Investigation of the relationship between maintenance of the newborn in the family with some family characteristics in the patients referred to the health 52centers of Ardabil in 2017 year

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ABSTRACT

Introduction and purpose:
The infancy is one of the most sensitive stages of life which is requiring the suitable recognition and proper care delivery. Since the family is considered as a valuable element in determining the goals and determining specific needs and carrying out interventions for providing services to infants, the awareness of parents, especially the mother about how to correct behaviour with infant's problems and provide essential care in this per iod can notable contribute to improving infant's health. Therefore, according to this point, it is necessary to examine the families' awareness about the child care standards. The aim of this study was to determine the relationship between family function in the context of infant care standards with some family specifications in the families referred to clinics of the city of Ardabil in 2017 year.

the research method: in this study, 132 families having newborn children referred to the Ardabil city's clinics were studied, which were selected in the available method. The data were collected through a questionnaire whose validity and reliability were also carried out. The data were analyzed by SPSS software.

Findings: Out of 132 studies, 60 people (45 %) were girls and 72 (55 %)were boys. the results showed that as family specifications improve, child care standards will increase. As well as their age in family functioning is ineffective in the context of child care, but economic status and birth order variables have an not effective role in family function.

Discussion and conclusion: This study revealed that family function in the context of infant care standards is closely related to some family specifications as well as family specifications are capable of predicting the infant care standards, so as the family specifications increase, child care standards will also increase. Therefore, the most participation of people in respect of infant care is one of their effective means of empowerment, increasing the quality of child care, as well as raising the community health level. The rate of growth in early childhood is very high. The experiences children receive from their surroundings in these years are used as basis and basis for subsequent cross - learning.

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1. Introduction

The rate of growth in early childhood is very high. The experiences that children receive from their surroundings in these years are used as a base for subsequent learnings. According to the Bloom's theory, the maximum time of intelligence growth of child is from birth to 4 age old, and the more productive the experiences of the environment, the child intelligence increases.

Therefore, the optimum care and training in this period has the greatest effect on the development and prosperity of the intrinsic talent, the development of the power of thinking, creativity and abilities and skills of children learning. Lack of attention to the development stages of the child prevented him from receiving the useful training and causing problems that are not possible to compensate for later ages. (Farjad, 2013).

The infant period, which forms many physiological adaptations for extracellular life, is a highly vulnerable period for the infant. Due to this, adverse effects and mortality rate is high in the infancy. In the United States, 2/3 of the total number of deaths occurring in the first year of life is related to the infant period. The mortality rate in the first year of life is not equal to any year until the seventh decade of life (Sheikh Baha-addin and Raei, 2009).

By providing proper and accurate care in the infant period, the opportunity to suitable development and evolution for the infant, which is his natural right, is provided. The most important time for the formation of people's personality, the establishment of proper emotional communication, and maintaining the mental and physical health of the child, is about infancy especially during the first hour of birth.

This time has a significant role on the human health in all aspects, including mind, body, soul, and human safety. This is why the beginning of proper care of the newborn is very important since birth. On the other hand, the provision of good care to the infant will lead to a healthy society, reducing the care costs and treatment of all ages and even other ages, thus increasing social capital (Cleveland, 2008)

Now given these realities, it is time to look deeply at the quality of the children growth pattern, and take advantage of the findings of the country's research and global experiences to increase the physical and mental capacities of the children of the country (Bauman, 2005). These global experiences are the application of parents and family participation activities to promote community health. As recently as the World Health Organization (WHO) announced that the family participation is the basis of improving health and the main key to providing primary health services (Yari, 2009).

Because the family is considered to be a valuable element in providing services to infants (Cleveland, 2008)and one of the best and most effective ways to prevent injuries and hurts from being hospitalized (Taghavi, 2005), because in this way, the ability of parents to facilitate the evolution of their infants increases .

The annual birth of more than one million children in our country is a very strong reason to deal with the physical and mental aspects of the infant's health. The country's study of the assessment of child development in 1998 showed that a large percentage of the country's children suffer from a loss in growth (Davili, 2004).

Parental participation is one of the principles that the World Health Organization and Scientific Resources emphasize to improve health. Therefore, it is possible to consider one of the strategies for improving the growth of children in related to the most participation of parents.

So, considering that the family function in the care of children and especially infants is one of the important indicators of the quality of life and health of the whole family and considering that the researchers did not know much of their families knowledge on infant care standards, no study was found in this regard. So, the present study was conducted with the aim of "review the level of compliance with standards in the family function in the context of infant care in the families referred to the Ardabil city's clinics in the year 2017" in order to increase the level of infant health by applying the results of this study, and also involve the family in better care of the infant, and on the other hand, reduce the financial burden caused by infant treatment.

Materials and methods:

This study is analytical descriptive type. The population studied is the parents of the referring in the Ardabil provincial health care centers, who have had a infant, whether girl or son during the past month and the research environment was in the health clinics, and especially children clinics in the city of Ardabil. The samples were selected in the available method

The researcher asked the parents to complete the research questionnaire tailored to their characteristics and not without answering the question as much as possible while insuring about confidentiality of information and preparing sample people in respect of mental fitness to participate in research and obtaining parent's written consent.

201 infants were selected as a statistical population by using the Morgan's table, of which 132 infants were selected as sample volume and randomly selected and answering the questionnaire. The questionnaire was designed in two parts 1) demographic specification, 2) designed questionnaire containing questions that examined child care standards from parents.

The terms of this section of the questionnaire were based on a five - point Likert scale (at all, sometimes, most of the time, always), ranging from 0 to 4 respectively.

The mean of family function scores are examined in respect of standards in different dimensions. The maximum score is 100 and at least 0. The mean scores are then grouped into five very low, low, moderate, and very good grades. The score (20-0) taken consider as a very low function, score (40 -21)as low function, score (60- 61)as good function, score (80- 61)as good function and grade (100 81)as good function.

Present standards on the care of the infants were extracted from the literature and then the relevant questionnaire was prepared and its validity and reliability were evaluated. In order to validate the provided questionnaire, the questionnaire has been provided to 10 experts and respected professors and their corrective opinions have been taken. About the reliability, a pilot study was used and the Kronback's alpha ($\alpha=0/800$)was calculated (Khalesi and et al., 2015).

The inclusion criteria for the study include firstly, the care of the infant being taken by the family and secondly, the infant is healthy on the birth time and has no record of being hospitalized, and finally the parents are not members of the sanitary and caring personel. The exclusion criteria of the study included 1- infant mortality during the study and 2 and questionnaire was corrupted.

obtained data after coding entered SPSS software, version 20, and analyzed using descriptive and analytical statistical methods after ensuring the accuracy of the data entry. The descriptive statistics were in the form of tables, graphs, and reports of statistical indices (mean and standard deviation for the quantitative variables and the ratio for qualitative variables. In the analytical statistics, to determine the level of compliance from the parents as well as in terms of conditions, Fisher's exact statistical test, X- squared method and correlation coefficient are used in this study. In all statistical tests, p value is considered less than 0.05 as a significant level.

Results:

In this study, the statistical population consisted of parents with newborn babies how referred to the Ardabil city's clinics in 2017, 132 infants were surveyed, of which 60 (45 per cent)were boys and 72 (55 %)were boys (Table 1).

Table 1- frequency distribution of people based on demographic specification.

percent	frequency	type		veriable
%55	73	boy		gender
%45	60	girl		
16/7	22	poor		Family economic status
69/7	92	middle		
13/6	18	high		
0/75	1	20-10	fathers	Age group
44/0	58	30-21		
46/0	61	40-31		
9/25	12	50-41		
11/25	15	20-10	mothers	
60	79	30-21		
28/0	37	40-31		
0/75	1	50-41		
65/15	86	First son		Family son order
25/75	34	Second son		
8/35	11	Third son		
0/75	1	Forth son		
100/0	132	city		Dwelling place
0/0	0	rural		

Table 1 data related to the fathers indicates that from 132 studied sample, we have the maximum frequency was related to age - rank (61 per cent is equal to 46/0)and the minimum number was related to age - rank (1 person is equal to 75 %). which is shown in the figure below. In the mothers, the maximum frequency was related to 30 - 21 age-rank (79 people is equal to 60 %)and the minimum frequency was relate to 41-50 age - rank (1 person is equivalent to 75).

The data about the birth order of the family child indicates that in 132 studied samples of 86 children (60 per cent) were the first child, 34 children (equal to 25 /75per cent) were of second child of family and 11 children were the third child (equal to 8/35) and one child (equal to 0.75) was of the fourth family child. The data pertaining to the location of the child responders indicates that all the studied children in the study live in the city (Table 1).

Data obtained from table 1 on the respondents ' economic status indicates that the economic situation is 22 people (equal to 16 %)at a poor level, 92 people (equal to 6.7 per cent)on average, and 18 people (equal to 6.8 %) at a high level. This is shown in Figure 1.

Table 2- variables' descriptive information

Standard deviation	mean	deminsions
15/7156	12/3939	Family function in eye care
1/7550	34/8258	Family function in covering clothes
3/7630	34/9394	Family function in the umbilical cord care
4/3470	19/7481	Family function in truncating the nail
4/3382	78/7803	Family function in feeding and nutrition.
9/0783	28/6364	Family function in related to sleeping with the child
1/4156	14/8788	Family function in related to child immunization
0/5246	224/053	Total family function

According to Table 2, it is noted that the descriptive information of all variables have been indicated and Family mean function in feeding and nutrition is more than other variables.

Table3- regression coefficient for effect of family specifications on the infant care standards

Significant level	t	Standard coefficient	Non-standard coefficient		model
		Beta	Std. Error	B	
0/000	6/737		24/423	164/536	stable
0/025	-2/265	0/195	0/109	0/246	1 the infant care standards

According to Table 3, it is noted that the standard beta coefficient for the two variables of family specifications and child care standards is equal to 0/195 and absolute value of t is also higher than 1/96 error level (9/123), and is therefore considered to be less than 0.05, it can be rejected the null

presumption. Therefore, it is concluded that the family characteristics have the ability to predict the child care standards and that this prediction is positive, in other words, according to the promotion of family specifications, standards of infant care will increased.

Table4- regression coefficients for effect of child order on the family function in respect to infant care standards

Significant level	t	standard coeffiecnt	Non-standard coeffiecnt		model
		Beta	Std. Error	B	
0/000	71/373		3/205	228/758	stable
0/107	-1/621	-0/141	2/006	-3/251	family function in respect to infant care standards 1

According to Table 4, the standard beta coefficient for the two variables of child order in the family function in the context of child care standards is equal to -0/141 and

absolute value t also is higher than 1.96 error level (-1/621) and also because the significant level more than 0.05 so it cannot be reject null hypothesis. Therefore, it is concluded that the child order have not ability to predict family function in respect to infant care standards.

Table5- regression coefficients for effect of parents age on the family function in respect to infant care standards

Significant level	t	standard coeffiecnt	Non-standard coeffiecnt		model
		Beta	Std. Error	B	
0/000	32/890		7/417	243/961	stable
0/039	-2/089	0/267	0/328	0/684	Father age 1
0/024	-2/032	0/277	0/358	0/675	Mother age

According to Table 5, the standard beta coefficient for the two variables of father age and the family function in the context of child care standards is equal to -0/267 and absolute value t also is higher than 1.96 error level (-2/089) and also the standard beta coefficient for the two variables of mother age and the family function in the context of

child care standards is equal to 0/277 and absolute value t also is higher than 1.96 error level (-2/032) because the significant level less than 0.05 so it cannot be reject null hypothesis. Therefore, it is concluded that the parent age have not ability to predict family function in respect to infant care and this prediction is positive.

Table6- regression coefficients for effect of economic status on the family function in respect to infant care standards

Significant level	t	Standard coefficient	Non-standard coefficient		model
		Beta	Std. Error	B	
0/000	44/347		5/104	226/364	stable
0/639	-0/470	-0/041	2/496	-1/173	Economic status 1

According to table 6, because the significant level is obtained more than 0/05, it can be concluded that economic status has not ability to predict family function in respect to infant care.

Discussion:
This study aims to investigate the relationship between family function in the context of infant care standards with some family specifications in the families referred to clinic of the city of Ardabil in 2017 year .

In terms of nature and goals, the present study is a descriptive and analytical kind that has been carried out in order to achieve the purposes, 132 people from the parents having newborn referred to health centers of the city of Ardabil during the past month. Then statistical population of this study was all the parents having newborn referred to health centers in the city of Ardabil. The sample volume was calculated 132 people according to statistical indexes and sample size equation of correlation studies. Two parts questionnaire were used to collect data. Then, the research findings are analyzed and some suggestions are presented in this regard. Our research results showed that in 132 studied

samples, 60 people (equal to 45 per cent)were girls and 72 (equal to 55 %)were boys.

Our research results showed that in 132 studied samples, 60 people (equal to 45 per cent)were boys and 72 (equal to 55 per cent)were boys, the maximum frequency in the age of fathers was related of 31-40 years old class (46 %)and the minimum frequency is related to 10-20 years old class (75 percent) and the maximum frequency in age of mothers is related to 21-30 years old class (60 %)and the minimum frequency is related to 41-50 years old (75 percent).

In the study by Mir molaei and et al. (2012), under title of the impact of post birth care delivery in house on the maternity function in care of infants, the majority of mothers were in the 20-29 age group and most of them was first birth. In study of Khorshidi far and et al. (2016), the results of the study showed that the average age of mothers was 28/48 ±5/48, and their minimum and maximum age was 14 and 43, respectively. Overall, it follows above mentioned descriptions that in terms of demographic characteristics, the results of other researchers ' research are in line with the present study. According to Table 2, the standard beta coefficient for the two variables of family characteristics and child care standards is equal to 0/195 and the absolute value of t is higher than the error level of 1/96 and because the significant level is obtained less than 0.05 and so null hypothesis can be rejected.

According to Table 2, the standard beta coefficient for the two variables of family characteristics and child care standards is equal to 0/195 and the absolute value of t is higher than the error level of 1/96 and because the significant level is obtained less than 0.05 and so null hypothesis can be rejected.

It is therefore concluded that family specifications are capable of predicting the child care standards, so if the level of family specifications will improve, the infant care standards will also increase.

The results of this section of the study were in agree with the results of Ortenstrand (2010)who tested the impact of parental participation in the care of the newborn infant on the hospitalization duration of the infant's morbidity, and observed that parental participation and presence had a strong effect on the condition of majority the hospitalization duration of the infant so that a five - day reduction was achieved during the infants' hospitalization. It was also found that the involvement of parents and increasing some indicators could have a direct effect on the stability of the conditions of the infant and her/his morbidity, which are consistent with our results.

According to the obtained results, the standard beta coefficient for the two variable of child order in the family function in the context of child care standards is equal to-0/141 and the absolute value of t is higher than 1/96 error level (-1/621) and because the significant level is obtained more than 0.05 and so null hypothesis can be rejected. It is therefore concluded that child order does not have ability of predicting the family function in respect of the child care standards.

In Sharafi's research (2009), mothers having four children and more had the highest awareness score (47/53±12/15), and the lowest average awareness score was about the

mothers had 2 children, which is not consistent with the results of our research.

According to Table 3, it is noted that the standard beta coefficient for the two variables of father's age and the family function in the child care standards is equal to 0/267 and absolute value of t is also higher than 1/96 error level (-2/089), and also the standard beta coefficient for the two variables of mother's age and the family function in the child care standards is equal to 0/277 and absolute value of t is also higher than 1/96 error level (-2/032) is therefore considered to be less than 0.05, it can be rejected the null presumption. Therefore, it is concluded that the parents age have the ability to predict the family function in terms of the care standards and that this prediction is positive.

Obtained results showed that mothers in the age group 18 to 35 years old have the maximum mean awareness score than any other age group (47/53%). in the study conducted by Khorshdi far (2015)with the aim of investigating the awareness, attitude and function of mothers in neonatal jaundice in the Kazeron province in 2015 year, the results indicate that by increasing age, the level of awareness and attitudes of mothers studied did not show significant differences.

In a research entitled post - birth care among rural women in Nepal, Dehghal (2007) reported that employment, ethnicity, family economic status and people awareness are significantly effective on post - birth care. The results show that, in terms of the economic status of family on family function, the results of other researchers were not in agreement with the present study.

Conclusion:

Present study showed that family function in infant care standards is closely related to some family specifications and family specifications are also capable of predicting the child care standards, so as the family specifications increase, child care standards will also increase.

Therefore, the participation of most people in the case of infant care is one of their effective means of empowerment, increasing the quality of infant care, as well as raising the level of health of the community.

Recommendations:

According to the results of the study, more effort is needed in the field of neonatal care to be done in different methods of information and

of reinforcing level of awareness in this category. In this regard, the establishment of a base of large natals to train mothers, train a few medical bases and allocate it to family counseling, develop a family counseling Web site, set up a number of telephone lines per month (hospital, maternity, health care centres), which can only respond to infants issues and also correct guidance of families in respect of presence of these centers and how to availability to them can be proposed recommendations for increasing level of infant care standards in the families and society.

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