

# A Study to Assess the Impact of Family Centered Teaching Program on Knowledge and Attitude on Traditional Practices of Newborn Care among the Family Members in Post Natal Ward

V. Janaki

Principal, VAB College of Nursing, Chattarpur, Madhya Pradesh, India

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## ABSTRACT

The objective of the study was to assess the impact of family centred teaching program with the comparison of the pre test and post test. quasi experimental one group test research design. In Pre test level of knowledge and attitude regarding traditional practices of newborn care among the family members of newborn (mothers, paternal or maternal mothers) shows that in knowledge, 63.3% (19) of them had inadequate knowledge and 36.7% (11) of them had moderately adequate knowledge. In attitude, 16.7% (5) of them had unfavourable attitude, 70% (21) of them had favourable attitude and 13.3% (4) of them had most favourable attitude. When comparing with the post test knowledge and attitude after family centred teaching program among the primary care givers shows that the level of knowledge 3.3% (1) of them had moderately adequate knowledge and none of the primary care givers had inadequate knowledge and 96.7% (29) of them had adequate knowledge and in attitude, 16.7% (5) of them had favourable attitude, 83.3% (25) of them had most favourable attitude in post test. There is significant association of knowledge with age, area of residence and type of family and there is no association with other variables. There is no significant association of demographic variables with the attitude. There is an improvement from the pre test to the post test among the primary care givers of newborn regarding the traditional practices of newborn care which shows that the family centred teaching program is effective. So that family centred teaching program is helpful for the healthy newborn care practices.

**KEYWORDS:** Family Centered Teaching Program, Traditional Practices, Newborn Care and family members

## INTRODUCTION

A healthy newborn infant born at term between 38 to 42 weeks cries immediately after birth. The period from birth to 28 days of life is called neonatal period and the infant in this period is termed as neonate or newborn<sup>(1)</sup> During the first 28 days of life the child is having highest risk of dying. It is the crucial period that appropriate feeding and essential care are provided to improve the child's chance of survival and to lay the foundation for a healthy life<sup>(2)</sup>. The child rearing practices depends on the traditional believes and practices. Healthy believes and practices lead to a healthy child. Newborn health and survival depend on the care given to the newborn, although newborn care is a very essential element in reducing child mortality, it often receives less than optimum attention<sup>(3,4)</sup>. Neonatal Care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Essential new born care practices were outlined to decrease the neonatal morbidity and mortalities. Some of the traditional practices are applying cow dung in umbilical cord, instillation of oil in nose of the baby, massaging of baby with oil before bath, use

of dhoopam smoke after baby bath, blowing with mouth of adult on baby's mouth to bring out the sputum, use of vasambu for digestive problems of baby, use of kajal to prevent evil spirit and many other traditional practices which may affect the health of the baby<sup>(5)</sup>.

Many of the life-threatening conditions could be prevented or treated with low technology, improved labour and delivery care, and attention to the physiological needs of the newborn. The causes of neonatal mortality, the organization and coverage of delivery care, resuscitation, low birth weight, hypothermia, low technology warming, reducing infection, etc are some important areas that have to be addressed<sup>(6)</sup>.

Neonatal mortality may depend significantly on interventions involving promotion or adaptation of traditional care behaviours practiced in the home. Feeding of colostrums, timing of initiation and duration of breastfeeding, umbilical cord care, and measures taken to

prevent hypothermia of the newborn are important factors in health and survival during the neonatal period. The Indian society is still tradition bound to a large extent. Almost all the families have their own tradition of the neonatal care and child care in fact maximum traditional and cultural practices are followed in neonatal period in India<sup>(7)</sup>.

The mothers who are not equipped with sufficient knowledge about newborn care and using traditional child care methods may sometimes cause harm to their newborn and even cause handicaps in them<sup>(8)</sup>. The traditional believes influences on maternal newborn health through community beliefs and practices understanding the context of such believes and practices is centre to developing strategy to ensure positive outcome of both mother and infant especially issues and practices on health seeking behaviour and positive practice surrounding the care of the newborn. Family centred care in paediatrics is based on the understanding that the family is the child's primary source of strength and support that the children and family's perspectives and information are important in clinical decision-making<sup>(9)</sup>.

### Objectives

To assess the knowledge and attitude on traditional practices of newborn care among the family members during pre test.

- To assess the impact of family centred teaching program on knowledge and attitude of traditional practices of newborn care among the family members.
- To correlate the knowledge and attitude on traditional practices of newborn care among the family members.
- To associate the knowledge and attitude on traditional practices of newborn care with the selected demographic variables.

### Hypothesis

**H1** - There is a significant difference between the level of knowledge and attitude on Traditional practices of newborn care during pre test and after family centred teaching program.

**H2** - There is association between level of knowledge and attitude on traditional practice of newborn care with selected demographic variables.

### METHODS AND MATERIALS

Quasi experimental one group pre test- post test research design is selected to achieve the objectives and to fulfil the needs for the study. The target population of the study is primary care givers-mothers, paternal or maternal mothers and conducted in the post natal ward At District Hospital, Chhattarpur.MP. The non probability convenient sampling technique was used for the study and 30 families were selected who satisfy the inclusion criteria.

### DISCUSSION

Among 30 primary care givers 10(63.3%) have inadequate level of knowledge and 11(36.7%) have moderately adequate knowledge during pre test.

Among 30 primary care givers 5(16.7%) have unfavorable attitude, 21(70%) have favorable attitude, 4(13.3%) have most favorable attitude. Among 30 primary care givers 1(3.3%) have moderately adequate knowledge 29(96.7%) have adequately knowledge after family centered teaching program Among 30 primary care givers 5(16.7%)

have favorable attitude and 25(83.3%) have most favourable attitude after family centered teaching program. This study findings was supported by Darling B jiji, et al., (2014) conducted a study to assess the knowledge, attitude and practice on newborn care among the post natal mothers in selected maternity centres in Madurai, Tamilnadu. Descriptive study design was adopted for the study. The sample size is 100 post natal mothers selected with the purposive sampling technique. Result of the study shows that 65% of the mother had moderately adequate knowledge, 22% of mother had inadequate knowledge and 13% had adequate knowledge regarding the newborn care. 61% of mother had favourable attitude and none had unfavourable attitude. 57% had high practice level and 43% had moderate practice level and none had low practice level. There is a significant correlation between knowledge, attitude and practice at the level of 0.05. So the study suggests to provide comprehensive training in the field of newborn and infant care for mothers.

The present study reveals that there is significant difference between the pre test and post test knowledge with the difference between the mean value of -9.333 and value of t-test is -11.928 and p-value is <0.001. The present study reveals that there is significant difference between the pre test and post test attitude with the difference between the mean value of -13.733 and value of t-test is -8.454 and p-value is <0.001. The overall correlation between the aspects of knowledge and attitude towards traditional practices of newborn care revealed positive correlation (i.e. significant at the level of 0.01) The present study reveals that there is no significant association between knowledge and attitude regarding traditional practices of newborn care. Remaining variables such as age, religion, area of residence, type of family, education, income, occupation and number of children

### Major Findings

#### The Analysis Reveals The Following Facts

#### I. Socio-demographic variables of the primary care givers: (Table-1)

Out of 30 primary care givers 13(43.3%) were in the age group of 23-26 years, 17(56.7%) were in the age group of 27-32 years.

- Out of 30 primary care givers 25(83.3%) were Hindu, 3(10%) were Christians and 2(6.7%) were Muslims.
- Out of 30 primary care givers 15(50%) were in urban area and 15(50%) were in rural area.
- Out of 30 primary care givers 11(36.7%) were on joint family and 19(63.3%) were on nuclear family.
- Out of 30 primary care givers 3(10%) were with no formal education, 7(23.3%) were with primary education, 12(40%) were with secondary education, 2(6.7%) were with higher secondary education and 6(20%) were collegiate.
- Out of 30 primary care givers 19(63.3%) were with the income level of Rs.5000- Rs.10, 000, 9(30%) were with the income of Rs.10, 000RS.15, 000 and 2(6.7%) were with the income level of above Rs.15, 000.
- Out of 30 primary care givers 17(56.7%) were home makers, 8(26.7%) were on daily wages, 2(6.7%) were private employee and 3(10%) were of government employees.
- Out of 14(46.7%) were having one child, 11(36.7%) were having two children, 4(13.3%) were having three children, 1(3.3%) was having more than one children.

## II. Findings related to the assessment of knowledge and attitude of primary care givers regarding traditional practices of newborn care during pre test and after family centred teaching program (Table. 2,3, 4 and 5)

- Among 30 primary care givers 10(63.3%) have inadequate level of knowledge and 11(36.7%) have moderately adequate knowledge during pre test.
- Among 30 primary care givers 5(16.7%) have unfavourable attitude, 21(70%) have favourable attitude, 4(13.3%) have most favourable attitude.
- Among 30 primary care givers 1(3.3%) have moderately adequate knowledge 29(96.7%) have adequately knowledge after family centred teaching program
- Among 30 primary care givers 5(16.7%) have favourable attitude and 25(83.3%) have most favourable attitude after family centred teaching program

## III. Findings related to the assessment of correlation between the knowledge and the attitude on traditional practices of newborn care (Table.6)

The overall correlation between the aspects of knowledge and attitude towards traditional practices of newborn care revealed positive correlation (i.e. significant at the level of 0.01)

## IV. Findings related to the comparison of the pre test and post of test of knowledge and attitude on traditional practices of newborn care

- The present study reveals that there is significant difference between the pre test and post test knowledge with the difference between the mean value of -9.333 and value of t-test is -11.928 and p-value is <0.001.

- The present study reveals that there is significant difference between the pre test and post test attitude with the difference between the mean value of -13.733 and value of t-test is -8.454 and p-value is <0.001.

## V. Findings related to association of socio demographic variables with knowledge and attitude on traditional practices of newborn care.(Table .9 and !0)

- The present study reveals that there is no significant association between knowledge and attitude regarding traditional practices of newborn care. Remaining variables such as age, religion, area of residence, type of family, education, income, occupation and number of children

## CONCLUSION

The primary care givers (63.3%) were had inadequate level of knowledge and (36.7%) were had moderately adequate knowledge; (16.7%) were had unfavourable attitude, (70%) were had favourable attitude, (13.3%) were had most favourable attitude regarding traditional practices of newborn care during the pre test. The study also suggested that the specific information regarding the traditional practices has to be provided so that the family centred teaching program is given and after that the post test is conducted. During the post test (3.3%) were had moderately adequate knowledge and (96.7%) were had adequate knowledge; (16.7%) were had favourable attitude and (83.3%) were had most favourable attitude regarding the traditional practices of newborn care.

**Table.1 Distribution of primary care givers according to demographic variables**

S. No.	Demographic variables	Frequency (N=30)	Percentage (%)
1	<b>Age in years</b>		
	23-26 years	13	43.3%
	27-32 years	17	56.7%
2	<b>Religion</b>		
	Hindu	25	83.3%
	Christian	3	10%
	Muslim	2	6.7%
3	<b>Area of residence</b>		
	Urban	15	50%
	Rural	15	50%
4	<b>Type of family</b>		
	Joint family	11	36.7%
	Nuclear family	19	63.3%
5	<b>Education</b>		
	No formal education	3	10%
	Primary	7	23.3%
	Secondary	12	40%
	Higher secondary	2	6.7%
	Collegiate	6	20%
6..	<b>Income</b>		
	Rs.5000 -10,000	19	63.3%
	Rs10,000 -15,000	9	30%
	Above Rs. 15,0000	2	6.7%
7	<b>Occupation</b>		
	Home maker	17	56.7%
	Daily wages	8	26.7%
	Private employee	2	6.7%
	Government employee	3	10%
8	<b>Number of children</b>		
	One	14	46.7%
	Two	11	36.7%
	Three	4	13.3%
	More than three	1	3.3%

**Table.2 Knowledge level of the primary care givers during pre test (n=30)**

Knowledge level on pre test	Frequency (N=30)	Percentage (%)
Inadequate knowledge	19	63.3%
Moderately adequate knowledge	11	36.7%
Total	30	100%

**Table.3 Attitude level of the primary care givers during pre test (n=30)**

Attitude level on pre test	Frequency (N=30)	Percentage (%)
Unfavourable attitude	5	16.7%
Favourable attitude	21	70%
Most favourable attitude	4	13.3%
Total	30	100%

**Table.4 Knowledge level of the primary care givers during post test (n=30)**

Knowledge level on post test	Frequency (N=30)	Percentage (%)
Moderately adequate knowledge	1	3.3%
Adequate knowledge	29	96.7%
Total	30	100%

**Table.5 Attitude level of the primary care givers during post test (n=30)**

Attitude level on post test	Frequency (N=30)	Percentage (%)
Favourable attitude	5	16.7%
Most favourable attitude	25	83.3%
Total	30	100%

**Table.6 Correlation between the knowledge and attitude regarding traditional practice of newborn care among the primary care givers**

	Knowledge Vs Attitude
Pearson Correlation	0.475**
p-value	0.008

\*\* Correlation is significant at the 0.01 level (2-tailed)

**Table.7 Comparison of the pre test and post test on the knowledge of traditional practices of newborn care**

T-test	Mean	Std. Deviation	Std. Error mean	Difference between means	T-test	P-value
Knowledge level on pre test	11.47	3.481	0.636	-9.333	- 11.928	<0.001
Knowledge level on post test	20.8	1.584	0.289			

**Table.8 Comparison of pre test and post test on the attitude of traditional practices of newborn care**

T-test	Mean	Std. Deviation	Std. Error mean	Difference between means	T-test	P-value
Attitude level on pre test	51.63	6.071	1.108	-13.733	-8.454	<0.001
Attitude level on post test	65.37	5.262	0.961			

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