
3.	**Religion**	Hindu Christian Muslim Sikh	35 03 09 03	70% 06% 18% 6%
4.	**Education of mother**	No formal education Primary school High school Intermediated Graduate Post – graduate and above	01 06 18 08 14 03	2% 12% 36% 16% 28% 6%
5.	**Occupation of mother**	Farmer Government job House wife Private job Self employee	01 01 35 03 10	2% 2% 70% 6% 20%
6.	**Occupation of**	Farmer Government job Private job	11 09 19	22% 18% 38%

	father	Self employee Business	03 08	6% 6%
7.	**Family income per month**	5,000 rupees 5,001-10,000 10,001-15,000 15,001-20,000 >20,001	06 12 11 10 11	12% 24% 22% 20% 22%
8.	**Did you attend any antenatal program**	No Yes	16 34	32% 68%
9.	**Gestational age**	7- 14 weeks 15- 22 weeks 23- 30 weeks 31- 38 weeks	06 08 12 24	12% 16% 24% 48%
10.	**Antenatal visit**	1 times 2 times 3 times 4 times > 5 times	02 10 11 13 14	4% 20% 22% 26% 28%
11.	**Type of family**	Extended family Joint family Nuclear family	 07 40 03	 14% 80% 6%

Table No. 1 :- Above table shows the following:-

- **Age of mother:-**Out of 50 participation, maximum 22(44%)mothers were in the age group of 20-24 years and followed by, 19(38%) mothers 25-29 years, 06(12%) mothers 30-34 years, 03(6%) mothers 35-39 years.

- **Residential area:-** Out of 50 participation, Residential area mothers are of rural 21(42%) mothers, urban 17(34%) mothers, semi-urban 12(24%) mothers.

- **Religion of mother:-** Out of 50 participation, religion of mother's are Christian 03(6%) mothers, Hindu 35(70%) mothers, Muslim 09(18%) mother's, Sikh 03(6%) mothers.

- **Education of mother:-** Out of 50 participation, Education of mother is No formal education 01(2%), Primary school 06(12%) mothers, High school 18(36%) mothers, Intermediated 08(36%) mother's, Graduate14(16%) mother's, Post – graduate or more 03(6%) mothers .

- **Occupation of mother:-** Out of 50 participation, Occupation of mother is farmer 01(2%) mothers, Government job 01(2%) mothers, Housewife 35(70%) mother's, Private job 03(6%) mothers, Self employee 10(20%) mothers.

- **Occupation of father:-** Out of 50 participation Occupation of father is Farmer 11(22%) fathers, Government job 09(18%) fathers, Private job 19(38%) fathers, Self employee 03(6%) fathers, Business 08(16%) fathers.

- **Family Income:-** Out of 50 participation Family income per month is 5,000 rupee 06(12%) mothers, 5,001-10,000 12(24%) mothers, 10,001-15,000 11(22%) mothers, 15,001-20,000 10(20%) mothers, >20,00111(22%) mothers.
- **Antenatal program:-** Out of 50 participation, maximum mother attend the antenatal programme 34 (68%) mothers, followed by that mother not attend the antenatal program 16 (32%) mothers.

- **Gestational age:-** Out of 50 participation Gestational age of mother is 7 weeks-14 weeks 06(12%) mothers, 15 weeks–22 weeks 07(14%) mothers, 23 weeks–30 weeks 12(24%), 31weeks–38 weeks 24(48%) mothers.

- **Antenatal visit:-** Out of 50 participation Antenatal visit done by mother during pregnancy state is 1 times 02(4%) 2 times 10(20%) mother's,3 times 11(22%) mother's, 4 times 13(26%) mothers, > 5 times14(28%) mothers.

- **Types of family:-** Out of 50 participation Type of family in which mother live Extended family 07(14%) mothers, Joint family 40(80%) mothers, Nuclear family 03(6%) mothers.

- **Family members in health department:-** Out of 50 participation family member in health department are No 40(80%) mothers, Yes 10(20%) mothers.

Section 2:- **Knowledge regarding Essential Newborn Care**

A bar graph showing knowledge score of mothers among 50 mothers in which 43 having average score, 6 having poor score, 1 having good score.

n=50

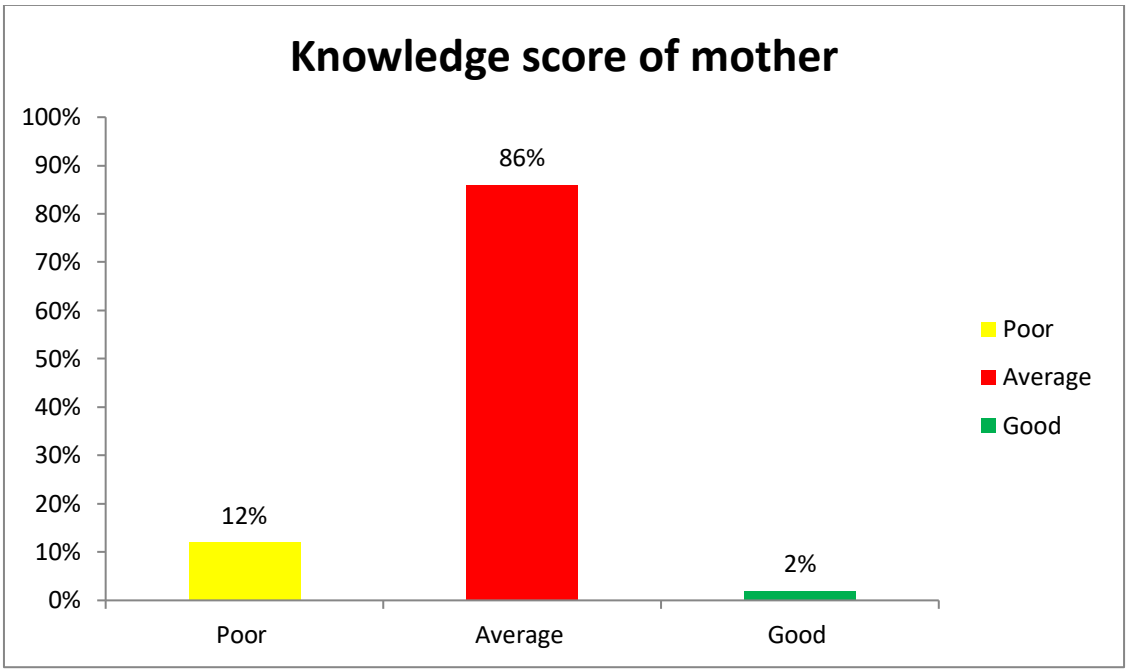


Fig. 3- Bar diagram showing percentage distribution of knowledge score of mothers

Most of the mothers 86% (43) had average knowledge regarding ENC, following 12% (6) had poor knowledge regarding ENC and remaining 2%(1) had good score knowledge ENC.

Section 2 (i):- **Knowledge regarding of Breastfeeding**

n=50

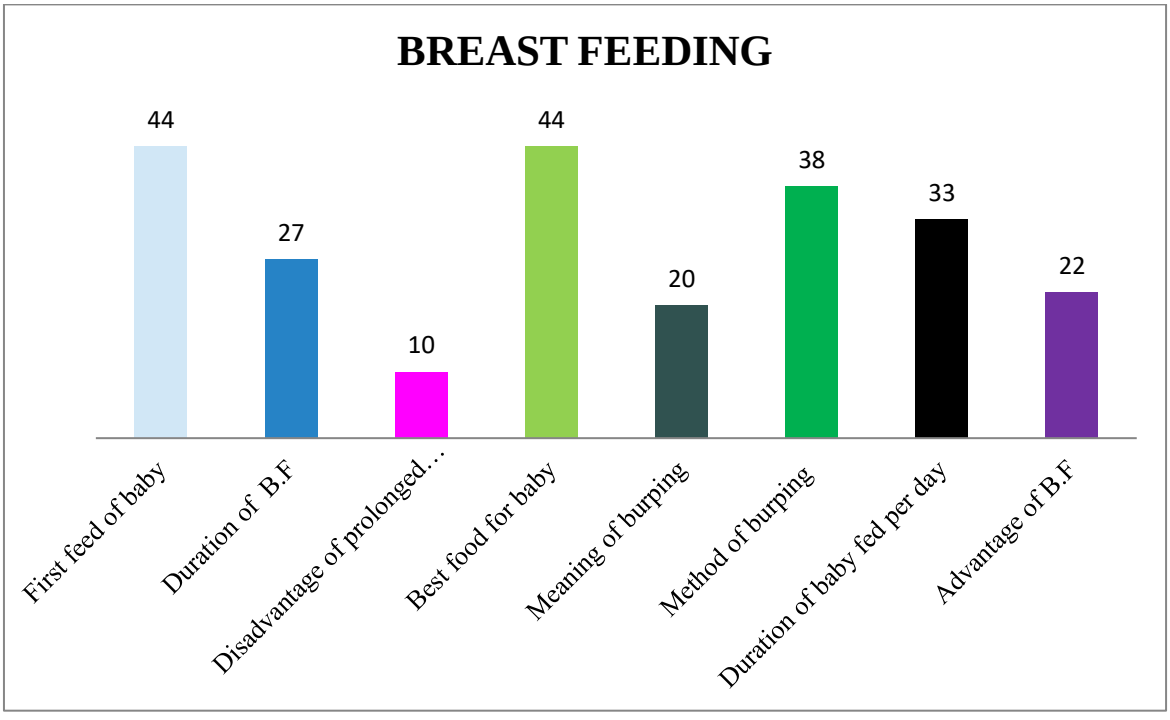


Fig.4: Knowledge regarding of Breastfeeding

Above bar diagram shows that the maximum 44 (88%) mothers had knowledge regarding first feed of the baby, 27(54%)mothers had knowledge regarding duration of breast feeding, 10(20%)mothers had

knowledge regarding disadvantage of prolonged bottle feed, 44(88%) mothers had knowledge regarding best food for baby, 20(40%)mothers had knowledge regarding is meaning of burping, where else 38 (76%) mothers had knowledge regarding method of burping, 33(66%)mothers had knowledge regarding duration of baby fed per day and 22 (44%) mothers had knowledge regardingadvantages of breastfeeding.

Section 2 (ii):- **Knowledge regarding Maintaining Warmth**
n=50

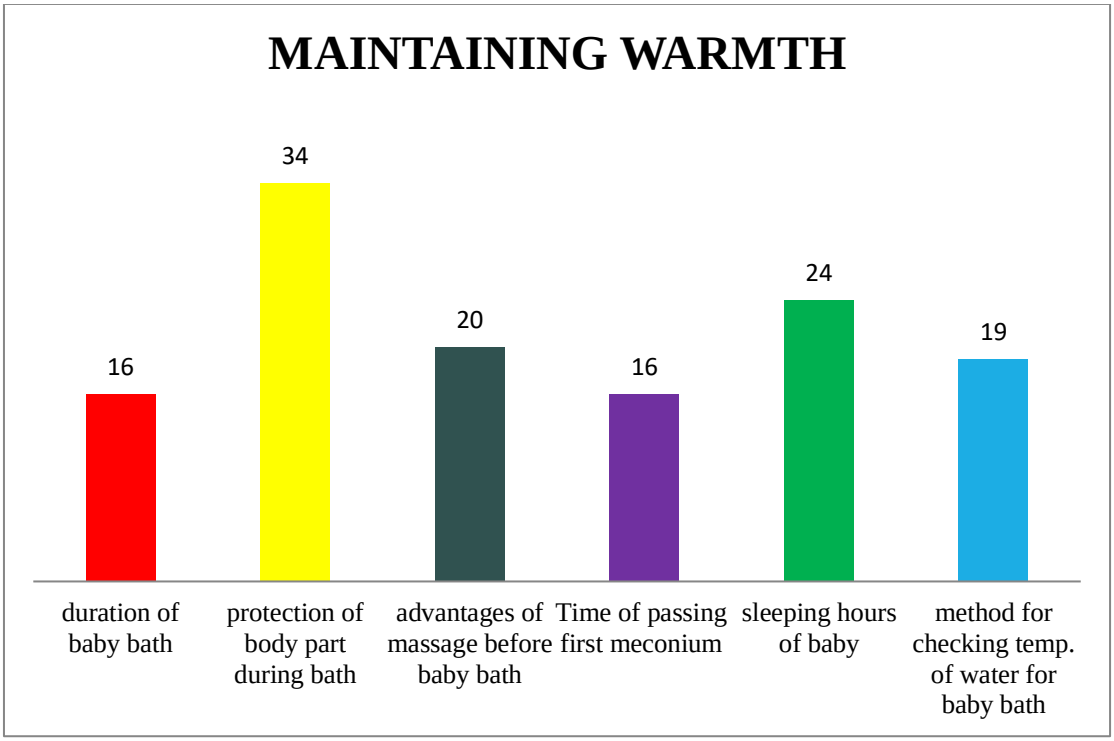


Fig. : Knowledge regarding Maintaining Warmth

Above bar diagram shows that the 16(32%) mothers had knowledge regarding duration of baby bath,34 (68%)mothers had knowledge regardingprotection of body part during bath, 20(40%)mothers had knowledge regarding advantages of massage before baby bath, 16(32%)mothers had knowledge regarding time of passing first meconium, 24(48%) mothers had knowledge regarding sleeping hours of baby, 19(38%) mothers had knowledge regarding method for checking temperature of water for baby bath.

Section 2 (iii):- Knowledge regarding Immunization
n=50

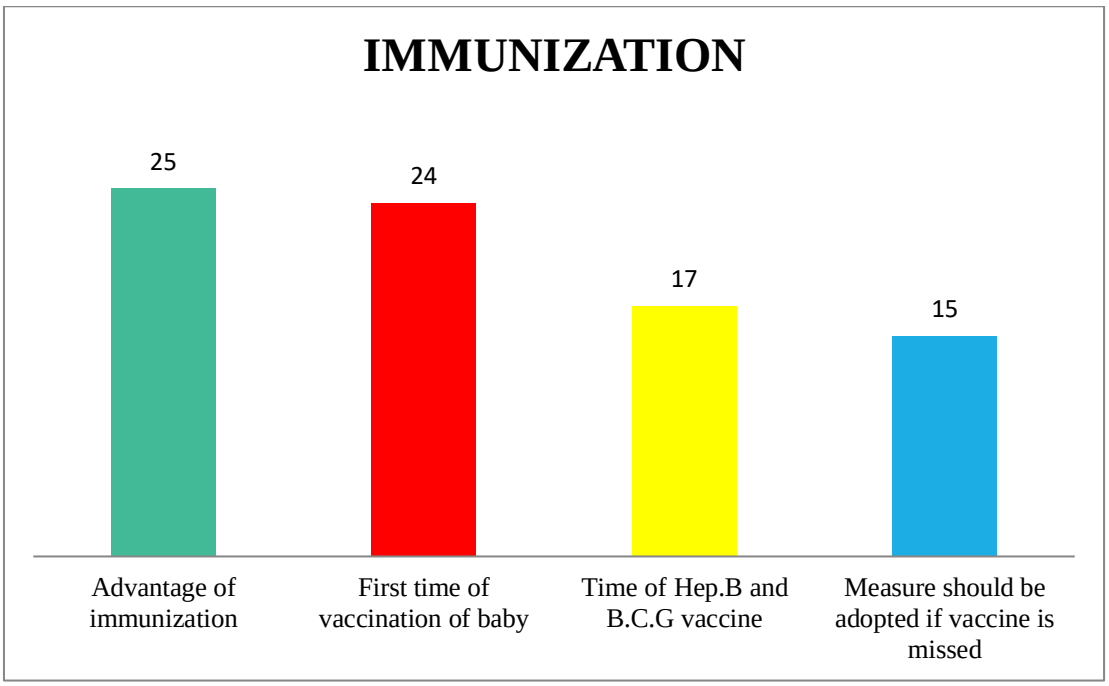


Fig. 6:- Knowledge regarding Immunization

Above bar graph shows that the mothers had knowledge regarding advantage of immunization is 25(50%), First time of vaccination ofbaby 24(48%), Time of Hep. B and B.C.G vaccine is 17(34%), Measure should be adopted if vaccine is missed 15 (30%) .

Section 2 (iv):- Knowledge regarding Umbilical Cord
n=50

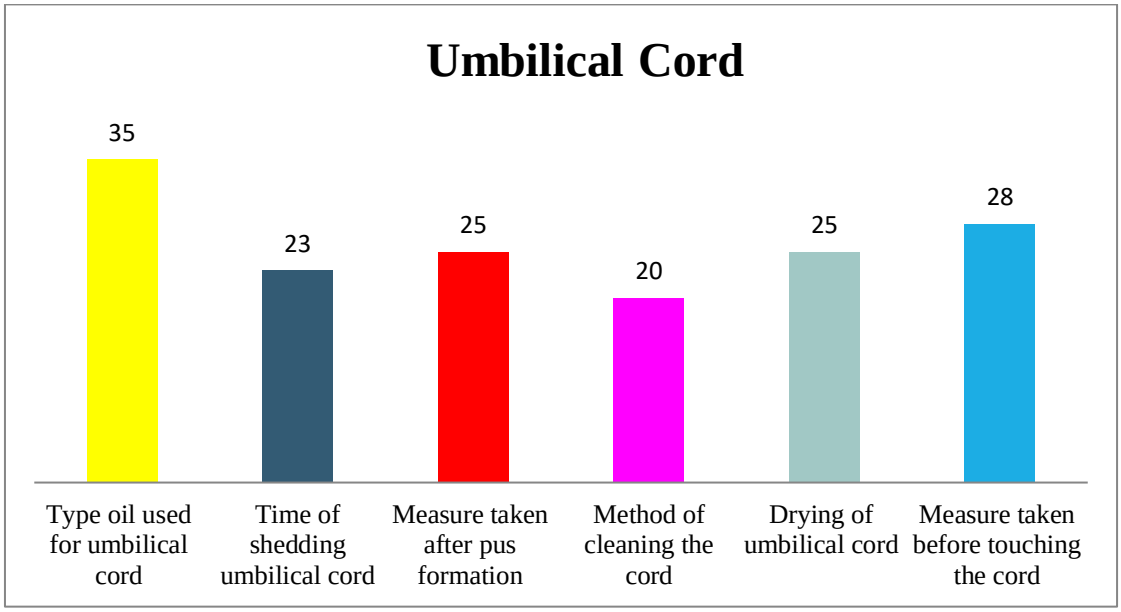


Fig.8 Knowledge regarding Umbilical Cord

Above bar graph shows that the mothers had a knowledge regardingtype oil used for umbilical cord is 35(70%), Time of shedding umbilical cord is 23(46%), Measure taken after pus formation is 25(50%), Method of cleaning the cord is 20(40%), Drying of umbilical cord is 25(50%), Measure taken before touching the cord is 28(56%).

Section 2 (v):- Knowledge regarding Eye Care
n=50

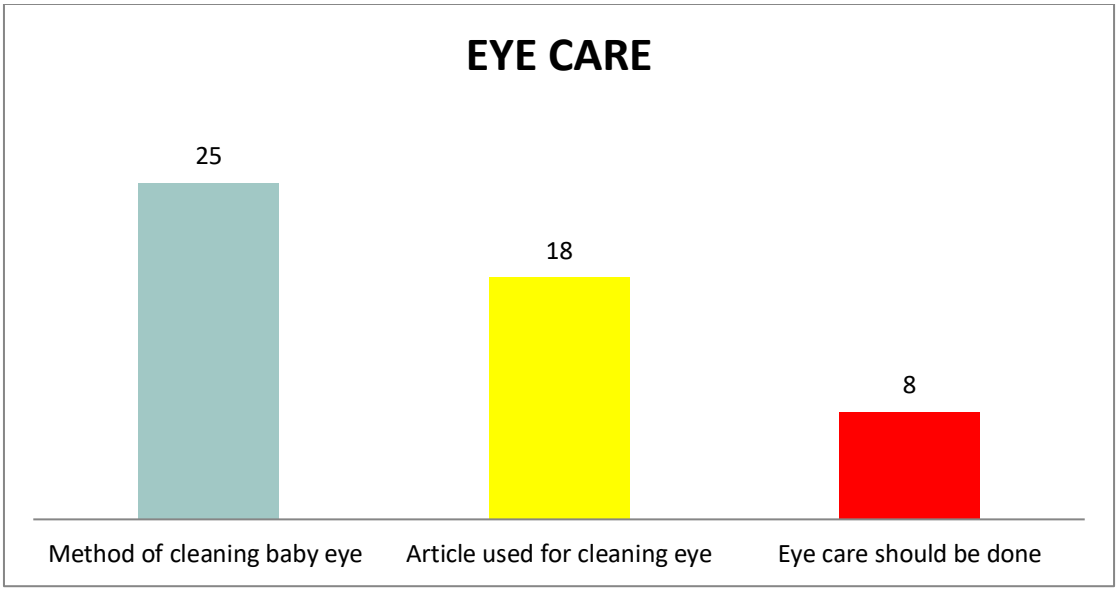


Fig. 8 Knowledge regarding Eye Care

Above bar graph shows that the maximum mothers had a knowledge regarding appropriate method of cleaning eye is 25(50%), article used for cleaning eye is 18(36%) and eye care should be done is 8(16%).

Demographical variables			**Level of knowledge**			**Total**	**Chi square (x^2)**	**Inference**
			Good knowledge	**Average knowledge**	**Poor knowledge**			
	No formal Education	F	1	0	0	1		
		%	2	0	0	2		
	Primary	F	1	4	0	5		

	school	%	2	8	0	10		
Education of mothers	**Secondary**	F	1	5	1	7	17.44	**N.S***
		%	2	10	2	14		
	High School	F	5	13	1	19		
		%	10	26	2	38		
	Graduate	F	12	3	0	15		
		%	24	6	0	30		
	Post Graduation	F	2	1	0	3		
		%	4	2	0	6		

Section 3- Association between selected demographical variables and knowledge score

Table No.2:- Association between socio-demographic variables (Education of mother) and knowledge score.

This table depicts that majority of 12 (24%) mother having good knowledge who are graduated, 13(26%) mother having average knowledge who are passed with high school education and 1(2%) possess poor knowledge in both high school and secondary education.

Chi-square calculated value is 17.44 at df = 10 and tabulated value is 18.31 at 0.05 level of significance. The tabulated value is higher than the calculated value, soH_{01} hypothesis is accepted. This interpreted that there is no significant association level of knowledge and the education of mother.

Table No.3:-Association between socio-demographic variables (Residential area) and knowledge score

Demographical variables			Level of knowledge			Total	Chi square (x^2)	Inference
			Good knowledge	Average knowledge	Poor knowledge			
Residential area	Rural	F	10	2	10	22	4.25	N.S*
		%	20	4	20	44		
	Semi urban	F	7	3	6	16		
		%	14	6	12	32		
	Urban	F	9	1	2	12		
		%	18	2	4	24		

This table depicts that majority of 10(20%) mother's having good knowledge who were living in rural area, 3(6%) mother's having average knowledge who were living in semi urban area, 10(20%) mother's having poor knowledge who were living in rural area.

Chi-square calculated value is 4.25 at df = 4 and tabulated value is 9.49 at 0.05 level of significance. The tabulated value is higher than the calculated value, so H_{01}hypothesis is accepted. This interpreted that there is no significant association level of knowledge in types of area.

Table No.4:-Association between socio-demographic variables (Occupation of mother) and knowledge score

Demographical variables			Level of knowledge			Total	Chi square (x^2)	Inference
			Good knowledge	Average knowledge	Poor knowledge			
Occupation of mother	Housewife	F	15	18	2	35		
		%	30	36	4	70		
	Farmer	F	1	1	0	2		
		%	2	2	0	4		

	Self employees	F	1	1	0	2	1.87	**N.S***
		%	2	2	0	4		
	Private	F	5	5	0	10		
		%	10	10	0	20		
	Governmen t	F	1	0	0	1		
		%	2	0	0	2		

This table depicts that majority of 15(30%) mother's having good knowledge who were housewife, 18(36%) mother's having average knowledge who were housewife, 2(4%) mother's having poor knowledge who were housewife.

Chi-square calculated value is 1.87 at df = 8 and tabulated value is 15.51 at 0.05 level of significance. The tabulated value is higher than the calculated value, H_{01}hypothesis is accepted. This interpreted that there is no significant association level of knowledge and occupation of mother.

Table No.5:-Association between socio-demographic variables (Religion of mother) and knowledge score.

Demographical variables			**Level of knowledge**			**Total**	**Chi square (x^2)**	**Inference**
			Good knowledg e	**Average knowledge**	**Poor knowledge**			
Religion of mother	**Hindu**	F	18	5	12	35	8.94	**N.S***
		%	36	10	24	70		
	Muslim	F	2	2	5	9		
		%	4	4	10	18		
	Sikh	F	3	0	0	3		
		%	6	0	0	6		

	Christian	F	3	0	0	3		
		%	6	0	0	6		

This table depicts that majority of 18(36%) mother having good knowledge who were Hindu,5(10%) mother's having average knowledge who were Hindu, 12(24%) mother's having poor knowledge who were Hindu.

Chi-square calculated value is 8.94 at df = 6 and tabulated value is 12.59 at 0.05 level of significance. The tabulated value is higher than the calculated value, So H_{01}hypothesis is accepted. This interpreted that there is no significant association level of knowledge and the religion of mother.

CONCLUSION

The following conclusion were drawn by the basis of the findings of the study. Most of the participants were found in average category of knowledge regarding Essential Newborn Care. Hence, it is possible to provide a booklet regarding Essential Newborn Care. Consequently, there was no significant association found between selected socio-demographic variable with knowledge score of samples in selected hospital, Haldwani.