Abstract

This cross-sectional short term study was carried out on 120 primiparous mothers attending Benha maternal & child health center to assess their knowledge and practices towards their infants' care. The results of this study showed that the majority of the studied group had inadequate knowledge as well as poor practices regarding items used for assessment. Urban mothers showed higher mean percent of correct answers regarding knowledge about proper child health care. They also illustrated higher mean percent of correct practices for diaper care as well as for proper breast feeding practices. Educated primiparous mothers showed higher mean percentage of correct answers regarding child health, accident protection as well as knowledge about infants' immunization. Working mothers showed higher mean percent of correct practices regarding frequency of diaper change as well as baby bath. So, it is of great importance to improve the quality of infant care provided via maternal and child health centers through health system reforming.

Introduction

Child health and welfare are and continuous to be our ultimate goal. Infant care is considered the most precious resources and promise for nations' future and it is an act of true motherhood. WHO & UNICEF (1997) recommended certain level of basic health care for infants. This care
includes cleanliness, warmth, early initiation exclusive breast feeding with its continuation for at least 2 year, eye care, immunization etc. Such good care could minimize infants morbidity & mortality problems as the born infant is at an increased risk for morbidity and mortality (William, 1996). Also faulty practices exhibited by primipara are never changed by their own. So, the need to design a study aiming at assessing infants' care given by primiparous mothers and to identify on field study basis the real needs of infants' care during this critical period and set suitable recommendations.

Subject and Methods
The target population of this cross-sectional short term study were one hundred & twenty primiparous mothers attending Benha MCH centers. They were chosen by a systematic random sampling method. All mothers attending the selected health facility, who gave consent to share in this work were subjected to an interview questionnaire including:

- Socioeconomic features of mother.
- Mothers' knowledge and practices about infants' care (warmth, sleeping position, stump care, diaper change, proper breastfeeding practices as well as weaning, child health follow up and accident protection).

Data were computerized, analyzed and presented. Means of variables and comparison between groups were done using appropriate statistical tests.

Results and Discussion
Infants are at the mercy of their mothers regarding care practices. Mothers especially primiparous - who have no past experience - must have certain level of knowledge regarding proper infant care, as well as, implementing these knowledge into proper practice.

This study includes 120 primiparous mothers attending Benha MCH center to assess their proper knowledge as well as practices regarding infant care. Table (1) shows the social characteristics of the studied group. Fifty percent of the studied group are urban inhabitants, 22% are illiterate.
& the rest are educated, 65% are housewives, and only 35% are employed. Table (2) shows that urban inhabitant primiparous mothers show higher mean percent of correct answers score than rural regarding proper infant care knowledge (includes knowledge about warmth, sleeping positions, stump care & frequency for diaper change), accident protection, breast feeding & weaning as well as growth & development. The difference is statistically insignificant. So, it could be concluded that these practices are carried out on traditional and cultural basis. However, urban primiparous mothers show statistically significant higher mean percent of correct answers score regarding child health care seeking behaviour for primiparous mothers towards child illness as well as child health protection, and infants' immunization ($p < 0.05$). This could be explained by the fact that educated mothers belong to higher social classes, that will be reflected on their health care seeking behaviour as well as on indoor and outdoor environment that will be positively reflected on facilities of accident protection. This is in agreement with Amin (1990) and Wassif et al. (1996).

Mass media has the greatest brunt to change knowledge. Urban inhabitants have ready access to all kinds of advertisements which focus on immunization & child health care seeking behaviour. So, rural population have poorer perception for requirements of proper health. This is in agreement with Greydanus et al., (1992), Sullivan et al., (1993) Zetterstrom (1994) as well as Wood et al., (1998).

Table (3) shows that educated mothers- even with limited reading and writing abilities- show statistically significant higher mean percent of correct answers score regarding child health care-seeking behaviour than illiterate group as well as accident protection ($p < 0.05$). This could be explained by the fact that educated mothers belong to higher social classes, that will be reflected on their health care seeking behaviour as well as on indoor and outdoor environment that will be positively reflected on facilities of accident protection. This is in agreement with Amin (1990) and Wassif et al. (1996).

Educated mothers show statistically insignificant higher mean percent of knowledge regarding proper infant care, breast feeding & weaning, growth & development as well as infants' immunizations. So, education in spite of being a privilege for mothers to be more
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responsive to sound health. It must be accompanied with conducive environment to follow health road. Yousef et al., (1995) concluded that maternal illiteracy leads to child ill-health.

Work interferes with coping with close supervision for safe home environment as well as it enforces mothers to leave their babies in baby nursery for about half a day. On the other hand working mothers spend much of their time with each others sharing experiences and knowledge about infant caring reflecting their traditional & cultural background as well as the successful educational programs encountered with for any of them.

Table (4) illustrates that working primiparous mothers show statistically insignificant lower mean percent of correct answers score for infant care as well as for accident protection \( (p > 0.05) \). However, working primiparous mothers exhibit statistically insignificant higher mean percent of correct answers score regarding child-health care, proper breast feeding & weaning, growth & development as well as infant’s immunization \( (p > 0.05) \). So, work per se. can’t be claimed to be hindering infant care. Igedion (1994) reported that working mothers breast feed their infants longer than housewives. MOH-Egypt. (1995) publications has mentioned that work does not compete with the duration of breast feeding, but it competes with the exclusiveness of breast feeding. Bates & Wolinsky (1998) concluded that family environment is an important factor related to increased vaccination level among under 2 years infants in favour of higher socioeconomic families.

The impact of residence on primiparous mother’s practice towards infant care is illustrated by table (5). It is found that the difference of the mean percent of correct answers score is statistically significant higher in favour of urban inhabitants regarding diaper care practices \( (p < 0.05) \). This reflects the sound hygienic behaviour for urban residence.

Proper breast feeding practices, stump care practices show higher mean percent of correct answers
score among urban inhabitants primiparous mothers than rural ones and the differences are insignificant statistically (p > 0.05). This may be explained by the feasibility of urban residence to health facilities & the successful educational role carried out by these facilities. This is in agreement with Zetterstrom (1994). Babybath correct practice shows only slight statistically non significant higher difference of correct answers in favour of rural inhabitants (p > 0.05). This reflects the supportive role carried out by relatives in rural areas helping mother to initiate her motherhood.

Education alone, if not accompanied with conducive behaviour to change deeply rooted beliefs as well as health education programs will not lead to adoption of infants' care correct practices, this is illustrated in table (6). Educated primiparous mothers show statistically insignificant (p> 0.05) higher mean percentage of correct practices of stump care, diaper care, baby bath as well as breast feeding.

Mothers' work add to family income. So, practices that need finance are improved. Also, working mothers exert additional effort directed at their families in general and their children in particular to alleviate any sense of guilt. Table (7) shows that both diaper-care practices & baby-bath practices show statistically significant higher mean percentage of correct answers score among working mothers (p< 0.05) for both. However stump care practices as well as proper breast feeding practices show statistically insignificant higher mean percentage of correct answers score among working mothers (p> 0.05) for both. This is in agreement with El Menshawi (1991). More over, Jones and Heerman (1992) mentioned that maternal employment is a part of modern life, that may be better to suit infants' needs.