

# A Descriptive Study to Assess Cultural Practices and Beliefs on Newborn Care Among Postnatal Mothers in Selected Hospitals in View to Prepare Self-Information Booklet

<sup>1</sup>Ms. Megha Shivaji Dale, <sup>2</sup>Mrs. Prabhadevi N

<sup>1</sup>*Nursing Student, Child Health Nursing, MGM Mother Teresa College of nursing Chhatrapati Sambhajinagar, India*

<sup>2</sup>*Associate Professor, Child Health Nursing, MGM Mother Teresa College of nursing Chhatrapati Sambhajinagar, India*

**Abstract—Introduction:** Culture is defined as a shared system of beliefs, values and behavioural expectations that provide social structure for daily living. Not all customs and beliefs are harmful. Some of them have positive values while others may be of no role or positively harmful for neonate's health in various forms like physical, psychological, social development. **Objectives Of the Study:** 1. to assess the cultural practices and beliefs on newborn care among postnatal mothers. 2. To find out the association of the cultural practices and beliefs on newborn care with the selected demographic variables. **Material And Method:** A Descriptive research design was adopted for this study. Purposive sampling method was used to select 140 samples from a selected hospital. Demographic Performa and self-reported questionnaire were used to collect the data from the subject. **Result:** The data collected from 140 samples were analysed by Descriptive statistics. 120(85.71%) were having average level, 14(10%) was poor and 6(4.28) of the mother were having good level on overall practices and belief on new born care. **Conclusion:** The study revealed that some of the good practices in the newborn care which can be motivated, at the same time the harmful practices can be avoided by periodical health education regarding do's and don'ts of newborn care should be conducted in postnatal ward, which will definitely minimize the unhealthy traditional practices. there was no association found between any demographic variables with level of cultural practice and beliefs score on new born care.

**Index Terms—**Cultural practices, Beliefs, Newborn care, Postnatal Mother.

## I. INTRODUCTION

Neonatal period is from the time of birth to first 28 days of life. All new-borns require essential new-born care to minimize the risk of illness and maximize their growth and development. As a result of various national programmes and others activities, Neonatal morbidity and mortality have declined but not to the desired level. This is because India has its own cultural beliefs and practices with regards to newborn care which are centuries old.<sup>1</sup>

Newborn mortality is one of the world's neglected health areas. As most of births and deaths occur outside any established health care facility, reduction in neonatal mortality may depend significantly on interventions involving promotion or adaptation of traditional care behaviours practiced in the home.<sup>2</sup>

It is estimated that approximately 6,500 neonatal death every day, according to UNICEF the global burden of neonatal death is nearly 2.4 million dies during the neonatal period, before completing 4 weeks of life, One quarter of all the neonatal deaths in the world.<sup>3</sup>

In India different culture has different beliefs, values and traditional practices<sup>1</sup>. Some traditional practices of newborn care are seen among the mothers which are harmful to the newborn. Such as practice of pre-lacteal feeds like feeding sugar water or honey, castor oil, application of oil and powder to the umbilical cord, application of Kajal, instillation of oil in babies' eye, ear and nose, baby being exposed and not covered well, lack of hygienic practices these are all contributes to the increased rate of neonatal morbidity and mortality. Best practices of newborn care that

includes maintenance of temperature, exclusive breastfeeding, skin care, eye care, cord care, prevention of infection, immunization.

Since mothers are the primary care takers of the newborns round the clock, it is the most important priority to improve their knowledge and competency. If a mother is educated, she can educate the entire family as well as community.

## II METHODS

A descriptive research design with a quantitative research approach was used in this study. A non-probability purposive sampling technique was adopted to select 140 postnatal mothers attending the immunization clinic and paediatric OPD of selected hospitals. A self-reported questionnaire was used to assess cultural practices and beliefs related to newborn care among postnatal mothers. Data were analyzed using descriptive and inferential statistics. Frequency and percentage were used to analyze demographic variables and cultural practices and beliefs related to newborn care, while the Chi-square test was used to determine the association between cultural practices and beliefs on newborn care and selected demographic variables.

## III RESULTS AND DISCUSSION

Result shows in this study majority of the samples 120(85.71%) were having average level, 14(10%) was poor and 6(4.28) of the mothers were having good level on overall practices and belief on new born. There was no association between any demographic variables with level of cultural practice and beliefs score on new born care.

Other findings are Regarding bathing practices and belief on new born care and it was observed that majority of the samples 60(42.85%) were having average level, 47(35.57%) were good and only 33(25.57%) mothers were having poor level of bathing practices and belief on new born care. Regarding umbilical cord care practices and belief on new born care and it was observed that majority of the samples 83(59.29%) were having average level, 34(24.29%) were poor and 23(16.43%) mothers were having good level of umbilical cord care practices and belief on new born care. Regarding evil eye practices and belief on new born care and it was observed that majority of the

samples 59(42.14%) were having average level, and 44(31.42%) were good level and 37 (31.42) were poor level of practice on evil eye practices and belief on new born care. Regarding breast feeding practices and belief on new born care and it was observed that majority of the samples 71(50.71%) were having poor level, 49(35%) were average and 20(14.28%) mothers were having good level of breast-feeding practices and belief on new born care. Regarding other aspects of practices and belief on new born care and it was observed that majority of the Sesamples60(42.85%) were having poor level, 50(35.71%) were average and 30(21.42%) mothers were having good level on other aspects of practices and belief on new born care.

Section I Table No. 1 Frequency and percentage distribution of postnatal mothers according to their socio demographic variables

N=140

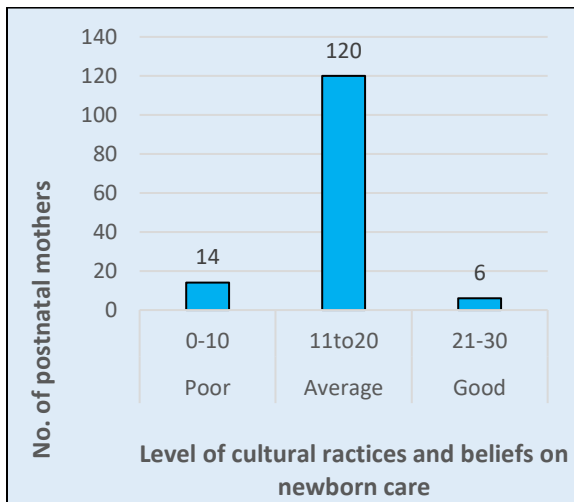
Sr no	Variables	Category	Frequency	%
1	Age	18-25years	53	37.86
		26-30 years	40	28.57
		31-36 years	31	22.14
		36 &above	16	11.43
2	Education	Primary	33	23.57
		Secondary	32	22.86
		Higher	34	24.29
		Graduation	29	20.71
		Post-graduation &above	12	8.57
3	Occupation	Home maker	67	47.86
		government employee	33	23.57
		Private employee	31	22.14
		Labor	9	6.43
4	Type of family	Nuclear family	66	47.14
		Joint family	53	37.86
		Extended family	21	15.00
5	Religion	Hindu	64	45.71
		Christian	37	26.43
		Muslim	36	25.71
		Other	3	2.14
6	Parity	Primi gravida	72	51.43
		Multi gravida	68	48.57
7	Number of children	One	69	49.29
		Two	37	26.43
		Three & above	34	24.29
8	Residence	Urban	120	85.71
		Rural	20	14.28

Section II: Frequency and percentage distribution to assess level of knowledge regarding cultural practice and beliefs on new born care among postnatal mother.

Table 2- Frequency and percentage distribution of level of cultural practice and beliefs on new born care

N=140					
Level of cultural practice and beliefs on new born care	Score	Frequency	Percentage (%)	Mean	SD
Poor	0-10	14	10	14.27	3.30
Average	11-20	120	85.71		
Good	21-30	6	4.28		

Above table shows that overall cultural practices and belief on new born care and it was observed that majority of the samples 120(85.71%) were having average level,14(10%) were poor and 6(4.28%) had good level on overall practices and belief on new born care. The overall mean level score was 14.27 with SD 3.30.

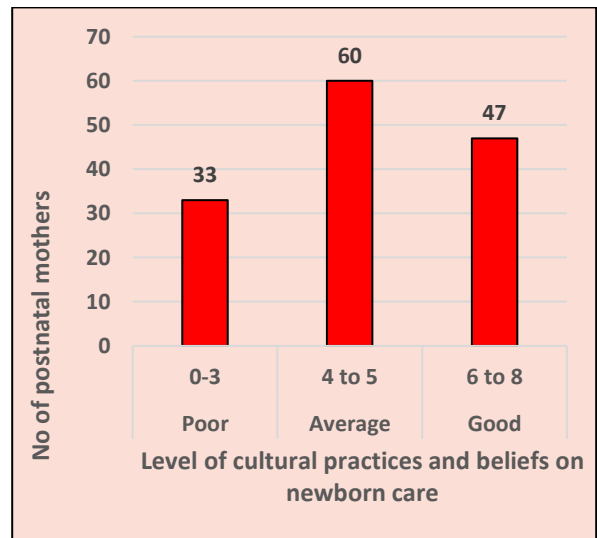


Graph no 1 showing Frequency and percentage distribution of Level of cultural practice & belief on new-born car

Table 3- Frequency and percentage distribution of level of cultural practice and beliefs on related to bathing

N=140					
knowledge regarding cultural practice and beliefs related to Bathing	Score	Frequency	Percentage (%)	Mean	SD
Poor	0-3	33	25.57	4.50	1.63
Average	4-5	60	42.85		
Good	6-8	47	33.57		

Above table shows that bathing related cultural practices and belief on new born care and it was observed that majority of the samples 60(42.85%) were having average level, 47(33.57%) were good and only 33(25.57%) mothers were having poor level of bathing practices and belief on new born care. The overall bathing mean level score was 4.50 with SD 1.63.



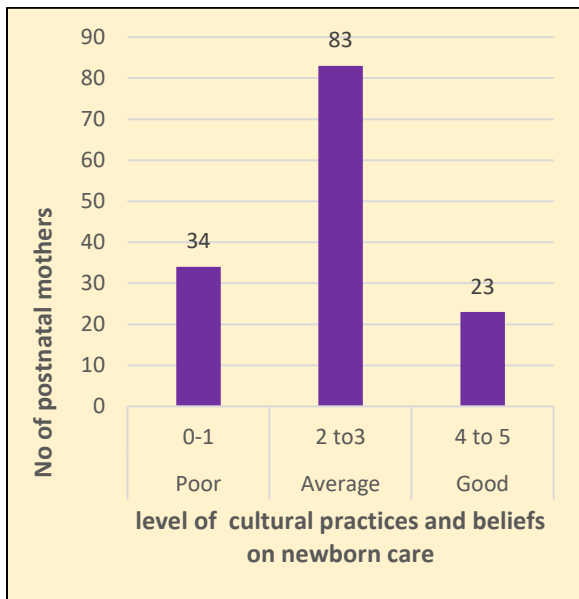
Graph no 2 showing Frequency and percentage distribution of knowledge regarding cultural practice & belief on bath

Table 4- Frequency and percentage distribution of level of cultural practice and beliefs on related to umbilical cord care

N=140

Level of cultural practice and Beliefs related to umbilical cord care	Score	Frequency	Percentage (%)	Mean	SD
Poor	0-1	34	24.28	2.35	1.18
Average	2-3	83	60		
Good	4-5	23	16.42		

Above table shows that cultural practices and belief related umbilical cord care and it was observed that majority of the samples 83(59.29%) were having average level, 34(24.29%) were poor and 23(16.43%) mothers were having good level of umbilical cord care practices and belief on new born care. The overall umbilical cord care mean level score was 2.35 with SD 1.18.



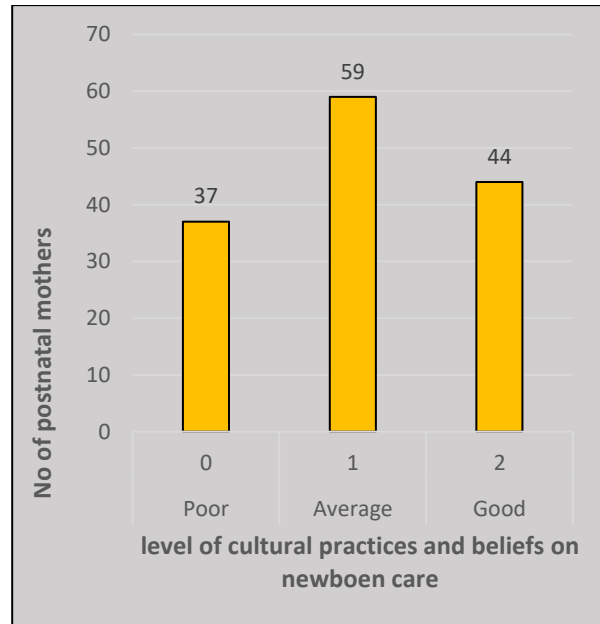
Graph no 3 showing Frequency and percentage distribution of level of cultural practice & belief on umbilical cord care

Table 5- Frequency and percentage distribution of level of cultural practice and beliefs related to Evil eye

N=140

Level of cultural practice and beliefs related to evil eye	Score	Frequency	Percentage (%)	Mean	SD
Poor	0	37	31.42	1.04	0.76
Average	1	59	42.14		
Good	2	44	31.42		

Above table shows that cultural practice and beliefs related to evil eye and it was observed that majority of the samples 59(42.14%) were having average level, and 44(31.42%) were good level and 37 (31.42) were poor level of practice on evil eye practices and belief on new born care. The overall evil eye mean level score was 1.04 with SD 0.76.



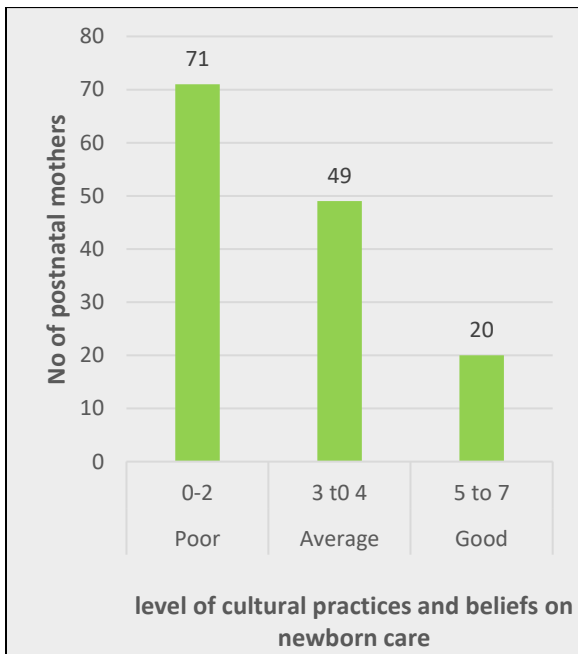
Graph no 4 showing Frequency and percentage distribution of level of cultural practice & belief on evil eye

Table 6- Frequency and percentage distribution of level of cultural practice and beliefs related to breast feeding

N=140

Level of cultural practice and beliefs related to breast feeding	Score	Frequency	Percentage (%)	Mean	SD
Poor	0-2	71	50.71	2.54	1.81
Average	3-4	49	35		
Good	5-7	20	14.28		

Above table shows that cultural practice and beliefs related to breast feeding and it was observed that majority of the samples 71(50.71%) were having poor level, 49(35%) were average and 20(14.28%) mothers were having good level of breast-feeding practices and belief on new born care. The overall breast-feeding mean level score was 2.54 with SD 1.81.



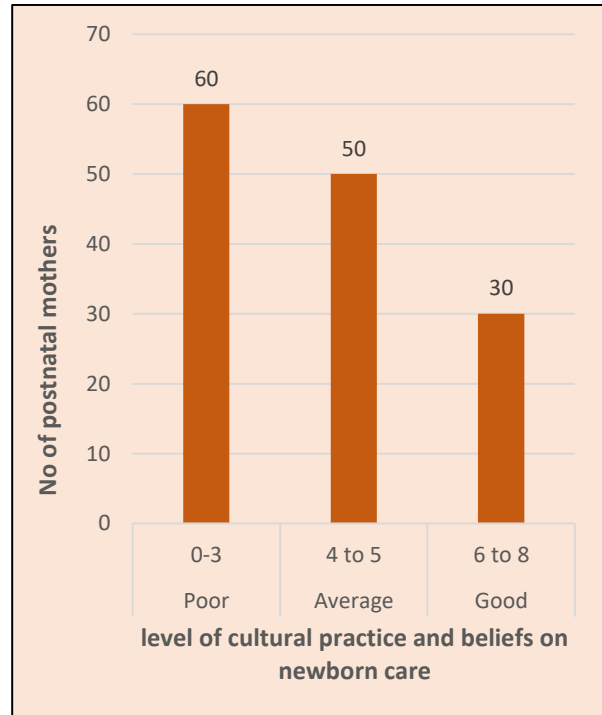
Graph no 5 showing Frequency and percentage distribution of level of cultural practice & belief on breast feeding

Table 7- Frequency and percentage distribution of level of cultural practice and beliefs on related to other aspects

N=140

Level of cultural practice and beliefs related to other aspects	Score	Frequency	Percentage (%)	Mean	SD
Poor	0-3	60	42.85	3.82	2.00
Average	4-5	50	35.71		
Good	6-8	30	21.42		

Above table shows that other aspects of cultural practices and belief on new born care and it was observed that majority of the samples 60(42.85%) were having poor level, 50(35.71%) were average and 30(21.42%) mothers were having good level on other aspects of practices and belief on new born care. The overall other aspects mean level score was 3.82 with SD 2.00.



Graph no 14 showing Frequency and percentage distribution of level of cultural practice & belief on other aspects

Section IV: to find out the association between level of cultural practice and belief on new born care with selected demographic variables.

Table no 8: Association between level of cultural practice and belief on new born care with selected demographic variables

N=140

Sr. NO	Demographic Variables	Level of cultural practice & belief			Df	Chi square Value	P Value	Significance
		Poor	Average	Good				
1	Age in years							
	18-25years	3	48	2	6	5.599	0.47	Not significant
	26-30 years	4	34	2				
	31-36 years	3	27	1				
	36 &above	4	11	1				
2	Education							
	Primary	4	29	4	8	11.004	0.201	Not significant
	Secondary	1	28	1				
	Higher	5	27	5				
	Graduation	1	27	1				
	Post-graduation &above	3	9	3				
3	Occupation							
	Home maker	9	56	2	6	5.154	0.524	Not significant
	government employee	4	27	2				
	Private employee	1	29	1				
	Labor	0	8	1				
4	Type of family							
	Nuclear family	8	56	2	4	1.443	0.837	Not significant
	Joint family	5	45	3				
	Extended family	1	19	1				
5	Religion							
	Hindu	4	57	3	6	2.989	0.81	Not significant
	Christian	5	31	1				
	Muslim	5	29	2				
	Other	0	3	0				
6	Parity							
	Primi gravida	6	63	3	2	0.472	0.79	Not significant
	Multi gravida	8	57	3				
7	Number of children							
	One	4	62	3	4	2.956	0.565	Not significant
	Two	5	30	2				
	Three and above	5	28	1				
8	Residence							
	Urban	11	104	5	2	0.7	0.705	Not significant
	Rural	3	16	1				

#### IV. CONCLUSION

The study was conducted under certain objectives to assess the cultural practices and beliefs on newborn care among postnatal mothers and to find out the association of the cultural practices and beliefs on newborn care with the selected demographic variables. Study findings shows that out of 140 samples majority of the samples 120(85.71%) were having average level,14(10%) was poor and 6(4.28%) had good level of cultural practices and belief on new born care. There was no association found between any demographic variables with level of cultural practices and beliefs on newborn care. Information booklet was given to postnatal mothers on Essential newborn care for gaining their knowledge, the following recommendations are made; A similar study can be carried out on a larger population to generalize the findings. This study can be conducted in community to identify the cultural practices and beliefs on new born care among mothers. An observational study can be conducted to assess new born care practice among postnatal mothers

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