

Awareness and Practice Regarding New Born Care among Postnatal Mothers at Nepalgunj Medical College Teaching Hospital Kohalpur, Nepal

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Abstract:-

➤ Introduction

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.¹ Survival is enhanced by providing essential new-born care such as cleanliness, thermal protection, and initiation of breathing, early and exclusive breastfeeding, eye care, immunization, and management of new-born illness. Mothers are the key person for providing new born care in Nepal.²

Globally 4 million new born die every year before they reach the age of one month. Out of them 1.5 million new-born's die in four countries of south Asia including Nepal.³

➤ Objectives of the Study

To find out the awareness and practice regarding new born care among postnatal mother in Nepalgunj medical college teaching hospital Kohalpur, Nepal.

➤ Methodology

A quantitative research approach was used and the research design adopted for present study was descriptive correlational sectional study design. This research study was conducted at postnatal ward of Nepalgunj Medical College Teaching hospital from dated 2071-11-20 to 2071-12-21. The target population for the study was postnatal mother and the sample size was 155. Semi-structured questionnaire was used to obtain information about awareness and practice of new born care among postnatal mother. Statistical package for social sciences (SPSS) software version 20 was used enter and analyze the data. P- Value of <0.05 was considered to be statistically significant.

➤ Result

The collected data was analyzed by using descriptive and inferential statistics. In this research study, regarding the socio-demographic characteristics of the respondents revealed that highest proportion 46.5% of them belonged to range 25-29 years of age. In respect to the religion majorities 92.9. % of mothers had Hindu mothers followed by 2.6% Muslim 2.6%. Similarly in relation to Education level of mothers, 68.4% were Secondary, whereas 0.6% was higher secondary. In relation to type of family, 76.1 % were joint family. Regarding occupation 85.2% had house maker and 7.1% had service. In relation to Number of children, 52.9% were one child followed by 1.3% four children. In respect to the Monthly Income majorities 31.0% had 5000-10000 thousand. Regarding Source of information 60.0% had health personal and 0.6% had family. In relation to the levels of Awareness, This study identified that 3.2% of the respondents had high level of awareness, 30.3% had moderate level of awareness 66.5% had low level of awareness on new born care.

In relation to the level of practice about new born care, (7.7%) of the mothers had low level of practice, (57.4%) were moderate level whereas (34.8%) had high level of practice. The mean practice score was $9.49 \pm 2.01SD$

Regarding association between level of awareness and socio demographic characteristic, there was statistically significant association between awareness levels of respondents with Age ($P < 0.004$) likewise significant association between awareness level of respondents with occupation ($p < 0.025$) and also there was association between the monthly income ($p < 0.075$). There was no association between the number of children ($p = 0.406$),

Regarding the association between practice level with socio demographic characteristics that there was not statistically significant between practice level with Age of respondents ($p = 0.149$). Religion ($p = 0.974$), Education ($p = 0.530$), Type of family (0.409), occupation (0.760), Number of children (0.303), Income (0.719), Source of information (0.301).

The mean score related to health was 12.9 ± 3.4 , the mean score related to pain was 9.87 ± 4.95 , the mean score related to feelings was 9.43 ± 3.38 , the mean score related to behavior was 8.77 ± 3.30 , the mean score related to kidney disease was 17.97 ± 3.54 , the mean score related to effects of kidney disease was 10.13 ± 4.34 and the mean score related to satisfaction with care was 24.82 ± 0.81 .

➤ Conclusion

On the basis of findings, it can be concluded that there is intermediate level of awareness and moderate level of practice regarding new born care. Since there was no statistical significant correlation between Awareness and Practice of respondents regarding new born care. There was association of age and occupation of mothers with awareness but no association with practice. Likewise, there was no association with religion, education, type of family, number of children, monthly income and source of information with both awareness and practice of mothers on new born care.

Keywords: - New born, postnatal mother, Awareness and practice

I. INTRODUCTION

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 regard¹

Globally 4 million new born die every year before they reach the age of one month. Out of them 1.5 million new-born die in four countries of south Asia including Nepal.³

Survival is enhanced by providing essential new-born care such as cleanliness, thermal protection, and initiation of breathing, early and exclusive breastfeeding, eye care, immunization, and management of new-born illness. Mothers are the key person for providing new born care in Nepal.²

Despite efforts by government and other agencies, neonatal morbidity and mortality are still high in Nepal. Among all other reasons, newborn care practices are one of the major contributors for such high rates of morbidity and mortality.⁴

Postnatal mothers have adequate knowledge on areas like early, exclusive breast feeding, colostrum feeding, they have not much satisfactory knowledge in areas like hand washing, danger signs etc. While comparing knowledge with practice regarding new born care, practice looks better in many.⁵

II. DATA ANALYSIS AND INTERPRETATION

The analysis and interpretation of data based on using semi structured questionnaire with in depth interview from the patients (n=155) and the result were computed using descriptive and inferential analysis and the aim of the analysis was to organize and give meaning to the data.

Table 1 Distribution of Respondents According to Age, Religion, Education and Type of family n=155

Variable	Frequency	Percentage
Age(in years)		
<20	8	5.2
20-24	55	35.5
25-29	72	46.5
30-34	8	5.2
≥35	12	7.7
Mean ±SD	24.62±4.42	
Religion		
Hindu	144	92.9
Christian	7	4.5
Muslim	4	2.6
Education		
Illiterate	14	9.0
Read and write but no school	12	7.7
Primary	22	14.2
Secondary	106	68.4
Higher secondary and above	1	0.6
Type of family		
Nuclear	37	23.9
Joint	118	76.1

Table 1 showed that 46.5% respondents belonged to age group 25-29 yrs. followed by 5.2% were at the age<20 yrs. and 30-34yrs respectively. The mean (SD) of age of respondents was 24.62±4.42. Regarding the religion majority of respondents (92.9%) were Hindu, whereas 2.6% was Muslim. Regarding the education 68.4% were secondary level followed by 0.6 were higher secondary and above. Majority of respondents (76%) had joint family followed by 23.9% were nuclear family.

Table 2 Distribution of Respondents According to Occupation, Number of children, Monthly income and Source of information n=155

Variable	Frequency	Percentage
Occupation		
House maker	132	85.2
Service	11	7.1
Business	12	7.7
Number of children		
1	82	52.9
2	46	29.7
3	25	16.1
4	2	1.3

mean±SD	1.66±0.793	
Monthly income(in thousand)		
< 5000	32	20.6
5000-10000	48	31.0
10000-15000	35	22.6
> 15000	40	25.8
Source of information		
Television	30	19.4
Radio	25	16.1
Family	1	0.6
Friends	6	3.9
Health personal	93	60.0

Table 2 indicates that 85.2% respondents were occupation from house maker followed by 7.7% occupation were service. Regarding the number of children of respondent 52.9% were one child, where as 1.3 % had four children. The monthly income, 31.0% had 5000-10000 thousand followed by 20.6% had < 5000 thousand. Similarly 60.0% had source of information from health personal and only (0.6%) from family member

Table 3 Distribution of Respondents Awareness According to Meaning of neonate and Point including in new born care n=155

Variable	Frequency	Percentage
Meaning of neonate		
Baby from birth to 7 days	28	18.1
Baby from birth to 28 days*	17	11.0
Baby from birth to 3 month	15	9.7
Don't know	95	61.3
Point including in New born care**		
Warm	152	98.1
Sleep	90	58.1
Bathing	101	65.2
Cord care	142	91.6
Immunization	141	91
Breastfeeding	155	100
Identification of New born danger signs	18	11.6

*correct answer

** multiple response

Table 3 presents the meaning and point include the new born care, 61.3% of respondents were don't know about general information of new born , 9.7% were respondents the baby from birth to 3 month. Regarding new born care, cent percent (100%) were said from breastfeeding while11.6% of respondents gave answer regarding new born danger sign.

Table 4 Distribution of Respondents Awareness According to Start Breast Feeding, First Feed and Times New born has to be Fed per day n=155

Variable	Frequency	Percentage
Start breast feeding after birth		
within 1 hour of birth*	99	63.9
After 1 hour of birth	39	25.2
After 2 hour of birth	10	6.5
After 3 to 4 hour of birth	7	4.5
First feed for newborn		
Breast milk*	155	100
Formula milk	-	-
Honey	-	-
Glucose water	-	-
Times new born have to be fed per day		
At least 2 times	-	-
At least 8 times	22	14.2
At least 14 times	27	17.4
Whenever he/ she demands*	106	68.4

*Correct answer

Table 4 shows 63.9% respondents were start breast feeding within 1 hour of birth and 4.5% were after 3-4 hour of birth. All of respondents(100%) said the breast milk first fed for new born . 68.4% respondents were said whenever he/she demands breast milk per day, 14.2% respondents at least 8 times breast milk per day.

Table 5 Distribution of Respondents Awareness According to Best Position For New born, Know About Burping and Why Burping n=155

Variable	Frequency	Percentage
Best position for mother while feeding		
Prone position	-	-
Supine position	-	-
Sitting position*	155	100
Standing position		
Know about burping		
Yes*	59	38.1
No	96	61.9
If yes why burping after breast feeding (n=59)		
Prevent vomiting	40	25.8
Remove the swallowed air*	4	2.6
Prevent abdominal pain	8	13.5
Milk digestion	7	11.5

Correct Answer

Table 5 reveals, the best position for mother while feeding, All the respondents (100%) were breast feeding with sitting position. 38.1% Respondents know about burping and 25.8% of respondents answer burping after breast feeding prevent vomiting and only 2.6% were said it remove the swallowed air.

Table 6 Distribution of Respondents Awareness According to Applied Over the Cord and Signs Of Umbilical Cord Infection n=155

Variable	Frequency	Percentage
Applied over the cord		
Warm water and cotton	28	18.1
Oil	83	53.5
Keeping nothing*	36	23.2
Apply turmeric powder	8	5.2
Signs of umbilical cord infection		
Pinkish and swelling	16	10.3
Yellow and swelling	26	16.8
Redness, swelling and pus in the cord*	101	65.2
Brownish and swelling	12	7.7

Correct Answer

Table 6 shows awareness regarding cord care of new born, More than 50.% respondents were applied oil over the cord followed by 5.2% apply turmeric powder. Regarding signs of umbilical cord infection majority of respondents, 65.2% were redness; swelling and pus in the cord followed by 7.7% were brownish and swelling.

Table 7 Distribution of Respondents Awareness According Clean the Baby Eye, Measures to Prevent Eye Infection, Know about the Napkin Rashes and Cause of Napkin Rash n=155

Variable	Frequency	Percentage
Used to clean the baby eye		
Boiled and cooled water*	95	61.3
Oil	12	7.7
Apply with Kajal	31	20
Mother milk	17	11
Measures to prevent eye infection		
Clean the eye daily using cotton* swabs dipped in the sterile water	96	61.9
Instillation of mother milk in to eye	2	1.3
Instillation of the oil in to eye	2	1.3
Don't know	55	35.5
Know about the napkin rashes		
Yes*	102	65.8
No	53	34.2
If yes cause of napkin rash(n=102)		
use of prolonged wet napkin lack of cleanliness*	101	65.2
Artificial feeding	-	-
Prolonged sleeping	1	0.6
Prolonged breast feeding	-	-

Correct Answer

Table 7 highlighted Majority of respondents 61.3% were used boiled and cooled water to clean eye and 7.7% used oil. Regarding measure to prevent eye infection majority of respondents 61.9% clean the eye daily using cotton swabs dipped in the sterile water followed by 1.3% were instillation of mother milk and instillation of oil into eye. Regarding napkin rashes majority of respondents 65.8% know about napkin rashes .Similarly the cause of napkin rashes majority of respondents 65.2% were use of prolonged wet napkin lack of cleanliness followed by 0.6% were prolonged sleeping.

Table 8 Distribution of Respondent Awareness According to Measure to Prevent Napkin Rashes and Start Bathing n=155

Variable	Frequency	Percentage
Measure to prevent napkin rashes *		
Changing of the soiled napkin whenever it wet	101	96.19
Keep the area dry and exposure to sunlight	49	46.66
Application of coconut oil	29	27.61
Don't know	-	-
Start bathing the baby after birth		
Immediately after birth	21	13.5
Within 12 hrs. of birth	8	5.2
Within 24 hrs. of birth	42	27.1
After 24 hrs. of birth	84	54.2

*Correct Answer ** Multiple Response

Table 8 represents that, majority 96.19.% respondents answered correctly about changing of the soiled napkin whenever it wet. And 27.61% respondents gave the answer that the application of coconut oil regarding measure to prevent napkin rashes. Similarly, regarding start bathing the baby after birth, More than 50% were after 24 hrs. Of birth followed by only 5.2% within 12 hrs. of birth.

Table 9 Distribution of Respondents Awareness According to New Born Warm and Assess the Body Temperature n=155

Variable	Frequency	Percentage
New born warm**		
Wrap with warm cloth	141	92.15
Skin to skin contact	95	62.09
Keep room warm	54	35.29
Delay bath	5	3.26
Assess the body temperature of the new born*		
Touching forehead	48	31
Touching abdomen*	34	21.9
Touching extremities	35	22.6
Don't know	38	24.5

*Correct Answer ** Multiple Response

Table 9 shows that, majority (92.15%) of respondents answered wrap with warm cloth warm Followed by Regarding new born 3.26 were delay bath. Regarding to assess the body temperature were 31%touching fore head 21.9% respondents answered touching abdomen.

Table 10 Distribution of Respondents Awareness According to Know about Immunization Schedule, Reason For Immunization and First Immunization n=155

Variable	Frequency	Percentage
Know about immunization schedule		
Yes* (n=155)	59	38.1
No	96	61.9
Reason for immunization		
Cure the disease	22	14.2
Prevent from vaccine preventable Disease*	42	27.1
Long life span	-	-
Don't know	91	58.7
First immunization		
As soon as possible after birth to within	111	71.6
One month of birth*		
After 1 month from birth	40	25.8
After 1 and half month from birth	4	2.6
After 6 months from birth	-	-

Correct Answer

Table 10 represents, Majority 61.9% of the respondents had no aware regarding awareness regarding immunization schedule and 38.1% know about immunization schedule. Regarding the reason for immunization, 58.7%. Respondents were don't know. And 14.2% respondents gave the answer cure the disease and 27.1% were preventing from vaccine preventable disease. Regarding first immunization, Majority of respondents 71.6% gave the correct answer regarding first immunization that as soon as possible after birth to within one month of birth. Followed by 2.6% were after 1 and half month from birth.

Table 11 Distribution of respondents Awareness According to Know about Danger Signs and Danger Signs of New born n=155

Variable	Frequency	Percentage
Know about Danger signs of new born		
Yes*(n=155)	37	23.9
No	118	76.1
If yes danger signs of new born ** (n=37)		
Hypothermia	28	80
Lethargy	25	71.42
Unable to suck	32	91.42

Convulsion	28	80
Eye infection	27	77.14
Cord infection	25	71.42
Jaundice	29	82.85
Abdominal distension	21	60
Diarrhea	24	68.57

Correct Answer*

**Multiple Response

Table 11 represents that, 76.1% respondents were not known about danger signs of new born. Majority (91.42%) respondents answered the unable to suck as the danger signs.60% respondents answered the abdominal distention regarding new born danger signs.

Table 12 Frequency and Percentage of Respondents According to their Level of Awareness Score n=155

Variable	Frequency	Percentage
Low (Awareness score<50%)	103	66.5
Moderate (Awareness score50-75%)	47	30.3
High (awareness score>75%)	5	3.2

Table 12 reveals that majority of mothers (66.5%) are having low Awareness regarding new born care,(30.3%) mothers are having moderate level of Awareness, whereas only (3.2%) mothers are having high level of respondents Awareness regarding new born care.

Table 13 Mean, Standard Deviation, Median and mode of the Awareness regarding New born Care n=155

	Mean ±SD	Median	Mode
Total awareness	25.89 ±5.87	25.0	25.0

Table 13 shows the overall calculated mean ±SD was 25.89 ±5.87, median was 25.0 and Mode was 25.0 of total Awareness score of respondents regarding new born care

Table 14 Distribution Respondents Practice According to General Hygiene, and Warm of Newborn n=155

Variable	Yes n(%)	No n(%)
General hygiene		
Mother keep the umbilical cord dry	151(97.4%)	4(2.6%)
Mother changes the napkin after urine and stool pass	130(83.9%)	25(16.1%)
Clean the genital area after each stool pass	108(69.7%)	47(30.3)
Warm		
Covering the new born with warm clothes	136 (87.7%)	19(12.3%)

Keeping the new born attach with mother	72(46.5%)	83(53.5%)
Keep room warm	147(94.8%)	8(5.2%)
Delay bath	154(99.4)	1(0.6%)

Table 14 shows distribution of practice regarding new born care. Majority of the respondent (97.4%) have kept the umbilical cord dry. Majority of respondents (83.9%) changed the napkin after urine and stool pass. (69.7%) Clean the genital areas after each stool pass. (87.7%) respondents were Covered the new born with warm clothes.(46.5%) respondent have Kept the new born attach with mother. Majority of the respondent (94.8%)Kept room warm. (99.4%) respondents were delay bath to new born.

Table 15 Distribution of Respondents Practice According to Breast Feeding n= 155

Variable	Yes n(%)	No
Breast feeding		
Mother sit comfortably	125(80.6%)	30(19.4%)
Position the baby correctly before Feeding	105(67.7%)	50(32.3%)
Proper sucking, attachment of baby’s mouth on mother’s	108(69.7%)	47(30.3%)
Maintain eye- to –eye contact with baby and talk with baby	50(32.4%)	105(67.7%)
Breast feed the baby completely from 1 breast than feed from other breast	49(31.6%)	106(68.4%)
Burping after each feeds	12(7.7%)	143(92.3%)
Position the baby comfortably after feeding	125(80.6%)	30(19.4%)

Table 15 shows Majority of respondents (80.6%) were Mother sit comfortably.(67.7%) respondents have Position the baby correctly before feeding.(69.7%) respondent were Proper sucking, attachment of baby’s mouth on mother’s breast. (32.4%) Respondent were maintain eye- to –eye contact with baby and talk with baby.(31.6%) have Breast feed the baby completely from 1 breast than feed from other breast. only (7.7%) were Burping after each feeds. Majority (80.6%) respondent were position the baby comfortably after feeding.

Table 16 Frequency and Percentage of Respondents According to their Level of practice Score regarding new born care n=155

Level of Practices	Frequency	Percentage
Low (Practice score<50%)	12	7.7
Moderate (Practice score 50-75%)	89	57.4
High (Practice score>75%)	54	34.8

Table 16 shows that (57.4%) mothers are having moderate Practice regarding new born care,(34.8%) mothers are having high Practice regarding new born care and only

(7.7%) mothers are having low Practice regarding new born care.

Table 17 Mean Standard Deviation, Median and Mode of the Practice regarding new born care n=155

	Mean ±SD	Median	mode
Total practice	9.49+2.01	10.0	10.0

Table 17 shows over all the calculated mean9.49+2.01, median10.0 and mode10.0 of total Practice score of respondents regarding new born care.

Table 18 Association between level of Awareness with Age, Religion, Education and Type of Family n=155

Variables	Frequency of Level of Awareness				
	Low N	Moderate N	High N	χ ²	P-value
Age(in yrs)					
≤24	50	12	1	11.23 2	0.004 *
≥25	5	66	21		
Religion					
Hindu	97	42	5	1.529	0.466
Other than Hindu	5	5	1		
Education					
Illiterate	10	3	1	4.198	0.650
Read and write but no school	7	4	1		
Primary	16	5	1		
Secondary and above	67	35	5		
Type of family					
Nuclear	26	10	1	2.053	.358
Joint	76	37	5		

*P < 0.05 statistically significant values

Table 18 shows the chi square test of the level of awareness. There was statistically significant association between awareness level with age, (p=<0.004).There was no statistically significant association between awareness level with religion (p=0.466), education (p=0.650) Type of family (p=0.358).

Table 19 Association between level of Awareness with Occupation, Number of Children and Monthly Income n=155

Variable	Frequency of Level of Awareness				
	Low	Moderate	High	χ^2	P-value
Occupation					
House maker	93	36	3	7.37 9	<0.025 *
Service/business	1	10	2		
Number of children					
1	57	22	3	4.00 3	0.406
2	26	19	1		

>=3	20	6	1		
Monthly income					
Less than 5000	23	8	1		
5000-10000	35	12	1	11.4 82	0.075*
10000-15000	22	12	1		
Above15000	21	15	4		

*P < 0.05 statistically significant values

Table 19 represents that, There was statistically significant association between awareness level with Occupation, (p=0.025) and monthly income (0.075)

There was no statistically significant between awareness level with Number of children (p=0.406).

Table 20 Association between level of Practice with Age, Religion, Education, Type of Family and Occupation n=155

Variable	Frequency Level of practice			χ^2 value	P-value
	Inadequate N(%)	Moderate N(%)	Adequate		
Age					
<=24	7				
>=25	5	39	17	3.808	0.149
Religion		50	37		
Hindu	11	83	50		
Other than Hindu	1	6	4	0.053	0.974
Education					
Illiterate	3	7	4		
Read and write but no school	0	8	4	5.111	0.530
Primary	2	12	8		
Secondary and above	7	62	38		
Type of family					
Nuclear	1	23	13	1.786	0.409
Joint	11	66	41		
Occupation					
House maker	11	76	45	0.548	0.760
Service/business	1	13	9		

*P < 0.05 statistically significant values

Table 20 shows that chi square test of the level of practice ,with socio demographic characteristics There was no significant association between practice levels with , Age p=0.149, Religion of mother, p 0.974,Education, p=0.530, Type of family,0.409, Occupation, 0.760

Table 21 Association between level of Practice with Number of Children, Income and Source of Information n=155

Variable	Frequency Level of practice			χ^2 value	P-value
	Inadequate N(%)	Moderate N(%)	Adequate		
Number of child					
1	8	49	25	4.852	0.303
2	1	28	17		
>=3	3	12	12		

Income					
Less than 5000thousand	4	18	10	3.689	0.719
5000-10000	3	24	21		
10000-15000	2	22	11		
Above 15000	3	25	12		
Source of information					
Television	2	22	6	7.217	0.301
Radio	1	11	13		
Family, friends	1	4	2		
Health personal	8	52	33		

*P < 0.05 statistically significant values

Table 21 shows that chi square test of the level of practice, with socio demographic characteristics There was no significant association between practice levels with , 0.760,Number of children,0.303, Monthly income0.719,source of information,0.301.

Table 22 Correlation between Awareness score and practice score of Respondents regarding New born Care n=155

Variable	Correlation	p-value
Total Awareness score vs total practice	0.052	0.519

P < 0.05 statistically significant values

This table 21 is the calculation of Karl Pearson’s correlation and shows that not statistically significant (Rs= 0.052 and p=0.519) linear correlation between respondents the total Awareness and practice

III. MAJOR FINDINGS

From the present study the following conclusion of the findings had drawn

In This research study, majority showed that 46.5% respondents belonged to age group 25-29 yrs. followed by 5.2% were at the age<20 yrs. and30-34yrs respectively. The mean (SD) of age of respondents was 24.62±4.42.Regarding the religion majority of respondents (92.9%) were Hindu, whereas 2.6% was Muslim. Regarding the education 68.4% were secondary level followed by 0.6 were higher secondary and above. Majority of respondents (76%) had joint family followed by 23.9% were nuclear family.

85.2% respondents were occupation from house maker followed by 7.7% occupation were service. Regarding the number of children of respondent 52.9% were one child, where as 1.3 % had four children. The monthly income, 31.0% had 5000-10000 thousand followed by 20.6% had < 5000 thousand .Similarly 60.0% had source of information from health personal and only (0.6%) from family member that majority of mothers (66.5%) are having low Awareness regarding new born care, (30.3%) mothers are having moderate level of Awareness, whereas only (3.2%) mothers are having high level of respondents Awareness regarding new born care. (57.4%) mothers are having moderate Practice regarding new born care, (34.8%) mothers are having high Practice regarding new born care and only (7.7%) mothers are having low Practice regarding new born care. There was

statistically significant association between awareness level with Occupation, (p=0.025) and monthly income (0.075) There was no statistically significant between awareness level with Number of children (p=0.406). chi square test of the level of practice ,with socio demographic characteristics There was no significant association between practice levels with , Age p=0.149, Religion of mother, p 0.974,Education, p=0.530, Type of family,0.409, Occupation, 0.760. chi-square test of the level of practice ,with socio demographic characteristics There was no significant association between practice levels with, 0.760,Number of children,0.303, Monthly income0.719,source of information,0.301 the calculation of Karl Pearson’s correlation and shows that not statistically significant (rs= 0.052 and p=0.519) linear correlation between respondents the total Awareness and practice.

IV. DISCUSSION

In various research studies postnatal mothers knowledge and practice of new born care was inadequate practice Thus researcher felt the need to assess awareness and practice regarding new born care among the postnatal mother which ultimately helps the health care team for better services to the new born care.

Regarding the socio-demographic characteristics of the respondents revealed that highest proportion 46.5% of them belonged to range 25-29 years of age. In respect to the religion majorities 92.9% of mothers had Hindu mothers followed by 2.6% Muslim2.6%. Similarly in relation to Education level of mothers, 68.4% were Secondary, whereas 0.6% was higher secondary. In relation to type of family, 76.1 % were joint family. Regarding occupation 85.2% had house maker and 7 .1% had service. In relation to Number of children, 52.9% were one child followed by 1.3% four children. In respect to

the Monthly Income majorities 31.0% had 5000-10000 thousand. Regarding Source of information 60.0% had health personal and 0.6% had family. In relation to the levels of Awareness, This study identified that 3.2% of the respondents had high level of awareness, 30.3% had moderate level of awareness 66.5% had low level of awareness on new born care. The mean level of awareness score was 1.37 ± 0.547 standard deviation. This is consistent with the study conducted in cross sectional study, which reported that majorities (65%) have moderate level of awareness.⁶

In relation to the level of practice about new born care, (7.7%) of the mothers had low level of practice, (57.4%) were moderate level where as (34.8%) had high level of practice. The mean practice score was 9.49 ± 2.01 SD. The finding of the study are contrast similar study by⁶ which reported majorities 0% low practice, 43.0 have moderate level of practice and 57.0% have high practice. The mean practice score was 9.49 ± 2.01 .

Regarding association between level of awareness and socio demographic characteristic, there was statistically significant association between awareness levels of respondents with Age ($P < 0.004$) likewise significant association between awareness level of respondents with occupation ($p < 0.025$) and also there was association between the monthly income ($p < 0.075$). there was no association between the number of children ($p = 0.406$), The finding of the study is supported by with the finding done by⁶ which reported that there was no association between the Religion ($p = 0.719$) Type of family ($p = 0.336$), Education (0.719).

Regarding the association between practice level with socio demographic characteristics that there was not statistically significant between practice level with Age of respondents ($p = 0.149$). Religion ($p = 0.974$), Education ($p = 0.530$), Type of family (0.409), occupation (0.760), Number of children (0.303), Income (0.719), Source of information (0.301). no other studies was found to support this finding.

Regarding the correlation between total awareness's total practice score were ($r = 0.052$ and p -value was 0.519 So, the level of awareness of respondents had linear Correlation with the level of practice of respondents but not statically significant between the total awareness level with the level of practice. The study findings of the supported with the study conducted by¹ reported that there was Relationship between awareness and practice score of the mother was not statistically significant at ($r = 0.276$, $p = 0.140$).

V. CONCLUSION

In overall assessment of Awareness and practice of mothers regarding New born care, it is concluded that most of the mothers had Intermediate level of awareness (74.2%) about new born care. Maximum of participants (57.4%) had moderate practice regarding new born care. The mean score of awareness is 19.38 ± 5.87 and of practice is 9.49 ± 2.01 . The results show that there is not significant linear correlation between Awareness and practice score. There is significant association between awareness with age as well as occupation of mother tested at p value 0.001. There is no significant association between practice and socio demographic variable.

RECOMMENDATIONS

A few recommendations that can be made in this study include, similar studies can be conducted with larger sample in different settings to generalize the findings. Comparative study can be conducted between the mothers of the hospital delivery and home delivery to find out the differences in the level of awareness and practice. Further interventions studies should be initiated to examine the level of awareness and practice of mother after participation in the structured teaching program.

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