



Hazardous traditional practices during postnatal care in low resource setting: A cross sectional study

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ABSTRACT

Introduction

Postnatal care has a positive impact on maternal as well as child health. This period is culturally as well as traditionally sensitive; which is clearly reflected in WHO 1998 theme "Pregnancy is special, let's keep it safe".

Objective

To determine the existing postnatal care practices in rural community of Vantamuri primary health centre (PHC).

Materials and Methods

A total of 390 women who delivered in the three sub centres of Vantamuri PHC, Belagavi district between 1st November 2009 to 31st October 2010 were interviewed at home. Predesigned and pretested questionnaire was used to collect the information.

Results

It was found that 29% women discarded colostrums. Only 26% women initiated breastfeeding within 1 hour and 47% women applied some traditional mixture on the umbilical cord.

Conclusion

Postnatal care is not free from hazardous traditional practices in the study area.

Keywords: Postnatal Care, Breast Feeding, Colostrums, Hazardous Traditional Practices

INTRODUCTION

Postnatal care has a positive impact on maternal as well as child health. This period is culturally as well as traditionally sensitive; which is clearly reflected in WHO 1998 theme "Pregnancy is special, let's keep it safe".¹ Care practices at and immediately after delivery affects the newborn morbidity and mortality. These practices include five clean during delivery, immediate drying, wrapping of newborn, delaying of

first bath and initiation of breastfeeding within an hour. The time around the childbirth is culturally very important as existing behaviour is commonly rooted in traditional beliefs.²

MATERIALS AND METHODS

A cross-sectional study was conducted for one year period i.e. from 1st November 2009 to 31st October

GJMEDPH 2015; Vol. 4, issue 3

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Conflict of Interest—none

Funding—none



2010 among women who delivered in three sub centres of Vantamuri PHC under JN Medical College of KLE University, Belagavi district.

The sample size of 390 was calculated based on the population of three randomly selected sub centres of Vantamuri PHC viz. Vantamuri sub centre, Honaga sub centre, Bhutramatti sub centre is approximately 19500. The crude birth rate of Vantamuri primary health centre is 20/1000 population. Therefore,

The sample size = CBR X Total population of three sub centre

The sample size = 20 X 19500/1000

The sample size = 390

Vantamuri PHC in Belagavi district has five sub centres. Vantmuri sub centre, Honaga sub centre, Bhutramatti sub centre were selected out of five by simple random sampling. Ethical clearance was obtained from the Ethics Committee of KLE University and written informed consent from participants was obtained. Confidentiality was assured to all the participants and was free to withdraw from the study at any time.

All the Women who delivered a live birth (at least live for one week after delivery) and gave the informed consent were included. All abortion cases, still birth, neonatal deaths will be excluded from the study. A predesigned and pretested questionnaire was used to collect information on socio-demographic variables, postnatal care practices and traditional practices. Questionnaire was revised after conducting pilot study. Questionnaire was administered to eligible women by house to house visit by the investigator after obtaining informed consent those who met the inclusion criteria. Data analysis was done by

calculating percentage and Chi square test. For ease of reporting all the figures were rounded.

RESULTS

In the present study majority (76%) women were in the age group of 18-25 years of age. 11% women were unaware of their age whereas 8% women were between 26-29 years of age and 5% women were between 30-35 years of age. Mean age at marriage was 18 years. 92% women belonged to Hindu religion and 8% were Muslim participants. Most of women were primi & second gravida i.e. 39% & 31% respectively. 19% were third gravida & 11% were multi gravida. These women were mostly homemaker and looked into day to day activities of household (82%). 12% women worked in the farm & 5% women worked for daily wages. A small number belonged to the semi-skilled group (1%) such as Anganwadi cook, small scale business etc. Majority of women belonged to joint family.

More than two third of women belonged to BPL families. 43% women were literate. 28% women were educated between 8th -10th standard and 13% women were educated up to 7th standard. Only 5 women were educated between 11th -12th standard. Only one woman was educated above 12th standard. It was found that the postnatal visits were not practiced by health workers. Half of the women (50%) were not visited by health worker such as ANM/ AWW. 38% women were visited one time within one week after delivery & 12% women were visited two times within one week after delivery.

71% mothers gave colostrum to baby and rest of them don't give colostrum. The reasons for discarding colostrum are presented in fig. 1. 83% women bathed their newborn before 5 days and 17% bathed their newborns on or after 5th day. (Table 1)

Table 1 Newborn Bathing Practice

Bathing	Number	Percentage
Immediately	136	35
Next day	106	27
3rd day	64	16
4th day	17	4
5th day	46	12
After 5 days	21	6
Total	390	100

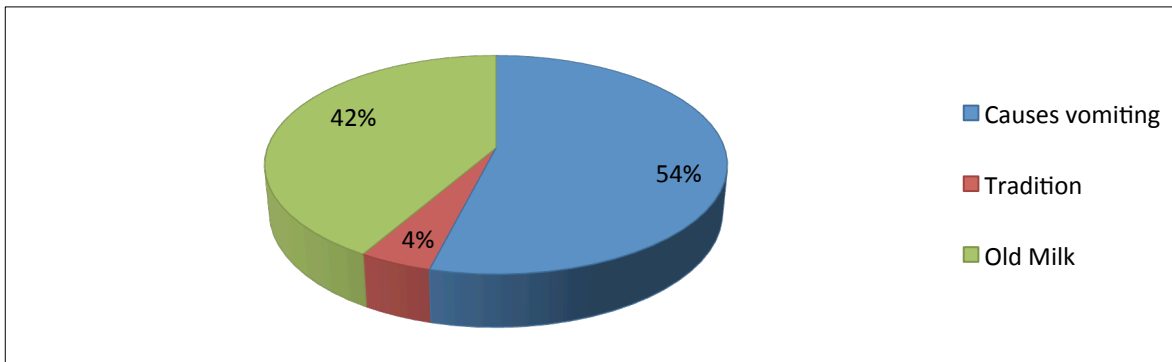


Fig 1: Reasons for Discarding Colostrum

Only 26% women initiated breastfeeding within ½- 1 hour. Three women didn't breastfeed the baby, 2 due to lactation problem and 1 due to cleft palate problem. 8 babies had feeding problem, of which 7 babies had the sucking problem and 1 having cleft palate. (Table 2) The traditional practices existed in

the study area. 83% women applied kajal in the eyes of newborn, 82% women poured oil in the ear of newborns. 47% women applied some substance on the umbilical cord and 7% of them applied Tika to newborn. (Table 3)

Table 2 Breast Feeding Initiation

Breast Feeding Initiation	Number	Percentage
Within ½ -1 hour	102	26
Within 1-12 hours	196	50
12-24 hours	22	6
After 24 hours	37	9
After 3 days	30	8
Didn't breast feed	3	1
Total	390	100

Table 3 Traditional Practices in Newborn

Traditional Practices	Number	Percentage
Kajal in eyes	325	83
Within 1-12 hours	319	82
12-24 hours	183	47
After 24 hours	2	67

A common practice i.e. application of some substance on umbilical cord was seen in the study area. Majority of women 62% applied mixture of Neem+ Turmeric+ Oil on umbilical cord, 11% women applied only coconut oil on umbilical cord and 9% women applied medicated powder on umbilical cord.

7% women applied mixture of pepper powder & oil, 5% women applied mixture of Garlic & oil, 4% women applied other things such as ghee, ink, ash of wool etc., 1% women applied Talcum powder on the umbilical cord and 1% women applied kum-kum on umbilical cord. (Fig. 2)

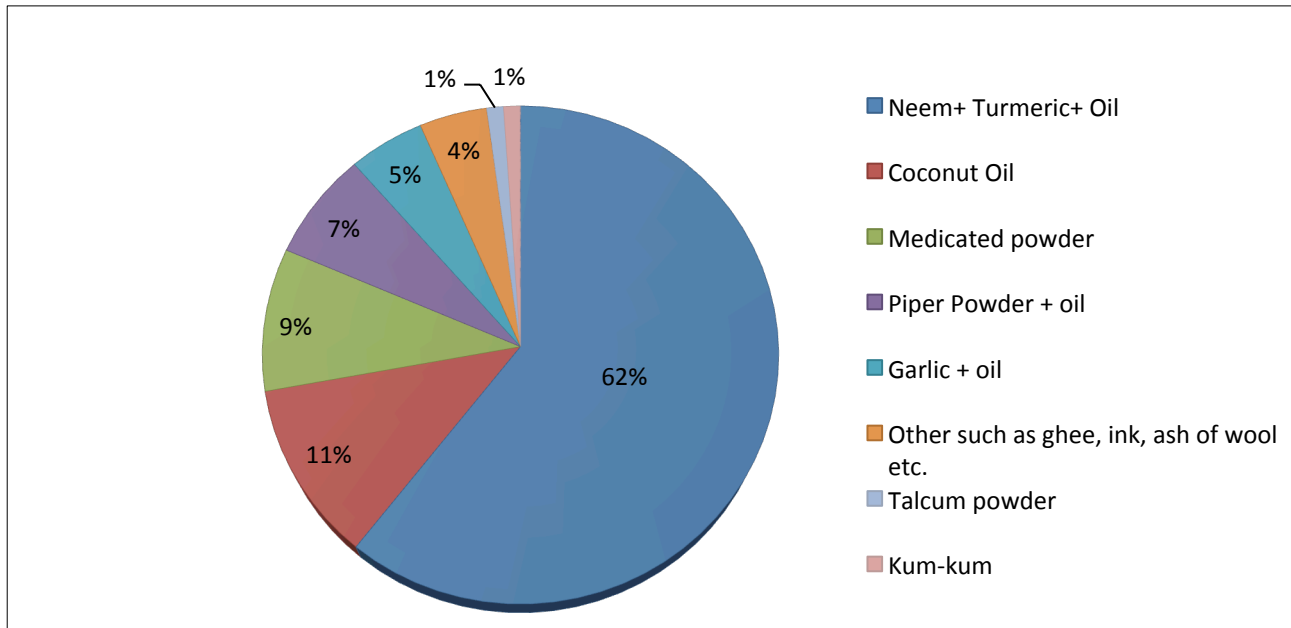


Fig 2: Umbilical Cord Care Application

There was statistically significant difference between Socio-economic Status & umbilical cord care Practices. 29% mothers from APL families applied some substance on umbilical cord. 70% women from APL families did not apply anything on umbilical cord. 52% women from BPL families applied some substance on umbilical cord while 48% women from

BPL families did not apply anything on umbilical cord. Overall 47% women applied some substance on umbilical cord and 53% women did not apply anything on umbilical cord. (Table 4)

Table 4 Association Between Socio-Economic Status and Umbilical Cord Care Practices

SE Status	Umbilical Cord Care				Total
	Something Applied	Percent	Not Applied	Percent	
APL	25	29	61	71	86
BPL	158	52	146	48	304
Total	183	47	207	53	390

$\chi^2 = 14.120; df = 1, (p = 0.000)$

DISCUSSION

In the present study, an attempt has been made to determine the existing postnatal care practices in villages under three sub centres of Vantamuri Primary Health Centre. In this study all 390 women participated. Majority of the women were between 18-25 years of age (76%), 5% were above 30 years of age and 11% women did not know their age. Majority of women were Hindu i.e. 92% and 8% were Muslims. Majority of women were housewives (82%), 12%

were farmer and 5% worked for daily wages. More than half of the women were illiterate (57%). The mean age at marriage was 18 years and 32% women got married below 18 years of age. The socioeconomic status of majority of women was BPL (78%) and remaining were APL (22%). More than one third of women were primi gravida (39%) and 11% were multi gravida. Similar study done by Khan et al at peri urban area of Aligarh shows that 92 mothers were included in the study. Out of these 73.2% mothers were illiterate or just literate and 26.1% mothers were literate. 84.8% mothers were between



20-30 years of age and 15.2% were between 30-40 years of age. Majority of women belongs to nuclear family i.e. 60.9% and others belong to joint family i.e. 39.1%.⁴

Another study conducted by Madhu et al shows that 97% mothers initiated breast feeding & other 3% were not able to initiate due to separation from mother (2%) or due to advice from the mother in law (1%). A total of 44% of the mothers initiated breastfeeding within 30 minutes at home delivery.³ Another study conducted in rural Uttar Pradesh shows that only 31.9% recently delivered mothers had received at least one postnatal visit either by ASHA or ANM. 37.5% mothers initiated breastfeeding within first hour of birth.⁵ Similar study conducted by Yerpude et al in rural Andhra Pradesh shows that 30.37% initiated breastfeeding within 24 hours and in 71.11% cases breast feeding was started within hour of birth.⁶ The study done in Agra district about infant feeding shows that in 3% cases breastfeeding was initiated within one hour of birth and 28.3% started breast feeding within 24 hours.⁷

In present study 26% women started breastfeeding within ½-1 hour, 56% started within 1-24 hours of birth and 17% started after 24 hours of the birth. Half of the women (50%) were not visited by health worker such as ANM/AWW/ASHA. 38% women were visited by health worker one time within one week of birth and 12% women were visited by twice.

The study conducted by Khan et al reveals that in 59.9% deliveries umbilical cord was cut by new blade

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& remaining 40.1% used traditional objects such as edge of broken cup to cut the umbilical cord. Colostrums was given to 73.9% and discarded in the rest (26.1%).⁴ The study conducted in west Bengal shows that in case of cord cutting in home deliveries the trained birth attendants used new blades in 71% of the cases while none of the untrained birth attendants used new blade to cut the cord. They had either used old blades (60%) or sharpened bamboo sticks in an alarming 40% of cases.⁸ Another study done by Kesterton et al in Karnataka shows that deliveries conducted by unskilled birth attendant left umbilical cord open in 61.8% of cases, 14.5% applied turmeric powder, 5.3% burnt the tip with castor oil, 5.3% covered lump with cloth.² Similar study done by Singh et al in rural Andhra Pradesh revealed that 13.9% mothers discarded colostrums.⁵

CONCLUSION

Colostrums discardation is mainly due to beliefs such as it causes vomiting, it is old milk etc. Practice of initiation of breastfeeding was poor as only one fourth of women started breastfeeding within one hour. Applying some substance on umbilical cord was very much prevalent in study area. Other traditional practices such as kaja in eyes and oil in ear were also practiced.

ACKNOWLEDGEMENT

We thank all who supported directly and indirectly for the completion of research.

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