A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICES REGARDING NEWBORN CARE AMONG MOTHERS ATTENDING VACCINATION CLINIC IN REGIONAL HOSPITAL, SOLAN (H.P.)

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Abstract

The birth of a healthy newborn is one of the finest gifts of nature. Essential newborn care is the care required by all neonates (first 28 days of life) whether they are born healthy, small or unwell. It includes appropriate preventive care, routine care, transition and care of sick and small babies. The health of children has been considered of vital importance to all societies because children are the basic resource for the future of humankind. Aim of the study is to assess the level of knowledge of mothers, their healthy and unhealthy practices and determine predictors of poor practices regarding newborn care. The study was based on Modified Dorothy Johnson's behavioral system model. The result shown that knowledge score mean value is 16.23 and SD is ±3.93 and the mean percentage value was 54.1%. Furthermore, co-relation value, table value and p value is also calculated that shows significant result. This study may help to assess the knowledge and practice regarding newborn care among mothers, secondly also helps to determine relationship between knowledge and practice regarding newborn care.

Keywords: *Effectiveness, Structured Teaching Programme, Knowledge, Pre-menopause*

INTRODUCTION

The birth of a healthy newborn is one of the finest gifts of nature. The process of birth takes only a few hours but it is the most hazardous period of life since it is associated with the largest number of deaths as compared to any other phase of life. As we know, when a baby is born he/she has to adapt from fetal life to extra uterine life. All the body systems undergo some changes. Respirations are stimulated by chemical changes within the blood and by chilling. The birth of a child is usually occasioned by a good-term baby and a healthy mother. In the minority of cases, the pregnancy may be complicated by maternal illness, preterm labor, a difficult delivery, or other problem resulting in babies requiring additional neonatal care at and after birth. Essential newborn care is the care required by all neonates (first 28 days of life) whether they are born healthy, small, or unwell. It includes appropriate preventive care, routine care, transition, and care of sick and small babies. The success with which mortality and morbidity are prevented will depend to a large extent on the commitment and expertise of the health workers responsible for newborn care. An unacceptable number of babies around the world die in the first week of life with the highest number dying within the first 24 hours of birth. Many of these deaths occur to babies born too early and too small, or with infections, or to babies asphyxiated around the time of delivery. Studies have shown that many newborn lives can be saved by the use of simple low technological interventions. Interventions such as: supporting breastfeeding, providing adequate warmth, ensuring good hygiene and cord care, recognizing early signs of danger and providing, prompt treatment and referral, giving extra care to small babies and having skilled health workers attend mothers and babies at delivery and in the

immediate postpartum period can all increase a newborn baby's chances of survival.

The health of children has been considered of vital importance to all societies because children are the basic resource for the future of humankind. A child is a unique individual; he or she is not a miniature adult, not a little man or woman. The childhood period is vital because of the socialization process by the transmission of attitudes, customs, and behavior through the influence of the family and community. They need appropriate care for survival and healthy development. The risk of neonatal mortality is more acute in rural areas where expert obstetric care is scarce, and the home environmental conditions in which the baby is born, are usually unsatisfactory. Roughly 60% of birth in less developed counties occurred at home, so parents need to be educated about what they can do to save their newborn's lives. Families need to adopt better nutritional practices, including breastfeeding; learn how to dry and warm their newborns; and better understand the danger signs of maternal and neonatal complications saving newborn lives depends on a broad-based condition that includes donors and international organizations that can provide policy focus and finding, governments that are willing to expand their commitment to national and local health care services, and NGOs and grassroots organizations that can work with communities to pass the information on saving newborns. The mother has a pivotal role to play in the life of her infant. To appreciate the place of the mother in rearing her child, the words of Sir Johnson Spencer, the author of the famous "One-thousand-families-survey," are worth recalling. He said "In the study of these families and attempting to correlate their environment with the health of the children, there emerged one dominating factor- the capacity of the mother. If she failed, her children suffered. If she coped with life skillfully and with pluck, she was a safeguard to their health. Despite lapses and failures, the mother stood out as the cornerstone of the family structure and remained the chief guardian of child welfare". Thus, the mother is presented as the custodian of the child's health.

The health of future citizens depends on the care we are giving to our children today. Newborn babies constitutes the foundation of life. Healthy and steady babies are likely to evolve as physically and mentally strong adults with enhanced quality of human resource development. More than half of the infant's deaths occur in the newborn period. Most of these deaths occur during the first week of life. The major causes of these deaths are birth asphyxia, hypothermia, and infection. Bacterial infections and septicemia account for about one-fifth of neonatal deaths. Neonatal bacterial infections are one of the leading causes of neonatal mortality in developing countries. Measures to reduce neonatal deaths deserve priority in every neonatal unit on earth as most neonatal deaths are preventable. According to the global rate the 17 deaths per 1,000 live births in 2019, down by 52% from 38 deaths per 1,000 in 1990. If we do the comparison, the probability of dying after the first month and before reaching age 1 was estimated at 11 deaths per 1,000 and the probability of dying after reaching age 1 and before reaching age 5 was estimated at 10 deaths per 1,000 in 2019. Worldwide 2.4 million children died in the first month of life- approx. 6,700 neonates died every day. According to the rate of India (1990 - 2019), India is registered as a 4.5% reduction in under-five mortality on yearly basis. The number of under-five deaths in India has dropped from 3.4 million in 1990 to 824,000 in 2019. The infant mortality rate in India is declined from 89 in 1990 to 28 in 2019. India accounts for around 22 million neonatal deaths in 1990 which reduced to 522,000 in 2019. The sex-specific under-five deaths have also been reduced. In 1990 mortality rate in male children was 122 and in a female child it was 131 but in 2019 it was reduced to 34 males and 35

females. The current infant mortality rate for India in 2020 is 29.848 deaths per 1000 live births, a 3.48% decline from 2019.

And if we highlight the mortality rate of Himachal Pradesh between 2007 and 2017, the infant mortality rate of Himachal Pradesh was declining at a moderating rate to shrink from 47 per 1000 live births in 2007 to 22 per 1000 live births in 2017. In Himachal Pradesh 22 per 1,000 live births were recorded in 2017. Mothers need to be aware of danger signs of a sick newborn such as poor sucking, rapid breathing at the rate of greater than 60 breaths/minute, difficult breathing, body cold to touch, lethargy, up-rolling of eyeballs, jaundice, abdominal distension, and cyanosis. The mother's knowledge, practices, and attitude, regarding newborn care forms the benchmark for her child care. Though equipped with intuitive information due to lack of specific information, anxiety, worries, lack of confidence, and practical experience, mothers' face more problems than others while taking care of their newborns. Therefore, there is a need to identify the knowledge, practices of mothers regarding newborn care, which can be improved through the health education program.

OBJECTIVES
1. To assess the knowledge regarding newborn care among mothers in Regional Hospital, Solan.
2. To assess the practices regarding newborn care among mothers in Regional Hospital, Solan.
3. To determine the relationship between knowledge and practice regarding newborn care among mothers in Regional Hospital, Solan.
4. To find an association between knowledge and practices regarding newborn care among mothers with their selected demographic profile.

Overall paper is divided into six sections, introduction is covered in first section. Section second includes literature survey which is a base of every research. After that section third includes methodology which includes helps to extract results regarding our research. Results are concluded in section forth which helps to validate our research proposal. Lastly section fifth and sixth includes conclusion and future scope of the research respectively.

LITERATURE SURVEY
Review of literature is a key step in the research process. Review of literature refers to an extensive, exhaustive, and systematic examination of publications relevant to the research project. The review of literature helps to ascertain what is already known about a problem of interest. It provides a basis for future investigation and justifies the need for replication.

A research study was conducted with recent mothers who experienced childbirth within one year before the interview. It was based on a case study approach taking 60 participants with the aim of the study is to understand the preferences for a home birth as well as childbirth and newborn care practices among mothers. They conducted the study in two phases: the first phase in May 2017 and the second phase in July 2017. Their results show that more than half of the study participants were women (39/60). One-third of the participants (19/60) were recent mothers (RM) who had experienced childbirth within one year before the interview. Recent mothers were between 18 and 40 years old and their median age was 27.5. This study also revealed that the Kukama-Kukamiria people prefer home birth over institutional birth because they see it as a meaningful, inexpensive, practical, and socially prestigious practice [13]. A community-based cross-sectional study was conducted in the field practice area of Primary Health Centre (PHC) Sarojini Nagar, Lucknow UP.

The mothers were taken for this study having newborns aged 03 days to 6 days. The main objective of the study was to assess the postnatal newborn care practices and the knowledge of newborn danger signs among mothers in a rural area of Lucknow. The results showed that 49.50% of mothers applied substances to the stump after birth. 52.5% of mothers applied Kajal on the eye of the baby after birth. More than half of the mothers breastfed the baby within 1-4 hours of birth and Exclusive breastfeeding was practiced by nearly half (47%) of the mothers. Less than one-third of mothers used ambulance service 102/108 as their means of transportation to the health facility [14]. A descriptive study was conducted in Bingol city on mothers who had 0-1-year olds. The main objective of the study was to determine the knowledge, attitudes, and behaviors of the mothers with a 0-1-year-old infant about infant and personal care. The sample size was taken by them was 104. The data of the study were collected by using the face-to-face interview method in family health centers between December 15, 2019, and February 15, 2020. The results show that The majority of mothers participating in the study (64.4%) breastfed (85.6%) their infants within the first hour after birth. 79.8% of the mothers stated that they did not know colostrum. 39.4% of the mothers stated that they did not know the side effects of the vaccines given to their infants and 17.3% stated that they did not know the vaccination time [16]. A cross-sectional study was conducted among the mothers of an infant aged 0-6 months in refugee settlement Adjumani district, Uganda having the main objective to assess essential newborn care practices and their determinants among mothers of infants. 561 mothers are selected and data is collected by using a semi-structured questionnaire. Questions were set based on essential newborn care practices like exclusive breastfeeding, cord care, and thermal care. As a result, half (57%) of the mothers feed their babies within one hour. Half (50.1%) of mothers cleaned the umbilical cord of their newborns. Only 17% of the newborns received optimal thermal care immediately after birth. Mothers aged 20–24 years and those involved in subsistence farming were less likely to practice good newborn care compared to those in other occupations [19]. A cross-sectional study was conducted at Public Health Facilities in Wolaita Zone, Southern Ethiopia, 2019 to assess the Knowledge of Essential Newborn Care and Associated Factors among Nurses and Midwives the main aim of the study was to assess knowledge of essential newborn care and associated factors among nurses and midwives working in maternal health care team at public health facilities of Wolaita Zone, Ethiopia. From March to April 2019 an institution cross-sectional study was conducted and data was collected by using a pre-tested questionnaire.218 nurses and midwives were selected from the delivery units of the institution. As a statistical result, among 218 participants 57.9% of participants had good knowledge of essential newborn care. The type of professional educational level interest to work in the delivery room and presence of guidelines were the factors significantly associated with knowing essential newborn care [21]. A hospital-based cross-sectional study was conducted among the mothers to identify the gaps in the knowledge and practices of essential newborn care among postnatal mothers at Juba Teaching Hospital and to determine the socio-demographic factors that influenced these. The sample was taken by the researchers are 384 postnatal mothers using consecutive sampling, a pretested questionnaire to assess knowledge, and a three-point Likert scale. This study results revealed that 45% of mothers were aged between 25-34 years; 23.9% had some secondary school education; 70% were multiparous and 82% had attended an antenatal care clinic. 90% knew about breastfeeding on demand and 74% about exclusive breastfeeding. Only 18.2% of mothers knew the cord should be cared for while uncovered; 90% used warm clothing and 33% kangaroo care for thermoregulation. Only 20.8% identified BCG and OPV as birth vaccines; 3.4% believed vaccines

were harmful. Hypothermia was the danger sign least frequently identified by the mothers (41.4%) [30]. A descriptive study was conducted among 30 postnatal mothers in Kasturba Hospital in Manipal to assess the knowledge and practice on newborn care. Data was collected using structured knowledge and practice questionnaire. The result showed that 24(80%) were in the age group of 21-30yrs, 16(53.3%) were primipara, 15(50%) had undergone normal vaginal delivery and 15(50%) were 14 undergone L.S.C.S. In this 25(83.3%) belongs to Hindu religion, 19(63.3%) were joint family, 17(56.7%) were in a rural area and 17(56.7%) were housewives. 24(80%) newborns are in 37 weeks of gestation, 21(70%) are below 6 days of age, 24(80%) were male and 16(53.35%) newborn weight was 3000 grams. Through this 23(76.7%) of mothers had good knowledge and 16(53.33%) of mothers had excellent practice on newborns [39].

METHODOLOGY

This section includes methodology, which is the most important part of research study, this enables the researcher to form blueprint of the research undertaken. Research methodology involves the systematic procedure by which the researcher starts from the time of initial identification of the problem to its final conclusion. This chapter deals with the brief description of the different steps undertaken by the investigator for the study. Which includes several steps,

Figure 1, represents the several steps used to initial identification of the problem to its final conclusion. This includes research approach: which includes "Quantitative Research Approach" to assess the knowledge and practices regarding newborn care, research design: which includes "Descriptive Survey Design". Variables: this includes "Demographic variables" collected to describe the sample like age, education, occupation, parity, and socioeconomic status. Setting of the study: this study was conducted in Vaccination Clinic in Regional Hospital, Solan (H.P.). Population: the total population in the study included 100 mothers. Sample and sampling techniques: the present study includes a purposive sampling technique. Development and description of tool: this includes four parts, first is related literature reviews like books, journals, articles, periodicals, published and unpublished research, second is the blueprint was prepared to construct the tool. It consisted of content areas, item number, and the number of questions, third is the final draft of the tool was prepared considering the suggestions of validators. It comprises of 3 sections: Section A: Consists of demographic Performa, Section B: Consists of structured items on knowledge about newborn care, Section C: Consists of structured items on newborn care practices. Content validity: this includes content validity refers to the degree to which an instrument measures also includes language validity. Pre-testing of the tool: includes "Reliability of the tool" Reliability is the degree of consistency that the instrument of procedure demonstrates whatever it is measuring it does so consistently. Pilot study: The pilot study is a crucial element of a good study design and it fulfills a range of important functions by providing valuable insight. Data collection procedure: The data was collected in October and November. After obtaining permission from concerned authorities, the researcher develop rapport and take consent from mothers. A total of 100 samples were selected by the Purposive Sampling Technique. Lastly the plan for data analysis: The analysis was made based on the objective. Both descriptive and inferential statistics were used for the data analysis, such as: (1) Frequency and percentage distribution of the demographic data were analyzed using frequency and percentage, (2) Karl Pearson's correlation was used to find out the relationship between knowledge and practices regarding newborn care, (3) A Chi-square test was

used to find out the association of the level of knowledge of mothers with socio-demographic variables and (4) P-value <0.05 was considered significant..

This section deals with the description of the methodology adopted for the study. It includes research approach, research design, research variable, setting of the study, study population, sample size, sampling technique, sampling criteria, development of the tool, description of the tool, content validity of the tool, ethical consideration, pilot study, reliability of the tool, method of data collection and plan for data analysis.
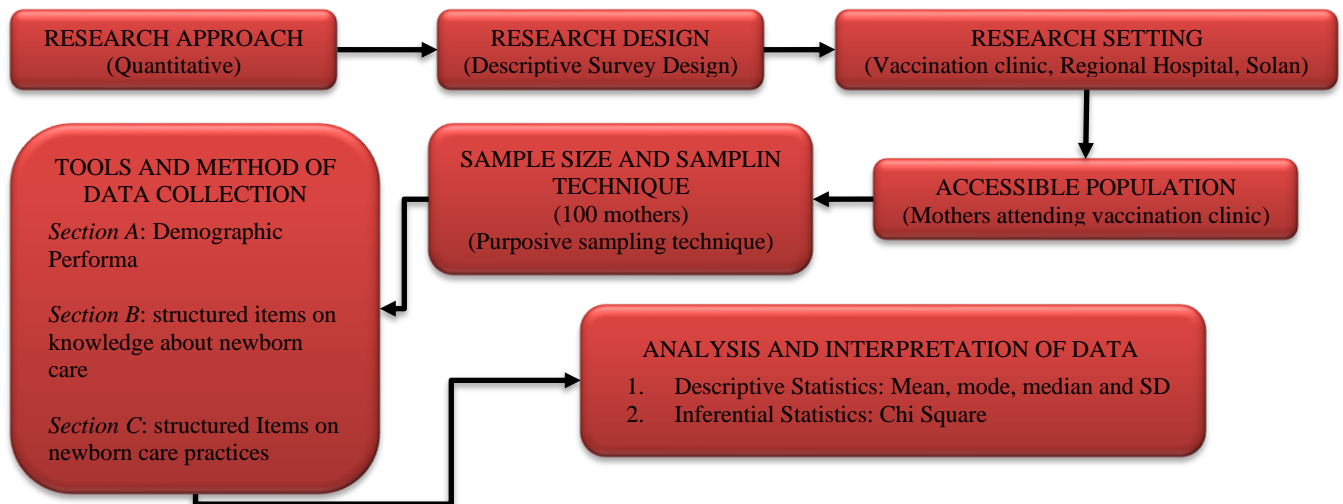
RESEARCH APPROACH
(Quantitative)
→
RESEARCH DESIGN
(Descriptive Survey Design)
→
RESEARCH SETTING
(Vaccination clinic, Regional Hospital, Solan)

TOOLS AND METHOD OF DATA COLLECTION

Section A: Demographic Performa

Section B: structured items on knowledge about newborn care

Section C: structured Items on newborn care practices

←
SAMPLE SIZE AND SAMPLIN TECHNIQUE
(100 mothers)
(Purposive sampling technique)
←
ACCESSIBLE POPULATION
(Mothers attending vaccination clinic)

ANALYSIS AND INTERPRETATION OF DATA
1. Descriptive Statistics: Mean, mode, median and SD
2. Inferential Statistics: Chi Square

Figure 1:- Schematic Approach of the Study

RESULTS

This section deals with the detail analysis and interpretation of data collected from100 mothers to find out the knowledge and practice regarding newborn care. Data was planned to be analyzed on the basis of objective stated. The data was collected by researcher and transferred to a master sheet prepared for each section of tool. Analysis and interpretation of data was done according to the objectives and by using descriptive (mean, median and standard deviation) and inferential statistics (chi square). Result of study was shown in the forms of table and figures. The analyzed data were organized according to the respective objectives presented in section 1.

This section elaborates about the Table 1. This table reveals that the subjects distribution into various categories according to their age, religion, monthly income, educational status, type of family, occupation, previous source of information and number of children.

Table 2 and Figure 2(a), reveals that 68% of the mothers have average knowledge regarding the newborn care, 30% of the mothers have poor knowledge and only 2% of the mothers have good knowledge about newborn care. Table 3, reveals the values of the mean, standard deviation and mean percentage scores of knowledge of the mothers about newborn care. The mean value is 16.23 and SD is ±3.93 and the mean percentage value was 54.1%. Hence it can be inferred that knowledge of mothers regarding newborn care was average.

Table 4 and Figure 2(b), reveals that the practices score 97% of the mothers are following the good practices regarding newborn care and only 3 % of the mothers are continuing the poor practices regarding newborn care. Table 5, reveals that the mean, standard deviation of practices

score of mothers regarding newborn care. The test result reveals that the mean value was 14.59 and SD value was ±2.46 whereas mean percentage was 73.0. Hence it can be inferred that practices of mothers regarding newborn care was good practices.

TABLE 1: Frequency and percentage wise distribution of demographic profile of mothers attending vaccination clinic in Regional Hospital, Solan (Himachal Pradesh)

SOCIO DEMOGRAPHIC		FREQUENCY	PERCENTAGE (%)
AGE	Below 20 years	18	18%
	20-27 years	53	53%
	28-34 years	27	27%
	35 years and above	2	2%
RELIGION	Hindu	89	89%
	Christian	4	4%
	Muslim	7	7%
MONTHLY INCOME	Below ₹3999	17	17%
	Between ₹4000 – ₹5999	24	24%
	Between ₹6000 – ₹7999	23	23%
	Above ₹ 8000.	36	36%
EDUCATIONAL STATUS	No formal education	3	3%
	Primary	12	12%
	Secondary	48	48%
	Graduate and above	37	37%
TYPE OF FAMILY	Nuclear family	33	33%
	Joint family	67	67%
	Extended family	0	0%
OCCUPATION	Home maker	78	78%
	Government employee	5	5%
	Private employee	10	10%
	Any business	7	7%
PREVIOUS SOURCE OF INFORMATION	Relatives and friends	40	40%
	Trained birth attendants	16	16%
	Mass media	10	10%
	Health professionals	34	34%
NUMBER OF CHILDREN	1	64	64%
	2	31	31%
	3 or more	5	5%

TABLE 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF KNOWLEDGE LEVEL OF MOTHERS ACCORDING TO THEIR LEVEL OF KNOWLEDGE SCORES (N=100)		
CRITERIA MEASURE OF KNOWLEDGE SCORE		
CATEGORY SCORE	**Frequency**	**Percentage**

GOOD(23-30)	2	2%
AVERAGE(15-22)	68	68%
POOR(0-14)	30	30%
MAXIMUM SCORE=30 MINIMUM SCORE=0		

TABLE 3: Mean, SD and mean percentage of knowledge scores of mothers attending vaccination clinic in Regional Hospital, Solan

Descriptive Statistics	Mean	SD	Range	Mean %
Knowledge Score	16.23	±3.93	21	54.1

TABLE 4: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRACTICES SCORE OF MOTHERS REGARDING NEWBORN CARE (N=100)

CRITERIA MEASURE OF KNOWLEDGE SCORE		
CATEGORY SCORE	**Frequency**	**Percentage**
GOOD PRACTICE(11-20)	97	97%
POOR PRACTICE(0-10)	3	3%
MAXIMUM SCORE=20 MINIMUM SCORE=0		

TABLE 5: Mean, SD and mean percentage of practices score of mother regarding newborn care in Regional Hospital, Solan

Descriptive Statistics	Mean	SD	Range	Mean %
Practice Score	14.59	±2.46	11	73.0
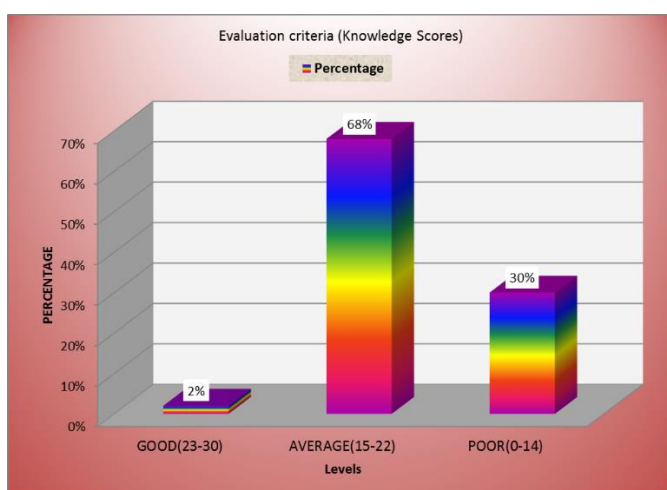
(a)
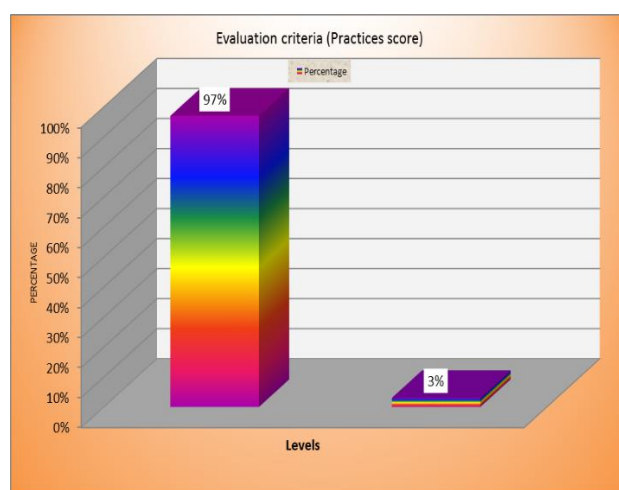
(b)

Figure 2 (a): Percentage distribution of mothers according to their level of knowledge score. Figure 3(b): Percentage distribution of mothers according to their practices score.

Table 6 and Figure 3 reveals that the relationship between the knowledge and practice scores regarding newborn care among the mothers having newborn aged up to 6 weeks showing significant relationship. The co-relation value is 0.280 and table value is 0.197 p value is 0.005 that gives the result is significant. The diagram showing direction of correlation. Table 7: represents the calculated chi square to find out the association between knowledge scores with socio demographic variables. In this study it is revealed that the age, religion, educational status, type of family, occupation, previous source of information and number of children were not found to have any significant association with knowledge regarding newborn care. Only the monthly income showing significant association with knowledge regarding newborn care. Table 8 reveals the calculated chi square test to find out the association between practices scores with socio demographic variables. In this study it is revealed that the age, religion, educational status, monthly income, occupation, previous source of information and number of children's were not found to have any significant association with knowledge regarding newborn care. Only the type of family showing significant association with practices regarding newborn care.
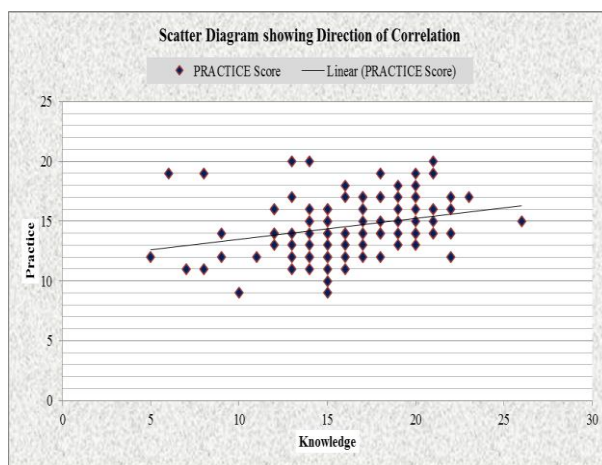
Figure 3: Scatter Diagram showing direction of correlation

TABLE 6: Analysis of relation between knowledge and practice regarding newborn care among mothers (N=100)							
Pearson's correlation	**Mean**	**SD**	**N**	**Correlation**	**Table value**	**P value**	**Result**
Knowledge	16.23	±3.933	100	0.280	0.197	0.005***	**significant**
Practice	14.59	±2.462					

TABLE 7 Association between knowledge regarding newborn care among mothers with selected demographic variable

Demographic Variables		Levels (N=100)			Association with KNOWLEDGE Score				
Variable	**Opts**	**GOOD**	**AVERAGE**	**POOR**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age	Below 20 years	0	9	9	6.521	0.367	6	12.592	Not Significant

	20-27 years	1	36	16					
	28-34 years	1	21	5					
	35 years and above	0	2	0					
Religion	Hindu	2	64	23	7.289	0.121	4	9.488	Not Significant
	Christian	0	2	2					
	Muslim	0	2	5					
Monthly Income	Below 3999	0	13	4	22.024	0.001	6	12.592	**Significant**
	Rs 4000 – 5999	0	15	9					
	Rs. 6000 – 7999	0	9	14					
	Above Rs. 8000.	2	31	3					
Educational Status	No formal education	0	1	2	7.019	0.319	6	12.592	Not Significant
	Primary	0	7	5					
	Secondary	0	33	15					
	Graduate and above	2	27	8					
Type of Family	Nuclear family	0	22	11	1.180	0.554	2	5.991	Not Significant
	Joint family	2	46	19					
	Extended family	0	0	0					
Occupation	Home maker	2	53	23	7.876	0.247	6	12.592	Not Significant
	Government employee	0	5	0					
	Private employee	0	4	6					
	Any business	0	6	1					
Previous Source of Information	Relatives and friends	0	32	8	8.725	0.190	6	12.592	Not Significant
	Trained birth attendants	1	7	8					
	Mass media	0	6	4					
	Health professionals	1	23	10					
Number of Children's	1	1	46	17	1.517	0.824	4	9.488	Not Significant
	2	1	19	11					
	3 or more	0	3	2					

Table 8 Association between practices regarding newborn care among mothers with selected demographic variable (N=100)

Demographic Variables		Levels (N=100)		Association with PRACTICE Score				
Variable	**Opts**	**GOOD PRACTICE**	**POOR PRACTICE**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age	Below 20 years	17	1	0.737	0.864	3	7.815	Not Significant
	20-27 years	52	1					
	28-34 years	26	1					
	35 years and above	2	0					

Religion	Hindu	86	3	0.382	0.826	2	5.991	Not Significant
	Christian	4	0					
	Muslim	7	0					
Monthly Income	Below 3999	15	2	6.487	0.090	3	7.815	Not Significant
	Rs 4000 – 5999	24	0					
	Rs. 6000 – 7999	22	1					
	Above Rs. 8000.	36	0					
Educational Status	No formal education	3	0	3.351	0.341	3	7.815	Not Significant
	Primary	12	0					
	Secondary	45	3					
	Graduate and above	37	0					
Type of Family	Nuclear family	30	3	*6.279	0.012	1	3.841	**Significant**
	Joint family	67	0					
	Extended family	0	0					
Occupation	Home maker	75	3	0.872	0.832	3	7.815	Not Significant
	Govt. employee	5	0					
	Private employee	10	0					
	Any business	7	0					
Previous Source of Information	Relatives and friends	39	1	1.809	0.613	3	7.815	Not Significant
	Trained birth attendants	16	0					
	Mass media	10	0					
	Health professionals	32	2					
Number of Children	1	62	2	0.164	0.921	2	5.991	Not Significant
	2	30	1					
	3 or more	5	0					

CONCLUSION
Write conclusion

FUTURE SCOPE
Write Future scope

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