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A study to assess the knowledge and attitude regarding new born care among primigravida mothers in selected rural areas of Byahatti PHC, Hubballi

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Abstract
The new born signifies the beginning of life and provides a foundation for future health of the nation. Newborns need a special care and intensive monitoring and support during this critical period of adaptation. It is possible to increase perinatal survival and quality of human life through prompt and adequate management of newborn. New born care is strongly influenced by women's social status, health status, home care practices for mother and new born care services. Preparation of mothers for newborn care should start from antenatal period, because it is necessary that all pregnant women should know the different aspect of newborn care such as breast feeding, maintenance of personal hygiene, immunization, thermoregulation and umbilical cord care. A descriptive study was conducted among 100 primigravida in selected rural areas of Byahatti PHC Hubballi. Non Probability; convenient sampling technique was used to select the sample and data was collected by structured Interview Schedule. The research design used for the study was Descriptive Survey Research design. Data analysis was done by using descriptive and inferential statistics. Overall result of the study revealed that the level of knowledge regarding new born care revealed that 33 (33%) had good knowledge, 33 (33%) had average knowledge and 34 (34%) had poor knowledge. Whereas, in the level of attitude regarding new born care revealed that 22(22%) had positive attitude, 61 (61%) Neutral attitude and 17 (17%) had Negative attitude. The study concluded that the Knowledge score was found to be poor and attitude scores were neutral regarding new born care.

Keywords: Attitude, knowledge, new born care, primigravida

Introduction
Health of the future citizens depends on the care we are giving to our children today; newborn babies constitute the foundation of life. Healthy and steady babies are likely to evolve both physically and mentally as strong adults which enhances quality of human resource development [1]. The moment a child is born, the mother is also born. A women existed before; never the mother: A mother is something absolutely new [2]. Motherhood is a beautiful and joyous experience to women. The health of the mother during pregnancy is important to give birth to healthy baby, the best and most precious gift of family. There is no indicator in biology, which tell us so much about the past events and the future trajectory, as the care of newborn baby at birth [3]. Mother plays a key role in identifying the minor developmental deviations and early evidence of disease process because she is constantly and closely watching her baby, so she needs the basic knowledge and skills pertaining to the mother crafts, child nutrition (feeding), immunization, environmental sanitation, personal hygiene and common problems in children [4]. The most vulnerable time for child is the first 28 days of life for the survival. Neonates usually face the highest risk of dying in their first months of life at an average global rate of 18 deaths per 1000 live births according to 2018 [5]. The data provided by the UNICEF, is 3,92,078 babies will be born around the world on New year's Day and is almost 17.2% of them are Indians, which is the second populous country in the world, is estimated to have added 67,385 newborns to its population on 1st January 2020 [6].

The aim of this study
To assess the knowledge and attitude regarding new born care among primigravida mothers in selected rural areas of Byahatti PHC, Hubballi.

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Objectives of the study

1. To assess the knowledge regarding newborn care among primigravida mothers.
2. To assess the attitude regarding newborn care among primigravida mothers.
3. To find the correlation between knowledge and attitude regarding newborn care among primigravida mothers.
4. To find out an association between knowledge scores regarding newborn care among primigravida mothers with their selected socio demographic variables.
5. To find out an association between attitude scores regarding newborn care among primigravida mothers with their selected socio demographic variables.

Operational definition

1. **Knowledge:** It refers to the appropriate response given by primigravida mother regarding newborn care as measured by structured interview schedule.
2. **Attitude:** It refers to the expressed opinion of primigravida mother regarding newborn care as assessed by attitude scale.
3. **Newborn:** It refers to a child from birth to four weeks (28 days) of age.
4. **Newborn care:** It refers to care given to the baby during the period from birth to the first 28 days of life.
5. **Selected rural area:** It refers to a village belongs to Byahatti PHC selected by the investigator.
6. **Primigravida mother:** It refers to one who is pregnant for the first time.
7. **Socio-demographic variables:** It refers to demographic variables like age, religion, type of family, age at marriage, education of mother, occupation, income and type of house and source of information.

Research hypothesis

- **H$_1$:** There will be statistical correlation between knowledge and attitude scores of primigravida mothers regarding newborn care at 0.05 level of significance.
- **H$_2$:** There will be statistical association between knowledge scores of primigravida mothers with their selected socio demographic variables.
- **H$_3$:** There will be statistical association between attitude scores of primigravida mothers with their selected socio demographic variables.

Methodology

Research design

The research design is blueprint for conducting the study that maximizes control over factors that can be interferes with the validity of the findings. It is an overall plan investigator used to obtain the valid answer to research questions [17]. The research design used for present study was descriptive survey research design.

Subjects

In the present study, 100 samples of primigravida mothers in selected rural areas of Byahatti PHC, Hubballi, were selected through Non Probability; convenient Sampling Technique.

Data collection tool

An interview questionnaire was designed and developed by the researcher after an extensive review of literature, discussion with the experts and based on the investigator's personal experience to collect data about the subjects. The tool consists of the following parts,

Section 1

It consisted of 9 items describing the socio-demographic variables such as age, religion, type of family, age at marriage, education of mother, occupation of mother, income and source of information.

Section 2

It included questions to assess levels of mother's knowledge regarding new born care. The questionnaire was constructed with a total number of 40 items. Each item has four options, for correct answer the score was one and wrong answer the score is zero. The total score was 40.

Section 3

This section consists of 25 items for obtaining level of attitude towards the Newborn care among primigravida mothers. A score value of each statement allotted 5 points. A score value for positive statements was Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2) & Strongly Disagree (1). A score value for negative statements was Strongly Agree (1), Agree (2), Uncertain (3), Disagree (4) & Strongly Disagree (5). Total maximum score limit was 125.

Methods

Administrative approval

Administrative approval for study was obtained from the Medical officer of Byahatti PHC, Hubballi. The letter explain the purpose of the study to sough her cooperation before starting the data collection. The agreement and the aim of the study were explained to each subject.

Reliability of the tools

The reliability of the tool was checked by administering it to 20 samples. Split-half reliability technique and applying Karl Pearson's Correlation Coefficient formula for reliability testing. The reliability of knowledge score was r= 0.85 and reliability of attitude scale was r= 0.92 the tools was found to be reliable. Item analysis was done to test the internal consistency. This was done critically evaluating questions based on difficulty and discriminative index.

Validity of the tool

The tool was validated by the experts in the field of Obstetrics and Gynecological Nursing, Child Health Nursing, Obstraticians and by the members of the research committee of KLES Institute of Nursing Sciences, Hubballi. All the experts were requested to review and verify the tool. Modifications of the items were made on the basis of suggestions and comments by the experts.

Pilot study

The investigator selected twenty (20) samples using non probability; Convenient sampling technique. The interview schedule was conducted by using knowledge questionnaire and attitude scale. The data was collected and analyzed using descriptive and inferential statistics

Ethical consideration

- Ethical approval was obtained from the medical officer of Byahatti PHC, Hubballi to conduct the research.
- Issues of voluntary participation, confidentiality,

anonymity, and consent as well as data security were considered and addressed with potential.

Field work
Operational phase
The initial data collection was conducted from
22nd March 2021 to 8th April 2021 after getting permission from medical officer and study setting 100 primigravida mothers were elicited after met the inclusion criteria. The investigators get written consent after explaining the importance and purpose of the study. Structured interview questionnaire was used for initial data collection. Sample of 8-10 primigravida were interviewed per day. For period of 15days. Each interview took about 20-25 minutes to fill biosocial and knowledge and attitude questionnaire.

Statistical analysis
The data obtained were analyzed in terms of the objectives of the study using descriptive and inferential statistics.

Tabulation of data in terms of frequency, percentage, mean, median, mode, standard deviation and range to describe the data. Classification of the knowledge scores (level of knowledge) were as follows:

- Good Knowledge = $(\overline{X} + SD)$ and above
- Average knowledge = $(\overline{X} - SD)$ to $(\overline{X} + SD)$
- Poor knowledge = $(\overline{X} - SD)$ and below

Classify the attitude scores as follows:
- Positive attitude -- $(\overline{X}+SD)$ and above
- Neutral attitude -- $(\overline{X}-SD)$ to $(\overline{X}+SD)$
- Negative attitude --$(\overline{X}-SD)$ and below.

[Note: $\overline{X}$=Mean, SD= Standard Deviation]

Results
Section I: Distribution of sample characteristics according socio-demographic variables.

Table 1: Frequency and percentage distribution of subjects according to socio-demographic variables n=100

Sl. No	Socio-demographic Variable	Frequency(f)	Percentage%
1.	**Age in Years**		
	18-20	26	26
	21-23	42	42
	24-26	32	32
2.	**Religion**		
	Hindu	60	60
	Muslim	28	28
	Christian	12	12
	Others	00	00
3.	**Type of the family**		
	Nuclear family	51	51
	Joint family	49	49
	Extended Family	00	00
4.	**Age at marriage**		
	18-20	55	55
	21-23	45	45
5.	**Education of Mother**		
	No formal education	12	12
	Primary education	70	70
	Secondary education	18	18
	Degree	00	00
6.	**Occupation**		
	Coolie	35	35
	House wife	65	65
	Business	00	00
	Others	00	00
7.	**Income (in rupees)**		
	1000-5000	25	25
	6000-10000	55	55
	11000-15000	20	20
	16000-20000	00	00
8.	**Type of house**		
	Pucca	50	50
	Semi pucca	35	35
	Kutcha	15	15
9.	**Source of Information**		
	Print Media	20	20
	Electronic media	10	10
	Peer Group	30	30
	Health Professionals	40	40

Section II: Analysis and interpretation of knowledge scores of primigravida mothers regarding newborn care.

Table 2: Mean, Median, Mode, Standard Deviation and Range of knowledge scores of subjects regarding Newborn care N= 100

Area of Analysis	Mean	Median	Mode	Standard Deviation	Range
Knowledge	22.81	23	23.4	1.34	18

Table 3: Mean, Median, Mode, Standard Deviation and Range of attitude scores of subjects regarding Newborn care N= 100

Area of Analysis	Mean	Median	Mode	Standard Deviation	Range
Attitude	72.95	73	73.1	5.97	25

**Table 4:** Frequency and percentage distribution of level of knowledge scores of subjects regarding Newborn care N= 100

Knowledge scores	Frequency (f)	Percentage (%)
Good (24 and above)	33	33%
Average (21 to 24)	33	33%
Poor (21and below)	34	34%
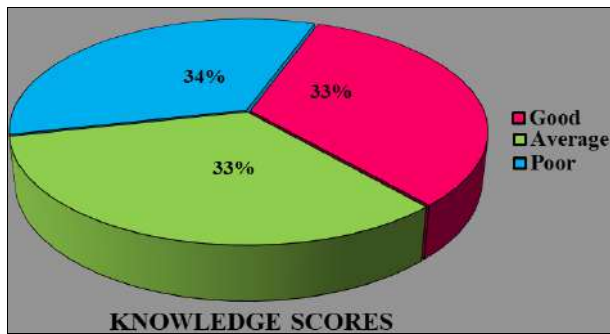
Graph 1: The Pie diagram in 3D represents the percentage distribution of subjects according to knowledge scores.

Table 5: Frequency and percentage distribution level of attitude scores of subjects regarding Newborn care

A Attitude score	Frequency (f)	Percentage (%)
Positive (78 and above)	22	22
Neutral (67 to 78)	61	61
Negative (67 and below)	17	17
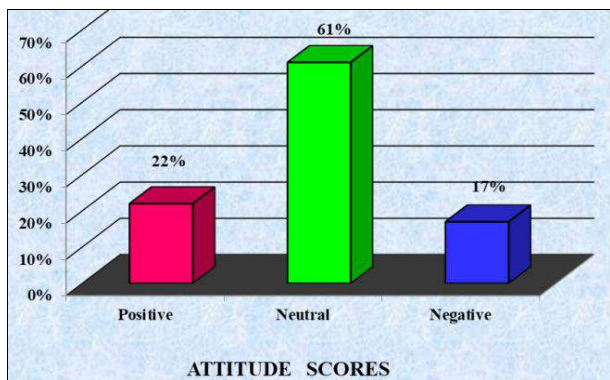
Graph 2: The Bar diagram represents the percentage distribution of subjects according to attitude scores.

Section III: Testing of Hypotheses

H₁: There will be significant correlation between the knowledge and attitude of Primigravida mothers regarding newborn care at 0.05 level of significance.

Table 6: Analysis and interpretation of data to find out correlation between knowledge scores and attitude scores

$\overline{X}$	$\overline{Y}$	Karl Pearson coefficient of correlation
22.81	72.95	$r_{xy} = -0.02$ $(r_{xy} < 0 < 1)$

Table No 6: revealed that there was negative correlation between the level of knowledge and attitude scores. Hence H₁ was rejected.

Discussion

The present study was undertaken to assess the knowledge and attitude regarding newborn care among primigravida mothers in selected rural area of Byahatti PHC, Hubballi.

The overall Overall result of the study reveals that, 34 (34%) subjects had poor knowledge, 33 (33%) subjects had good knowledge and 33 (33%) subjects had average knowledge. These findings were supported through a study conducted by Mr. Rajupillai S who observed that the majority of the subjects 32 (53.3%) had poor knowledge, 28 (46.7%) had average knowledge and 0 (0%) had good knowledge [7].

Overall result of the study reveals that 61 (61%) subjects had Neutral attitude, 22 (22%) subjects had positive attitude and 17 (17%) subjects had negative attitude regarding newborn care. These findings were supported through a study conducted by Ms. Yadav M who observed that majority of the subjects 56 (56%) had Neutral attitude, 24 (24%) had positive attitude and 20 (20%) subjects had Negative attitude [5].

There was a Negative correlation $r_{xy} = -0.02$ ($r_{xy} < 0 < 1$) between knowledge and attitude scores, Hence H1 was rejected. The findings were supported through a study conducted by Yadav M who observed that there was negative correlation $r = -0.12$ between knowledge and attitude scores [5].

Acknowledgment

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