



Knowledge and Practice of Postnatal Mothers Regarding Personal Hygiene and Newborn Care

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ABSTRACT

Postnatal period is a crucial period in woman's life. They are in need of special care during pregnancy, at the time of labour as well as after delivery of child in order to prove safe motherhood and healthy living. Mostly, incorrect perception of postnatal health practices leads the individual to move towards the unsafe motherhood. So the researcher was interfered to assess the knowledge and practice of postnatal mothers regarding personal hygiene and newborn care. A study was conducted with the objective to determine the knowledge and existing practice of the postnatal mothers regarding personal hygiene and newborn care and to find out the association between the knowledge and practice of postnatal mothers with the selected demographic variable. A descriptive research design was adopted. A total number of 60 postnatal mothers were selected by random sampling method in order to assess their knowledge and practice. Out of them, 38(63.3%) were between the age of 21-25 years, 17(28.3%) were between the age of 26-30 years. Regarding education 38(63.3%) were studied primary school, 10(16.7%) were studied middle and high school, 8(13.3%) were had higher secondary and 4(6.7%) were graduates and others. Most of them 39(65%) were house wife. Regarding knowledge on personal hygiene, 42(70%) were having inadequate knowledge and 18(30) were having moderately adequate knowledge and none had adequate. About their practice, 38(63.3%) were having poor practice and remaining 22(36.7%) were having satisfactory practice and none had good practice. There was statistically significant association between the mother's knowledge with the age, education and family type at $P < 0.05$, $P < 0.001$ and $P < 0.01$ respectively. The study concluded that there is a need to create awareness among the postnatal mothers regarding personal hygiene and new born care aspects in rural areas in order to reduce maternal and neonatal complications.

Keywords: Knowledge, Practice, Personal Hygiene, Newborn Care.

INTRODUCTION

The postnatal period has been termed as fourth stage of labour. It has three distinct but continuous phases.¹ Postnatal period begins after the third stage of labour and includes first six weeks after delivery. During this time women's reproductive organs gradually returns to the normal size and shape. Postnatal period is a crucial period in woman's life and lot of physiological changes used to occur. They are in need of special care during pregnancy, at the time of labour as well as after delivery of child in order to prove safe motherhood and healthy living.

The postnatal period is a critical transitional time for a woman and her newborn physiologically, emotionally, and socially.²

Postnatal mothers used to have physical and emotional discomforts, lack of sleep due to new born baby, visitors, noise, and discomfort with episiotomy. Due to child birth, mother becomes tired and weak. However, taking care of hygiene is also important for all post natal mothers. Hygiene includes self care as well menstrual care.

At the same time she needs to take care of her newborn also. Postnatal care includes systematic examination of mother and the baby. Postnatal health services can be provided through various modes like Family, community, outreach and facility-based care. Postnatal care has proved to be more cost-effective care in reducing

neonatal mortality than antenatal care and intra-partum care.³

According to national center for health statistics, there were almost 6.4 million normal deliveries in 2005 among woman of all ages.⁴ The number of normal delivery rate being very high 72.30% per thousand births. Following vaginal delivery, the risks of perineal infections ranges from 2.8% to higher than 18%, the risk of infection can be as high as 20%. All the maternal death in Asia is due to high population density, poverty, low female literacy and poor health services (World Health Organization).⁵

The incidence of maternal death is steadily rising during the last decade there has been 2 to 3 fold rise in the incidence from the initial rate of about 10% of maternal mortality rate.

The maternal mortality estimates were developed by WHO and UNICEF. The very high level of maternal mortality over 500 maternal death per 1,00,000 live births are generally associated with perineal sepsis.⁶ Perineal area is conducive to the growth of pathogenic organisms. If much attention is not given to the mothers during her postnatal period, from harmful practices mother may get infection like sepsis which leads to increase in maternal mortality rate.

Perineal hygiene involves cleaning the external genitalia and surrounding area. The perineal area is conducive to the growth of pathogenic organisms because it is moist



and is not well ventilated. Since there are many orifices (urinary meatus, vaginal orifice and the anus) situated in this area, so the pathogenic organisms can enter into the body.⁷

A study conducted on mother's knowledge during the first post partum weeks throughout their hospital stay. Mothers are inundated with information relating to physical and psychosocial aspects of self-care, infant physical care feeding and behavior. Results indicated that mother's were using much of the information presented during their hospital stay. Some of the mothers designated areas of additional teaching.⁸

Not only maternal mortality, but neonatal mortality also continued to increase as a percentage of more than 60% of overall infant mortality. The reason is lack of awareness of the mothers causes improper newborn care.⁹

Postnatal care is the important portion of maternal health care as it helps to assess the health status of mother and newborn. It promotes to rectify the defect and to identify the progress of the baby that is essential to solve the health issues. By the way it makes to formulate any preventive measure to be taken on it. It also helps to provide necessary information and education to the mother regarding maternal and newborn care.¹⁰

Every society and country has its own traditional belief and practice related to postnatal care. Most of the practices were like rituals and belief. Some of the practices are beneficial to the mother and children. But some of them are more dangerous to the health aspects. This is an important role for health care providers to identify the harmful belief. The nursing personal has an important role in improving women's health status and also creating the awareness about the consequence of poor maternal health. The health care providers have the concern about the individuals and family cultural values and belief, so that they can provide a beneficial care to the postnatal mothers. Inadequate and improper and inappropriate care at postnatal period may result in death as well as missed opportunity to promote healthy behavior that will be affecting the health of mother and newborn.¹¹

During the postnatal period a variety of intervention aid in healing process includes cleanliness, prevention of infection, exercise and nutritional diet. The nurse should educate the mother about intervention which will help the mother to gain adequate knowledge and maintaining positive health for herself and the baby. Health education is an integral part of maternal and child health care.¹²

The personal experience of the researcher evidenced that most of the postnatal mothers had inadequate knowledge about the postnatal hygienic care as well as newborn care especially primi mothers. It also has been observed that some of the practices were harmful, that may affect the health of the mother and newborn. In rural areas the postnatal mothers were ignorant about

the importance of personal hygiene includes perineal hygiene and breast hygiene and the general newborn care. Some of the postnatal mothers such as who went for caesarean section, maternal complications were confined to bed for a longer period of time, could not able to take care properly.

Considering all the above factors the researcher had a genuine interest and felt the need to assess the knowledge and practice of personal hygiene and newborn care among postnatal mothers.

Objectives of the Study

The study is mainly aimed

1. To determine the knowledge and existing practice of the postnatal mothers regarding personal hygiene and newborn care.
2. To find out the association between knowledge and practice of postnatal mothers regarding personal hygiene and newborn care with the selected demographic variables.

MATERIALS AND METHODS

The research approach used for this study was Quantitative approach. A descriptive research design was adopted. A total number of 60 postnatal mothers were selected by random sampling method in order to assess their knowledge and practice at the rural areas of Nemum village in Thiruvellore district. The target population of the study was postnatal mothers from the period of immediately after delivery to 40 days which includes both normal and caesarean deliveries. All postnatal mothers who had been fulfilled the inclusion criteria were participated for the main study. The tool includes were part-A consisting of demographic variables, part-B consisting of structured interview questionnaire related to knowledge of postnatal mothers regarding personal hygiene and newborn care and part-C consisting of checklist related to practice of postnatal mothers regarding personal hygiene and newborn care.

The score interpretation were >75% -adequate knowledge, 50-75% -moderately adequate knowledge and <50% -inadequate knowledge for the tool of structured interview questionnaire.

For the practice the score interpretation were >75% - good practice, 50-75% -satisfactory practice and <50% - poor practice.

The practice was observed directly by researcher by using checklist.

Informed consent was obtained and confidentiality was ensured to the mothers while collecting the data. The collected data were analyzed by using descriptive and inferential statistics.

RESULTS AND DISCUSSION

The demographic variables of the postnatal mothers were showing that out of 60 post natal mothers, 38(63.3%)



were between the age of 21-25 years, 17(28.3%) were between the age of 26-30 years.

Regarding education 38(63.3%) were studied primary school, 10(16.7%) were studied middle and high school, 8(13.3%) were had higher secondary and 4(6.7%) were

graduates and others.

Most of them 39(65%) were house wife. 52(86.7%) were living in nuclear family. Majority of them 48(80%) were primi gravid mothers. 39(68%) were given birth by normal mode of delivery.

Table 1: Frequency and percentage distribution of Demographic Variables among postnatal mothers (n=60)

S. No	Demographic Variables	Frequency	Percentage	
1	Age in Years	(a) 18-20 years	3	5.0
		(b) 21-25 years	38	63.3
		(c) 26-30 years	17	28.3
		(d) above 30yrs	2	3.4
2	Education	(a) Primary school	38	63.3
		(b) Middle and High School	10	16.7
		(c) Higher secondary school	8	13.3
		(d) Graduate & Others	4	6.7
3	Religion	(a) Hindu	37	61.7
		(b) Muslim	5	8.3
		(c) Christian	16	26.7
		(d) Others	2	3.3
4	Occupation	(a) House wife	39	65
		(b) Coolie	16	26.7
		(c) Government employee	0	0
		(d) Private employee	5	8.3
5	Monthly Income	(a) Below Rs. 5000	4	6.7
		(b) 5000 – 10,000	47	78.3
		(c) More than 10,000	9	15
6	Types of Family	(a) Nuclear family	52	86.7
		(b) Joint family	8	13.3
7	Type of hospital visit	(a) Government	38	63.3
		(b) Private	22	36.7
8	Gravida	(a) Primi	48	80
		(b) Multi	12	20
9	Mode of Delivery	(a) Normal Vaginal	39	65
		(b) Caesarean	21	35
10	Source of Health Information	(a) Mass media	16	26.7
		(b) Health personnel	17	28.3
		(c) Relatives	14	23.3
		(d) Neighbour / Friends	13	21.7

Table 2: Knowledge aspects of postnatal mothers on personal hygiene and newborn care (n=60)

Level of Knowledge	Frequency	Percentage
Inadequate	42	70
Moderately adequate	18	30
Adequate	0	0



Table 3: Practice of postnatal mothers on personal hygiene and newborn care (n=60)

Practice	Frequency	Percentage
Poor	38	63.3
Satisfactory	22	36.7
Good	0	0

In this present study Table.2 revealing that the knowledge aspect on personal hygiene and newborn care among postnatal mothers, 42(70%) were having inadequate knowledge and 18(30) were having moderately adequate knowledge and none had adequate knowledge.

A study on post partum knowledge and its need in postnatal mother was conducted by Yang Yo, using a questionnaire for the 70 women during the first and fourth week of postpartum period. The result indicated that a significantly higher need in knowledge of infant care in first week of postpartum than the women in the fourth week of postpartum.¹³

Fikirte Tesfahun, Walelegn Worku, Fekadu Mazengiya, and Manay Kifle had done a study to assess mother's knowledge, perception and utilization of ost natal care in the Gondar Zuria District, Ethiopia. It was a community-based, cross-sectional study supported by a qualitative study conducted among 15–49 years mothers who gave birth during the last year. A multistage sampling technique was used to selected participants; structured questionnaires and focus group discussions were used to collect data. The majority of the women (84.39 %) was aware and considered post natal care necessary (74.27 %); however, only 66.83 % of women obtained post natal care.

The most frequent reasons for not obtaining PNC were lack of time (30.47 %), long distance to a provider (19.25 %), lack of guardians for children care (16.07 %), and lack of service (8.60 %). Mothers in the study area had a high level of awareness and perception about the necessity of PNC. Urban women and those who displayed higher levels of autonomy were more likely to use postnatal health services.¹⁴

About their practice, Table 3 depicting that 38(63.3%) were having poor practice and remaining 22(36.7%) were having satisfactory practice and none had good practice.

Obimbo E, Musoke RN and Were F had conducted a study on knowledge, attitudes and practices of mothers and knowledge of health workers regarding care of the newborn umbilical cord.

A Cross-sectional survey was done among mothers with infants less than three months of age attending well child clinics and health workers in the clinics, maternity and newborn units of public health, facilities serving an urban slum area in Nairobi, Kenya.

Of the 307 mothers interviewed, 91% and 28% of mothers knew of the need for hygiene whilst cutting and

tying the cord, respectively. Regarding postnatal cord care, 40% had good knowledge and 66% good practice. Fifty-one percent of mothers knew and 54% practiced postnatal cord care for the appropriate duration of time. Seventy-nine percent of mothers were afraid of handling an unhealed cord. Mothers had good knowledge on the need for hygiene when cutting the cord, had poor knowledge and practice in other aspects of cord care, and were afraid of handling the cord.¹⁵

There was statistically significant association between the mother's knowledge with the age, education and family type at $P < 0.05$, $P < 0.001$ and $P < 0.01$ respectively. There was no significant association between the mother's knowledge with the religion, monthly income, type of hospital visit, gravid, mode of delivery and source of health information. There was no statistically significant association between the mother's practices with the any of the demographic variables in the current study.

A study on utilization of postnatal care among rural women in Nepal was conducted by Sulochana Dhakal (December 2007). A descriptive cross sectional study was carried out in two neighboring village in Nepal. A total of 150 women who had delivered in previous 24 month were asked to participate in the study using a semi-structured questionnaire.

The population of women who had received postnatal care after delivery care is low (34%), less than one in five women, (19%) received care within 48 hours of giving birth. The postnatal care has a low uptake and in after regarded as inadequate in Nepal.

The conclusion of the study is that there is an urgent need to assess the actual quality of postnatal care provided.

Also there appears to be a need for awareness raising programme high lighting the availability of current postnatal care when there is off sufficient quality.¹⁶

CONCLUSION

The study concluded that 42(70%) postnatal mothers were having inadequate knowledge and 18(30) were having moderately adequate knowledge and none had adequate knowledge and 38(63.3%) were having poor practice and remaining 22(36.7%) were having satisfactory practice and none had good practice regarding personal hygiene and newborn care.

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