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Assess the Knowledge and Attitude on Neonatal Danger Signs among the Mothers in Selected Hospitals of Kamrup (M), Assam

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Abstract: ***Background of the study: Birth of a baby brings new joy into the family. The neonatal period is the most vital because it is a high risk time to develop various health problem related to genetic and environmental causes. So a mother and a health care provider must know what the danger signs are for a baby which may cause serious health problems.***
Methodology: A descriptive correlational research design was used to assess the knowledge and attitude on neonatal danger signs among the mothers. 143 mothers were selected by non-probability purposive sampling technique. Structured knowledge questionnaire and 3 point Likert scale was developed to gather data and analysis was done by using descriptive and inferential statistics.
Results: The results shows that majority i.e. 114(80%) of the mothers have moderately adequate knowledge followed by 20(14%) have inadequate knowledge and 9(6%) have adequate knowledge with mean score= 17.51 and SD= 1.74. It also shows that majority i.e. 100(70%) of the mothers have neutral attitude followed by 25(17%) have positive attitude and 18(13%) have negative attitude with mean score=43.20 and SD= 4.04.The correlation between knowledge and attitude on neonatal danger signs among the mothers is moderately positive correlation i.e. r=0.344, p value= 0.001 at 0.05 level of significance and found to be statistically significant. The result shows that the demographic performa such as educational status (χ^2=11.09, p-value=0.025) and area of residence (χ^2=13.26, p-value=0.001) are statistically significant with knowledge however other demographic performa such as age, religion, occupation of mother, type of family, parity and number of children were found not-significant. The results show that educational status (χ^2=19.17, p-value=0.001) is statistically significant with attitude and other demographic variables such as age, religion, occupation of mother, area of residence, type of family, parity and number of children were found not-significant.
Conclusion: Keeping in view the finding of the study, the researcher felt that the problem is more serious than we think and neonates are the mostly affected. It is our parents, people and health care workers responsibility to make aware the mothers about the neonatal danger signs through conducting campaign, programme and health education to the mothers.
Keywords: Knowledge, Attitude, Neonatal danger signs and Mother

I. INTRODUCTION

There is nothing more enjoyable in this world than becoming parents of a little one. A neonate presents a bundle of blissful joy to his parents. However being the parents of a neonate, mothers must be careful to take care of their neonate. Neonate are in very critical stage of life, it is here that many complications and deaths may occur. According to UNICEF, 40% of all under five deaths occur within the first month of life and half of these within the first few days of life. Many of these deaths are related to late recognition of neonatal illness, delays in decision to seek care at household level and subsequent late intervention at healthcare facilities. Knowledge of mothers about the danger signs in neonate is important to reduce these delays and preventable deaths.[1] According to the Health Management Information System data the highest neonatal deaths within 24 hours at the state level in India are Jammu & Kashmir and Arunachal Pradesh (63% each), Sikkim (41%), Uttar Pradesh (36%), Haryana (35%), Nagaland and Tripura (34% each) and Jharkhand (33%). State level estimations shows that Jammu & Kashmir (2182), Madhya Pradesh (1743), Haryana (1590), Rajasthan (1564), Assam (1507), Odhisa (1458) and Meghalaya (1438) have highest neonatal deaths per 1,00,000 live births.[10] According to the Assam National Health Mission (ANHM), the number of neonate death cases in 2022-23 (May-February) has been reported as 5805 while the corresponding figure was 6721 in 2021-22 (May-February) a decline of 916 deaths.

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Assam infant mortality rate was 36 deaths per thousand live births as against the national average of 28 as per the Sample Registration System Statistical Report 2020. Different causes of neonatal deaths in Assam (2019-20) were 11.6% due to sepsis, 26.8% due to asphyxia, 40.5% due to other causes and the total neonatal death was 9053.[11] The health condition of a neonate directly contacts with the mother, she must be very aware of the early signs which can be warning characteristics of illness and major changes or deviation from normal. The main aim is to early recognize the occurrence of the danger signs which would result to predict the need for seeking treatment of the neonate.

Hence, the researcher felt that the study will help the mothers to have adequate knowledge about neonatal danger signs through time, which contribute to reduction in neonatal mortality rate and can improved the survival chance of neonate.

A. The Statement of Problem

A study to assess the Knowledge and Attitude on Neonatal Danger Signs among the Mothers in Selected Hospitals of Kamrup (M), Assam

B. Objectives of the study

1) To assess the level of knowledge on neonatal danger signs among the mothers in selected hospitals of Kamrup (M), Assam
2) To assess the level of attitude on neonatal danger signs among the mothers in selected hospitals of Kamrup (M), Assam
3) To find out the correlation between the knowledge and attitude on neonatal danger signs among the mothers in selected hospitals of Kamrup (M), Assam
4) To find out the association between the knowledge on neonatal danger signs among the mothers with selected demographic variables
5) To find out the association between the attitude on neonatal danger signs among the mothers with selected demographic variables.

C. Hypotheses

All the hypotheses were tested at 0.05 level of significance

H_1: There is significant correlation between the knowledge and attitude on neonatal danger signs among the mothers

H_2: There is significant association between the knowledge on neonatal danger signs among the mothers with selected demographic variables.

H_3: There is significant association between attitude on neonatal danger signs among the mothers with selected demographic variables

II. RESEARCH METHODOLOGY

A quantitative survey research approach was found to be suitable to assess the Knowledge and Attitude on Neonatal Danger Signs among the mothers in Selected Hospitals of Kamrup (M), Assam. Descriptive correlational research design was adopted as it tries to explore the extent to which knowledge and attitude are related to each other. The selected settings were 3 private hospitals of Kamrup (M), Assam namely Pratiksha Hospital, Marwari Hospital and Satribari Christian Hospital because the cases of Maternal and Child Health are more in the mentioned hospitals. The population includes all the mothers of neonate and the target population includes all the mothers having neonate of Kamrup (M), Assam. In this study accessible population was the mothers of neonate of 0-28 days in 3 conveniently selected hospitals of Kamrup (M), Assam namely Pratiksha Hospital, Marwari Hospital and Satribari Christian Hospital.

The sample size was 143 mothers and calculated by using Raosoft sample size calculator with 5% margin of error, 95% confidence level and response distribution of 50%.The researcher used non-probability, purposive sampling technique and the data were collected from the Pediatric OPD, NICU and Postnatal ward of 3 conveniently selected private hospitals. For collecting data researcher went to the mentioned hospitals alternatively and the time duration was 4 to 5 hours per day for collecting data. The total sample collected from Satribari Christian Hospital 8, Marwari Hospital 70 and Pratiksha Hospital 65 respectively. Informed written consent was obtained from each participant and anonymity and confidentiality was maintained. The tool used for assessing the knowledge and attitude was structured knowledge questionnaire and structured 3 point Likert scale. Data collected from mothers and Information booklet was distributed after data collection to the mothers

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III. RESULTS

1) Section I: Frequency and percentage distribution of demographic variables among the mothers

TABLE-2.1
Frequency and percentage distribution of mothers according to the age
n=143

Age (in years)	Frequency(f)	Percentage (%)
26-30 years	54	37.8
31-35 years	80	55.9
36-40 years	9	6.3
Total	143	100

The data presented in Table 2.1 shows that out of 143 mothers the majority i.e. 80(55.9%) belongs to 31-35 years of age followed by 54(37.8%) are from 26-30 years of age and 9(6.3%) belongs to 36-40 years of age.

TABLE- 2.2
Frequency and percentage distribution of mothers according to the educational status
n=143

Educational status	Frequency (f)	Percentage (%)
Professional degree	30	21
Graduate and above	81	56.6
High school	32	22.4
Middle school	0	0
Primary school	0	0
Illiterate	0	0
Total	143	100

The data presented in Table 2.2 shows that out of 143 mothers the majority i.e. 81(56.6%) of the mothers are from graduate and above, followed by 32(22.4%) belongs to high school, 30(21%) are from professional degree and none of them belongs to middle school, primary school and illiterate.

TABLE 2.3
Frequency and percentage distribution of mothers according to the religion
n=143

Religion	Frequency (f)	Percentage (%)
Christianity	1	0.7
Hinduism	100	69.9
Islam	42	29.4
Total	143	100

The data presented in Table 2.3 showed that out of 143 mothers the majority i.e. 100(69.9%) belong to the Hinduism followed by 42(29.4%) are from Islam and 1(0.7%) belongs to the Christianity.

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TABLE 2.4
Frequency and percentage distribution of mothers according to the occupation of mother
n=143

Occupation of mother	Frequency (f)	Percentage (%)
Government employee	13	9.1
Business woman	20	14
Private employee	10	7
Daily wages worker	0	0
Home maker	100	69.9
Total	143	100

The data presented in Table 2.4 shows that out of 143 mothers the majority i.e. 100(69.9%) of the mothers belongs to the home maker, 20 (14%) are from business woman, followed by 13(9.1%) government employee, 10(7%) belongs to private employee and none of them are from daily wages worker.

TABLE 2.5
Frequency and percentage distribution of mothers according to the area of residence
n=143

Area of residence	Frequency (f)	Percentage (%)
Urban	119	83.2
Rural	24	16.8
Total	143	100

The data presented in Table 2.5 showed that out of 143 mothers the majority i.e. 119(83.2%) of the mothers belong to urban and 24(16.8%) are from rural area of residence.

TABLE 2.6
Frequency and percentage distribution of mothers according to the type of family
n=143

Type of family	Frequency (f)	Percentage (%)
Nuclear family	59	41.3
Joint family	84	58.7
Extended family	0	0
Total	143	100

The data presented in Table 2.6 showed that majority out of 143 mothers i.e. 84(58.7%) belongs to the joint family, followed by 59(41.3%) are from nuclear family and none of them belongs to the extended type of family.

TABLE 2.7
Frequency and percentage distribution of mothers according to the parity
n=143

Parity	Frequency (f)	Percentage (%)
Primipara	93	65
Multipara	50	35
Total	143	100

The data presented in Table 2.7 showed that majority out of 143 mothers i.e. 93(65%) are from primipara mothers and 50(35%) belongs to multipara mothers.

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TABLE 2.8
Frequency and percentage distribution of mothers according to number of children
n=143

Number of children	Frequency (f)	Percentage (%)
1	93	65
2	45	31.5
3	5	3.5
More than 3	0	0
Total	143	100

The data presented in Table 2.8 showed that out of 143 mothers the majority i.e. 93(65%) of the mothers belongs to one number of children, followed by 45(31.5%) are from two number of children, followed by 5(3.5%) belongs to three number of children and none of them are from more than 3 number of children.

2) Section- II: Assessment of knowledge and attitude

This section deals with the assessment of knowledge and attitude score and are summarized in terms of frequency and percentage and further score are categorized into 3 as adequate, moderately adequate, inadequate based on Mean ± 1Standard deviation and the findings are depicted in Table 3.1 and Figure 4.1 to 4.2 and for attitude score are categorized into 3 as negative attitude, neutral attitude and positive attitude based on Mean ± 1Standard deviation. Findings are depicted in Table 3.2 and Figure 4.3 to 4.4 respectively.

TABLE 3.1
Frequency and percentage distribution of level of knowledge score among the mothers
n=143

Level of knowledge	Frequency (f)	Percentage (%)	Score range	Median	Mean	SD
Inadequate (≤15)	20	14				
Moderate (16-19)	114	79.7	13-22	18	17.51	1.74
Adequate (≥ 20)	9	6.3				
Total	143	100				

The data presented in Table 3.1 depicts that out of 143 mothers the frequency and percentage distribution of level of knowledge score among the mothers. Findings revealed that majority i.e. 114(79.7%) of mothers had moderate knowledge, followed by 20(14%) had inadequate knowledge and 9(6.3%) of mothers had adequate knowledge with obtained minimum score of 13 and maximum score of 22, median score of 18 and mean knowledge score 17.51 with SD=1.74.

TABLE 3.2
Frequency and percentage distribution of level of attitude score among the mothers
=143

Attitude	Frequency (f)	Percentage (%)	Score range	Median	Mean	SD
Negative (≤38)	18	12.6				
Neutral (39-47)	100	69.9	38-54	44	43.20	4.04
Positive (≥48)	25	17.5				
Total	143	100				

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The data presented in Table 3.2 depicts that out of 143 mothers the frequency and percentage distribution of level of attitude score among the mothers. Results revealed that majority i.e. 100(69.9%) of mothers had neutral attitude, followed by 25(17.5%) had positive attitude and 18(12.6%) had negative attitude with obtained minimum score of 38 and maximum score of 54, median score of 44 and mean score 43.20 with SD=4.04.

3) Section – III: Correlation between the knowledge and attitude on neonatal danger signs among the mothers

TABLE 4.1
Correlation between level of knowledge and attitude scores on neonatal danger signs among the mothers
n=143

Level of knowledge and attitude score	Mean	SD	'r'- value	'p'- value
Knowledge	17.51	1.74		
Attitude	43.20	4.04	0.344	0.001*

*p<0.05 level of significance

The data presented in Table 4.1 shows that the correlation between level of knowledge and attitude score on neonatal danger signs among the mothers is moderately positive r=0.344, p value= 0.001 at 0.05 level of significance. Thus, null hypothesis H_{01} is rejected and research hypothesis H_1 is accepted.

There is significant correlation between the knowledge and attitude on neonatal danger signs among the mothers and the finding inferred that two variables i.e. knowledge and attitude are dependent.

4) Section – IV: Association between knowledge on neonatal danger signs among the mothers with selected demographic variables

This section deals with the association between the knowledge on neonatal danger signs among the mothers with selected demographic variables. A null hypothesis is formulated against the stated hypothesis H_2.

TABLE 5.1
Association between knowledge on neonatal danger signs among the mothers with their age
n = 143

Age in years	Level of knowledge			$\chi 2$	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
26-30	11	39	4	3.8	4	0.426	9.49	NS
31-35	8	68	4	52				
36-40	1	7	1					
Total	20	114	9					

*S- Significant NS-Not significant

The data presented in Table 5.1 shows the association between knowledge on neonatal danger signs among the mothers with their age. The obtained chi square value χ^2=3.852 with 4 df and with the corresponding p value =0.426, whereas the tabulated value is 9.49 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 5.2

Association between knowledge on neonatal danger signs among the mothers with educational status

n =143

Educational status of mother	Level of knowledge			$\chi 2$	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Professional degree	5	20	5					
Graduate and above	8	71	2					
High school				11.09	4	0.025	9.49	*S
Middle school	7	23	2					
Primary school	0	0	0					
Illiterate	0	0	0					
	0	0	0					
Total	20	114	9					

NS- Not significant *S- Significant

The data presented in Table 5.2 shows the association between knowledge on neonatal danger signs among the mothers with educational status. The obtained chi square value χ^2=11.09 with 4 df and with the corresponding p value= 0.025, whereas tabulated value is 9.49 which is less than calculated value at 0.05 level of significance. Hence it is significant

TABLE 5.3

Association between knowledge on neonatal danger signs among the mothers with religion

n =143

Religion	Level of knowledge			$\chi 2$	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Christianity	0	1	0					
Hinduism	13	81	6	0.68	4	0.953	9.49	NS
Islam	7	32	3	8				
Total	20	114	9					

NS- Not significant *S-Significant

The data presented in Table 5.3 shows the association between knowledge on neonatal danger signs among the mothers with religion. The obtained chi square value χ^2=0.688 with 4 df and with the corresponding p value= 0.953, whereas tabulated value is 9.49 which is more than calculated value at 0.05 level of significance

TABLE 5Z.4

Association between knowledge on neonatal danger signs among the mothers with occupation of mother

n= 143

Occupational Status of mother	Level of knowledge			$\chi 2$	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Government employee	2	11	0					
Business woman	0	19	1	0.0	6	0.275	12.59	NS
Private employee	3	7	0	13				
Daily wages worker	0	0	0					
Homemaker	15	77	8					
Total	20	114	9					

NS-Not significant *S- Significant

The data presented in Table 5.4 shows the association between knowledge on neonatal danger signs among the mothers with occupation of mother. The obtained chi square value χ^2=0.013 with 6 df and with the corresponding p value= 0.275, whereas tabulated value is 12.59 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 5.5
Association between knowledge on neonatal danger signs among the mothers with area of residence
n = 143

Area of residence	Level of knowledge			χ2	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Urban	11	100	8					
Rural	9	14	1	13.26	2	0.001	5.99	*S
Total	20	114	9					

NS- Not significant *S-Significant

The data presented in Table 5.5 shows the association between knowledge on neonatal danger signs among the mothers with area of residence. The obtained chi square value χ^2=13.26 with 2 df and with the corresponding p value= 0.001, whereas tabulated value is 5.99 which is less than calculated value at 0.05 level of significance. Hence it is significant.

TABLE 5.6
Association between knowledge on neonatal danger signs among the mothers with type of family
n= 143

Type of family	Level of knowledge			χ2	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Nuclear family	5	49	5					
Joint family	15	65	4	3.080	2	0.214	5.99	NS
Extended family	0	0	0					
Total	20	114	9					

NS-Not significant ***S- Significant**

The data presented in Table5.6 shows the association between knowledge on neonatal danger signs among the mothers with type of family. The obtained chi square value χ^2=3.080 with 2 df and with the corresponding p value= 0.214, whereas tabulated value is 5.99 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 5.7
Association between knowledge on neonatal danger signs among the mothers with parity
n = 143

Parity	Level of knowledge			χ2	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
Primipara	15	71	7					
Multipara	5	43	2	1.896	2	0.387	5.99	NS
Total	20	114	9					

NS- Not significant *S- Significant

The data presented in Table 5.7 shows the association between knowledge on neonatal danger signs among the mothers with parity. The obtained chi square value χ^2=1.896 with 2 df and with the corresponding p value= 0.387, whereas tabulated value is 5.99 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 5.8
Association between knowledge on neonatal danger signs among the mothers with number of children
n= 143

Number of children	Level of knowledge			χ2	df	p-value	Tabulated value	Inference
	Adequate	Moderately adequate	Inadequate					
1	15	71	7					
2	4	39	2					
3	1	4	0	2.460	4	0.652	9.49	NS
>3	0	0	0					
Total	20	114	9					

NS-Not significant *S-Significant

The data presented in Table 5.8 shows the association between knowledge on neonatal danger signs among the mothers with number of children. The obtained chi square value χ^2=2.460 with 4 df and with the corresponding p value= 0.652, whereas tabulated value is 9.49 which is more than calculated value at 0.05 level of significance**.** Hence it is not significant.

Overall statistical significant association were found in regards to educational status (χ^2 = 11.09, p value = 0.025) and area of residence (χ^2= 13.26, p value=0.001) with knowledge on neonatal danger signs among the mothers. Thus, the null hypothesis H_{02} is rejected only in terms of educational status of mother and area of residence. The rest of the demographic variables i.e. age, religion, occupation of mother, type of family, parity and number of children are found not-significant and H_2 is retained in terms of above mentioned demographic variables.

5) Section – V: Association between attitude on neonatal danger signs among the mothers with selected demographic variables

This section deals with the association between attitude on neonatal danger signs among the mothers with selected demographic variables. A null hypothesis is formulated against the stated hypothesis H_3.

TABLE 6.1
Association between attitude on neonatal danger signs among the mothers with age
n= 143

Age in years	Level of attitude			χ2	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
26-30	5	43	6					
31-35	13	50	17	5.917	4	0.205	9.49	NS
36-40	0	7	2					
Total	18	100	25					

NS- Not significant *S- Significant

The data presented in Table 6.1 shows the association between attitude on neonatal danger signs among the mothers with age. The obtained chi square value χ^2=5.917 with 4 df and with the corresponding p value 0.205, whereas tabulated value is 9.49 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 6.2

Association between attitude on neonatal danger signs among the mothers with educational status

n=143

Educational status	Level of attitude			$\chi 2$	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Professional degree	4	13	13					
Graduate and above	10	64	7	19.17	4	0.001	9.49	*S
High school	4	23	5					
Middle school	0	0	0					
Primary school	0	0	0					
Illiterate	0	0	0					
Total	18	100	25					

NS- Not significant *S- Significant

The data presented in Table 6.2 shows the association between attitude on neonatal danger signs among the mothers with educational status. The obtained chi square value χ^2=19.17 with 4 df and with the corresponding p value 0.001, whereas tabulated value is 9.49 which is less than calculated value at 0.05 level of significance. Hence it is significant.

TABLE 6.3

Association between attitude on neonatal danger signs among the mothers with religion

n= 143

Religion	Level of attitude			$\chi 2$	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Christianity	0	1	0					
Hinduism	14	67	19	1.637	4	0.802	9.49	NS
Islam	4	32	6					
Others	0	0	0					
Total	18	100	25					

NS-Not significant *S-Significant

The data presented in Table 6.3 show the association between attitude on neonatal danger signs among the mothers with religion. The obtained chi square value χ^2=1.637 with 4 df and with the corresponding p value 0.802, whereas tabulated value is 9.49 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 6.4

Association between attitude on neonatal danger signs among the mothers with occupation of mother

n= 143

Occupation of mother	Level of attitude			$\chi 2$	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Government employee	0	9	4					
Business women	4	14	2					
Private employee	1	7	2	4.580	6	0.599	12.59	NS
Daily wages	0	0	0					
worker								
Home maker	13	70	17					
Total	18	100	25					

NS- Not significant *S- Significant

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The data presented in Table 6.4 shows the association between attitude on neonatal danger signs among the mothers with occupation of mother. The obtained chi square value χ^2=4.580 with 6 df and with the corresponding p value 0.599, whereas tabulated value is 12.59 which is more than calculated value at 0.05 level of significance Hence it is not significant.

TABLE 6.5
Association between attitude on neonatal danger signs among the mothers with area of residence
n= 143

Area of residence	Level of attitude			χ2	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Urban	16	84	19					
Rural	2	16	6	1.391	2	0.499	5.99	NS
Total	18	100	25					

NS- Not significant *S- Significant

The data presented in Table 6.5 shows the association between attitude on neonatal danger signs among the mothers with area of residence. The obtained chi square value χ^2=1.391 with 2 df and with the corresponding p value 0.499, whereas tabulated value is 5.99 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 6.6
Association between attitude on neonatal danger signs among the mothers with type of family
n= 143

Type of family	Level of attitude			χ2	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Nuclear family	8	40	11					
Joint family	10	60	14	0.218	2	0.897	5.99	NS
Extended family	0	0	0					
Total	18	100	25					

NS- Not significant * S- Significant

The data presented in Table 6.6 shows the association between attitude on neonatal danger signs among the mothers with type of family. The obtained chi square value χ^2=0.218 with 2 df and with the corresponding p value 0.897, whereas tabulated value is 5.99 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 6.7
Association between attitude on neonatal danger signs among the mothers with parity
n= 143

Parity	Level of attitude			χ2	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
Primipara	15	64	14					
Multipara	3	36	11	3.595	2	0.166	5.99	NS
Total	18	100	25					

NS- Not significant *S- Significant

The data presented in Table 6.7 shows the association between attitude on neonatal danger signs among the mothers with parity. The obtained chi square value χ^2=3.595 with 2 df and with the corresponding p value 0.166, whereas tabulated value is 5.99 which is more than calculated value at 0.05 level of significance. Hence it is not significant.

TABLE 6.8
Association between attitude on neonatal danger signs among the mothers with number of children
n= 143

Number of children	Level of attitude			χ2	df	p-value	Tabulated value	Inference
	Negative attitude	Neutral attitude	Positive attitude					
1	15	64	14					
2	3	32	10	3.817	4	0.431	9.49	NS
3	0	4	1					
>3	0	0	0					
Total	18	100	15					

NS- Not significant *S- Significant

The data presented in Table 6.8 shows the association between attitude on neonatal danger signs among the mothers with number of children. The obtained chi square value χ^2=3.817 with 4 df and with the corresponding p value 0.431, whereas tabulated value is 9.49 which is more than calculated value at 0.05 level of significance**.** Hence it is not significant.

Overall statistical significant association were found in regards to educational status (χ^2 = 19.17, p value = 0.001) with attitude on neonatal danger signs among the mothers. Thus, the null hypothesis H_{03} is rejected in terms of educational status of mother. The rest of the demographic variables i.e. age, religion, occupation of mother, area of residence, type of family, parity and number of children are found not significant and H_3 is retained in terms of above mentioned demographic variables.

IV. CONCLUSION

From findings of the study it can be concluded that majority 114(80%) of the mothers have moderately adequate knowledge followed by 9(6%) have adequate knowledge and 20(14%) have inadequate knowledge and majority 100(70%) of the mothers have neutral attitude followed by 25(17%) have positive attitude and 18(13%) have negative attitude. The correlation between knowledge and attitude of mothers on neonatal danger signs which indicates there is a moderately positive correlation r=0.344, p value= 0.001 at 0.05 level of significance between knowledge and attitude on neonatal danger signs and found to be statistically significant. Results show that educational status and area of residence having statistically significant with knowledge on neonatal danger signs among the mothers and it also shows that educational status having statistically significant with attitude on neonatal danger signs among the mothers.

In spite of the extensive coverage of maternal and child health services, the knowledge and attitude of the neonatal danger signs are moderate among the mothers. It is responsibility of Healthcare workers to make mothers aware of neonatal danger signs during their antenatal visit and explained about the importance of timely seeking medical care, which will impact on the survival rates of neonates and decrease the neonatal mortality rate.

V. RECOMMENDATIONS

Based on the findings of the study the following recommendations are made:

- The study can be conducted on the knowledge, attitude and practice
- A comparative study can be carried out in community and hospitals settings
- A study can be conducted with large sample size to generalize the findings
- A study can be conducted on attitude and practice among the staff nurses
- Study can be conducted on all the neonatal danger signs.

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REFERENCES

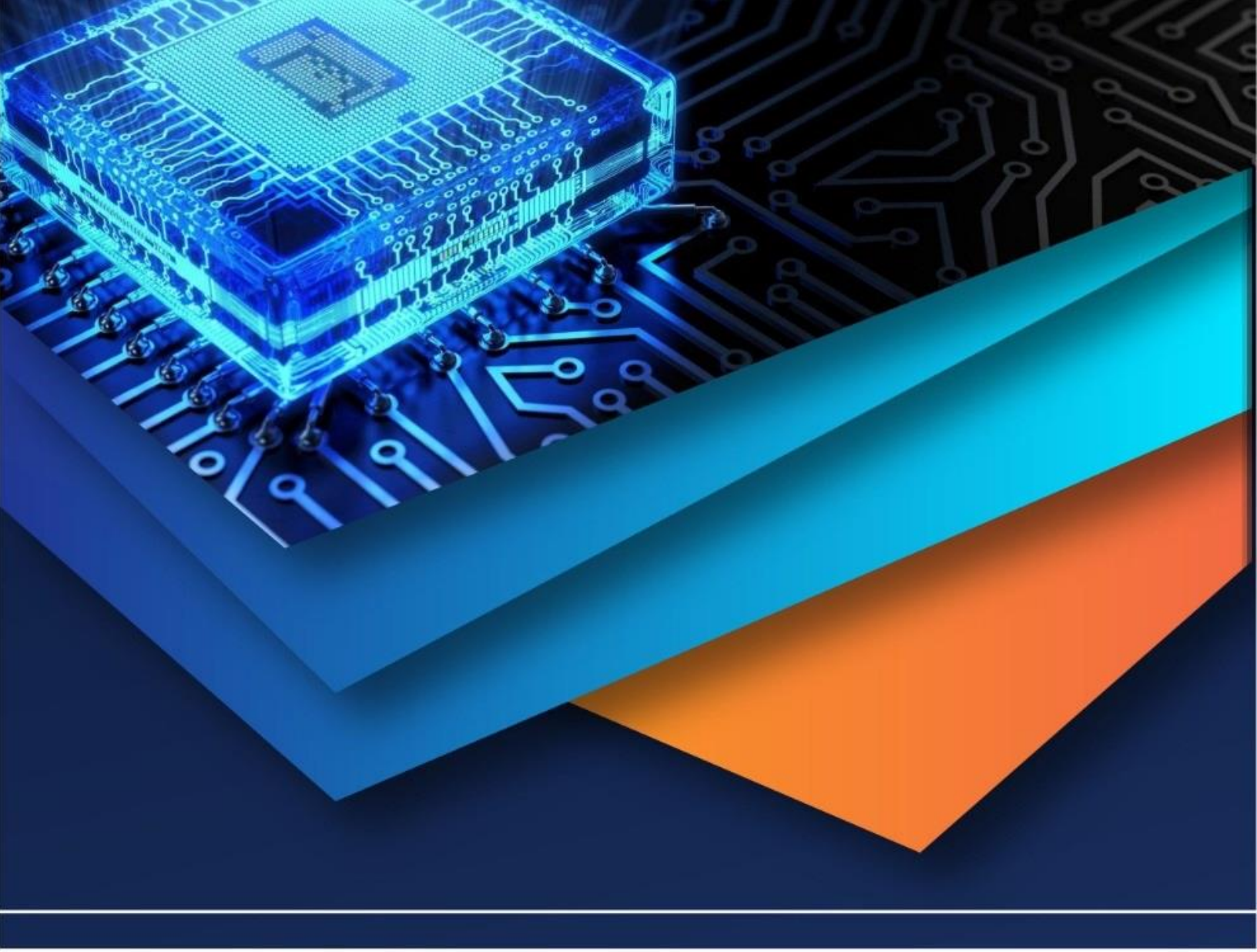
[1] Kumar P, Kumar P, Kumar A. A study to assess the awareness regarding danger signs in newborn among postnatal mothers admitted in selected hospital Jamuhar, Lohtas, with a view to develop an informational pamphlet. International Journal of Noel Research and Development (IJNRD). [serial online]. 2022 July;7(7). ISSN:2456-4184 [cited 2023 Feb 4]
Available at: https://ijnrd.org/papers/IJNRD2207001.pdf

[2] Ullah S, Malik FR, Gul A. Assessment of maternal knowledge World Health Organization recognized neonatal danger signs. Journal of postgraduate and medical institute. [serial online] 2020; 34(1):11-15 [cited on 2023 Feb 4]
Available at: https://www.researchgate.net/publication/342976802

[3] Esther GG, Lakshmi ATS, Kumar RT. Knowledge of danger signs in neonates among postnatal mothers of babies admitted in tertiary care neonatal intensive care unit in a two tier town in south India. International Journal of contemporary pediatrics [serial online] 2021 June;8(6):1054-1057 [cited 2023 Mar 05]
Available at: https://www.researchgate.net/publication/351876986

[4] Chali JC, Zulu M and Ngoma C. Knowledge of neonatal danger signs among postnatal mothers at women and newborn hospital- university teaching hospitals in Lusaka Zambia. International journal of health sciences [serial online] 2024;7(4):44-65. ISSN: 2710-2564 [cited 2023 Feb 18]
Available at:https://carijournals.org/journals/index.php/IJHS/article/view/2008

[5] Kaur H, Joshi P, Kaur M. A Descriptive Study to Assess Knowledge Regarding Danger Signs of Neonatal Illness among Mothers at SGRD Hospital Vallah, Amritsar. International Journal of Health Sciences and Research [serial online] 2019;9(11):120-125 [cited 2023 Feb 10]
Available at: https://www.ijhsr.org/IJHSR_Vol.9_Issue.11_Nov2019/19.pdf



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