

## **Assess the Perception and Health Care Seeking Behaviour on Newborn Danger Signs among Postnatal Mothers in Government Maternity Hospital, Puducherry**

**Manjubala Dash\***

*Professor in Nursing, Obstetrics and Gynecology Department, Mother Theresa Post Graduate and Research Institute of Health Sciences, Pondicherry, India*

**\*Corresponding Author:** Manjubala Dash, Professor in Nursing, Obstetrics and Gynecology Department, Mother Theresa Post Graduate and Research Institute of Health Sciences, Pondicherry, India.

**Received:** November 24, 2017; **Published:** January 22, 2018

### **Abstract**

A descriptive study to assess the perception and health care seeking behaviour among the 100 mothers in a selected hospital of Puducherry was conducted with Interview schedule and purposive sampling technique.

**Objectives:** The objectives of the study are to assess the existing knowledge of the mothers on newborn danger signs, perception of the mothers towards health seeking behaviour and the rationale behind health seeking behaviour.

**Results:** The findings of the study shows that 58 (58%) mothers were in the age group of 24 - 26 years, 90 (90%) were Hindus, 38 (38%) were educated up to high school level, 80 (70%) were from low socio-economic status. Regarding the knowledge on new born danger signs, only two 1 (2%) mothers had adequate knowledge. In relation to their perception towards health seeking behaviour it showed that 54 mothers had bringing their children to Govt hospital where as 46 mothers were bringing their children to private hospital for treatment. The rationale for coming to Govt hospital was availability of efficient doctor and visiting to private hospital was special care was provided.

**Conclusion:** Mother is the first care giver for the baby, so they must identify the danger signs change and seek immediate medical care, by which they can prevent the complications and save the life.

**Keywords:** Perception; Health Seeking Behaviour; New Born Danger Signs; Postnatal Mothers

### **Introduction**

Neonatal, infant and under-five mortality rate are considerably higher among urban poor as compared to urban averages than and as worst as their rural counterpart. Globally 10 million children die annually before their fifth birthday, most of them in their neonatal period. More than 98% of these deaths occur in developing countries. Almost half of these deaths in under- five year olds occur in infancy. Of the infant deaths about two thirds occur in the neonatal period. It has also been noted that one-third of all neonatal deaths occur on the first day of life almost half within 3 days and nearly three-quarters within the first week of life.

The primary causes of neonatal death are sepsis (52%), birth asphyxia (20%), prematurity (15%) and others (13%). It is evident that the mortality among sick neonates is very high and facilities for appropriate care of very sick neonates are less. It may take a long time for a sick neonate to reach a hospital. It is therefore important that they are identified early and referred for appropriate treatment.

Early identification of a sick newborn however, has some problems. The clinical features are not specific e.g. whether the illness is of infective or metabolic origin; the signs do not help us in differentiating the cause (aetiology). Moreover, the distinction between variation of normal behaviour and early signs of illness becomes more difficult in low birth weight and preterm infants. The government of India's recent nationwide decentralized ambition National rural health mission, intends to do services to reduce the infant mortality rate.

Integrated management of neonatal and childhood illnesses (IMNCI) emphasizes that mothers should be able to identify danger signs among newborns for appropriate health care seeking. Many primi mothers fail to recognise the importance of early identification of newborn danger signs. By the time they recognise them; they almost become serious and sometimes become fatal. Just as drivers are taught about "first aid" to meet the immediate crisis after accidents, the mothers also should be given adequate knowledge on newborn danger sign, their early identification and management.

### **Objectives**

- To assess knowledge of mothers on newborn danger signs.
- To assess the perception of the mothers on health seeking behaviour of mothers on the newborn danger signs.
- To identify the rationale behind the health care seeking behaviours of mothers.

### **Assumption**

There may be lack of awareness among mothers on newborn danger signs.

### **Methodology**

The research approach selected for this study is descriptive approach and the design was non-experimental design. The study was conducted in the Govt. Maternity hospital, Puducherry among 100 postnatal mothers, selected with purposive sampling technique.

### **Criteria for Sample Selection**

#### **Inclusion Criteria**

- Selected postnatal mothers in between the age group of 21 - 35 years of age.
- Mothers with one or more than one live child are selected.

#### **Exclusion Criteria**

- Mothers with baby dead born.
- Primi mothers.

### **Development and description of Tool**

A semi structured Interview schedule was prepared based on the newborn danger signs. It has three sections.

- Section A: Demographic variables.
- Section B: Knowledge regarding newborn danger signs.
- Section C: Perception of mothers on health seeking behaviour.

### **Scoring Key for knowledge**

- Inadequate: 2 to 5: < 50%.
- Moderately adequate: 6 to 9: 50 - 75%.
- Adequate: 10 to 13: > 75%.

### Data Collection Procedure

For the data collection permission was obtained from the ethical committee. Before the data collection the mothers were explained and consent was obtained. In an average, each interview took 10-15 minutes. Mothers are allowed to clarify their doubts.

### Result and Findings

The demographic distribution of the mothers shows that 24 (24%) mothers fall in the age group of 21 - 23 years, 58 (58%) mothers fall in the age group of 24 - 26 years, and 18 (18%) fall in the age of 27 - 29 years. In relation to their religion 90 (90%) mothers were Hindus, 6 (6%) were Christians and 4 (4%) mothers were Muslims. With regard to educational qualification 12 (12%) were illiterates, 12 (12%) had studied up to primary level (5<sup>th</sup> Class), 26 (26%) had studied up to middle level (8<sup>th</sup> Class), 38 (38%) were studied up to high school level (10<sup>th</sup> Std.), 6 (6%) had studied up to intermediate level (12<sup>th</sup> Class) and 6 (6%) mothers were graduates. 98 (98%) mothers were housewives. 80 (80%) mothers family income was below Rs. 1000, 8 (8%) mothers family income was Rs. 1000 - 1500 income group, and 12 (12%) of them belong to Rs. 1500-5000 income group. According to the knowledge of mothers regarding newborn danger signs it highlights that 20 (20%) mothers were identified 3 danger signs, 38 (38%) mothers were identified 4 danger signs, 24 (24%) mothers were identified 5 danger signs, 16 (16%) mothers were identified 6 danger signs and only 2 (2%) mothers were able to identify all the 13 danger signs (Figure 1).

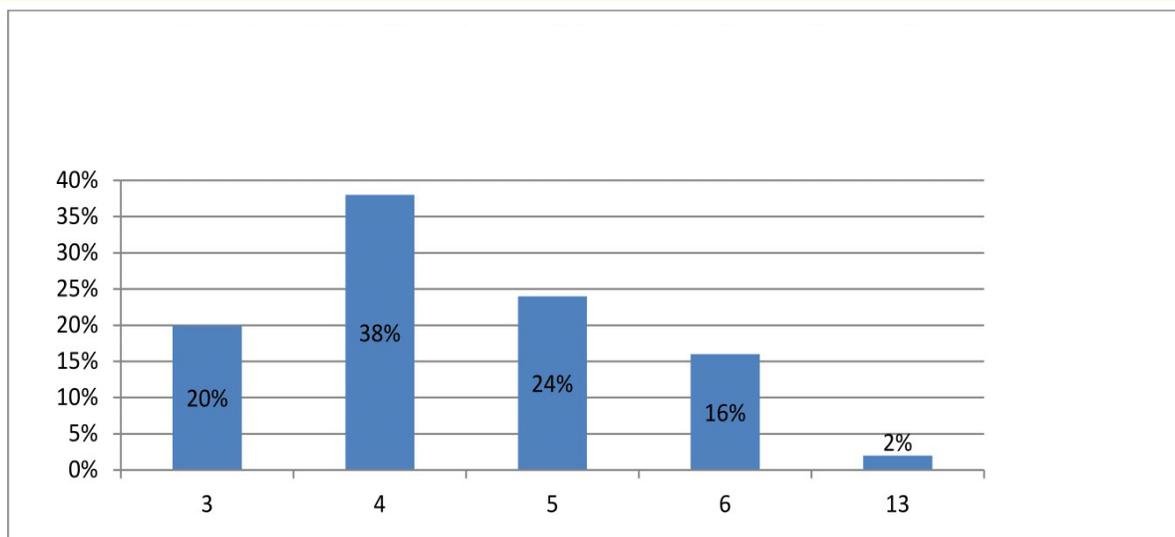


Figure 1: Distribution of knowledge of mothers on newborn danger signs.

Table 1 highlights that most of the mothers 66 (66%), 64 (64%), 54 (54%), 52 (52%), 50 (50%) identified convulsion, fever, pus discharge from umbilicus, unconsciousness, diarrhea and dyspnoea were the new born danger signs.

Danger Sign	N-100	Percentage
Dyspnoea	50	50
Hypothermia	22	22
Lethargy	10	10
Poor Sucking	4	4
Fever	64	64
Convulsion	66	66
Abdominal distension	20	20
Continuous cry	4	4
Diarrhoea	52	52
Vomiting	46	46
Irritability	6	6
Unconsciousness	52	52
Pus discharge from the umbilicus	54	54

**Table 1:** Item Wise Distribution of Knowledge of Mothers on New Born.

Level of knowledge among mothers shows that 82 (82%) mothers had inadequate knowledge, 16 (16%) had moderately adequate knowledge and only 2 (2%) mothers had adequate knowledge (Table 2). With regard to the perception of mothers regarding health seeking behavior 54 (54%) mothers were bringing their child to Govt. hospital where as 46 (46%) mothers were seeking health care in the private hospital.

No. of Danger sign identified	N-100	Percentage
Inadequate	82	82
Moderately adequate	16	16
Adequate	2	2

**Table 2:** Level of Knowledge among Mothers on Newborn Danger Signs.

The rationale for coming to Govt . hospital was availability of efficient doctor said by 40 (74.07%) mothers and others 8 (14.81%), 6 (11.11%) mothers said that it is safe place and free treatment available respectively. The rationale for private hospital shows 30 (65.22%) mother said special care was given in the private hospitals others 14 (30.43%) mothers said modern treatment was available in the private hospitals and 2 (4.35%) mothers said it is the convenient time for them to come for private hospital for treatment (Table 3).

Rationale	N = 54	Percentage
Free Treatment	6	11.11
Efficient Doctors	40	74.07
Safe Place	8	14.81

*Rationale for Health Seeking Behaviour (Govt. Hospital).*

Rationale	N = 46	Percentage
Convenient timings	2	4.35%
Special Care	30	65.22%
Modern treatment	14	30.43%

*Rationale for Health Seeking Behaviour (Private Hospital).*

**Table 3:** Rationale for Health Seeking behavior in the Govt. and Private hospital.

## Discussion

Mothers are the representatives of God, who take care of their children with almost care and concern. They are always with the child since its birth to satisfy their basic needs of hunger, thirst, sleep etc. So they are the first person to notice any small changes in their new born child, identify them and treat them in its initial stage. But the knowledge of mother on new born dangers is inadequate that they miss many warning signals and put the child into serious complications. The mortality among sick neonates is very high and facilities for appropriate care of very sick neonates are less. It may take a long time for a sick neonate to reach a hospital. It is therefore important that they are identified early and referred for appropriate treatment.

Study conducted by Amol R Dongre., *et al.* [1,2] "awareness and health care seeking for newborn danger signs among mothers in peri-urban ward, Wardha, Out of 72 mothers, 29 (40.3%) identified difficulty in breathing 16 (22.2%) identified poor sucking, 10 (13.9%) identified lethargy/ un-consciousness as newborn danger signs, only 7 (9.7%) identified convulsions and 2 (2.8%) identified hypothermia as newborn danger signs. He concluded that there was poor awareness among mothers regarding newborn danger signs.

In the present study the result shows that 50 (50%) of mothers identified dyspnoea, 22 (22%) identified hypothermia, 10 (10%) identified lethargy, 4 (4%) identified poor sucking, 64 (64%) identified fever, 66 (66%) identified convulsion, 20 (20%) identified abdominal distension, 4 (4%) identified continuous cry, 52 (52%) identified unconsciousness, 46 (46%) identified vomiting, 6 (6%) identified irritable cry and 54 (54%) identified pus discharge from umbilicus as their danger signs. Further it highlights that 82 (82%) mothers had inadequate knowledge level i.e. there exists poor awareness towards the newborn danger signs [3-5].

## Conclusion

Determinants of perinatal and neonatal mortality shows that although global and national effort have been made to improve child mortality, especially in the post neonate phase, less attention has been given to determinants as perinatal and neonatal mortality. Neonatal mortality has gradually increased as a percentage of total, child mortality. It is therefore evident that mortality among sick neonates is very high and the facilities for appropriate care of very sick neonates are less. Therefore mothers should be adequately educated about the care of newborn and early identification of newborn danger signs to prevent complications.

They should be well acquainted with the newborn danger signs and their respective referral health centre, to prevent unnecessary waste of time in referral system, which may lead to great risk to the newborn.

## Bibliography

1. Amol R Dongre., *et al.* "Community based approach to improve health care seeking for new born danger signs in rural wardha, India". *Indian Journal of Paediatrics* 76.1 (2009): 45-47.
2. Amol R Dongre *et al.* "Awareness and health care seeking for new born danger signs among mothers in peri-urban wardha". *Indian Journal of Paediatrics* 76.7 (2009): 691-692.
3. Charakant Lahariya., *et al.* "Primary Health Care and Child Survival in India". *Indian Journal of Paediatrics* 77.3 (2010): 283-290.
4. GS Sumathy. "Collaborating New born care Services, the nurses role". *Nightingale Nursing Times* 5.11 (2010): 6-9.
5. LC Mala., *et al.* "Mothers Knowledge of New Born care practices". *Nightingale Nursing Times* 5.10 (2010): 4-7.

**Volume 7 Issue 2 February 2018**

**©All rights reserved by Manjubala Dash.**