

## Care seeking behaviour of mothers during illness of newborn in urban slums of Lucknow City.

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### ABSTRACT

**Objectives:** To study the knowledge of mothers about recognition of danger signs and care seeking behaviour during illness of newborn child in urban slums of Lucknow city, UP.

**Methods :** A cross-sectional study in Urban slums of Lucknow city, UP included 524 women who had a live birth during last one year preceding data collection. The data was tabulated on Microsoft Excel sheet and analyzed using the software SPSS 10.0 for Windows.

**Results :** Study findings showed that Majority (76.9%) of the mothers said that if the baby was very cold to touch or running temperature is a danger sign during newborn period followed by absence of sucking (68.9%) in previously sucking newborn as danger sign. Majority (71.9%) of the mothers consulted local doctor for any problem during neonatal period. Only 12 percent of the mothers approached Govt. doctor for the treatment . It was observed that *Hing* was given by 86.2 percent mothers in case of stomachache. 82.8 percent mothers had given salt and sugar solutions in the case of diarrhoea .

**Conclusion:** In majority of cases correct knowledge and care seeking behaviour during illness of newborn were lacking among mothers and this should be promoted through improved coverage with existing health services.

**Key words:** Newborn, Danger Sign, Care Seeking, Home remedies

### Introduction:

Newborn mortality is one of the world's most neglected health problems. It is estimated that globally four million newborns die before they reach one month of age and another four million are stillborn every year. Death during the neonatal period (the first 28 days of life) accounts for almost two thirds of all deaths in the first year of life and 40 percent of deaths before the age of five<sup>1</sup>.

India witnesses an overall neonatal mortality rate (NMR) of 39 per 1000 live births<sup>2</sup>, these deaths account for about a quarter of global neonatal deaths<sup>3</sup>. NMR varies substantially across different states of India. Uttar Pradesh (UP) has a high NMR of 47.6/1000 live births. Although urban UP has a lower NMR of 40.7/1000 as compared to the state average, the vulnerability of the urban poor in the state is evident from the fact that the NMR among them is as high as 50.0/1000 live births<sup>4</sup>. The global burden of neonatal death is estimated to be 5.0 million of which 3.2 million deaths occur during the first week of life<sup>5</sup>. Each year, 26 million infants born in India. Of these, nearly 1.2 million die during the neonatal period, before completing four weeks of life, amounting to one quarter of all the neonatal deaths in the world<sup>6</sup>. India, thus contributes 30 percent of the 3.9 million

neonatal deaths world wide<sup>7</sup>. Global under-five and infant mortality rates have declined over the past four decades, but high neonatal mortality rates have remained relatively unchanged. The primary causes of neonatal death are believed to be complications of prematurity (28%), sepsis and pneumonia (26%) birth asphyxia and injuries (23%), tetanus (7%), congenital anomalies (7%) and diarrhoea (3%), with low birth weight contributing to a large proportion of deaths.

Poor care seeking contributes significantly to high neonatal mortality in developing countries. The common health problems among newborns as reported by mothers included cold (13.1%), fever (10.5%), jaundice (6.1%), vomiting (4.7%), skin pustules/rashes (2.3%), umbilical redness/discharge (1.6%), diarrhea (12.6%) and respiratory problems (11.3%).

Care seeking from untrained dais and unqualified practitioners can have serious implications on the health of the newborn. Therefore, there is an urgent need to complement the efforts to encourage hospital deliveries with training and competence enhancement of slum dais and local practitioners to provide essential newborn care. They should be skilled to identify signs of illness and complications, provide timely treatment and

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appropriate referral. Early identification and referral in case of danger signs can save the newborn in the event of life threatening complications. Timely health seeking behavior from qualified medical practitioners can significantly reduce neonatal mortality<sup>8,9</sup>.

**OBJECTIVES:**

(1) To study the knowledge of mothers about recognition of danger signs during illness of newborn in urban slums of Lucknow city.

(2) To identify the care seeking behaviour of mothers during illness of newborn.

**Material and Methods:**

**Study Population:**

The present study was carried out among newborns in urban slums of Lucknow city. The actual accessible population from which the sample was taken, was defined as "All those households having mothers who gave birth to a live born within the last one year".

**Period of Study:**

The study was carried out from August 2005 to September 2006 which included development of study tools, collection of data, analysis, tabulation of findings and interpretation of results.

**Sampling:**

Sample size was calculated on the basis of percent distribution of children who were fed colostrum. According to NFHS, UP (1998-1999)<sup>6</sup> percentage of children who were fed colostrum was 25 percent. An absolute permissible error of 4 percent was taken to calculate the sample size. Considering a 10 percent of non response, the sample size came out to be 517, however in the present study 524 children were covered.

**Sampling Technique:**

There are eight Maternal and Child health centre( Bal Mahila Chikitsalaya) in Lucknow city. For sampling purpose at first stage, one maternity centre was selected randomly which was Aliganj, Maternal and Child Health Centre. This centre covers a total of 33 slums covering a population of about 40,000. Considering an average family size of 5.6 for the slums of Lucknow, there would be about 7,142 households and 1,100 children below one year of age. In order to cover desired sample size of 524 Systematic random sampling was used and every second household was surveyed.

**Analysis and Interpretation of Data:**

The data was tabulated on Microsoft Excel sheet and analyzed using the software SPSS 10.0 for Windows.

**Results:**

A total of 524 families were surveyed. There were 29.4 percent Muslims and 70.6 percent Hindus families. Amongst Hindus 33.6 percent belonged to OBC, 26.3 percent belonged to SC/ST and 10.7 percent belonged to general caste. The majority (70%) of the families were nuclear type. More than half (59.5%) of the mothers were illiterate. About one third (33.2%) of the mothers had education level upto junior/high school level

**Table-1: Socio-demographic Characteristics of Study Population Respondents.**

		(N=524)	
Characteristics		No.	Percent
Religion and caste*	Muslim	154	29.4
	Hindu	370	70.6
	Gen	56	10.7
	OBC	176	33.6
	SC/ST	138	26.3
Type of family	Nuclear	367	70.0
	Joint	157	30.0
Socio-economic status	I	0	0.0
	II	43	8.2
	III	37	7.1
	IV	70	13.3
	V	374	71.4
Family size	<5	195	37.2
	5-6	192	36.6
	>6	137	26.1
Mother's Education	Illiterate	312	59.5
	Up to High school	174	33.2
	Intermediate & +	38	7.2

\*Caste is breakup of Hindu families only.

Majority (76.9%) of the mothers said that if the baby was very cold to touch or running temperature is a danger sign during newborn period followed by absence of sucking (68.9%) in previously sucking newborn as danger sign. The another symptom such as loose stools was described by 46.6 percent mothers. The irritability in child was recognized as danger sign by 38 percent of the mothers

**Table-2:** Knowledge about Recognition of Danger Signs (N=524)

Danger signs*	No.	Percent
Looking very small (LBW)	17	3.2
Absence of sucking	361	68.9
Very cold or running temperatures	403	76.9
Many loose stools or bloody stools	244	46.6
Jaundice	13	2.5
Abdominal distension	13	2.5
Fast or difficult breathing	48	9.2
Irritability	199	38.0
Vomiting	11	2.1
Convulsion	4	0.8

\*Multiple response

Majority (71.9%) of the mothers consulted local doctor for any problem during neonatal period. Only 12 percent of the mothers approached Govt. doctor for the treatment

**Table-3:** Care Seeking behaviour in presence of any Danger sign (N=524)

Care sought	No.	Percent
To be treated at home	11	2.1
*To be taken the baby to the local doctor	377	71.9
To be taken the baby to the private hospital	32	6.1
To be taken the baby to the nearest govt. hospital	63	12.0
Others	41	7.8

\*Unqualified Service Provider

Home care seeking practices were asked from mothers of newborns who had suffered with common ailments. It was observed that *Hing* was given by 86.2 percent mothers in case of stomachache. 82.8 percent mothers had given salt and sugar solutions in the case of diarrhoea. Massaging of the baby with warm oil with *Garlic/Ajwain* in the case of mild cough and cold was done by 89.1 percent mothers

**Table-4:** Common Home Care seeking Practices in certain Ailments as perceived by Mothers

Type of problem	Home remedies*	No.	Percent
Stomachache (N=318)	Putting <i>Hing (Asafetida)</i> in the umbilicus	39	12.3
	Giving <i>Harad</i> preparation	3	0.9
	Giving <i>Hing</i> to the baby	274	86.2
	Massaging the stomach with <i>Harad</i> solution	10	3.1
Diarrhoea (N=239)	Giving <i>Ghutti</i> to the baby	51	21.3
	Giving lemon and raw milk to the baby	3	1.3
	Tea	10	4.2
	Salt and sugar solution	198	82.8
	<i>Dal</i> water	3	1.3
Mild cough and cold (N=256)	Massage with vicks/balm	16	6.3
	Ginger and honey	6	2.3
	Massage with warm oil with garlic/ <i>Ajwain</i>	228	89.1
Ear discharge (N=39)	Putting warm mustard oil with or without garlic in the ear	30	76.9
	Herbal medicine in mustard oil	4	10.3
	Putting mother's milk in the ear	6	15.4

\*Multiple response

**Discussoion:**

Improving newborn survival is a major priority in child health today. The care seeking behavior among the mothers underline an urgent need to generate awareness among them to be able to recognize the danger signs in the newborns.

In the present study 76.9 percent of the mothers had knowledge that if the baby is too hot or too cold to touch followed by the absence of sucking (68.9%) as a danger sign during neonatal period. 46.6 percent mothers told that many loose stools and irritability in child by 38 percent of mothers as danger sign during this period. In contrast to our study Singh<sup>10</sup> in their study in rural area of Ghaziabad, U.P. found that 41.4 percent mothers think that not sucking at birth is a danger sign. Jaundice is recognized as danger sign by 24.3 percent of mothers. A newborn who is either too hot or too cold to touch represents an emergency in case of 15.3 percent mothers.

De Zoise et al.<sup>11</sup> in their study reported that there was a little recognition of danger signs of diarrhoea, malnutrition and especially ARI. Seth et al.<sup>12</sup> in a study in Udaipur revealed that a large proportion of mothers were aware of some of the common symptoms that suggest illness in newborns such as refusal to breast feed and difficulty in breathing. Herman et al.<sup>13</sup> in a study found that 65 percent mothers in Egypt and 73 percent in Gambia correctly identifying children with ARI as having fast breathing or abnormal rapid breathing. In the present study even on the recognition of danger sign, majority (71.9%) of the mothers prefer to go to a local doctor for any problem during neonatal period. Only 2 percent of the mothers approached Govt. hospital and 6.2 percent to the private hospital.

Similarly Singh et al.<sup>10</sup> in their study in Ghaziabad reported that the community prefers in going to the village doctor (RMP) or treatment at home in 68.5% cases. Only in 9 percent cases they take the baby to the Govt. hospital in 22.5 percent cases. Bhakoo et al.<sup>14</sup> in a study

found that registered medical practitioners and providers trained in indigenous system of medicine (54%) were consulted more often than the trained physicians (38%). Only 20 percent of neonates were taken to the referral hospitals.

Whenever the neonate has stomachache 86.2 percent mothers had given *Hing* to their neonates. In case of mild cough and cold most common (89.1%) home remedy used was massaging of the baby with warm oil with *Garlic* or *Ajwain*. Only 6.3 percent of mothers massaged the baby with Vicks/Balm. In case of ear discharge 76.9 percent mothers put warm mustard oil with or without *Garlic*. According to UNICEF<sup>15</sup>, it is estimated that 69 percent of diarrhoea cases were treated with oral rehydration therapy (ORS and or recommended home fluids). Approximately similar findings were observed by Singh et al.<sup>10</sup> in their study in rural area of Ghaziabad, U.P, they found that 62.2 percent of mothers put Hing in the umbilicus of neonate in case of stomachache. In case of diarrhoea majority (63.1%) of mothers gave Ghutti.

The care seeking behavior among the mothers underline an urgent need to generate awareness among them to be able to recognize the danger signs in the newborns. Mothers should be made aware of the danger signs associated with common newborn illnesses like fever, cold, diarrhea and respiratory problems. Early identification of any danger signs of illness can ensure that mothers approach the health facility in time. It is also important that the mothers approach qualified health providers for treatment. Slum based health volunteers can play an effective role as a link worker between the newborn and the health facility. Operational interventions include promoting behavior change among the community to avail newborn care services and building linkages with health facilities.

### Conclusion:

Although care seeking for newborn danger signs was high among the slum women, more than 60% sought care from local doctor (unqualified service providers) after home remedies failed to show any improvement. In majority of cases correct knowledge and care seeking behaviour during illness of newborn were lacking among mothers and this should be promoted through improved coverage with existing health services.

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