



A Comparative Study to Assess the Knowledge of Urban and Rural Mothers Regarding Care of Low Birth Weight Babies in Pacific Medical College & Hospitals at Udaipur, Rajasthan

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KEYWORDS

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ABSTRACT:

BACKGROUND - Globally, it is estimated that 15–20% of all births, or >20 million newborns annually, are low birth weight infants. The incidence of low birth weight is estimated to be 15% worldwide with a range of 3.3-3.8% and are mostly in developing countries. About 7-10 million low birth weight babies born annually in India. Which constitute 30-40% of total babies born in different part of India.

AIM OF THE STUDY- Aim of the study was to assess the knowledge of urban and rural mothers regarding care of low birth weight babies in Pacific Medical College & Hospitals at Udaipur, Rajasthan. It is a comparative study.

METHODOLOGY-

In this study descriptive comparative approach was used to compare the knowledge of urban and rural mothers regarding care of low birth weight babies. A comparative research design is best suitable, as it is used to examine characters of a single sample. In the present. The study will be conducted in Pacific Medical College & Hospitals at Udaipur is selected for conduct the pilot study, population As the Sample the 320 mothers residing in urban and rural areas from Pacific Medical College & Hospitals at Udaipur, sampling technique used for present study is non probability purposive sampling technique. A structured knowledge questionnaire regarding low birth weight babies will be selected as appropriate method of data collection for the study.

RESULT- The mean, median and standard deviation of urban mothers is 20.5, 20.5 and 1.80 respectively whereas the mean, median and standard deviation of rural mothers is 17, 17 and 1.41 respectively with mean difference of 3.5. The coefficient variance value of urban mothers is 8.79% whereas the coefficient variance value of rural mothers is 8.31%.

CONCLUSION-The mean and coefficient variance value of urban mother is higher than the rural mothers. So it is interpreted that knowledge level of urban mothers regarding care of LBW babies is high compare than rural mothers.

INTRODUCTION

Health is to be “a state of complete physical, mental and social well being and not merely the absence of diseases or infirmity”. This is the main objective of health services including maternal and child health of our nation. Birth weight is a good reflector of the status of maternal health. It is also true that birth weight is the single most important factor that affects neonatal

mortality and morbidity, infant and childhood morbidity. Low birth weight i.e. weight below 2500 gms may indicate that the baby did not remain in the uterus long enough or it did not develop well enough.¹ The birth of baby is a wonderful yet very complex process. Many physical and emotional changes occur for mother and baby. A baby must make many physical adjustments of life outside the mother's body.



The baby's body systems must work together in a new way. Sometimes, a baby has difficulty making the transition to the world. Being born prematurely having a difficult or birth defects can make changes more challenging. Fortunately for these babies special newborn care with resuscitation is required.²Vital statistics such as birth rate, maternal mortality, infant mortality, birth weight, fertility rate and infant morbidity are the major indicators of health, in the maternity care services. Birth weight is an important indicator in maternity care. It is the most sensitive and reliable indicator of the risk to the survival and its healthy growth and development. Birth weight is defined as the first weight taken of an infant, live or still born, preferably within one hour of birth.³One of the most important determinant of birth weight is the mother's nutritional status. It is observed that pregnant mothers who were given food supplements providing extra calories and proteins gave birth to babies with higher weights.⁴

NEED FOR THE STUDY

Low birth weight babies may also results in complications like respiratory distress syndrome, Hypothermia, Hypoglycemia, Feeding difficulties, mental retardation, failure to thrive etc. To manage and to prevent the complication in low birth weight babies, an effective and low cost method like kangaroo mother care needed to practiced by mothers of low birth weight babies.⁶**Gulmezogulu AM, Hofmeyr GJ** was conducted a study which revealed in his findings that, an association between maternal hemoglobin concentration, IUGR and preterm birth has been reported. Maternal Anemia during early pregnancy was associated with a 32% increased risk of preterm birth, and a significant 39% increased risk of low birth weight. If the knowledge about iron supplements and iron rich diet is provided to antenatal mothers, the risk of low birth weight will reduce.⁷Even though, there is advancement in the field of medicine and technology, still the mothers lack knowledge regarding the services and facilities available to them. If mothers are given knowledge, they will play the core role towards the reduction of low birth weight babies, and will strive towards "Healthy Mother for Healthy Baby". On the above fact and studies investigator felt to need to conduct a comparative study to asses the knowledge regarding care of low birth weight babies among the

urban and rural mothers from pacific medical college & hospitals at Udaipur.

AIM OF THE STUDY- Aim of the study was to assess the knowledge of urban and rural mothers regarding care of low birth weight babies in pacific medical college & hospitals at Udaipur, Rajasthan. its a comparative study.

METHODOLOGY

In view of the nature of the problem selected for the study, a descriptive research approach was found appropriate. Its goal is to assess the knowledge of urban and rural mothers regarding care of low birth weight babies. In this study descriptive comparative approach was used to compare the knowledge of urban and rural mothers regarding care of low birth weight babies. Selection of design is based on the purpose of the study that is to assess the knowledge of urban and rural mothers regarding care of low birth weight babies. A comparative research design is best suitable, as it is used to examine characters of a single sample. In the present study it refers to knowledge of urban and rural mothers regarding care of low birth weight babies. Demographic variables selected for this study are age (in year), religion, education, occupation, family income (monthly) in rupees, type of family and dietary pattern. The study will be conducted in pacific medical college & hospitals at Udaipur is selected for conduct the pilot study pacific medical college & hospitals at Udaipur are selected for conduct the main study. Target population for present study is selected the mothers residing in urban and rural areas from pacific medical college & hospitals at Udaipur. Accessible population for present is 320 mothers residing in urban and rural areas from pacific medical college & hospitals at Udaipur. As the Sample the 320 mothers residing in urban and rural areas from pacific medical college & hospitals at Udaipur. In this study, sampling technique used for present study is non probability purposive sampling technique. A structured knowledge questionnaire regarding low birth weight babies will selected as appropriate method of data collection for the study. A structured knowledge questionnaire regarding low birth weight babies was selected for the study to collect the data from both urban and rural area's mothers to compare their knowledge regarding care of low birth weight babies.

RESULT

SECTION I: FREQUENCY DISTRIBUTION OF LEVEL OF KNOWLEDGE OF URBAN AND RURAL MOTHERS REGARDING CARE OF LBW BABIES

Table – 1: Frequency of Level of Knowledge Of Urban Mothers and Rural Mothers

S. No.	Level Of Knowledge	Urban Mothers		Rural Mothers	
		F	%	F	%



1.	Poor (< 50%)	00	00%	02	20%
2.	Average (51 to 65%)	02	20%	07	70%
3.	Good (>65%)	08	80%	01	10%

The table no. 1 showed the comparison of level of LBW babies. With regard to scores, the urban mothers 00 (00%) had poor knowledge, 02 (20%) had average knowledge and 08 (80%) mothers had good knowledge regarding care of LBW babies while in

knowledge of urban and rural mothers regarding care rural mother 02 (20%) mothers had poor knowledge, 07 (70%) mothers had average knowledge and 01 (10%) mothers had good knowledge regarding care of LBW babies.

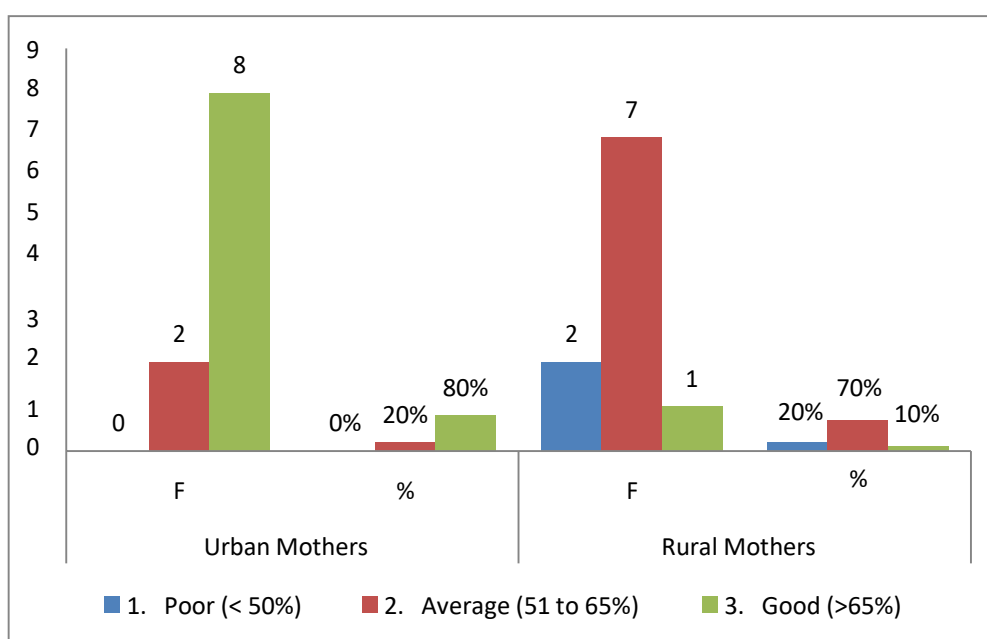


Figure no 1: Frequency of Level of Knowledge of Urban Mothers and Rural Mothers

SECTION III: COMPRESSION OF LEVEL OF KNOWLEDGE OF URBAN AND RURAL MOTHERS REGARDING CARE OF LBW BABIES

Table – 2: compression of level of knowledge of urban and rural mothers

S. No.	Mothers	After intervention			Mean difference	Coefficient variance value
		Mean	Median	SD		
1	Urban Mothers	20.5	20.5	1.80	3.5	8.79%
2	Rural Mothers	17	17	1.41		8.31%

The above table no. 4 shows the compression of level of knowledge of urban and rural mothers regarding care of LBW babies.

The mean, median and standard deviation of urban mothers is 20.5, 20.5 and 1.80 respectively whereas the mean, median and standard deviation of rural mothers is 17, 17 and 1.41 respectively with mean difference of 3.5. The coefficient variance value of urban mothers is

8.79% whereas the coefficient variance value of rural mothers is 8.31%.

The mean and coefficient variance value of urban mother is higher than the rural mothers. So it is interpreted that knowledge level of urban mothers regarding care of LBW babies is high compare than rural mothers.

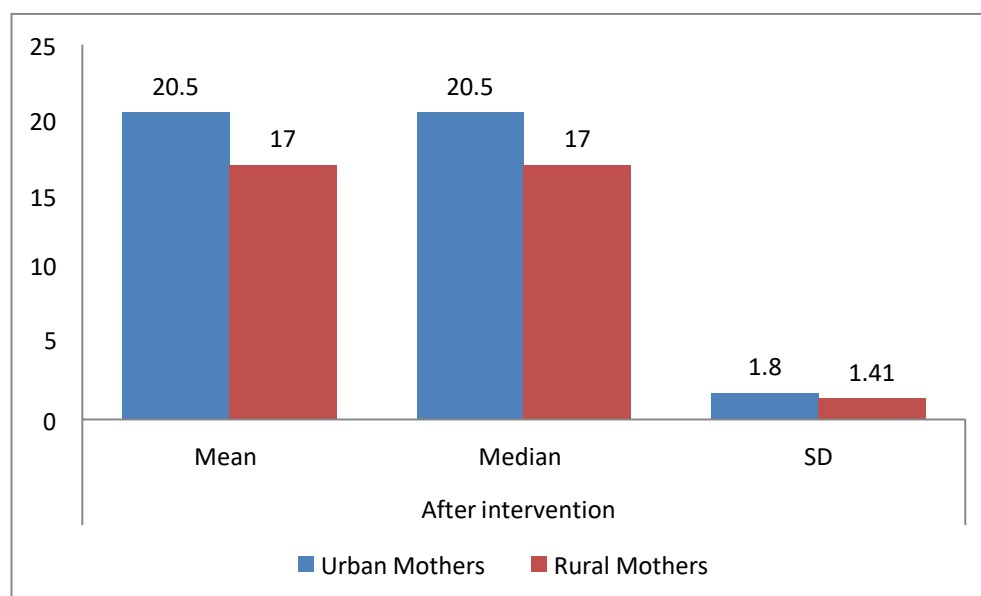


Figure no 2: compression of level of knowledge of urban and rural mothers

DISCUSSION

Low birth weight remains a public health challenge in LMICs, including India; thus its burden and determinants in different geographic regions need to be known to the stakeholders. The study indicated that although the prevalence of LBW has decreased from the NFHS-3 (2005–06) level of 21.5% to 18.24% in the NFHS-5, it has essentially remained stable from NFHS-4 (18.2%) to NFHS-5. The prevalence was comparatively higher in rural areas (18.58%) than its urban counterpart (17.36%) in NFHS-5, which was equivalent to NFHS-4 (Urban 17.6% and Rural 18.5%). Based on NFHS-5, the prevalence remains critical, especially for rural western (20.63%), central (20.16%) regions, and urban northern (19.20%), central (18.83%) regions.

The present study shows the comparison of level of knowledge of urban and rural mothers regarding care of LBW babies. With regard to scores, the urban mothers 00 (00%) had poor knowledge, 02 (20%) had average knowledge and 08 (80%) mothers had good knowledge regarding care of LBW babies while in rural mother 02 (20%) mothers had poor knowledge, 07 (70%) mothers had average knowledge and 01 (10%) mothers had good knowledge regarding care of LBW babies. The mean, median and standard deviation of urban mothers is 20.5, 20.5 and 1.80 respectively whereas the mean, median and standard deviation of rural mothers is 17, 17 and 1.41 respectively with mean difference of 3.5. The coefficient variance value of urban mothers is 8.79% whereas the coefficient variance value of rural mothers is 8.31%. The mean and coefficient variance value of urban mother is higher than the rural mothers. So it is interpreted that knowledge level of urban

mothers regarding care of LBW babies is high compare than rural mothers.

CONCLUSION

The most crucial need of the Low-Birth Weight (LBW) infant is application of warmth and prevention of heat loss in the distressed infant is absolutely essential for survival, and maintaining a neutral thermal environment is a challenging aspect of neonatal intensive nursing care.¹⁰ There has been a gradual decline in the burden of LBW in India over a period of time, but there has been hardly any significant decline in its occurrence compared to NFHS-4 data. Thus targeted specific strategies need to be undertaken as per region and residential areas. Approaches should have been region and residential area specific. More emphasize needs to be given on addressing maternal health including nutritional status, improving maternal education and uplifting economic status that was found persistent from NFHS-3 to NFHS-5. Then only India should be able to reduce LBW as desired, which has also been emphasised by National Health Policy. The present study will promote the nation in achieving five of the United Nations' seventeen Sustainable Development Goals: no poverty, zero hunger, good health and well-being, quality education, and reduced inequalities. A trend analysis is required as it appears that the LBW issue in the country has almost stagnated over the last 5 years.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials



discussed in this paper.

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