Research Paper Home Science

Postnatal Care Awareness Among Adoescents

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ABSTRACT

India is among "slow progressing nation" in child and maternal care. In spite of various efforts, the current health status of mothers and children is poor and needs considerable improvement in Madhya Pradesh.

KEYWORDS Postnatal, Neonate, Immunization, ORS

INTRODUCTION

Madhya Pradesh is one of the states where maternal mortality rates are as high as 700 or more **(WHO, 2005).** The report points out that these deaths can be reduced through wider use of key intervention and a "Continuum of care" approach for mother and child, beginning before pregnancy. Therefore, It is necessary to educate the youth and make them aware regarding role of health and nutrition before conception during pregnancy and later in lactation period for mother and child keeping them healthy. NFHS III reported in Madhya Pradesh, the number of under nourished children has gone up from 54 percent to 60 percent. The survey has reported a rise in number of severely undernourished children to 33 percent from 20 percent eight years ago **(World Health Report 2005).** In India 50 percent of girls get married much before the age of maturity. In this respect, maternal care awareness is necessary for girls to avoid problems of maternal health. Information technology can also help in communicating such important information through mobile messages, as the consumer percentage of youth for mobiles is very high. Interpersonal communication can also prove to be helpful, through organizing health sessions with doctors, followed by question & answers session.

OBJECTIVE

Present study has been carried out with an objective to know the postnatal care awareness among adolescent girls.

MATERIAL AND METHOD

Survey method is used to study the of postnatal care awareness of +2 level girls' students in Sagar districtMadhya Pradesh. Data have been collected from 341 Girls of class X & XI comprising, each category i.e. English Medium School and Hindi Medium School students. Null hypothesis is used in this research.

RESULT & DISCUSSION

TABLE 1 : AWARENESS TOWARDS NEONATAL CARE

Total girls	Knowledge regarding normal weight of newborn							First feed to neonate				Importance of colustrum		
	No response	(In kg.)												
		1	2	2.5	3	3.5	4+<4	No response	Mother milk	Cow milk	Buffalo milk	Yes	No	No response
EMS (165) %	17 10.3	5 3.0	21 12.7	32 19.3	45 27.2	27 16.3	18 10.9	32 19.3	123 74.5	6 3.6	4 2.4	72 43.6	46 27.8	47 28.4
HMS (176) %	25 14.2	2 1.1	27 15.3	43 24.4	38 21.5	36 20.4	5 2.8	20 11.4	143 81.2	13 7.3	0 0	67 38.0	36 20.4	73 41.4
TOTAL(341) %	42 12.3	7 2.0	48 14.0	75 21.9	83 24.3	63 18.4	23 6.7	52 15.2	266 78.0	19 5.5	4 1.1	139 40.7	82 24.0	120 35.1
X^2 Value of EMS & HMS		$X^2 = 12.84$ $p < 0.05$						$X^2 = 10.50$ $p < 0.05$				$X^2 = 6.68$ $p < 0.05$		

EMS – English medium school, HMS- Hindi medium school

Table 1 reveals that 24.3 percent of students knew that the normal weight of a neonate should be 3 kg while 21.9 percent girls knew 2.5 kg, 18.4 percent 3.5 kg, 14.0 percent 2 kg and 6.7 percent girls knew 4 kg followed by 12.3 percent girls knew 1 kg. 12.8 percent girls did not give any response regarding weight of neonate Mother Milk should be first 78.0 percent girls in the study accept food given to neonate. Only 40.7 percent of girls having knowledge of healthy effects of colostrums and 24.0 percent did not have any knowledge of colostrums. 35.1 percent girls did not give any response. **(Table 21)**

27.2 percent of **English medium students** knew that the normal weight of a neonate should be 3 kg while 19.3 percent girls knew 2.5 kg, 21.5 percent students of **Hindi medium** knew that the normal weight of a neonate should be 3 kg while 24.4 percent girls knew 2.5 kg, 20.4 percent 3.5 kg, 15.3 percent 2 kg and 2.8 percent girls knew 4 kg followed by 1.1 percent girls knew 1 kg. 81.2 percent girls in the study accept regarding weight of neonate Statistically significant difference is found at 0.05 level regarding Postnatal care awareness.

It has been found that 38.1 percent girls are aware that six

months and 22.5 percent girls knew above six months is correct age for introduction of semi solid supplementary food to infant. 76.5 percent girls accepted salt sugar solution should be given to child to correct dehydration at home. 90.3 percent girls are aware of oral rehydration solution and only 9.6 percent did not have any knowledge of oral rehydration solution**. (Table 2)**

Regarding introduction of semisolid supplementary food it has been found that 35.7 percent English medium girls are aware that six months and 26.0 percent girls knew above six months is correct age for introduction of semi solid supplementary food to infant. While 11.5 percent knew 5 months, and 7.8 percent accepted 4 months, 4.2 percent girls knew, 3 months is suitable age, 1.2 percent mentioned 2 months is right age to introduce first semisolid food to child, 13.3 percent girls have not responded. 76.9 percent girls accepted salt sugar solution should be given to child to correct dehydration at home while 5.4 percent preferred medicine and another 2.4 percent knew sago water can be given to infants for treating diarrhea at home. 91.5 percent girls are aware of oral rehydration solution and only 8.4 percent did not have any knowledge of oral rehydration solution. (**Table 2)**

40.3 percent **Hindi medium girls** are aware that six months and 19.3 percent girls knew above six months is correct age for introduction of semi solid supplementary food to infant. While 9 percent knew 5 months, and 17.6 percent accepted 4 months, 1.1 percent girls knew, 3 months is suitable age, 1.7 percent mentioned 2 months is right age to introduce first semisolid food to child, 10.7 percent girls have not responded. Calculated p value is 0.049 is significant at 0.05 level. The awareness level is different for both the variables. 76.1 percent girls accepted salt sugar solution should be given to child to correct dehydration at home while 10.7 percent preferred medicine and another 5.6 percent knew sago water can be given to infants for treating diarrhea at home. 89.2 percent girls are aware of oral rehydration solution and only 10.7 percent did not have any knowledge of oral rehydration solution. (**Table 2).** Non significant difference is found at 0.05 level for treatment of Diarrhea and awareness for ORS.(p value is 0.073 & 0.4708)

TABLE 2 : KNOWLEDGE OF INTRODUCTION OF SEMISOLID FOOD AND DIARRHEA MANAGEMENT

Total girls	Age for introduction of semisolid food to child (In months)							Treatment of diarrhea at home by				Ever heard about O.R.S*	
	No response	2	3	4	5	6	<6	Medicine	Salt sugar solution	Sago water	No response	Yes	No
EMS (165) %	22 13.3	2 1.2	7 4.2	13 7.8	19 11.5	59 35.7	43 26.0	9 5.4	127 76.9	4 2.4	5 3.0	151 91.5	14 8.4
HMS (176) %	19 10.7	3 1.7	2 1.1	31 17.6	16 9.0	71 40.3	34 19.3	19 10.7	134 76.1	10 5.6	13 7.3	157 89.2	19 10.7
TOTAL (341) %	21 6.1	5 1.4	9 2.6	44 12.9	35 10.2	130 3.8	77 22.5	28 8.2	261 76.5	14 4.1	18 5.2	308 90.3	33 9.6
X^2 Value of EMS & HMS	$X^2 = 12.63$ $p < 0.05$							$X^2 = 6.95$ $p > 0.05$				$X^2 = 0.52$ $p > 0.05$	

EMS – English medium school, HMS- Hindi medium school*Oral rehydration solution

Regarding immunization, 91.7 percent are aware that children should be vaccinated. **(Table 3),** 97.5 percent, **English medium** girls are aware that children should be vaccinated while 2.4 percent have no idea. 80.0 percent girls correctly accepted there is no ill effect of vaccination, 10.3 percent girls have no idea. 58.1 percent girls agree that vaccination can be given during illness, while 13.6 percent have no idea and 20.6 percent advocates that vaccination cannot be given when child is sick**.**

In **Hindi medium** 86.3 percent girls are aware that children should be vaccinated while 10.2 percent have no idea. 66.4 percent girls correctly accepted there is no ill effect of vaccination, 15.9 percent girls have no idea. 40.3 percent girls agree that vaccination can be given during illness, while 25.5 percent have no idea and 22.1 percent advocates that vaccination cannot be given when child is sick**.**

Awareness towards immunization is statistically different in both the groups as significant difference is found at 0.01 level.

TABLE 3 : IMMUNIZATION AWARENESS

Total girls	Children should be vaccinated			Bad effect of vaccination				Vaccination can be given during illness			
	Yes	No	Not known	Yes	No	Not known	No response	Yes	No	Not known	No response
EMS (165) %	161 97.5	0 0	0.4 2.4	12 7.2	132 80.0	17 10.3	04 2.4	96 58.1	34 20.6	22 13.6	13 7.8
HMS (176) %	152 86.3	6 3.4	18 10.2	18 10.2	117 66.4	28 15.9	13 7.3	71 40.3	39 22.1	45 25.5	21 11.9
TOTAL (341) %	313 91.7	6 6.4	22 6.4	30 8.7	249 73.0	45 13.1	17 4.9	167 48.9	73 21.4	67 19.6	34 9.9
X^2 Value of EMS & HMS	$X^2 = 14.82$, $p < 0.01$			$X^2 = 9.212$ $p < 0.01$				$X^2 = 13.52$ $p < 0.01$			

EMS – English medium school, HMS- Hindi medium school

A study (Nema & Sharma 2013) shows that 28.8 percent girls are aware that six months is correct age for introduction of semi solid supplementary food to infant. Regarding immunization, 87.1 percent are aware that children should be vaccinated, This study supports the results of our study. According to the few papers on healthcare utilization, adolescents are less likely to seek or receive maternal care Shah and Arya (2003) ,Mc donald (1988) & Singh (1985) reported that adolescent girls are aware of dietary care aspects, similar to our study girls are aware of medical checkup and tetanus vaccination

in pregnancy. In their study they also revealed that about half of the respondents knew about colostrums, 67 percent of the girls knew about supplementary food.

CONCLUSION

The present study is an attempt to find out the extent of awareness of girls towards post natal maternal health care. The study reveals some surprising facts important information like colostrums, nutritional requirement and immunization are still lacking on their part. Mother's milk as first food to Neonate is universally accepted in the study. College girls of Jabalpur City are quite aware of antenatal and postnatal care.

Parents have great responsibility to prepare their daughters to be successful homemaker as well as healthy mother of healthy children to make healthy and cheerful family. This could only be possible when parents will equip them by passing timely proper knowledge for their future parenthood.

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