

KNOWLEDGE OF PREGNANT WOMEN ABOUT DANGER SIGNS IN NEWBORNS REQUIRING MEDICAL CONSULTATION IN PERIURBAN AREA OF ALIGARH

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ABSTRACT

To assess the knowledge of pregnant women regarding danger signs in newborns requiring medical consultation. Study design: A community based study. Setting: Field practices areas of Urban Health Training Center Department of Community Medicine, JNMCH, AMU Aligarh. Participants: 200 pregnant women (100 pregnant women from each group A and group B) Sampling: Purposive sampling method. Statistical Analysis: Data analysed with Epi Info version 3.5.1. Percentages, and Chi Square Test used. Results: Correct knowledge about cold to touch was present in 14% mothers whereas correct knowledge of hot to touch and chest in drawing were present in 91% and 74.5% mothers respectively. 37% mothers had correct knowledge regarding loose stool. Correct knowledge of drainage of pus from umbilicus (43%), convulsion (36%), and multiple boils/pustule (32.5%) on skin and palm and sole yellow (25.5%) were found in mothers. It was concluded that there is a poor knowledge of pregnant women about danger signs in newborns requiring medical consultation in periurban area of Aligarh.

KEYWORDS : Chest In Drawing, Boils/Pustule, Convulsion, Cold To Touch, Hot To Touch

Newborns are vulnerable and fragile beings. Many of them would fall sick despite precaution and care, especially in resource poor home settings. Early identification of serious illnesses and seeking care are key to averting to adverse outcomes. However, this critical link in the pathway to intact survival is extremely weak in communities (Saving Newborn Lives / Save the Children 2001). At family level, poor feeding and care practices after birth, lack of awareness on recognition of danger signs of illnesses (which are often subtle) further decrease their chances of survival and /or increase their chance of growing in a undernourished growth trajectory in and beyond this period (Agarwal et al 2007). The present study was carried out to assess the knowledge of pregnant women regarding danger signs in newborns requiring medical consultation.

MATERIALS AND METHODS

The present study was a part of community base study conducted in the field practice area of the Urban Health Training Centre, Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh. 200 Pregnant women (100 pregnant women from each group A and group B) as observed from the previous records were chosen for the study. Out of 4 areas, 2 areas (Firdaus Nagar, Nagla Qila

were chosen randomly for group A and 2 areas (Patwari ka Nagla, Shahanshabad) served as group B.

Exclusion criteria were primigravida, high-risk pregnant women, pregnant women who opted to deliver outside Aligarh, and pregnant women who could not be properly communicated due to any reason.

Ethical considerations are local cultural values and ideas were respected. Confidentiality was assured. Consent was taken before each interview. During data collection, investigator was accompanied by a female medico social worker. Proper management or referral was given to women who were found to have any health problem.

A house to house visit was made till 200 pregnant women were selected to get the information about danger signs of newborns. The Baseline data were collected by using pre-designed and pre-tested semi structured questionnaire.

Data entry and statistical analysis was carried out using Epi Info version 3.5.1. Significant difference was determined using Chi- square test and difference was accepted significant at more than 95% (p value <0.05).

RESULTS AND DISCUSSION

Majority of study subjects were in the age group of 15-30 years. Most of the pregnant women were Muslim. 72% of pregnant women were illiterate, 18 % were educated

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Table1: Demographic Profile of Pregnant Women

Variables	Group B	Group A
	N=100	N=100
Age group		
15-30	86	80
31-45	14	20
$\chi^2=1.3, df=1, p\text{-value}>0.05$		
Religion		
Hindu	02	17
Muslim	98	83
$\chi^2=13.08, df=1, p\text{-value}<0.05$		
Education of pregnant women		
Illiterate	78	72
Up to high school	16	20
Above high school	06	08
$\chi^2=0.97, df=2, p\text{-value}>0.05$		
Education of husband		
Illiterate	59	49
Up to high school	37	41
Above high school	04	10
$\chi^2=3.70, df=2, p\text{-value}>0.05$		
Occupation of pregnant women		
Housewife	100	98
Unskilled	00	02
Occupation of husband		
Unemployed	58	55
Semiskilled	25	24
Skilled	09	12
Clerical/shop	08	09
$\chi^2=0.59, df=3, p\text{-value}>0.05$		
Type of family		
Nuclear	67	62
Joint	33	38
$\chi^2=0.54, df=1, p\text{-value}>0.05$		
Social class		
Upper	00	02
Upper middle	14	16
Lower middle	30	35
Upper lower	51	46
Lower	05	01
$\chi^2=5.79, df=4, p\text{-value}>0.05$		

up to high school and only 7% were educated above high school.

Most of pregnant women belonged to upper lower class according to Modified Kuppusswami Scale (Meher et al., 2005) of socio-economic status (table 1).

Correct knowledge about cold to touch was present in 14% mothers whereas correct knowledge of hot to

touch and chest in drawing were present in 91% and 74.5% mothers respectively. 37% mothers had correct knowledge regarding loose stool. Correct knowledge of drainage of pus from umbilicus (43%), convulsion (36%), and multiple boils/pustule (32.5%) on skin and palm and sole yellow (25.5%) were found in mothers of both the groups (table 2).

Table 2: Correct Knowledge of Danger Signs in Newborns Requiring Medical Consultation

Variables		Group B	Group A	χ^2 , p-value
		N=100	N=100	
Cold to touch	Yes	13	15	0.20, >0.05
	No	87	85	
Hot to touch	Yes	90	92	0.24, > 0.05
	No	10	08	
Chest in drawing	Yes	72	77	0.65, > 0.05
	No	28	23	
Loose stool	Yes	32	42	2.14, >0.05
	No	68	58	
Palm and sole yellow	Yes	21	30	2.13, >0.05
	No	79	70	
Convulsion	Yes	34	38	0.3, >0.05
	No	66	62	
Draining pus from umbilicus	Yes	40	46	0.73, >0.05
	No	60	54	
10 and more skin pustules or big boil	Yes	21	34	0.21, >0.05
	No	79	66	

DISCUSSION

Kumar et al., 2000, reported that risks of newborn like low birth weight, fever, cough /rapid breathing and hypothermia were known to 20.2%, 31.6%, 17.7% and 1.3% of the TBAs respectively. In the present study, knowledge of danger signs was also low. Other researcher suggested that mothers responded to a number of important signs of illness, including changes in the young infant's sleeping or feeding behaviour, and they were usually prompt in seeking care outside the home. They were not able, however, to discriminate among the many sources of health care available in this setting, and gave preference to local unqualified private practitioner (Dezoysa et al., 1998). Bang et al., 2001, showed that less than 5% of newborns suffering from a major illness were taken to a provider outside the home for medical care. Bhandari et al., 1996, in urban slums of Delhi reported that families consulted a primary care provider close to their home for a sick newborn but often did not accept referrals. In their study for infants aged 0-2 months, even when free hospital care and transportation were made available, of the infants advised admission, caretakers complied only in a quarter of the cases.

CONCLUSION

It was concluded that pregnant women had poor knowledge regarding cold to touch, loose stool, and palm and sole yellow. Whereas correct knowledge of hot to touch, chest in drawing, drainage of pus from umbilicus, convulsion, and multiple boils/pustule on skin were present in mothers. Although complications are recognized, most women-centered complications are not regarded as danger signs by the mothers and their social milieu; as a result there is delay in seeking referral. There is an urgent need to educate adolescent girls, mothers and train health care providers including ANM, ASHA and CMC workers etc. about regarding danger signs in newborns requiring medical consultation.

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