

KNOWLEDGE, PRACTICES, AND ATTITUDE TOWARDS NEWBORN CARE BY THE MOTHERS AGED 18-49 YEARS IN THE POSTNATAL WARD AT RUKUNYU HOSPITAL IN KAMWENGE DISTRICT. A CROSS-SECTIONAL STUDY.

Innocent Tumushabe*, Daisy Kiyingi.
Medicare Health Professionals College.

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ABSTRACT.

Introduction

Essential newborn care refers to a series of time-bound and chronologically ordered care that a baby receives at birth and early days of his or her life.

Objectives of the study

The main objective was to determine the knowledge, practices, and attitudes towards newborn care by mothers aged 18-49 years in the post-natal ward at Rukunyu Hospital in Kamwenge district.

Methodology

A cross-sectional descriptive study design was used while using a quantitative approach at the post-natal ward of Rukunyu Hospital in Kamwenge district. The researcher conveniently sampled 96 respondents from 18th June 2023 to 30th July 2023. Data was collected using self-administered questionnaires.

Results

Of the 96 respondents, the majority (90.6%) had heard about newborn care and all of the mothers (100%) accepted that newborn care was very important and that all babies should receive this essential care. Furthermore, 68.8% of the mothers agreed to the fact that essential newborn care practices are 100% effective in ensuring infant's survival and well-being in their initial days of life. Finally, the respondents' attitude towards newborn care was generally good because all mothers (100%) agreed that all newborns should be taken good care of.

Conclusion

The study generally revealed that at least many mothers have learned some of the common essential newborn care practices especially exclusive breastfeeding (87.5%), provision of warmth (96.9%), and bathing neonates(93.7%) but still have a challenge with performing other practices, especially cord care(84.4%) due to knowledge gap.

Recommendation

Government through the Ministry of Health should increase public sensitization about newborn care practices. More of the recommendations are presented in chapter five of this report.

Keywords: Knowledge, Practices, Attitude, Newborn Care, Postnatal Ward.

Submitted: 2023-12-17 Accepted: 2024-01-09

Corresponding author: Innocent Tumushabe*

Email: tumushabeinno20@gmail.com

Medicare Health Professionals College.

Background of the Study

Essential newborn care is a series of time-bound and chronologically ordered care that a baby receives at birth. It includes assessing and stimulating breathing, cord care, warmth provision, initiating breastfeeding within the first hour, administering eye ointments to prevent eye infection,

and administering vitamin K intramuscularly. (AArba et al., 2020)

A cross-sectional study about knowledge, attitude, and practice towards essential newborn care among post-natal mothers attending health facilities in a rural district in eastern Uganda showed that 15.9% of the mothers gave pre-lacteal feeds to the newborn, 91.5% breastfed in the first hour and their babies received colostrum while 96.2%

practiced skin to skin contact. Most of the mothers that are 87.5% practiced cord care according to the standard and 81.2% of the mothers immunized their babies at birth.

A cross-sectional study carried out in West Nile about essential newborn care practices and determinants amongst mothers of infants aged 0 to 6 months in refugee settlements in Adjumani Uganda showed that 57% of the mothers breastfed their babies within one hour of birth, 50.1% of the mothers cleaned the umbilical cords of their newborns and only 17% of the newborns received optimal thermal care immediately after birth. (Komakech et al., 2020)

Several studies have been carried out in the country but there has been no study on newborn care in Kamwenge District hence my study was meant to explore the knowledge, practices, and attitudes of mothers aged 18-49 years toward newborn care at the postnatal ward of Rukunyu hospital in Kamwenge District. To determine the knowledge, practices, and attitudes towards newborn care by mothers aged 18-49 years in the post-natal ward at Rukunyu Hospital in Kamwenge district.

METHODOLOGY

Study design

A descriptive cross-sectional study was done which employs a quantitative method where data was collected once, and no follow-up of respondents was done.

Study area

The study was conducted at Rukunyu Hospital in the western part of Uganda. The hospital was chosen because of the large number of mothers who turn up for maternity and postnatal services. According to the district health records the facility has an average patient turn-up of about 950 monthly. The study focused on the knowledge, practices, and attitudes towards newborn care by mothers aged 18-49 years in the postnatal ward of Rukunyu Hospital in Kamwenge district in the western part of Uganda. This study was done from 18th June 2023 to 30th July 2023.

Study population

The study population involved mothers ages 18-49 with children aged 0-6 months at the postnatal ward of Rukunyu Hospital. These mothers voluntarily consented and satisfied the selection criteria below.

Sample size determination

The calculation of the sample size used Kish Leslie's formula (1965)

$$n = Z^2 PQ/d^2$$

Where; n = the desired sample size

Z = the standard normal deviation usually set at 1.96

P = prevalence of post-natal mothers performing newborn care at Rukunyu hospital postnatal ward is 50%.

Therefore $P = 0.50$ $Q = (1 - P)$

$d = \text{absolute error allowed (10\%)} = 0.1$

Substitution into the above equation

$$Q = (1 - p) = (1 - 0.50) = 0.50$$

$$\text{Thus, } n = \frac{(1.96)^2 (0.50 \times 0.50)}{(0.1)^2}$$

$$n = 96.04$$

Therefore: $n = 96$ Respondents.

Sampling Technique

A simple random sampling technique was employed to save time and it was cost effective and also minimized bias.

Sampling procedure.

The sampling method was simple random sampling which involved selecting respondents from the study population by chance, and a lottery technique would be used where yes and no would be written on small papers, folded, and mixed through a small box. Then the mothers would pick one at a time and those who picked yes would be selected to participate in the study.

Data collection method.

The researcher used a self-administered questionnaire for respondents who were able to read and write. This method was chosen because it would allow the researcher to participate in data collection and clarify where the need would be. The questionnaire was designed in a way that allowed the researcher to obtain information to answer the research questions objectively.

Data collection tool.

The researcher adopted and used a semi-structured researcher-administered questionnaire, which consisted of closed-ended questions. These enabled the researcher to get specific answers.

The questionnaires will be set in English.

Data collection procedure.

The researcher asked all the respondents for their willingness to participate in the study and for those who agreed and were literate a questionnaire would be administered to them and no personal information would be asked from the respondents as this was to maintain confidentiality and trust between the researcher and the participants.

Study variables

Independent variables include.

These consisted of knowledge, attitudes, and practices of the postnatal mothers

Dependent variables include.

Newborn care among mothers aged 18-49 years:

Quality control

The researcher would ensure the quality of the research and results by pretesting the data collection tool at the post-natal clinic. The answers would then be analyzed to check their viability and in any case of errors or omissions they were corrected. A research assistant was trained to assist in data collection and was under the guidance of the researcher which would help to save time and reduce the high possibility of error during data collection, ample time to the respondents would be allowed for accurate data collection during the study.

The study targeted all postnatal mothers attending Rukunyu Hospital and voluntarily consented to participate in the study.

However, it excluded postnatal mothers below 18 years and those above 49 years of age. It also excluded mothers who had stillbirths as well as those who had poor outcomes of

labor for example mothers with babies with severe congenital abnormalities.

The researcher ensured that the standard operating procedures were followed during data collection from the respondents.

Data analysis and presentation

Data would be analyzed manually and entered electronically using the computer application Ms.Excel to give meanings and has been presented in frequency tables and figures.

Ethical considerations

An introductory letter was drafted from the research committee of Medicare Health Professionals College and was presented to the in charge of Rukunyu Hospital.

Relevant permission and approval were sought from the Kamwenge District Health Officer as well as other concerned authorities before the study was carried out. The participants would be briefed about the study to gain informed consent from them. This provided authorized permission and security to the researcher during the study.

RESULTS

Respondents' bio-data

Table 1: shows the respondents' bio-data (n=96)

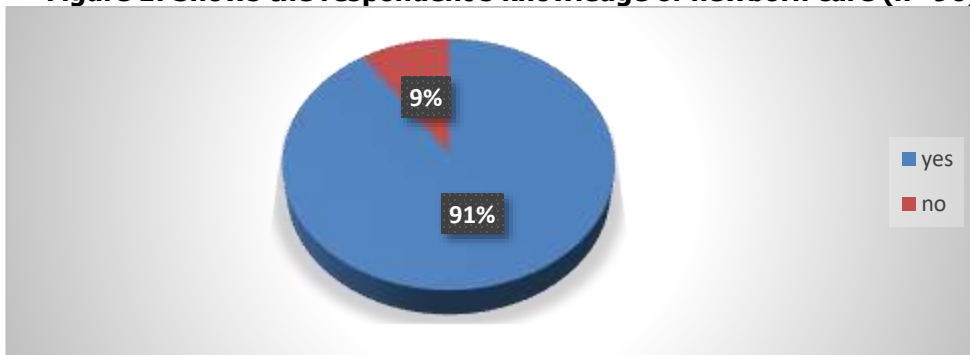
Variables	Category	Frequency(n)	Percentage (%)
Age	15-20	43	44.8
	21-30	19	19.8
	31-40	32	33.3
	41-50	02	2.1
Marital status	Married	59	61.5
	Single	37	38.5
Tribe	Mufumbira	24	25.0
	Mutooro	33	34.4
	Mukonzo	13	13.5
	Munyakole	09	9.4
	Others	17	17.7
Occupation	Housewife	31	32.3
	Teacher	06	6.3
	Farmer	43	44.8

	Businesswoman	05	5.2
	Others	11	11.5

Source: Primary data (2023)

Page 7 Table 1 shows that the majority of the respondents were aged total of 34.4% and the tribe of banyakole had the least number 15-20 years (44.8%) and very few mothers aged 41-50 years of respondents at 9.5%. Regarding the occupation, most of the (2.1%). Most of the respondents were married (61.5%) and the respondents were farmers (44.8%) and very few were single respondents were only making 38.5%. In the study, the businesswomen (5.2%). majority of the respondents were bathroom by tribe making a

Knowledge of the mothers about newborn care.
Figure 1: Shows the respondent's knowledge of newborn care (n=96)



Source: Primary data (2023)

Figure 1 shows that 91% of the respondents had good knowledge of newborn care with only 9% of the respondents having limited knowledge of newborn care practices.

Table 2: Shows the number of respondents in correlation to the source of information where they learned about newborn care.

Source of information	Frequency(n=96)	Percentage (%)
Friends	24	25.0
Relatives	46	47.9
Neighbor	03	3.1
Internet	09	9.4
Radio/ TV	14	14.6

Source: Primary data (2023)

Table 2 shows that most of the respondents learned newborn care practices from relatives (47.9%) and very few respondents learned from neighbors (3.1%)

Table 3: shows how many newborn care practices the respondents knew

Number of newborn care practices	Frequency(n=96)	Percentage (%)
2	03	3.1
4	02	2.1
6	14	14.6
10 and more	77	80.2

Source: Primary data (2023)

Table 3 shows that the majority of the respondents (80.2%) knew 10 or more newborn care practices and only 3.1% of the respondents knew only 2 newborn care practices.

Table 4: shows the respondent's knowledge on the effectiveness of newborn care in preventing neonatal sepsis and decreasing neonatal mortality.

Question (variable)	Category	Frequency (n=96)	Percentage (%)
a) Can newborn care Reduce neonatal mortality rate	Yes	96	100
	No	00	00
b) Prevent neonatal sepsis	Yes	95	99.0
	No	01	1.0

Source: Primary data (2023)

Table 4 shows that 100% of the mothers knew that newborn care reduces neonatal mortality rate. It also reveals that 99% of the respondents knew that newborn care prevents neonatal sepsis.

Newborn care practices among mothers

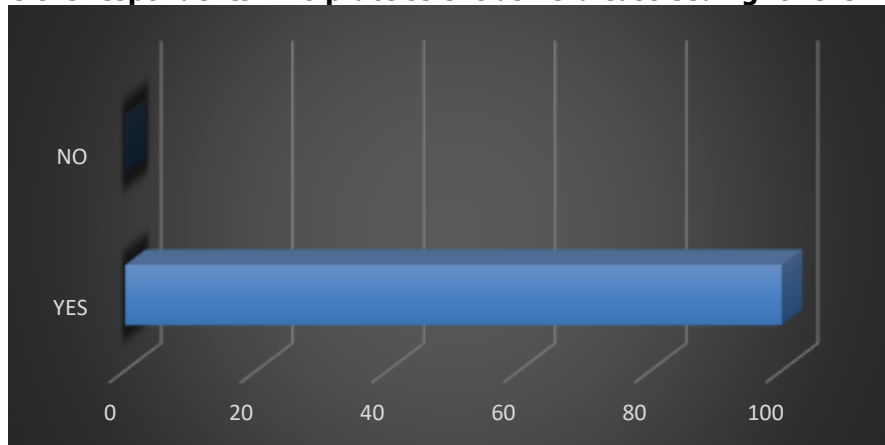
Table 5: shows the common newborn care practices that respondents knew how to perform and those they were not performing to a satisfactory degree.

Variable	Category	Frequency (n=96)	Percentage (%)
Which newborn care practice have you done without assistance	Exclusive breastfeeding	73	76.0
	Cord care	15	15.6
	Bathing neonate	06	6.3
	Providing warmth	02	2.1

Source: Primary data (2023)

Table 5 shows that 76% of the respondents had good knowledge about exclusive breastfeeding, 15.6% knew cord care, 6.3% knew how to bathe neonates, and only 2.1% knew how to provide warmth to their babies without assistance.

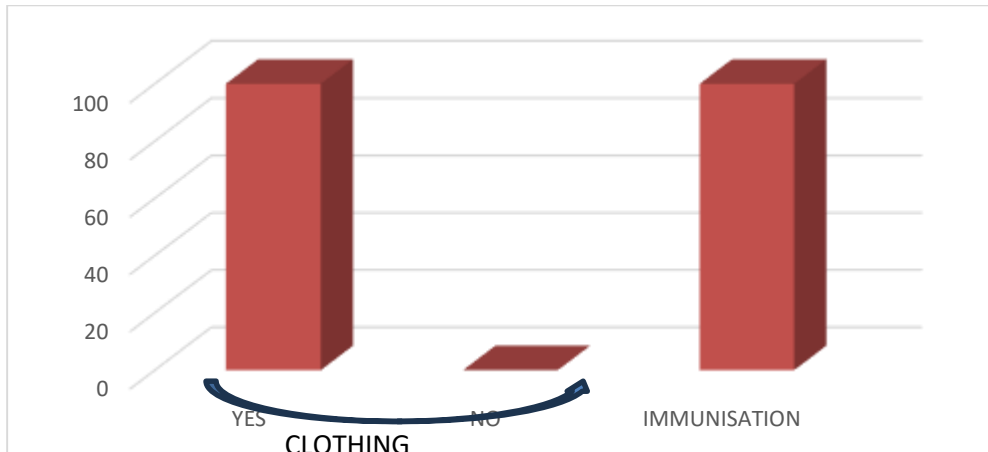
Figure 2: shows the respondents who practice exclusive breastfeeding for the first 6 months



Source: Primary data (2023)

Figure 2 shows that 87.5% of the respondents practiced exclusive breastfeeding for the first six months and only 12.5% practiced other forms of feeding infants like mixed feeding.

Figure 3: shows the number of respondents who dressed their babies in clean clothing and bed sheets and took their babies for immunization



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Source: Primary data (2023)

Figure 3 shows that 100% of the respondents dressed their babies in clean clothes and bed sheets. It also reveals that 100% of the respondents took their babies for immunization.

Mothers' attitude towards newborn care

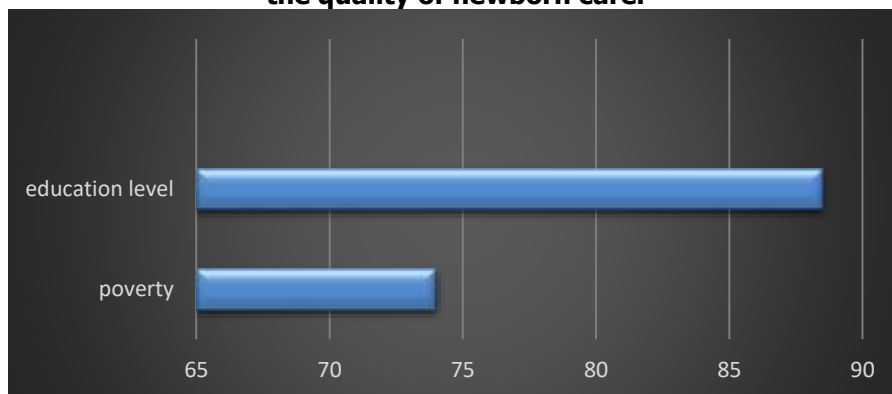
Table 6 shows the different attitudes of the respondents towards newborn care practices depending on how they answered the questions as shown in the table.

Variables (questions)	Category	Frequency (n=96)	Percentage (%)
Do you think newborn care practices are important	Yes	96	100
	No	00	00
Should all newborns be taken good care of	Yes	96	100
	No	00	00
Would you prefer any other person to do newborn care practices on your behalf	Yes	03	3.1
	No	93	96.9
Are newborn care practices time-consuming and affect your programs	Yes	87	90.6
	No	09	9.4
Do you think poverty contributes to the failure to practice newborn care	Yes	71	74.0
	No	25	26.0
Do your tribe and religion support newborn care practices like cord care and immunization	Yes	96	100
	No	00	00
Do you think the level of education affects the quality of newborn care provided by mothers in your community	Yes	85	88.5
	No	11	11.5

Source: Primary data (2023)

Table 6 shows that the majority of the respondents had a positive newborn care practices 100%. Many respondents believed that attitude towards newborn care as evidenced by all mothers poverty and level of education affected newborn care by 74% reporting that newborn care is important (100%) The table and 88.5% respectively. However, 90.6% of the respondents shows also that all respondents' tribes and religions accepted reported that newborn care practices were time-consuming.

Figure 4: shows the number of respondents who reported that poverty and education affected the quality of newborn care.



Source: Primary data (2023)

Figure 4 reveals that 74% of the mothers reported that poverty affected greatly the quality of newborn care. And 88.5% of the mothers said education levels affected the degree to which they would perform newborn care practices.

Discussion

Knowledge of the mothers about newborn care

The study revealed that 90.60% of the respondents had heard information about newborn care. Among these, 80.2% knew how to perform 10 or more newborn care practices as shown in Table 3. The study also showed that most of the mothers acquired this knowledge from their relatives (47.9%). As shown in Table 5, 76% of the respondents knew how to do exclusive breastfeeding without assistance, 15.6% knew how to perform cord care, 6.3% bathed the neonates, and 2.1% knew how to provide warmth to the baby without any assistance given to them. This result agrees with a cross-sectional study done in Bahir Dar city in northern Ethiopia where post-natal mothers were equipped with broad knowledge about newborn care practices. (Kebede, 2019)

The study revealed that 84.4% of the respondents (table 5) were unable to perform cord cleaning on their own hence showing that these mothers were not well equipped with knowledge concerning cord care. These results agree with results obtained in the cross-sectional study done in Bangladesh among postnatal mothers and it also identified a knowledge gap about cord care, first bathing hygiene practices, and eye care. (Majumder et al, 2018)

Newborn care practices among mothers

The study revealed that the commonly practiced newborn care practices included exclusive breastfeeding 87.5%,

providing warmth 96.9%, bathing the neonates 93.7%, dressing newborns in clean clothing 100% and taking neonates for immunization 100%. The mothers emphasized that these practices were easy and resources easily accessible thus easy to provide these services to their children. This result agrees with the study done in East Africa that revealed that mothers 61.8% of reported a danger associated with bottle feeding (Dukuzumuremyi et al, 2020), implying that the mothers supported exclusive breastfeeding which is an essential newborn care practice.

Mothers' attitude towards newborn care

The study revealed that the majority of the respondents had a positive attitude towards newborn care as evidenced by all respondents reporting that newborn care is important 100% in table 6. Also, table 6 shows that all respondents' tribes and religions accepted newborn care practices (100%). This implies that the social norms and beliefs of the people in the study area support newborn care. These results agree with those obtained in a cross-sectional study about knowledge, attitude, and practices towards essential newborn care among post-natal mothers attending health facilities in a rural district in eastern Uganda found out that 99.2% had a positive attitude towards breastfeeding day and night. 95.1% disagreed with the practice of mixed feeding 1.1% had a negative attitude towards nursing the baby in the same room, skin-to-skin contact, and providing warmth while 90.7% had a positive attitude towards skin-to-skin contact and providing warm clothing to the newborn. In addition, 97.8%

of the mothers agreed that a dirty cord could be a source of infection. (Akoth et al, 2022).

However many respondents believed that poverty and level of education affected newborn care by 74% and 88.5% respectively. They emphasized that poverty didn't allow them to have resources to provide good quality newborn care, especially clothing and bringing the neonates for immunization at health facilities. The study also revealed that 90.6% of the mothers reported that newborn care was time-consuming. This disagrees with the 97.8% result of mothers who agreed that a dirty cord could be a source of infection. (Akoth et al, 2022) which proved that they were ready to invest time in cleaning the cord and dressing their babies in clean clothes.

Conclusions

Generally, the majority of the respondents 87.5% knew essential newborn care practices as well as performing them without assistance, especially exclusive breastfeeding. The mothers knew the importance of newborn care and agreed that all newborns must be given quality essential newborn care as evidenced by a 100% response of yes in Table 6. Most of the mothers confessed that immunization is very important to babies and the service could only be provided by the health workers hence they made an effort to bring infants for routine immunization.

However, there was an information gap for most mothers concerning some practices, especially cord care, provision of warmth and bathing the newborn, and providing clothes that a clean and warm where most mothers complained that poverty made them incapable of accessing materials used in the provision of essential care like baby's toilet soap, nappies, clean sheets as well as clean equipment for cord care.

Finally, the attitude of the mothers towards newborn care was generally good but some of them thought that these newborn care practices were time-consuming and encroached on their time to engage in other programs like farming since the majority were farmers in the study area.

Recommendations.

- The DHO Kamwenge district should request more help in the form of visual aids like charts and books from the Ministry of Health which contain information about essential newborn care practices that will help in training and guiding mothers on how to perform the newborn care practices in local health facilities easier since most of the mothers are illiterates.
- The MOH through the government should organize more radio and TV programs to sensitize the public about the importance of newborn care and different newborn care practices.

- The medical superintendent Rukunyu Hospital should task the in charge of the post-natal ward and MCH department to teach and remind the mothers of different essential newborn care practices and help them perform them to the best degree.
- The local government of Kamwenge District through the DHO kamwenge district should fund the VHTs in kamwenge district in terms of transport and training them on how to do essential newborn care practices which will make it easy for the village members to learn them from them without waiting for to go to health centers.
- The local chairman of Rukunyu town council should inform the village members in the community meetings to stop the habit of refusing to give jobs to farmers especially breastfeeding mothers since this has hindered many mothers from breastfeeding their babies to get a chance to be hired in plantations to dig.

Acknowledgment

First of all, I thank Almighty God for the blessings and mercy he has shown to me towards finishing this work successfully. In the same spirit, I thank my family for their continuous support rendered to me including my supervisor Mrs. Kiyingi. N. Daisy for her tireless efforts towards my research.

List of Abbreviations and Acronyms

DHO:	District Health Officer
EBF:	Exclusive Breast Feeding
FP:	Family Planning
MDG:	Millennium Development Goals
MOH:	Ministry of Health
NDHS:	Nigerian Demographic and Health Survey
OPD:	Out Patient Department
PNW:	Post Natal Ward
UDHS:	Uganda Demographic and Health Survey
UNICEF:	United Nations International Children Emergency Fund
WHO:	World Health Organization

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