

Knowledge And Practice of Newborn Skin Care Hygiene Among Postnatal Mothers Attending Selected Infant Welfare Clinics in Onitsha

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Abstract

Background: In early stages of life, neonates undergo adaptive processes to facilitate transition from the aqueous uterine environment to the arid external atmosphere. As the child grows, due to various parameters, the skin undergoes continual structural and functional development. This maturation involves the fortification of the stratum corneum necessary for the skin's barrier function, alongside the emergence of sweat and sebaceous glands.

Objective: This study aimed to assess knowledge and practice of newborn skin care hygiene among postnatal mothers attending selected infant welfare clinics.

Methods: Mixed method was used. Descriptive qualitative and cross sectional study was adopted for this research work. Instrument for data collection was questionnaire and in depth interviews. Reliability coefficient of 0.84 was established proving the instrument reliable. Postnatal mothers from the study areas made up the population, while 394 were drawn as sample using multistage and purposive sampling technique. Data were analyzed with thematic analysis approach and SPSS using mean, percentage and Pearson's Chi-square.

Results: Findings showed that majority of participants 84.2% fall within the age range of 20 – 40. Majority of the participants were married 66.3% while 55.4% were educated to tertiary level. 83.2% of participants were incorrect about recommended practices for cleaning newborn skin shortly after birth while 81% demonstrated correct knowledge regarding the importance of maintaining proper skin hygiene for newborn. 62.9 % exhibited good practice regarding dressing newborn while 53.5% exhibited poor diaper change to maintain skin hygiene. 44% make out good time to take care of their newborn and a good number stated that social support provided guidance and encouragement to their knowledge and practice of newborn skin hygiene. In

Conclusion: Level of knowledge and practice toward skin-care hygiene in the study area was moderate due to various factors thus there is need for the healthcare providers to actively direct and educate the new mothers on proper practice, so as to promote the proper skin care practices among postnatal mothers.

Keywords: knowledge, practice, newborn, skin-care, hygiene.

INTRODUCTION

The skin, a multifaceted organ of considerable significance, serves diverse physiological roles, encompassing mechanical protection, thermoregulation, immune surveillance, and prevention of bodily fluid loss through its skin barrier function (Lopez et al., 2017). A primary imperative of the skin is to shield against water loss, absorption of harmful substances, microbial intrusion, and physical trauma. Notably, the skin of infants manifests morphological and functional distinctions from that of adults (1–7) (Martini et al., 2017). In the initial days of life, neonates undergo adaptive processes to facilitate the transition from the aqueous uterine environment to the arid external atmosphere. Over subsequent months and years, contingent on various parameters, the skin undergoes continual structural and functional development. This maturation involves the fortification of the stratum corneum, pivotal for the skin's barrier function, alongside the emergence of sweat and sebaceous glands. Infants exhibit heightened skin permeability compared to adults, rendering them more susceptible to water loss and substance absorption (Hillman et al., 2012).

Consequently, neonatal skin experiences an ongoing adaptation to the extraterrestrial environment, necessitating specialized care. This skin, characterized by its sensitivity, thinness, and fragility, encounters compromised defense against microbial proliferation and heightened vulnerability to trauma and percutaneous drug toxicity (Hargis & Myers 2017). The elevated surface area to body weight ratio in infants exacerbates water loss, coupled with their limited capacity to regulate body temperature. This underscores the paramount significance of maintaining adequate hydration and shielding delicate skin from irritants and harmful substances. Therefore, the application of cosmetic products designed for hygiene and protection demands circumspection to preserve the integrity of neonatal and child skin (Meyers, 2009).

Newborn skin care hygiene assumes a pivotal role in infant care, requiring meticulous attention and knowledge from postnatal mothers. The delicate nature of a newborn's skin necessitates specialized care to uphold integrity and safeguard against infections and skin-related complications. Acquiring comprehensive knowledge and adhering to established practices in newborn skin care hygiene are imperative for ensuring the overall well-being of the newborn.

Various institutions, such as the World Health Organization and the National Institute for Health and Clinical Excellence, have formulated general guidelines for postnatal care (WHO, 2006). Additionally, the Association of Women's Health, Obstetric and Neonatal Nurses provides specific evidence-based guidance on neonatal skin care, particularly emphasizing preterm or compromised newborns (10). Despite these recommendations, a paucity of information on newborn skin care is evident in standard pediatric textbooks, as noted by Cetta et al. (1991). While nursing literature describes some bathing methods, guidance for parents and caretakers is predominantly left to the skin care industry and public press.

The distinctiveness of newborn skin, characterized by its thinness, heightened permeability, and elevated surface area to body weight ratio, exposes parents and caretakers to a perplexing array of recommendations. These emanate from professionals such as midwives, nurses,

pediatricians, consumer magazines, the Internet, and even governmental institutions. However, this wealth of information is often rooted in longstanding beliefs and biases rather than evidence-based research. Consequently, readers are left in a state of confusion and uncertainty regarding appropriate skin care routines and product selection for their infants (Rahma et al., 2022).

This deficiency in clear and reliable information can lead parents to feel overwhelmed and unsure about caring for their baby's delicate skin. Therefore, it is imperative for parents to seek guidance from trusted healthcare professionals capable of providing evidence-based recommendations and aiding in navigating through the plethora of conflicting advice.

Postnatal mothers assume a pivotal role in the comprehensive care of their newborns, encompassing the maintenance of appropriate skin care hygiene. Nonetheless, empirical investigations reveal a notable deficiency in both knowledge and practical implementation of optimal newborn skin care hygiene among postnatal mothers, thereby amplifying the vulnerability of their infants to skin-related complications (Lavender et al., 2013). A study conducted in Nigeria underscores this concern, indicating that a substantial 60% of postnatal mothers exhibited insufficient knowledge, consequently correlating with an elevated incidence of skin-related complications, such as diaper dermatitis and neonatal sepsis (Ogbonna et al., 2018).

Navigating the realm of guidance for infant skin care presents parents and caretakers with a labyrinth of recommendations from diverse sources, including midwives, nurses, pediatricians, consumer magazines, the Internet, and governmental institutions. Regrettably, this wealth of information is predominantly grounded in longstanding beliefs and biases rather than being rooted in evidence-based research. The resultant dearth of lucid and reliable information leaves parents disoriented and uncertain regarding the formulation of an appropriate skin care regimen and the selection of optimal products for their infants. This informational ambiguity can induce feelings of overwhelm and insecurity among parents, highlighting the urgency for them to seek counsel from healthcare professionals with a proven track record in delivering evidence-based recommendations (Narchi, 2011).

The identified knowledge gaps and the prevalent confusion underscore the need to extend educational and supportive measures to postnatal mothers specifically concerning newborn skin care hygiene. Elevating their knowledge base and enhancing practical skills in this domain emerge as strategic interventions to substantially mitigate the risk of skin-related complications in infants. In tandem, healthcare professionals wield a pivotal role in this paradigm, entrusted with the task of not only disseminating information but also empowering postnatal mothers to cultivate and adhere to optimal newborn skin care hygiene practices (Subramanian et al., 2020).

The infant welfare clinic, being a central locus for disseminating information and providing support on various aspects of newborn care practices, including skin care hygiene, emerges as a vital conduit. However, an empirical void exists in the domain of research pertaining to the knowledge and practical application of newborn skin care hygiene among postnatal mothers attending infant welfare clinics in Onitsha, Nigeria. Assessing the current landscape is

imperative for identifying specific areas of deficiency and formulating targeted interventions to ameliorate newborn skin care hygiene practices, thereby diminishing the incidence of skin-related complications in infants (Marsh et al., 2002).

Considering the potential enduring repercussions of skin-related complications on the health and well-being of infants, a comprehensive evaluation of the existing knowledge and practices of postnatal mothers is imperative. This assessment serves the dual purpose of identifying lacunae and providing a foundational basis for the development of tailored educational and supportive initiatives. Addressing these issues assumes a paramount role in contributing to the overarching enhancement of maternal and child health outcomes within the community.

1.4 Research Aim and Objectives

The aim of this study is to investigate the knowledge and practice of newborn skin care hygiene among postnatal mothers attending selected infant welfare clinics in Onitsha. The specific objectives of the study are:

1. To assess the level of knowledge of newborn skin care hygiene among postnatal mothers attending infant welfare clinics in Onitsha.
2. To evaluate the practice of newborn skin care hygiene among postnatal mothers attending infant welfare clinics in Onitsha.

1.5 Research Hypotheses

Research hypothesis one (Ho 1): There is no significant association between level of knowledge and practice of newborn skin care among the study participants.

Research hypothesis two (Ho 2): There is no significant association between level of knowledge of newborn skin care and number of ANC clinic visits among the study participants.

METHODOLOGY

The study employed a cross-sectional research design to assess the knowledge and practice of newborn skin care hygiene among postnatal mothers attending the selected infant welfare clinics in Onitsha, Nigeria. The study population consisted of postnatal mothers attending the selected infant welfare clinics in Onitsha, Nigeria. These mothers have recently given birth and were seeking postnatal care and support for themselves and their newborns at the selected clinics. The sample size for the study was determined based on the number of postnatal mothers attending the selected infant welfare clinics during the study period, with the aim of achieving a representative sample that reflects the diversity of the study population.

A multistage sampling technique was used to select the infant welfare clinics and participants for the study. In the first stage, infant welfare clinics in Onitsha was stratified based on their location and accessibility. A random selection of clinics was made from each stratum to ensure representation from different areas of the city. In the second stage, postnatal mothers attending

the selected clinics was approached and invited to participate in the study. The sample size was determined based on the number of postnatal mothers attending the clinics during the study period. Data was collected using a structured questionnaire that was administered to postnatal mothers attending the selected infant welfare clinics. The questionnaire was designed to gather information on the knowledge and practices of newborn skin care hygiene, including bathing, moisturizing, diaper changing, and general skin care routines. The questionnaire also included demographic and socio-economic variables to provide a comprehensive understanding of the study population. The quantitative data was collected via questionnaire and entered into Statistical Package for the Social Sciences (SPSS). Descriptive statistics was used to summarize the demographic characteristics of the study participants, as well as their knowledge and practices related to newborn skin care hygiene. Inferential statistics (chi-square tests) was used to test the stated hypotheses. The analysis also assessed the association between knowledge and practices across different socio-economic backgrounds and cultural settings.

Results

Table 4.1 shows participants socio-demographic data. Findings show that 170 (84.2%) of the entire participants were young mothers who were within the age range of 20 to 34 years old while the remaining 32 (15.8%) were older mothers ranging from 35 to 52 years. Also, 43 (21.3%) of the participants were singles, 134 (66.3%) were married, 15 (7.4%) were divorced and the rest were widowed. Also, 112 (55.4%) read up to tertiary level of education while 19 (9.4%) had no formal education at all. As regards occupation, 71 (35.1%) were civil servants who were either junior or senior officers, 60 (29.7%) were unemployed while 35 (17.3%) didn't disclose their occupation. Findings also show that 29 (14.4%) participants made more than a hundred thousand monthly while 49 (24.3%) made less than twenty thousand on monthly basis. Participants response regarding where they delivered their last baby shows that 13 (6.4%) delivered in their houses, 69 (34.2%) delivered in public hospitals, 97 (48%) delivered in private hospitals while the rest utilized TBA's for delivery. Lastly, 76 (37.6%) participants were able to easily access healthcare services while 32 (15.8%) had difficulty in accessing healthcare service.

Table 4.1: Socio-demographic Variables of Participants (N=202)

Socio-demographic variables	Frequency	Percent
Age Group		
Young Mothers (20-34 years)	170	84.2
Older Mothers (35 years above)	32	15.8
Marital status		
Single	43	21.3
Married	134	66.3
Divorced	15	7.4
Widowed	10	5
Educational level		
No formal education	19	9.4
Primary education	24	11.9
Secondary education	47	23.3
Tertiary education	112	55.4
Occupation		
Senior or junior civil servant	71	35.1
Unemployed	60	29.7
Home maker	36	17.8
Others (unspecified)	35	17.3
Monthly income		
Below 20,000	49	24.3
20,000 - 50,000	81	40.1
50,001 - 100,000	43	21.3
100,000 and above	29	14.4
Place of delivery during your last pregnancy		
Home	13	6.4
Public Hospital	69	34.2
Private Hospital	97	48
Traditional Birth Attendant (TBA)	23	11.4
Access to healthcare services		
Easy	76	37.6
Moderately easy	94	46.5
Difficult	32	15.8

Age (years): minimum – 20; maximum – 52; mean – 29; SD – 5.66

Table 4.2: Participants Knowledge of Newborn Skin Care Hygiene (N=202)

Knowledge of newborn skin care hygiene	Incorrect		Correct	
	Freq.	%	Freq.	%
Recommended practices for cleaning a newborn's skin shortly after birth	168	83.2	34	16.8
Importance of maintaining proper skin hygiene for a newborn	38	18.8	164	81.2
Steps to be taken during a newborn's bath to ensure skin hygiene	185	91.6	17	8.4
Recommended time to give a newborn their first bath after birth	176	87.1	26	12.9
Measures to be taken to prevent and address diaper rash in a newborn	88	43.6	114	56.4
Determining time to change a newborn's diaper	68	33.7	134	66.3
Factors contributing to the need for moisturizing a newborn's skin	88	43.6	114	56.4
Choice of an appropriate moisturizer for your newborn	66	32.7	136	67.3
Considerations made when dressing a newborn to maintain proper skin temperature	55	27.2	147	72.8
Protection of newborn's skin from the sun during outdoor activities	80	39.6	122	60.4
Practices adopted to minimize the risk of skin infections in newborn	57	28.2	145	71.8
Reaction to signs of infection or irritation on newborn's skin	67	33.2	135	66.8
Sources of information about newborn skin care hygiene	74	36.6	128	63.4
Steps involved in caring for the umbilical cord stump of a newborn	128	63.4	74	36.6
Handling of concerns or complications related to the umbilical cord	76	37.6	126	62.4

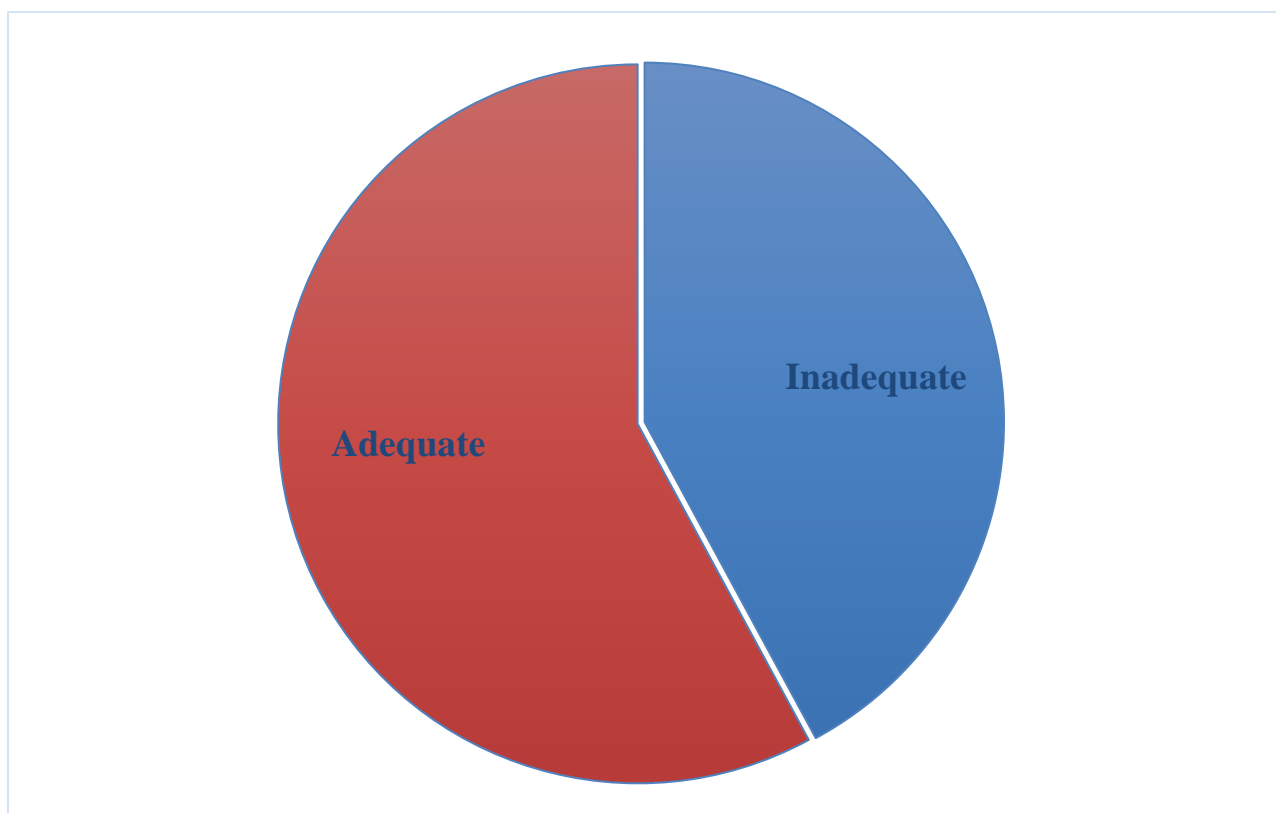


Figure 1.4: Level of Knowledge of Newborn Skin Care Hygiene (N=202)

Knowledge level (%): minimum – 6.7; maximum – 93.3; mean – 53; SD – 19.19

Figure 4.4 is a summary of participant's knowledge of newborn skin care hygiene (Table 4.2). This summary was achieved by scoring respondents knowledge. The right option was coded as 'correct' while the wrong options were coded 'incorrect'. The correct responses were awarded one (1) mark while the incorrect responses were awarded zero (0); each participant's score was then summed up and taken to percentage. Participants' level of knowledge was categorized into two groups i.e. adequate and inadequate knowledge based on percentage score. Those who had < 50% were categorized under 'inadequate knowledge' while those who scored 50% above were categorized under 'adequate knowledge'

Result shows that 117 (57.9%) participants had adequate knowledge while 85 (42.1%) had inadequate knowledge about newborn skin care hygiene.

The common practices employed by postnatal mothers regarding newborn skin care hygiene was also assessed via multi-choice questions. The most appropriate option was coded as 'good' hygiene practice while the others were coded 'poor' hygiene practice.

Findings on Table 4.3 shows the practices employed by participants in ensuring newborn skin hygiene. Result shows that 58 (28.7%) employed good practice while 144 (71.3%) displayed a

poor hygiene practice regarding substances used to clean newborn skin during bath; 153 (75.7%) had a good hygiene and 49 (24.3%) had poor hygiene practice as in frequency of bathe of newborn; 94 (46.5%) showed good practice while 108 (53.5%) showed poor practice of diaper changing to maintain skin hygiene; 183 (90.6%) had good practice while 19 (9.4%) had poor practice in the prevention of diaper rash in newborn; 127 (62.9%) practice the proper way to dress a newborn in order to maintain temperature while 75 (37.1%) had poor dressing practice; lastly, 20 (9.9%) practice good care for newborn umbilical cord stump while 182 (90.1%) had poor practice of it.

Table 4.3: Common practices employed by postnatal mothers regarding newborn skin care hygiene

Common practices employed	Good		Poor	
	Freq.	%	Freq.	%
Substances used to clean your newborn's skin during bath time	58	28.7	144	71.3
Frequency of bathe of newborn for skin hygiene purposes	153	75.7	49	24.3
Type of moisturizer or oil used on newborn's skin	105	52	97	48
Diaper changing for maintaining skin hygiene	94	46.5	108	53.5
Steps taken to prevent diaper rash in newborn	183	90.6	19	9.4
Dressing newborn to maintain proper skin temperature	127	62.9	75	37.1
Protecting newborn's skin from sun exposure during outdoor activities	184	91.1	18	8.9
Care for newborn's umbilical cord stump	20	9.9	182	90.1



Figure 4.2: Level of Practice of Newborn Skin Care Hygiene (N=202)

Level of Practice (%): minimum – 12.5; maximum – 87.5; mean – 43; SD – 14.03

In arriving at this summary, participant's performance on skin care hygiene (Table 4.3) was graded whereby, good practice was awarded one (1) mark while poor practice was awarded zero (0), and the scores were then summed up and converted to percentage. Participants who scored below 50% were placed under poor practice category while those who scored 50% and above were under good practice category.

Figure 4.5 shows that 100 (49.5%) had good hygiene practice while 102 (50.5%) had poor practice of newborn skin care hygiene.

RESEARCH HYPOTHESES

Research hypothesis one (Ho 1): There is no significant difference between level of knowledge and practice of participants towards newborn skin care hygiene

The result of null hypothesis one on Table 4.5 shows that in comparison to those with adequate knowledge, participants who had inadequate knowledge constituted more to population of those with poor hygiene practices, 53 (62.40%) and less to population of those with good

hygiene practices, 32 (37.60%). This implies that participants' level of knowledge had influence on their level of practice of newborn skin care hygiene. The result was as well found to statistically significant (Chi-Sq = 8.25, df = 1). The null hypothesis one is therefore rejected.

Table 4.5: Significant difference between level of knowledge and practice of newborn skin care hygiene (N=202)

Level of Knowledge	Level of Practice		Chi-Sq.	df	pv	Remark
	Poor practices	Good practices				
Inadequate knowledge	53 62.40%	32 37.60%	8.25	1	0.005	S
Adequate knowledge	49 41.90%	68 58.10%				

Research hypothesis two (Ho 2): There is no significant difference between participant level of knowledge of newborn skin care hygiene and number of visitations they have made to ANC clinic

Result of null hypothesis two is presented on Table 4.6. Comparatively, the result of hypothesis two shows that participant who had adequate knowledge utilized/visited the ANC clinic more often than participants with inadequate knowledge. Statistically, the value or magnitude of difference was significant (Chi-Sq = 10.13, df = 2). This implies that the participants' frequency of ANC visitation was greatly influenced by their level of knowledge. Therefore the null hypothesis two was rejected.

Table 4.6: Significant difference between level of knowledge and number of ANC visitation (N=202)

Level of Knowledge	Number of ANC Visitation			Chi-Sq.	df	pv	Remark
	Undesirable	Adequate	Optimal				
Inadequate knowledge	16 69.60%	63 40.60%	6 25.00%	10.13	2	0.006	S
Adequate knowledge	7 30.40%	92 59.40%	18 75.00%				

Discussion

Socio-demographic Characteristics of Participants

The socio-demographic characteristics of the study participants revealed important insights into the population under investigation. The majority of the participants (84.2%) were young mothers aged between 20 and 34 years, indicating a predominance of relatively young postnatal mothers attending the selected infant welfare clinics. This finding aligns with the demographic trends observed in many developing countries, where a significant proportion of births occur among women of reproductive age (Afulani, 2015; Izugbara, 2020).

Regarding marital status, the study found that 66.3% of the participants were married, while 21.3% were single mothers. This distribution reflects the socio-cultural dynamics of the study setting, where childbearing within marriage is still widely practiced and accepted (Aseweh et al., 2021). However, the presence of a notable proportion of single mothers highlights the changing societal norms and the need to address the unique challenges faced by this group in accessing healthcare services and support (Oyedele et al., 2015).

The educational level of the participants revealed that 55.4% had attained tertiary education, indicating a relatively high level of formal education among the study population. Education has been consistently associated with better health-seeking behaviors, knowledge, and practices, as it enhances an individual's ability to access, understand, and apply health-related information (Adedini et al., 2019; Awingura et al., 2021). However, it is important to note that 9.4% of the participants had no formal education, underscoring the need for targeted interventions to reach this vulnerable group.

Regarding occupation, 35.1% of the participants were civil servants, while 29.7% were unemployed. The employment status of mothers can have implications for their access to healthcare services, financial resources, and ability to prioritize newborn care practices (Tawiah, 2016; Makoka, 2020). Unemployed mothers may face greater challenges in affording essential products and services related to newborn skin care hygiene.

The study also revealed variations in the monthly income levels of the participants, with 24.3% earning below 20,000 Naira and 14.4% earning above 100,000 Naira per month. These income disparities can influence the affordability of newborn care products and access to healthcare services, as mothers with lower incomes may face financial constraints (Awingura et al., 2021; Izugbara, 2020).

Regarding the place of delivery during the last pregnancy, 48% of the participants delivered in private hospitals, 34.2% in public hospitals, and 6.4% at home. The choice of delivery location can be influenced by various factors, including socioeconomic status, accessibility, and cultural preferences (Aseweh et al., 2021; Edmond et al., 2018). Home deliveries, while relatively low in this study, may pose additional challenges in promoting and adhering to recommended newborn skin care hygiene practices (Izugbara, 2020; Titaley et al., 2020).

The study also examined the participants' access to healthcare services, with 37.6% reporting easy access, 46.5% moderately easy access, and 15.8% experiencing difficulties. Access to healthcare services is a critical determinant of maternal and newborn health outcomes, as it influences the ability to receive timely and appropriate care, including education and support for newborn skin care hygiene practices (Awingura et al., 2021; Makoka, 2020).

5.2.2 Knowledge of Newborn Skin Care Hygiene

The findings related to the participants' knowledge of newborn skin care hygiene revealed significant variations across different aspects of care. Notably, 83.2% of the participants were incorrect about the recommended practices for cleaning a newborn's skin shortly after birth, suggesting a knowledge gap in this crucial area. Improper cleaning techniques can increase the risk of skin infections, irritations, and other complications in newborns (Blume-Peytavi et al., 2016; Gribetz & Cruger, 2017).

In contrast, 81.2% of the participants demonstrated correct knowledge regarding the importance of maintaining proper skin hygiene for newborns. This finding indicates a general awareness of the significance of newborn skin care, which could serve as a foundation for promoting and reinforcing appropriate practices.

However, the study revealed concerning knowledge deficits in specific areas. For instance, 91.6% of the participants were incorrect about the steps to be taken during a newborn's bath to ensure skin hygiene, and 87.1% did not know the recommended time to give a newborn their first bath after birth. These knowledge gaps can lead to inappropriate practices, such as using harsh soaps or bathing the newborn too soon after delivery, which can disrupt the delicate skin barrier and increase the risk of infections or other complications (Blume-Peytavi et al., 2016; Gribetz & Cruger, 2017).

Regarding diaper rash prevention and management, 56.4% of the participants demonstrated correct knowledge, while 43.6% were unaware of the appropriate measures. Diaper rash is a common skin condition in newborns, and proper management is essential to prevent discomfort, skin breakdown, and potential complications (Buckingham, 2016; Zahn et al., 2022).

The study also revealed knowledge gaps in areas such as protecting newborns from sun exposure during outdoor activities (39.6% incorrect), identifying the appropriate moisturizers for newborns (32.7% incorrect), and handling concerns or complications related to the umbilical cord (37.6% incorrect). These knowledge deficits can have practical implications for maintaining optimal skin health and preventing potential complications in newborns.

Overall, the findings suggest a need for targeted educational interventions and ongoing support to enhance the knowledge of postnatal mothers regarding newborn skin care hygiene practices. Addressing these knowledge gaps can contribute to improving the quality of care provided to newborns and promoting better health outcomes (Awingura et al., 2021; Izugbara, 2020).

5.2.3 Practice of Newborn Skin Care Hygiene

The study's findings regarding the common practices employed by postnatal mothers in ensuring newborn skin care hygiene revealed both positive and concerning trends. While 75.7% of the participants demonstrated good hygiene practices related to the frequency of bathing newborns, a significant proportion (71.3%) displayed poor hygiene practices concerning the substances used to clean newborns' skin during bath time. The use of inappropriate or harsh cleansers can disrupt the delicate skin barrier, leading to dryness, irritation, and increased susceptibility to infections (Blume-Peytavi et al., 2016; Gribetz & Cruger, 2017).

Furthermore, 53.5% of the participants exhibited poor practices in diaper changing to maintain skin hygiene, which can contribute to the development of diaper rash and other skin-related issues (Buckingham, 2016; Zahn et al., 2022). However, it is encouraging to note that 90.6% of the participants demonstrated good practices in preventing diaper rash in newborns, suggesting an awareness of the importance of this aspect of care.

Regarding dressing newborns to maintain proper skin temperature, 62.9% of the participants exhibited good practices, while 37.1% had poor dressing practices. Appropriate clothing and temperature regulation are essential for newborn comfort and skin health, as overheating or excessive cooling can lead to skin irritations, rashes, or other complications (Blume-Peytavi et al., 2016; Gribetz & Cruger, 2017).

A concerning finding was that 90.1% of the participants demonstrated poor practices in caring for the newborn's umbilical cord stump. Proper cord stump care is crucial to prevent infections, delayed healing, and potential complications (Awingura et al., 2021; Izugbara, 2020; Titaley et al., 2020). This highlights the need for targeted education and support

Generally, the findings related to the practice of newborn skin care hygiene revealed areas of strengths and weaknesses. While some practices, such as bathing frequency and diaper rash prevention, were generally adhered to, others, such as substance use for cleaning, diaper changing, and umbilical cord care, demonstrated poor practices among a significant proportion of participants. These variations in practice may be attributed to several factors, including knowledge gaps, cultural influences, access to resources, and social support systems, which will be discussed further in the subsequent sections.

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