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Original Article

"A STUDY TO ASSESS THE KNOWLEDGE, PRACTICE AND ATTITUDE OF PRIMIGRAVIDA MOTHERS ON NEWBORN CARE AT ANTENATAL OPD IN SELECTED HOSPITALS OF UDAIPUR, RAJASTHAN."

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ABSTRACT

Introduction: Care of all new-borns includes immediate and thorough drying, skin to skin contact of the new born with the mother, cord clamping and cutting after the first minutes after birth, early initiation of breastfeeding, and exclusive breastfeeding. New-borns who do not start breathing on their own by one minute after birth should receive positive pressure ventilation with room air by a self-inflating bag and mask.

Methods: A quantitative approach was used. Descriptive research design was adopted for this study. The research setting for the present study was antenatal OPD of Geetanjali hospital Udaipur, Rajasthan. Sample size consisted of 100 primigravida mothers attending antenatal OPDs in the Geetanjali hospital Udaipur, Rajasthan.

Results: According to findings from Table 15, it is statistically significant relationship about weak positive correlation among knowledge and practice score, strong positive correlation among knowledge and attitude score, strong positive correlation among practice and attitude score, Hence hypothesis H4 was accepted.

Conclusion: This study proved to be very essential as to assess knowledge, practice and attitude regarding new-born care among primigravida mothers. The revealed lacking in knowledge, practice and attitude regarding new-born care among primigravida mothers.

Keyword assess; knowledge; practice; attitude; primigravida mothers; new-born.

INTRODUCTION:

The neonatal period (the first 28 days of life) is the crucial period for child survival; as this period carries the highest risk of deaths per day than any other period during the childhood. The first month of life is also a foundational period for lifelong health and development. Healthy babies grow into healthy adults who can thrive and contribute to their communities and societies. Every year 2.6 million babies die in the first 28 days of life; most in the first week and additional 2.6 million stillbirths occur each year. Nearly, 0.75 million neonates died in India in 2013; though the Neonatal Mortality Rate (NMR) has declined from 44 per 1000 live births in 2000 to 28 per 1000 live births in 2013.[2]

Sensory and physical stimuli also appear to play a role in respiratory function. The first breath initiates the opening of the alveoli, and air exchange takes place. The 3 baby starts independent existence. The ability of the new born to metabolize food is hampered by the immaturity of the digestive system. The kidneys are developed structurally, but their ability to concentrate urine and maintain fluid balance is limited because of a decreased rate of glomerular flow and limited renal tubular reabsorption.[3]

It is desirable to keep the normal term babies with their mothers rather than in a separate nursery. Rooming in promotes better emotional rapport between the mother and the baby. The mother can participate in the nursing of her baby. This infuses her self-confidence and reduces demands on nursing personnel.

The health and survival of the newborn baby depends upon the health status of the mother and her awareness, education and skills in mother craft.[4]

Motherhood is a beautiful and joyous experience to women. The health of the mother during pregnancy is important to give birth to a healthy baby. The best and most precious gift the mother can give the baby is the gift of health. There is no indicator in biology, which tells us so much about the past events and the future trajectory of life, as the care of newborn baby at birth.[5]

The mother has a pivotal role to play in the life of her infant. To appreciate the place of the mother in rearing her child, the words of Sir Johnson Spencer, the author of the famous "One-thousand-families-survey," are worth recalling. In spite of lapses and failures, the mother stood out 4 as the corner-stone of the family structure and remained the chief guardian of child welfare". Thus, the mother is presented as the custodian of the child's health.[6]

Mother Plays a key role in identify minor developmental deviations and early evidences of disease process because she is constantly and closely watching her baby. Family life education and mother craft skills, care during pregnancy, safe delivery, prevention of hypothermia and infections, promotion of breast feeding, home care of small babies, early recognition of a sick baby and prompt seeking of care are important points about which a mother should have enough knowledge.[7]

Among the almost 3.9 million newborn deaths that occur worldwide, about 30% occur in India. Children are our future and utmost precious resources. After birth the health of the child depends upon the health care practice adopted by the family, especially by the mothers. Information about neonatal problems and newborn care practices will help in reducing mortality and morbidity during the neonatal period.[8]

METHODS:

Research approach: A quantitative approach was considered as an appropriate research approach to assess the knowledge, practices and attitude of primigravida mothers regarding care of newborn.

Research design: It is the overall plan for addressing a research questions including specifications for enhancing the integrity of the study.52 Descriptive research design was adopted for this study.

Research setting: The research setting for the present study was antenatal OPD of Geetanjali hospital Udaipur, Rajasthan.

Population: In the present study, the accessible population comprises of all primigravida mothers attending antenatal OPD of Geetanjali hospital Udaipur, Rajasthan.

Sample: In the present study, the samples chosen were primigravida mothers attending antenatal OPD of Geetanjali hospital Udaipur, Rajasthan, who met the inclusion criteria.

Sample size Sample size consisted of 100 primigravida mothers attending antenatal OPDs in the Geetanjali hospital Udaipur, Rajasthan.

Sampling techniques: Sampling is the process of selecting a portion of the population who represent the entire population.

RESULTS:

The Findings of data has been finalized and organized in accordance with the plan for data analysis. These are presented under the following sections:

SECTION A: DESCRIPTION OF SAMPLES ACCORDING TO THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table1. Distribution of sample according to socio demographic variables (N=100)

s.n.	Demographic Variables	Samples	
		Freq.	%
1.	Age (in years)		
a)	Below 20 years	15	15
b)	20-27 years	52	52
c)	28-34 years	26	26
d)	> 35 years	07	07
2.	Religion		
a)	Hindu	69	69
b)	Muslim	22	22
c)	Christian	09	09
d)	Others	00	00
3.	Monthly income of the family		
a)	Below Rs. 8000	29	29
b)	Rs. 8001-15000	47	47
c)	Rs. 15001-25000	13	13
d	Above Rs. 25001	11	11
4.	Educational status		
a)	Illiterate	26	26
b)	Primary education	27	27
c)	Secondary education	32	32
d)	Graduation and above	15	15
5.	Type of family		
a)	Nuclear	27	27
b)	Joint	54	54
c)	Extended	19	19
6.	Occupation		
a)	House maker	40	40
b)	Govt. employee	24	24
c)	Private employee	27	27
d)	Business	09	09
7.	Source of information regarding new born care includes		
a)	Friends and relatives	39	39
b)	Mass media, TV, Radio, News paper Health	20	20
c)	professional	18	18
d)	No information source	23	23

SECTION – B ASSESSMENT OF LEVEL OF KNOWLEDGE, PRACTICE AND ATTITUDE REGARDING NEWBORN CARE AMONG PRIMIGRAVIDA MOTHER

I. Assessment of knowledge, practice and attitude score regarding newborn care among primigravida mothers

Table 2 Assessment of knowledge, practice and attitude score

S. No	Pre test	Max. score	Mean	SD	Range	Mean score %
1.	Knowledge regarding newborn care	30	16.11	3.05	10-26	53.70%
2.	Practice regarding newborn care	20	11,36	2.46	8-18	56.80%
3.	Attitude regarding newborn care	60	38.45	4.93	22-54	64.08%

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I. Assessment of score of knowledge, practice and attitude score regarding newborn care among primigravida mothers

Table -3 Description of samples according to their knowledge score (N=100)

LEVEL OF KNOWLEDGE REGARDING NEWBORN CARE AMONG PRIMIGRAVIDA MOTHERS	Frequency	Percentage%
Inadequate	27	27
Moderately adequate	52	52
Adequate	21	21

SECTION – C ASSOCIATION BETWEEN KNOWLEDGE, PRACTICE AND ATTITUDE REGARDING NEWBORN CARE AMONG PRIMIGRAVIDA MOTHERS WITH DEMOGRAPHIC VARIABLES

Table -4 Associations between knowledge score regarding newborn care among primigravida mothers with demographic variables

s.n.	Demographic Variables	Level of Knowledge			$\chi 2$	Table Value	Level of significance
		In-Adequate	Moderate Adequate	Adequate			
1.	Age (in years) Below					12.59	NS
a)	20 years	12	03	00	76.3960		
b)	20-27 years	09	38	05			
c)	28-34 years	00	11	15			
d)	> 35 years	00	00	07			
2.	Religion				2.3554 *	9.49*	S *
a)	Hindu	12	38	19			
b)	Muslim	07	10	05			
c)	Christian	02	04	03			
d)	Others	00	00	00			
3.	Monthly income of the family				79.3554	12.59	NS
a)	Below Rs. 8000 Rs.	21	08	00			
b)	8001-15000 Rs.	00	35	12			
c)	15001-25000 Above	00	05	08			
d)	Rs. 25001	00	04	07			
4.	Educational status				57.2706	12.59	NS
a)	Illiterate Primary	18	07	01			
b)	education	02	19	06			
c)	Secondary	01	20	11			
d)	education	00	06	09			
	Graduation& above						
5.	Type of family				5.4660*		S *
a)	Nuclear	05	16	06		9.49*	
b)	Joint	10	25	19			
c)	Extended	06	11	02			
6.	Occupation				58.7364	12.59	NS
a)	House maker	21	19	00			
b)	Govt. employee	00	17	07			
c)	Private employee	00	14	13			
d)	Business	00	02	07			
7.	Information source on newborn care				22.4944	12.59	NS
a)	Friends & relatives	07	23	09			
b)	Mass-media, TV etc	02	10	08			
c)	Health professional	02	06	10			
d)	No information source	10	13	00			

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NS- Not significant S- Significance at 0.05 level* Chi-square was calculated to find out the association between score of knowledge regarding newborn care among primigravida mothers with demographic variables. Table-4 shows that there was significant association found between the knowledge score regarding newborn care among primigravida mothers with demographic variables like religion and type of family.

CONCLUSION:

The following conclusions were drawn from the study,

- This study proved to be very essential as to assess knowledge, practice and attitude regarding newborn care among primigravida mothers.
- The revealed lacking in knowledge, practice and attitude regarding newborn care among primigravida mothers.
- There was no significant association between knowledge and demographic variables while there was significant association between attitude, practice and demographic variables.
- There was weak positive correlation between knowledge and practice while there was strong positive correlation between practice and attitude and knowledge and attitude

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