TO IDENTIFY THE KNOWLEDGE REGARDING CAUSES AND PREVENTION OF LOW BIRTH WEIGHT BABIES AMONG ANTENATAL MOTHERS OF SELECTED PRIMARY HEALTH CENTER.

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ABSTRACT

BACKGROUND: A history of morbidity and mortality is also considered in health record of India, especially the neonatal and infant's rate. This rate is used to detect the exact rate of all the complications in neonates and infants. There are different kinds and types of complications in neonates and infants. **OBJECTIVES-** To identify the knowledge regarding causes and prevention of low birth weight baby among antenatal mothers. **MATERIALS AND METHODS:** Non Experimental descriptive study design with Quantitative descriptive survey approach. Non probability purposive sampling technique used to select sample of 100 Antenatal mothers visiting Primary Health Centre Shiroli, Kolhapur. In this study, independent variable was information booklet and dependent variable was knowledge regarding causes and prevention of among antenatal mothers regarding low birth weight baby. Data collection was done by using structured knowledge questionnaire tool. The selected socio demographic variables are age, education, diet, source of information, monthly income, occupation, type of family. **RESULTS:** The result shows that knowledge of antenatal mothers visiting Primary Health Centre regarding causes and prevention of low birth weight baby , indicates that the majority of ANC mothers having 60 (60%) had average category and 9 (9%) women's in poor category and only 31 (31%) women's were in good category. The mean was 14.09, median was 13.5, mode was16, standard deviation was 2.44, and range was 13 of knowledge scores of antenatal mothers visiting Primary Health Centre regarding causes and prevention of low birth weight baby.

INTRODUCTION

"Prevention is the key, and rest is the cure for most people."
India ranks second in population all over the world. India is also called as a diversered country as it has a great diversity in culture, religion, caste, creed, race, society, class etc. Due to which India is well versed all over the world.

But every coin has two sides which is a fact of the truth. India is not only well versed for diversity, technology, inventions but also for health and environmental issues. This gives India a black spot. There are many health issues right from the new born till the old age.

A history of morbidity and mortality is also considered in health record of India, especially the neonatal and infants' rate. This rate is used to detect the exact rate of all the complications in neonates and infants. There are different kinds and types of complications in neonates and infants example: - Low birth weight, prematurity, intra uterine grown retardation, jaundice, etc. These are mostly seen in developing countries. Countries can reduce their neonatal and infant mortality rates by improving the care to the neonates.[1]

There are different kinds and types of treatment given to different types of complication, but there is one treatment in common that's Prevention. Prevention can be one method of treatment. The complications can be prevented by providing proper care, medications, health education, and regular checkups e t c. All this can be prevented in the mother's antenatal period. Child bearing is a beautiful and joyful experience of a women's life so taking care of it is a big responsibility not only the mothers but also the society. The weight of the infant at birth is a powerful predictor of infant growth and survival, and is dependent on maternal health and nutrition during pregnancy. Pregnancy is the fertilization and development of one or more offspring, known as an embryo or fetus, in a woman's uterus. The period from conception to birth. After the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a fetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting three months. The most common complication is low birth weight baby.[2]

Low birth weight (LBW) has been defined by the World Health Organization (WHO) as weight at birth of less than 2.5 kg. The global prevalence of LBW is 15.5%, which amounts to about 20 million LBW infants born each year, 96.5% of them in developing countries. LBW can be a consequence of preterm birth (before 37 completed weeks of gestation), small size for gestational age (SGA, defined as weight for gestation less than 10th percentile), or a combination of both. Intrauterine growth retardation, defined as slower than normal velocity of fetal growth, is usually responsible for SGA. The term "LBW" thus includes a heterogeneous group of infants: some who are born early, some who are born at term but SGA, and some who are both born early and SGA.Being born with LBW is generally recognized as a disadvantage for the infant. Preterm birth is a direct cause of 27% of the 4 million neonatal deaths that occur globally every year. Preterm birth and SGA are also important indirect causes of neonatal deaths. Directly or indirectly, LBW may contribute to60% to 80% of all neonatal deaths. LBW infants are at higher risk of early growth retardation, infection, developmental delay and death during infancy and childhood.Experience from developed and low- and middle-income countries has clearly shown that appropriate care of LBW infants, including their feeding, temperature maintenance, hygienic cord and skin care, and early detection and treatment of problems such as infections can substantially reduce mortality. Interventions to improve feeding are likely to improve the immediate and longer-term health andwell-being of the individual infant and have a significant impact on neonatal and infant mortality at a population level. In the 1960s in the United Kingdom, better feeding was one of the first interventions for preterm babies that were associated with reduced case fatality in hospital settings before the advent of intensive care. Kangaroo Mother Care for LBW infants weighing less than 2 kg, which includes exclusive and frequent breastfeeding in addition to skin-to-skin contact and support for the mother- infant dyad, has been shown to reduce mortality in hospital-based studies in low- and middle-income countries.[3]

METHODOLOGY :

Non Experimental descriptive study design with Quantitative

descriptive survey approach. Non probability purposive sampling technique used to select sample of 100 Antenatal mothers visiting Primary Health Centre Shiroli, Kolhapur. Data was collected   by using demographic Proforma and structured knowledge questionnaire. The selected socio demographic variables are age, education, diet, source of information, monthly income, occupation, type of family.

RESULTS:
The obtained data were analyzed by busing descriptive statistics, presented on tables and diagrams and interpreted.

Section A: Findings related to distribution socio -demographic variables.
The Data indicates that, Among 100 Antenatal mothers visiting Primary Health Centre

Findings related to Frequency and percentage distribution of socio-demographic variables of Antenatal mothers.
1.Majority of the 61 participants (61%) were from the age group of 21 - 25 years, and minimum 6 participants (6%) were from the age group of above 30 years.
2.Majority of   51 participants (51%) were studied secondary education and minimum 0 participants (0%) were illiterate.
3.Majority of 50 participants (50%) source was medical person, and minimum 9 participants (9%) source was friends/relatives.
4.Majority of 48 participants (48%) were from monthly income 5000 - 10,000, and minimum 10 participants (10%) were from monthly income above 15,000.
5.Majority of 79 participants (79%) were housewife, and minimum 3 participants (3%) were in service.
6.Majority of 72 participants (72%)   belongs to joint family and minimum 8 participants (8%) belongs to extended family. Section – II: Findings related to Frequency and percentage distribution of level of knowledge regarding causes and prevention of low birth weight babies.

TABLE 2: Frequency and percentage distribution of antenatal mothers by their level of knowledge n=100

Level of knowledge	Frequency (f)	Percentage (%)
Poor (6-10)	9	9
Average (11-15)	60	60
Good (16-20)	31	31

Table no. 2: Indicated that,
Level of knowledge: The data on table 2 reveals that majority of 60 participants (60%) had average knowledge, 31 participants (31%) had good knowledge, 9 participants (09%) had poor level of knowledge

Section – III: Findings related to Mean, Median, Mode, Range regarding causes and prevention of LBW and standard deviation of knowledge score of samples.

Table no. 3: Findings related to mean, median, mode, range and standard deviation of knowledge score of samples

Mean	Median	Mode	Range	Sd
14.09	13.5	16	13	2.43

Table no. 3 : Indicated that,
Mean was 14.09, Median was 13.5, Mode was 16, Range was 13 and Sd was 2.43

DISCUSSION :
The purpose of this study was to identify knowledge   regarding causes and prevention of low birth weight babies among antenatal mothers of selected Primary Health Centre Kolhapur.

Section A: Findings related to distribution of to their   socio - demographic variables.

Section B: Findings related to knowledge on regarding causes and prevention of low birth weight babies.

Section C: Findings related to mean, median, mode, standard deviation and range of knowledge on regarding causes and prevention of low birth weight babies.

CONCLUSION
Most of antenatal mothers were unaware about causes and prevention of low birth weight baby. The antenatal mother need more information and guidance to about the causes and prevention about low birth weight. It is recommended that each antenatal mother should be assessed for knowledge regarding causes and prevention of low birth weight baby informational booklet may help to improve knowledge regarding causes and prevention of low birth weight baby.
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