

CHAPTER-VI

CONCLUSION AND SUGGESTIONS

In any research study, introduction and conclusion are the most difficult parts although the body is frequently easier to write, it requires a structure around it. Introduction is like a bridge that transports our researchers from their own lives into the place of our analysis and conclusion can also provide a bridge to help our forthcoming researchers, academicians, researchers and readers, make the transition back to their daily lives.

Conclusion is a statement of fact should consist of words; numbers or statistical measures woven into a meaningful statement and the researcher can condition a personal point of view when the collected data support it. Suggestions are based on the conclusions of the study and a detailed description of the suggestion for future action based on the significance of the findings.(Lalita,2017)

The study was conducted among married women to know the community practices regarding newborn care in Mawaiya slum area of Lucknow city. Quantative research approach was used in the present study; the sample size was 200 married women who had 0 to 1 year neonate. Through purposive sampling primary data was collected.

The findings of the study are based on the following parameters:

- Socio-demographic profile of the respondents.
- Knowledge, attitude, and practices of the community regarding newborn care among mothers.
- Traditions, local practices, customs, the relevant terminology used regarding newborn care among mothers.
- Role of professional social worker in the field of newborn care.

A personal characteristic of the respondent is expressed as the socio-demographic profile of the respondent. Socio-demographics are nothing more than characteristics of a population. Generally characteristics such as age, gender, ethnicity, education level, income, location etc play an important role in the way the respondents give their responses. Keeping this in mind an attempt has been made to prepare the profile of the respondents. Major findings are as follows:

- Largest group of respondents i.e. 57.5 per cent belong to the age group are of 26-30 years.
- The majority of respondents comprising the number of 80 per cent are able to read and write. Only 20 percent are not literate. In other words we can say that the literacy in women in urban areas is very good.
- The largest number of respondents i.e. 25.5 per cent has Primary education, 18.5 are High school and 18 percent are Graduate.
- The majority of respondents i.e. 62 per cent belong to Joint families and 38 per cent are from nuclear families. It is evident that the importance of joint family can be seen in the study area.
- The majority of the respondents i.e. 86 per cent belong to Hindu religion, 13.5 per cent belong to Islam religion and only 0.5 per cent belongs to Christian religion.
- The majority of respondent's i.e. 43.5 per cent belong to General caste category, 36 per cent are from Backward caste, 12 per cent are from Scheduled Caste and 8.5 per cent are from Scheduled caste. This indicates that half of the sample population belongs to General caste category.
- The majority of respondents i.e. 53 per cent earn monthly income more than Rs. 5000.
- The majority of respondents i.e. 71.5 per cent live in "Pakka" houses.

- The majority of respondents i.e. 65.5 per cent are depend on Public water supply in their homes as a source of drinking water.
- The majority of respondents i.e. 89 per cent have her own Latrine facility in her house.
- The majority of respondent's i.e. 87 per cent are house wives.
- The majority of respondent's i.e. 70 per cent used LPG as a source of cooking food.
- Highest number of the respondents 60.5 per cent got married at their age of 15-20 years, followed by 33 per cent of them married at age of 21 -25 years and only 6.5 per cent respondent got married at age of 26-30years.

Mother's knowledge, attitude and practices about newborn care include breastfeeding, danger signs of baby, immunization, and postnatal care. In our study findings are as follow:

Knowledge

- The majority of respondents i.e. 57 per cent know that baby should be given breast milk soon after the birth.
- The majority of respondents i.e. 82.5 per cent know that colostrum is good for child health.
- The majority of respondents i.e. 83 per cent know that baby should be given breast milk for six months.
- The majority of respondents i.e. 73.5 per cent know that breast feed should be continued even when the mother is ill because mother's milk provides protection against disease(s) to the baby.
- The majority of respondents i.e. 97 per cent know the serious illness sign or symptoms of the baby.

- The majority of respondents i.e. 63 per cent know about the low birth weight of the baby.
- The majority of respondents i.e. 88 per cent know about running temperature of the baby.
- The majority of respondents i.e. 98 per cent know about too many stools or bloody stools of the baby.
- The majority of respondents i.e. 99 per cent know about neonate jaundice.
- The majority of respondents i.e. 99 per cent can identify that if neonate feels difficulty in breathing.
- The majority of respondents i.e. 96 per cent know the advantage of massage of the baby it helps to strengthen bone of the baby.

Practices

- The majority of respondents i.e. 89 per cent used new blade for cut the umbilical cord (in case of home delivery).
- The majority of respondents i.e. 89 per cent used new thread for tie the cord (in case of home delivery).
- The majority of respondents i.e. 63 per cent cut umbilical cord on wooden surface (in case of home delivery).
- The majority of respondents i.e. 78 per cent mother used oil/ghee on umbilical cord (in case of home delivery).
- All respondents immediately after birth prevent the baby from cold by washed with warm water and dried with a clean cloth.
- The majority of respondents i.e. 63.5 per cent mother clothed their baby immediately after birth.

- The majority of respondents i.e. 95.5 per cent mother kept warm her baby by clothing the baby appropriate to the climate.
- The majority of respondents i.e. 91.5 per cent mother followed religious practices after child birth.
- The majority of respondents i.e. 43 per cent mother cleaned airway of baby by slapping the back.
- The majority of respondents i.e. 57 per cent mother cleaned airway of baby by slapping the back.
- The majority of respondents i.e. 57 per cent started breastfeeding to the infant soon after the birth.
- The majority of respondents i.e. 56.5 per cent mother late initiated breast feeding because of family customs and belief.
- The majority of respondents i.e. 99.5 per cent mother gave colostrums to their baby.
- The majority of respondents i.e. 57 per cent mother used bottle to feed the baby because mother's milk was not sufficient for the baby.
- The majority of respondents i.e. 39 per cent mother did not give anything to baby besides breast milk.
- The majority of respondents i.e. 75 per cent mother gives breast feed even they are ill.
- The majority of respondents i.e. 94 per cent polio vaccine given to the neonate at birth.
- The majority of respondents i.e. 76 per cent BCG vaccine given to the neonate at the time of birth.

- The majority of respondents i.e. 89 per cent mother go to private hospital if found any danger signs.

Attitude (Positive)

- Majority of the respondents i.e. 65 per cent strongly agree that mothers know by themselves how to breast feed their child, so counseling is not required.
- Majority of the respondents i.e. 45.5 per cent agree that for the first 6 months of life baby should not be given water, “JanamGhhuti,” honey or any other milk except breast milk.
- Majority of the respondents i.e. 59 per cent agree that immunizing the child is important as this will save the child from many diseases.
- Majority of the respondents i.e. 60.5 per cent strongly agree that breast milk provides nourishment to the newborn.
- Majority of the respondents i.e. 54.5 per cent agree that breast feeding helps in forming an emotional bond between mother and newborn.
- Majority of the respondents i.e. 73.5 per cent agree that wash hands thoroughly with soap and water before handling the newborn.
- Majority of the respondents i.e. 67.5 per cent strongly agree that massaging with oil before bath helps to keep the newborn skin healthy and improves blood circulation.
- Majority of the respondents i.e. 66.5 per cent strongly agree that the newborn should be immunized during the first week of life with BCG,OPV, and hepatitis B.

Attitude (Negative)

- Majority of the respondents i.e. 46.5 per cent undecided that child should always be taken to a big hospital if he/she falls sick.

- Majority of the respondents i.e. 49.5 per cent disagree that children get loose motions due to effect of evil eye.
- Majority of the respondents i.e. 58.5 per cent disagree that a baby less than 2.5 kg will definitely gain weight and so needs no special care.
- Majority of the respondents i.e. 72 per cent disagree that colostrum is harmful to the new born.
- Majority of the respondents i.e. 90 per cent disagree that breast milk is not best food for newborn.
- Majority of the respondents i.e. 76 per cent disagree that the newborn should be bathed immediately after birth.
- Majority of the respondents i.e. 41.5 per cent strongly agree that the practice of applying kajal to the newborn eyes is good.
- Majority of the respondents i.e. 66 per cent disagree that newborn should not be dressed with soft and cleaned cloths.

Traditional/Local Practices

- More than half of the respondents i.e. 54 per cent putting hing (*Asafetida*) in the umbilicus in case of stomachache.
- More than one third of the respondents i.e. 45 per cent mother used salt and sugar solution/ORS to treat diarrhea.
- More than one third of the respondents i.e. 48 per cent mother used massage with Vicks/Balm to treat cold & cough.
- The majority of respondents i.e. 99.5 per cent mother give massage to the baby.
- More than one third respondents i.e. 48 per cent mother used mustered oil to give massage to the baby.

- The majority of respondents i.e. 61.5 per cent mother gives three to four times massage to baby in a day.

Recommendations

Social work researcher has given some recommendations for future research. The following areas may be captured during further researches:

1. Newborn care is much neglected in developing countries, so there should be great concern on newborn health issues. Many studies have been conducted on newborn care but specifically all the factors like morbidity and mortality not covered. Therefore it is suggested to future research should be a focus on different factors and their impact on newborn care.
2. Newborn health-related quantitative researches are available there is a lack of qualitative studies which can provide a different perspective on newborn health and their survival. The cultural factors are imparting a significant role in the survival of neonatal. It varies from different social groups and religion. Therefore it is suggested that qualitative studies should be conducted on cultural belief, tradition and religious practices related to newborn care in both rural and urban areas.
3. The health of a mother is closely related to newborn care. If the mother has good health so the baby would be healthy. It is important that during antenatal care, delivery and postnatal care mother should be educated about the care of a baby and herself by the health service providers. Therefore it is suggested that future researches should be the focus on maternal and neonatal health package.
4. WHO has been issued a guideline for essential newborn care, in which newborn care related information has been provided this information should be provided to a mother during both antenatal care and postnatal period.
5. A mixed method (Qualitative and quantitative) approach based study is recommended to explore more on newborn care related knowledge, attitude, and practices among mothers in India.

6. A comparative study of newborn care practices (Rural and urban perspective) is also needed to elaborate the good practices in the community, which can reduce infant mortality and morbidity.
7. Most of the women had the positive attitude towards traditional practices. Healthy traditional practices should be promoted and unhealthy should be discouraged. Keeping this in mind awareness is needed for maternal and child health-related healthy traditional practices in the community.

ROLE OF PROFESSIONAL SOCIAL WORKER

Today social work profession is widely accepted world at large. This profession related to various social, psycho-social and health needs of people. In developed nations trained social worker are appointed in medical and psychiatric settings, public health along with other professional teams. They are involved in providing health services, health advisers, health planning and administrative services in most of the developed and developing countries.

In India, professional training in social work was started in 1936 in Sir Dorab Ji Tata Graduate School of Social Work, now known as Tata Institute of Social Sciences (TISS). At present several universities have been introduced social work as professional course and training in social work at graduate, postgraduate, M.Phil and Ph.D. level.

The trained social workers are working very successfully in the field of social welfare in different settings. India is a developing country with second largest population country, religious diversity, regional diversity, social stratification. Therefore Indian society has several social problems where professional social workers need to intervene. Maternal and child health is one of the major issues of concerning for social workers where the trained social workers may utilize their knowledge, skills, and techniques of social work.

Social work as a profession has distinguished historical background to solve serious social problems especially those which is related to children and women. Infant mortality is one of the issues that involve in the victimization of children and women.

Here the role of social work knowledge and skills is required to reduce the infant mortality rate which is very high 40 per 1000 in India as well as victimization. That is why factors which are responsible for infant death has great concern for social work intervention. There are compelling reasons for social work to adopt infant mortality as a professional priority. First, the constituency is that of social work historically: poor, disadvantaged, and minority children. The profession developed largely around protection of immigrant, working and at-risk children. Indeed, infant mortality properly is a part of child welfare. (Terri-Combs,1987) The role of social workers in saving a newborn life is very important today. Social workers are most active in direct practice in such growing specialization as perinatal social work.

The professional social workers may play the following roles in reducing infant mortality rate:

- To provide prenatal services
- Neonatal Intensive care unit
- Healthcare assessment
- Policymaking
- Advocacy
- Research

Some evidence shows that the interest and involvement of social workers in the area of infant care so that infant mortality rate can be reduced.

The infant mortality problem becomes of particular concern to social workers because it seems to be largely a result of preterm birth related to such lifestyle factors as smoking, substance abuse, poor parental education, poverty, poor nutrition and social instability.

Social workers also have a role in the process of planning for the delivery of maternal and child health services. Social work began as a profession with an orientation not just toward individuals but also toward group and communities. Such an orientation requires an approach that examine the needs and resources of communities and that plans

health care delivery systems that are consonant with those needs and resources. Moreover, health care and social services often are provided in the same or related systems, and no other profession is in a position to be more aware of the relationship between physical and social health.

Wolf emphasizes the resultant obligation of social workers: The social worker is in a position to anticipate the need for community resources in the years ahead and has a professional obligation to see that others concerns are made aware of these needs.

Despite these compelling reasons to participate in health care planning, social workers have been somewhat reluctant to become involved, perhaps especially in maternal and child health. Dana notes that despite a heritage, knowledge base, credibility in the area, social worker are reluctant " to make our values and our knowledge felt in the action to change the scope, substance and delivery style of health care services."

The role of the social work researcher also is critical. Rudolph notes the importance of social workers in research on infant mortality: it is in the selection of the indicators used to measure the effectiveness of policy decisions that the social work profession can provide input. To be alert to the possibilities that cost containment will disproportionately affect low income. Minority and disadvantaged cultural groups is to be professionally responsible.

Prenatal care

The role of social workers in providing prenatal care includes three broad dimensions:

1. Counseling
2. Education
3. Brokerage

Pregnancy is an inherently stressful time, and any high-risk situation makes it more stressful.

Research indicates that undue stress may be a factor in poor pregnancy outcome, so the counseling social workers role in helping in pregnant women cope with stress may be instrumental in ensuring health birth.

Social workers educational function may include teaching pregnant women about proper exercise and nutrition, avoidance of smoking and drugs, signs and symptoms of premature labor and appropriate responses, parenting skills, and developmental milestone. The educational role may be especially important in cases such as first pregnancies, very young or unmarried mothers, or intellectually limited mothers. Social workers are uniquely suited for this function, in which social workers identified a group of high-risk pregnant women in the community and provided such services to them.

Social work roles are expanding to include family planning, family life education, special prenatal services and community outreach.

Neonatal Intensive Care Unit

Neonatal Intensive Care Unit (NICU) technology is one reason for the improved survival of low birth weight infants, and social workers have served many important roles in NICU's since the inception of the technology. Among the important functions of social workers in NICU's listed by Wolf are interpreting information on diagnosis and prognosis to the family, communicating the family's needs and problems to the medical staff, collaborating on treat plans and care with the rest of the team, and negotiating with the hospitals on behalf of the family when problems arise.²⁷

Because of the very high cost of NICU care, other important function may be financial counseling and helping families to determine what community resources are available and whether they are eligible for services.

Health Care Assessment and Policy Planning

The social work profession has a dual focus on individual's social functioning and the responses of social institutions to human need (Dhooper, 1994). A social worker can work with a variety of health tasks in which include non-direct patient care, policy development, programme planning, community education and care services.

Social workers can conduct an evaluation of the strengths and needs of the individuals. They can identify the barriers to health care. For providing better services there is a need for assessment of health services also. On the basis of need of the individual, the social worker can plan to remove the barriers and provide quality health care.

Advocacy

The role of social workers in a reduction of mortality rate may make the contribution in policy change and advocacy services.

Research

Research has its own importance for developing policy and programme planning. Many social workers are involved in research that directly or indirectly influences policy, community, and public health. Routinely social workers who are working in the health sector can perform quality assurance and outcome measurement on the health services. They also work for tracing psychosocial issues and alleviating these issues through social work intervention. The social workers also perform research process at the community and university level with the healthcare issues of individuals and communities.

POLICY IMPLICATIONS

On the basis of study findings along with limitations keeping in mind the following policy implication have been highlight here:

1. The education is most important variable in the present study. The mother and their education play an important role to reduce neonatal mortality. Educated mother knows that how to care, neonate. This is an important finding for programme and policymakers.
2. Economic status of families is very important for availing health services. This is another finding which shows that health behavior is closely related to economic status. Therefore policymakers should focus on this finding while launching any scheme/programme for mother and child care.

3. The study finding shows the importance of good newborn care practices which can improve upon the health status of the newborn.
4. The knowledge, attitude, and practices (KAP) related maternal and child health programmes should be implemented.
5. In the area of urban health, basically a slum there is a need for professional social workers. Who can network and advocate for better health services related to mother and child in the urban community. The services of trend professional social worker may be availed. They know that how to aware people about health programmes because they are understood to be well-versed about the socio-psycho behavior of the people has also and the good agencies working for the same.