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A Study to Assess the Knowledge, Practices and Attitude of Mothers on Newborn Care during COVID -19 Pendemic

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Abstract

In India, most of the deliveries happen in homes under the watchful eyes of elders or Trained Birth Attendants' (TBA). The care the new born receives depends a lot on the knowledge, skills and attitude of the mothers during that covid-19 pandemic mothers are supposed to be lacking in knowledge, practices and attitude of newborn care which is very essential. Ac to need of present scenario we conduct the study with objectives to assess the knowledge, practices and attitude, on new born care, among mothers during covid-19& tried to find the relationship between knowledge on newborn care and selected socio-demographic variables among p mothers. The next objective is to find the association between attitudes on newborn care and selected socio- demographic variables amongmothers& to find the association between newborn care practices of mothers with selected socio-demographic variables. For thepresent study A descriptive survey was adopted to collect data through structured interview schedule, structured items and an attitude scale from 100 mothers at M P. The data was tallied and analyzed using mean, percentage, Chi-Square test and F test for averages and associations. The findings revealed the average knowledge, practices and attitude scores to be 70.90%, 79.45% and 81.72%. The sociodemographic variables of age, education, occupation and income were found to be significantly influencing knowledge, practices and attitude level there was a significant correlation between practice and attitudes levels. The findings of the study showed that majority of the mothers were between 20 to 40 years old had a family income more than 5000Rs, an educational status PUC and lived in joint and extended families. The knowledge levels of mothers were to be good at 70.90% this proves H0. The practices level and attitude levels were also high though there was a significant correlation between practices and attitude.

The mother is usual person for the immediate care provider of the newborn. Hence, her knowledge, attitude and practices regarding newborn care is influenced by various factors. Even when knowledge is adequate, they may not practice it correctly nor have favorable attitude towards the care of newborn.

Therefore, educational programs specially directed at mother are a need for time and the satisfactory performance could be owed to factors such as antenatal clinics, antenatal counseling, mass media companies and presence of seniors and relatives at home.

Keywords:- ,Knowledge, mothers, newborn care, bathing Coping strategies, attitude.

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I.INTRODUCTION

Birth of a healthy new born is one of the finest gifts of nature. The process of birth takes only a few hours but it is the most hazardous period of life since it is associated with largest number of deaths as compared to any other phase of life

The care newborn receives in the initial weeks is the key to their successful outcome and the vital factor in the survival and future development of the newbornEvery newborn has the right to the best possible conditions for its growth and development, especially because children are assets for the nation's development. As rightly remarked by W.H.O. "A healthy child is nation's pride".

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. So she needs the basic knowledge and skills pertaining to mother craft, child nutrition (feeding), immunization, environmental sanitation, personal hygiene, and common problems in children.

With Coronavirus making the headlines almost every day now, it has definitely been alarming to everyone and especially mothers. The first detection in an infant a couple of days ago has sparked fear in a lot of mothers even leading to panicked visits to the hospital even at an innocent sneezeMore than half of the infants deaths occurs in newborn period. Most of these deaths occur during first week of life. The major causes of these deaths are birth asphyxia, hypothermia and infection6. Bacterial infections and septicaemia account for about one fifth of the neonatal deaths. Neonatal bacterial infections are one of the leading causes of neonatal mortality in developing countries.so it becomes need of the hour to study the knowledge, attitude and practice of mothers of new born regarding their care and develop educational programmes to enhance it which will ultimately help to reduce the high infant mortality rate of the country.

II.Proposed Methodology

For the present study **Conceptual framework**adopted was based on modified Dorothy Johnson's behavioral model (1980). It provides a comprehensive outlook for the study.

Research methodology The research approach adopted for the study was descriptive survey approach. **Population** selected for the study was 100 mothers attending at various Maternity centres of M.P

Sampling and data collection The study samples were selected byusing non- probability purposive sampling. The data were collected using structured knowledge practice items to assess knowledge and practices and rating scale to assess the attitude, which consisted of four (4) sections

The structured interview questionnaire had four sections

Section-I comprising demographic proforma,

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Section-II consisted 30 structured knowledge items

Section-III consisted 20 structured practice items

Section- IV 12 structured attitude items

Development of the tool involved steps of construction i.e. preparing the blue print, selection of items content validation and establishment of reliability

Reliability &Validity of tool Content validity of the questionnaire was done and modifications were done according to the suggestions given by the experts. Pre-testing and reliability of the questionnaire was done. The reliability co-efficient for knowledge, practices and attitude tools were 0.6896, 0.9134 and 0.7249 respectively, and the validity scores were 0.8304, 0.9557, and 0.8514, which were acceptable.

Criteria For Selecting The Sample The sample selection was based on the following inclusion and exclusion criteria.

Inclusion criteria

- Mothers who are all attending Maternitycenter.
- Mothers who are willing to participate in the study.
- Mothers who are present during the study.

Exclusion criteria

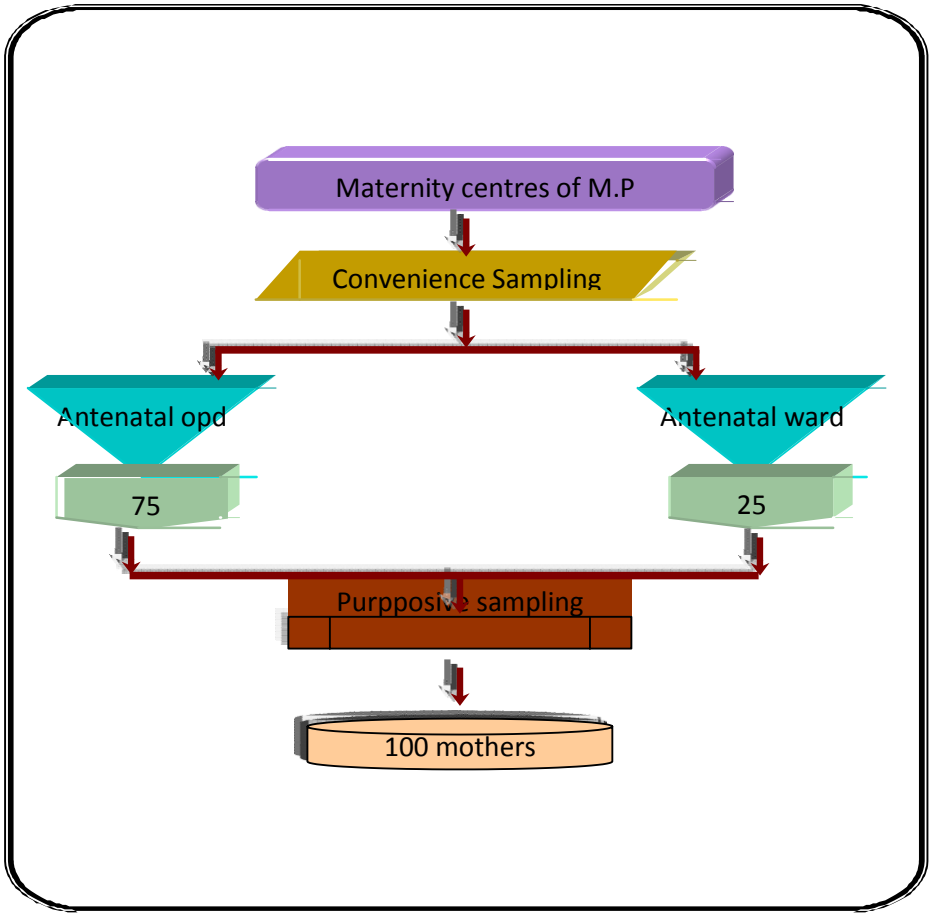
- Mothers who are not willing to participate in the study.
- Mothers who are not present during the study.

III. Experiment and Result

- Organization of Data for Analysis
- The analysis and data was based on the objectives and hypothesis. Both descriptive and inferential statistics were used for the data analysis. Descriptive statistics used were mean, frequency and percentage with tabular presentation of data. Chi-square test was used to test the association between levels of knowledge, practices attitude and sociodemographic variables.

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Schematic diagram of sampling technique



Organization of findings

The data is presented under the following headings:

Section I: Description of sample characteristics. The present study used purposive sampling as the sampling technique. The size of the sample was 100 mothers attending Maternity centres in M.P. Sample characteristics included, age, religion, income, educational status, type of family, occupation and source of information regarding new-born care. Baseline data containing sample characteristics was analysed by using frequency and percentage.

Section II:

Variables	No of respondents	Percentage
Age		
Below 20 years	15	15.00
20-27 years	52	52.00
28-34 years	26	26.00

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35 -40 and above	07	7.00
Religion		
Hindu	59	59.00
Christian	09	9.00
Muslim	32	32.00
Income		
Rs. 5000-5999	29	29.00
Rs.6000-6999	47	47.00
Rs.7000-7999	13	13.00
Rs.8000 and above	11	11.00
Educational status		
Illiterates	08	8.00
Primary	18	18.00
Secondary	27	27.00
Degree	32	32.00
Post graduate	15	15.00

a) Level of knowledge regarding new-born care,

b)Level of practice regarding new-born care

c)Level of attitude regarding new-born care were analysed by using frequency, percentage and mean

Section III

a)Association between level of knowledge and sociodemographic variables Analysed by using chi-square test

b) Association between level of practice and sociodemographic wereanalysed by using chi-square test.

c) Association between level of attitude and sociodemographicvariables were analysed by using chi-square test.

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Variables	No of respondents	Percentage
Type of family		
Nuclear	27	27.00
Joint	54	54.00
Extended	19	19.00
Occupation		
Housewife	40	40.00
Government employee	24	24.00
Labourer	09	9.00
Private	27	27.00
Source of Information regarding New born care		
Elders and relatives	39	39.00
Friends and others	20	20.00
Mass media, TV, Radio and news papers	18	18.00
Health professionals	23	23.00
Total	100	100.00

Section IV:Comparison of sociodemographic variables with respect to knowledge, practices, and attitude scores were done by using F test.

Section V: Correlationbetween level of knowledge, practices, and attitudeof mother on new-born care

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Presentation of result

SECTION I: DESCRIPTION OF SAMPLE CHARACTERISTICS

Table No. 1 Distribution of respondents according to socio-demographic variables

1. Distribution of samples in relation to the age revealed that 15% of the samples were age below 20 years, 52% of the ample belong to 20-27 years, 26% of the samplebelongsto28-34years,and7%ofthesamplewasabove35years.

2. In relation to the religion 59% of the sample belonged to Hindu, 37% to Muslim and 09% to Christianreligion.

3. Distributionofsampleaccordingtoincomegroupreveale dthat29%ofthesample was having family income below Rs,5000-5999 47% between 6000-6999 Rs, 13% between7000-7999 Rs, and 11% above 8000Rs.

4. Distribution of sample according to educational status 8% of the samples were illiterate, 18% had primary, 27% secondary, 32% degree, and 15% post graduate education.

5. Distributionofsampleaccordingtotypeoffamily54%oft hesamplebelongedto joint family, 27% nuclear, and 19% extendedfamily.

6. Distribution of sample according to occupations 40% of the samples were housewives, 27% private employee, 24% Government employees, and 9%wereLabourer.

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7. Distribution of sample according to source of information regarding newborn care.39%ofthesamplereceivedinformationfromelders andrelatives,23%from healthprofession,20%formfriendsandothersand18%fr ommassmedia,etc..

SECTION II:

Level of Knowledge Regarding New-born Care.

The figure below shows the percentage of sample with adequate, satisfactory and inadequate levels of knowledge. From the figure, 52 % of the samples are having satisfactory levels of knowledge, 27 % adequate and 21 % inadequate knowledge

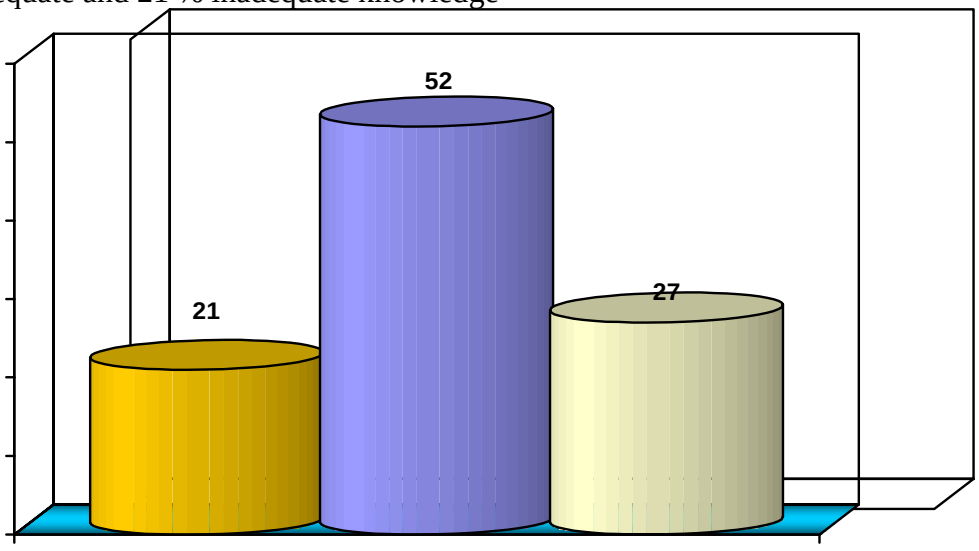


Fig: Cylindrical diagram depicting percentage distribution of study subjects according to levels of knowledge scores.

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(b) Level of practices regarding new-born care

The figure below shows the percentage of sample with adequate, satisfactory, and inadequate levels of practices scores, from the figure 55% of sample are having satisfactory practice score, 25% inadequate and 20% is adequate practices.

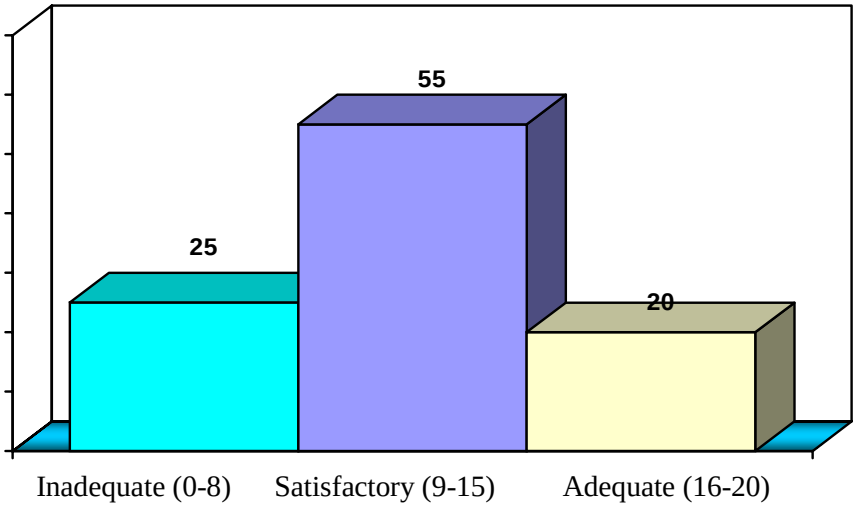


Fig.: Bar diagram depicting percentage distribution of study, subjects according to levels of practice scores.

(c) Level of attitude regarding new-born care

The figure below shows the percentage of sample with adequate, satisfactory, and inadequate level of attitude scores, 56 % of samples are having satisfactory attitude scores, 24% inadequate and 20% adequate.

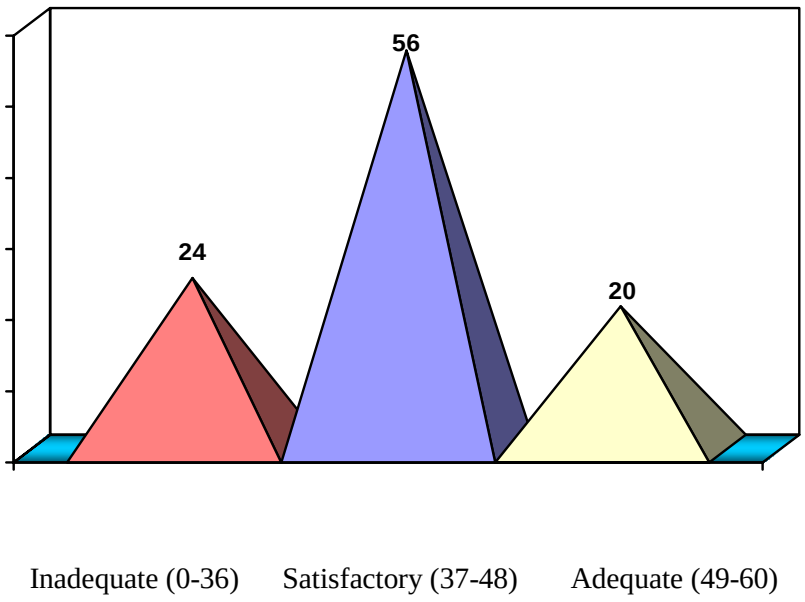


Fig. : Pyramidal diagram depicting percentage distribution of study subjects according to the levels of attitude scores.

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SECTION: -III

Section III: To find out association between knowledge Practice and Attitude of new-born care and socio-demographic variables

- In this study it is found that age, income, education, occupation, source of information regarding new-born care, were found to have and significant association with knowledge of new-born care while religion and type of family were not found to have any significant association with new-born care.

- In this study it is found that educational status had a significant association with practice scores. Other sociodemographic variables were not found to have any significant association with practice scores.

- In this study it is found that age, type of family and source of information, had a significant association with attitude scores. Other sociodemographic variables were not found to have any significant association with attitude scores.

Section IV: comparison of socio-demographic variables on knowledge, attitude and practice.

- The socio-demographic variables were found to have a systematic positive influences on the level of knowledge and attitude but not on practice in the age group of therespondents
- Increaseinincomewasfoundtobecauseincreasinginknowledge level but not on practices andattitude.
- Increaseineducationwasfoundtoresultinknowledge,attitude,practices

- Type of family joint and extended families resulted increased in knowledge but typeoffamilydidnotinfluenceonpracticeorattitudescore. Occupation was found to cause increase in knowledge level but not on practice andattitude.
- Source of information was found to have a significant positive influence on level of knowledge and attitude but not onpractices

Section V: The correlation between knowledge, practices and attitude among mothers on new-borncare

The correlation between knowledge, practices and attitude assessed by Karl Pearson's correlation coefficient shows a significant correlation between practice and attitude but no significant correlations were found for knowledge with practice or attitude.

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IV. CONCLUTION

In the present study, the investigator intended to assess the knowledge, practices and attitude of mother regarding new-born care and the influence of sociodemographic variables on them.

Following conclusions were drawn based on findings of the study

1. The majority of mothers were in the age group of 20-27. The age group of 28-34 had 20% of the sample.2.
2. Fifty-one percentages (51%) of mothers were regularly employed while 40% were housewives.
3. Forty-seven (47%) mothers were educated above PUC level.
4. Majority (73%) of mothers in the study belong to joint or extended families.
5. Majority (71%) of this sample had a monthly income of Rs. 5000 or above.
6. There was found to be significant association between within age and knowledge, income and knowledge, occupation and knowledge, source of information and knowledge, education and knowledge.
7. There was found to be significant association between education and practices, type of family and practices.
8. There was found to be significant association between age and attitude, type of family and attitude and source of information and attitude.
9. The result showed that primigravida mothers had 70.90 % knowledge, 79.45% practices and 81.72 % attitude mean percentage scores.
10. There is a significant correlation between a practice and attitude,

implications:

The findings of this study have implications for the nursing profession. The present study, emphasized knowledge, practices and attitude of mothers of a particular community regarding newborn care. During covid -19 pandemic

The mother is usual person for the immediate care provider of the newborn. Hence, her knowledge, attitude and practices regarding care of newborn is influenced by various factor. Even when knowledge is adequate, they may not practice it correctly nor have favorable attitude towards the care of newborn.

LIMITATIONS

- The study was limited by the time constraint for interview data collection.
- The study was limited to mothers regularly attending antenatal clinics.

- The study was limited tothe mothersof a particular state .
- The result may be biased due to the homogeneity of the sample.
- The size of the sample was only 100. Hence it was difficult to make a broad generalization.

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