

# A Study to Assess the Knowledge Regarding New Born Care among Primigravida Mothers at Hanagal Shri Kumareshwar Hospital and Research Centre Bagalkot, Karnataka

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**Abstract:** Aims: The aims of study are as follows: 1. To assess the knowledge regarding newborn care among primigravida mothers. 2. To find out the association between knowledge regarding new born care and selected socio-demographic, variables among primigravida mothers. Materials and Methods: A descriptive study was conducted among 100 primigravida mothers, with purposive sampling technique descriptive design was used. The data was collected by structured knowledge questionnaire. Data was analyzed by using descriptive and inferential statistics in terms of mean percentage by distribution; Data analysis was done using SPSS 19 software. Chi square test was used to test association between status of knowledge regarding newborn care among primigravida mothers. Results: The overall finding shows that the Percentage wise distribution of primigravida mothers attending in OBG OPD at HSK Hospital reveals that out of 100 primigravida mothers, highest percentage (57%) were had Moderate knowledge, 40% were had Adequate knowledge, followed by lowest (3%) of primigravida mothers were with Inadequate knowledge. There was statistically significant association found between knowledge and socio demographic characteristic such as Type of family [ $\chi^2=7.244, p<0.0071$ ], Income [ $\chi^2=16.985, p<0.0001$ ], Source of information [ $\chi^2=7.86, p<0.0051$ ]. Conclusion: Health care professionals are actively participating in providing health education to the primigravida mothers regarding newborn care and creating environmental conditions for better hygiene and reduced exposure to contamination makes children less susceptible to diseases and infections which may leads to death thereby can improve health status of the newborn and reduced the newborn mortality rate.

**Keywords:** Assess, newborn care, and primigravida mothers, Knowledge questionnaires, and OBG OPD

## 1. Introduction

A newborn is an infant who is within hours, days, or up to a few weeks from birth. In medical contexts, newborn or neonate refers to an infant in the first 28 days of life. Health is birth right of each individual born in the world. A Baby needs special care and attention from parents effective care can reduce almost 3 of the 4 million deaths of babies under-one month. Essential newborn care should be applied immediately after the baby is born and continued for at least the first 7 days after birth. Otherwise he or she will be suffering from different diseases and problems. Neonatal mortality has continued to increase as a percentage (>60%) of overall infant mortality. Any further reduction in infant mortality is dependent on saving more newborn lives. There is no doubt that a mother plays an important role in this regard.<sup>2</sup>

Children are the future of any nation. It is well established that the welfare of a child and his future are totally dependent upon the care and attention bestowed upon him before and after birth. Care of the children had always traditionally been the forte of mothers irrespective of education, income and social class differences. The important task of motherhood is to fulfil physical, emotional,

social, intellectual and moral needs of children. There is no doubt that a mother plays an important role in this regard.<sup>3</sup>

Despite an established evidence base of simple, affordable and low-cost interventions to avert neonatal deaths, global progress in reducing neonatal mortality has stagnated in recent years. Clean cord care is one of the essential newborn care practices recommended by the World Health Organization to reduce morbidity and mortality amongst the World's newborns.<sup>5</sup>

### Objectives

The aims of the study are as follows:

- 1) To assess the knowledge regarding newborn care among primigravida mothers.
- 2) To find out the association between knowledge regarding new born care and selected socio-demographic, variables among primigravida mothers.

**Hypotheses:** H1 – Primigravida mothers lack in the knowledge of newborn care.

### Criteria for Sample Selection:

The following criteria were set by the researcher for the selection of sample.

**Inclusion Criteria**

The study includes Primigravida mothers who are:

- 1) Able to speak and understand Kannada or English language.
- 2) Available at the time of data collection.
- 3) Who are willing to participate in the study.

**Exclusion Criteria**

The study excludes Primigravida mothers who are:

- 1) Unable to cooperate throughout the period of study.
- 2) Who had medical problems.
- 3) Multigravida mothers.

**Sampling Technique:**

The purposive sampling technique was used to select sample for the present study and who met both the inclusion and exclusion criteria of the study.

**Sample size:** In this study sample size is (n=100) primigravida mothers attending in OBG OPD at HSK Hospital and Research Centre, Bagalkot.

**Method of Data Collection:**

Data was collected by structured interview schedule, with the help of structured open ended knowledge questionnaire, developed by investigator for assessing the knowledge regarding newborn care among primigravida mothers, attending OBG OPD at HSK Hospital and research centre Bagalkot. Data was collected from 100 primigravida mothers.

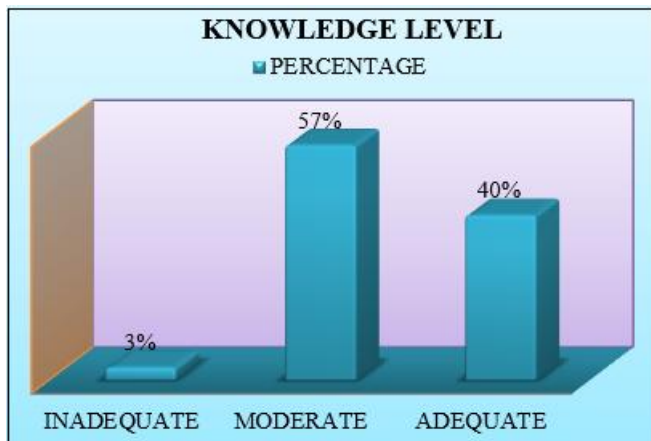
**2. Results**

**Table 1:** Frequency and percentage distribution of socio demographic variables

S. No	Socio Demographic Variables	Characters	Frequency	Percentage
1	Age	18 – 22 years	14	14%
		23 – 27 years	61	61%
		28 – 32 years	19	19%
		33 above	6	6%
2	Religion	Hindu	90	90%
		Muslim	6	6%
		Christian	4	4%
		Others	0	0
3	Income	Below 5000	8	8%
		5000 to 10,000	54	54%
		10,000 to 15,000	21	21%
		Above 15,000	17	17%
4	Educational status	No formal education	6	6%
		Primary education	25	25%
		Secondary education	36	36%
		Degree	33	33%
5	Type of family	Nuclear family	67	67%
		Joint family	30	30%
		Extended family	3	3%
6	Age at marriage	17 - 19 years	20	20%
		20 - 22 years	72	72%
		23 - 25 years	6	6%
		26 - 28 years	2	2%
7	Occupation of mother	House wife	70	70%
		Coolie	13	13%
		Own business	11	11%
		Others	6	6%
8	Place of residence	Rural	60	60%
		Urban	40	40%
9	Source of information regarding newborn care	Health professionals	55	55%
		Peer groups and social group	37	37%
		Electronic media(TV, Radio)	6	6%
		Print media (news paper, magazine)	2	2%

**Table 2:** Percentage wise distribution of study subjects according to level of knowledge, N=100

S No	Knowledge Level	Score	Frequency	Percentage
1	Inadequate	0 To 11	3	3%
2	Moderate	12 To 22	57	57%
3	Adequate	23 To 34	40	40%



**Figure 1:** Percentage wise distribution of primigravida mothers according to their level of knowledge

Percentage wise distribution of primigravida mothers on Assessment of the level of knowledge regarding new born care reveals that out of 100 primigravida mothers, highest (57%) of primigravida mothers had Moderate knowledge,

40% of primigravida mothers had Adequate knowledge, followed by lowest (3%) of primigravida mothers were with Inadequate knowledge.

Findings reveals that there was statistical significant association between knowledge and socio demographic characteristic such as Type of family [ $\chi^2=7.244$ ,  $p<0.0071$ ], Income [ $\chi^2=16.985$ ,  $p<0.0001$ ], Source of information [ $\chi^2=7.86$ ,  $p<0.0051$ ]. Hence the H1 stated is accepted for type of family, Income, Source of information and rejected for other socio-demographic variables like as age, Religion, place of residence, age at marriage, occupation.

**Table 3:** Mean SD and Mean Percentage of level of knowledge regarding new born care.

Area	Maximum score	Mean	S.D	Mean percentage
Level of knowledge	33	20.91	5.956	61.5%

**Table 4:** Association between level of knowledge score of primigravida mothers of new born care with their socio demographic variables, N=100

S. No	Variables	Chi-Square Value( $\chi^2$ )	DF	P value	Remarks
1	Age	0.087	1	0.7683	Not significant
2	Religion	0.005	1	0.9431	Not significant
3	Income	16.985	1	0.0001	Significant
4	Educational status	1.122	1	0.2895	Not significant
5	Type of family	7.244	1	0.0071	Significant
6	Age at marriage	0.260	1	0.6098	Not Significant
7	Occupation of mother	3.303	1	0.0691	Not significant
8	Place of residence	0.441	1	0.5067	Not significant
9	Source of information regarding newborn care	7.86	1	0.0051	Significant

### 3. Discussion

#### Description of socio-demographic characteristics of sample

Percentage wise distribution of primigravida mothers according to their Religion reveals that out of 100 primigravida mothers, highest (90%) of primigravida mothers were Hindu, 6% of primigravida mothers were Muslims, (4%) of primigravida mothers Christians, and no mothers were found in the other religion were from other Religion. It reveals that majority (90%) of Primigravida mothers from Hindu religion

My study Results are supported with a descriptive study conducted by Mrs Kamala K N in 2008 at Bagalkot to assess the knowledge, practice and attitude regarding newborn care among primigravida mothers with the sample of 100 where as in religion, highest (90%) of primigravida mothers were Hindu.<sup>50</sup>

#### Association between status of knowledge regarding newborn care among Primigravida mothers with their selected socio-demographic characteristics.

There was statistical significant association between status of knowledge and socio demographic characteristic such as Type of family [ $r=0.63$   $p<0.0071$ ], Income [ $r=0.63$   $p<0.0001$ ], Source of information [ $r=0.63$   $p<0.0051$ ]

Findings suggests that there is no significant association found between level of knowledge and socio demographic characteristic such as age, Religion, place of residence, age at marriage, occupation.

My study Results are supported with a descriptive study conducted by Thenmozhi P in 2017 at Chennai, India. The study was conducted knowledge and practices on essential newborn care among Primipara mothers with the sample of 60 where as significant association was found between type of family [ $\chi^2=60.70$ ,  $P<0.05$ ] and source of information [ $\chi^2=42.05$   $P<0.05$ ].<sup>49</sup>

### 4. Conclusion

National rural health mission and Integrated Management of Neonatal and Childhood illness is actively participating in the reduction of neonatal and infant morbidity and mortality rate as well as a significant improvement in neonatal health. A Promise Renewed' goal of reducing under-five mortality to 20 or less per 1000 live births by 2035 will not be attained without specific efforts to reduce newborn mortality. Health care professionals are actively participating in providing health education to the primigravida mothers regarding essential newborn care and creating conditions for better hygiene and reduced exposure to contamination makes children less susceptible to diseases and infections that may lead to death.

## References

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