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Beliefs and practices of women related to maternal care and newborn care in selected areas of rural Bengaluru

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Original article

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Abstract

Introduction: Traditional health beliefs and practices during child bearing and rearing stages are still prevalent among communities. Even though these practices do not have scientific value, people still adhere to them for various reasons. Nurses working with child bearing families must be aware of cultural beliefs and practices the families follow. The Millennium Development Goal-4 (MDG-4) is aimed at reducing under five mortality by two third and MDG-5 to reduce maternal mortality by three fourth between 1990 and 2015. **Objective**: To assess the beliefs and practices of women related to maternal and newborn care. **Method**s: A survey approach with a descriptive study design was used. Using purposive sampling technique 300 women with newborn were selected. **Results**: The findings revealed that the women had more positive beliefs and healthy practices and less negative beliefs and unhealthy practices. A significant relationship was found between the beliefs and the practices. **Conclusion**: Though the movement away from traditional beliefs and practices is already being taking place, predominance of unhealthy traditional practices related to maternal and newborn care stress the need for health awareness packages for improving these practices.

Key words: Beliefs, Practices, Maternal, Newborn, care, Positive, Negative, Healthy, Unhealthy.

Introduction

In all cultures, certain beliefs and practices exist, which assist a good pregnancy and its outcome. Most Indian women believe that they have little or no control over the outcome of pregnancy (Choudhry, 1997). Some of these beliefs and taboos followed by the population are consumption of 'hot' versus 'cold' foods during pregnancy, preferences for son, deliveries conducted by traditional birth attendants, delayed onset of breast feeding and rituals aimed at warding off the 'evil eye'. Appreciations of right customs help ensure the provision of integrated services (Choudhry, 1997). The beliefs and the practices regarding consumption of food during pregnancy are some of the additional reasons for the low nutritional status among antenatal women (Nag, 1994).

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For the common people in India, in the context of a given social heritage local health tradition is a strategy for decision about health, illness, and life. The essential strategy for survival of women depends on the act of giving meaning to episodes of illness and disease. These meanings have taken shape as beliefs and rituals are available as stories and local history (Gupta, Choudhury, & Balachandran, 1997).

Objectives

To assess the beliefs and the practices of women related to maternal and newborn care in selected areas of rural Bangalore separately; to find the relationship between the beliefs and the practices of the women related to maternal care and newborn care, and to associate the beliefs and the practices with the selected demographic variables.

Methods and Materials

The research design selected for the study was a non-experimental descriptive survey design. The sample of

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this study comprised 300 women with newborn belong to the age group of 18-45 years, in the selected four Taluks of Rural Bangalore District viz., Doddaballapur, Nelamangala, Devanahalli, and Hoskote. Multi stage random sampling with purposive sampling technique was adopted to select the setting. In the first stage, the total taluks in rural Bangalore District were identified. In the second stage, four taluks were selected from total the eight taluks using a simple random technique by lottery method. In the third stage, the community areas were identified from the selected taluks and finally 300 women with newborn were selected by using purposive sampling technique. The tool developed and used for the data collection was a structured interview schedule. The tool consists of two parts: Part-I Demographic variables, Part-II Beliefs and practices of rural women related to maternal care and newborn care. Part-II is sub divided into two sections: Section A and Section B. Section A consists of 50 items regarding the beliefs. Section B, consists of 48 items regarding the practices. Data collection procedure was done from January 16, 2009 to October 31, 2009 after obtaining the prior permission from Director of Health & Family Welfare, Govt. of Karnataka, Bangalore Rural District, and also the Administrative/Medical Officers of Taluk Hospitals of Doddaballapura, Nelamangala, Devanahalli and Hoskote Taluk.

Results

Demographic characteristics

Many of the women were in the age group of 25-30 years.The majority (95.7%) of the women belonged to the Hindu religion, 37.3% of the women were with secondary education, 48.3% of the rural women were housewives, and 37.7% of the women belonged to the family income group of Rs 4001 – Rs 6000. Many (56.3%) of the women were from nuclear families, 100% of women have been obtaining information through mass media, 51.3% of the women were with gravida-I1 and 69.75% of the women with para1.

Assessment of Beliefs and Practices of women on maternal care and newborn care

Table 1:
Overall Distribution of Women's Beliefs and Practices on Maternal Care and Newborn Care *N*=300

Characteristics	Category	Frequency	Percent
Beliefs	Positive	192	64.0
	Negative	108	36.0
Practices	Healthy	201	67.0
	Unhealthy	99	33.0

The overall classification of women's beliefs and practices revealed that 192 (64%) of the rural women had positive beliefs and 201 (67%) of them had healthy practices as compared to 108 (36%) who had negative beliefs and 99 (33%) had unhealthy practices respectively on maternal care and newborn care.

Area wise distribution of women's beliefs on maternal care and new born care

It was observed that out of 300 rural women, 210 (70%) had positive beliefs and remaining 90 (30%) had negative beliefs on antenatal care. In addition, 178 (59.3%) of the women had positive beliefs and remaining 122 (40.7%) had negative beliefs on postnatal care. It was also revealed that 189 (65%) of the rural women had positive beliefs and 111(37%) had negative beliefs related to newborn care.

It was found that out of 300 rural women, 210 (70%) had healthy practices, 90 (30%) had unhealthy practices on antenatal care. Moreover, 198 (66%) of the women had healthy practices and the remaining 102 (34%) had unhealthy practices on postnatal care. Further it was revealed that 195 (65%) of the rural women had healthy practices and 105(35%) had unhealthy practices on newborn care.

The data presented in the Table 2, revealed that the overall mean percentage of belief scores on maternal

Table 2:
Overall and Area wise Mean Percentage of Belief scores of Women on Maternal care and Newborn care N=300

Belief Areas	Statements	Max. Score	Range Score	Women's Beliefs		
				Mean ± SD	Mean (%)	SD (%)
Antenatal care	16	16	2-13	4.83±2.6	30.2	16.5
Postnatal care	20	20	3-16	10.10±3.4	50.5	17.1
Newborn care	14	14	6-13	6.85±1.9	49.0	13.3
Combined	50	50	8-37	21.78±6.8	43.6	13.7

Table 3:
Overall and Area wise Mean Percentage of Practice scores of Women on Maternal care and Newborn care *N* = 300

Practice Area	Max. Score	Range score	Women's Practices		
			Mean ± SD	Mean (%)	SD (%)
Antenatal care	16	3-13	5.43±1.4	33.9	8.6
Postnatal care	12	3-9	6.92±1.0	57.6	8.5
New born care	20	5-13	12.67±1.5	63.4	7.7
Combined	48	14-32	25.02±2.3	52.1	4.9

and newborn care was 43.6% with the SD of 13.7%. The mean percentage of belief scores on antenatal care was 30.2% with the SD of 16.5%. The mean percentage of belief scores on postnatal care was 50.5% with SD of 17.1% . The mean percentage of belief scores on new born care was 49% with SD of 13.3%.

The data presented in the Table 3, indicates that the overall mean percentage of the practice scores of the women related to maternal care and newborn care was 52.1% with the SD of 4.9%. The mean percentage of practice scores on antenatal care was 33.9% with SD of 8.6%, the mean percentage of practice scores on postnatal care was 57.6% with SD of 8.5% and the mean percentage of practice scores on newborn care was 63.4% with SD of 7.7 %.

The relationship between beliefs and practices was measured by administering Karl Pearson's co-relation co-efficient. The result indicated a significant positive correlation between beliefs and practices of rural women on maternal care and newborn care (Table 4).

Table 4:
Relationship Between Beliefs and Practices of Women on Maternal Care and Newborn Care *N* = 300

Area	Correlation coefficient(*r*)
Antenatal Care	.380
Postnatal care	.444
Newborn care	.397
Combined	.413

Association of Beliefs and Practices of Women with Selected Demographic variables

Association of beliefs of women with selected demographic variables:

The significant association of beliefs was found with the age ($\chi^2 = 12.19$, $p < .05$ level), educational status ($\chi^2 = 75.81$, $p < .05$ level), occupation($\chi^2 = 39.88$, p < .05level), family income($\chi^2 = 17.84$ $p < .05$ level), age at marriage($\chi^2 = 7.76$, $p < .05$ level) and gravidae ($\chi^2 = 11.50$, $p < .05$ level) of the rural women.

However, a non-significant association of beliefs was found with religion ($\chi^2 = 3.97$, $p > .05$ level), type of family ($\chi^2 = 0.01$, $p > .05$ level) and para ($\chi^2 = 2.67$, $p > .05$ level) of the rural women.

Association between beliefs and educational status of the women showed that the majority (91.4%) of women with the PUC and above education, 77% of the women with secondary education, 37.6% with the primary education, and 18.8% of illiterate women had positive beliefs and rest of them had negative beliefs on maternal care and newborn care. This indicates that as the educational status increased the positive beliefs also increased. A significant association was found between the educational status and the beliefs of rural women (Table 5).

Table 5:
Association between Educational status and Beliefs of Women on Maternal care and Newborn care *N*=300

Educational status	Beliefs						χ^2 Value	χ^2 Table Value	*df*
	Positive		Negative		Total				
	n	%	n	%	n	%			
Illiterate	3	18.8	13	81.2	16	100.0	75.81*	7.815	3
Primary	38	37.6	63	62.4	101	100.0			
Secondary	87	77.0	26	23.0	113	100.0			
PUC and above	64	91.4	6	8.6	70	100.0			
Combined	192	64.0	108	36.0	300	100.0			

*Significant at 5% level,

Table 6:
Association of Practices of Women with Selected Demographic Variables *N*=300

Variables	Chi-square value
Age	$\chi^2 = 9.35^*$ $p < .05$
Educational Status	$\chi^2 = 11.90^*$ $p < .05$
Occupation	$\chi^2 = 11.99^*$ $p < .05$
Type of family	$\chi^2 = 7.73^*$ $p < .05$
Gravidae	$\chi^2 = 9.01^*$ $p < .05$
Para	$\chi^2 = 4.53^*$ $p < .05$
Religion	$\chi^2 = 3.28$ N.S $p > .05$
Family income	$\chi^2 = 2.43$ N.S $p > .05$
Age at marriage	$\chi^2 = 4.65$ N.S $p > .05$

** Significant, N.S - nonsignificant*

Data presented in Table 6 shows that the significant association of practices was observed with the age, educational status, occupation, type of family, gravidae, and para of the rural women related to maternal care and newborn care. A non-significant association of practices was indicated with religion, family income, and age at marriage of the rural women.

Discussion

The present study revealed that 192 (64%) of the women had positive beliefs and 108 (36%) had negative beliefs. The study is supported by the findings of the study, which showed that 76% of the mothers had positive beliefs, and 24% had negative beliefs (Ayaz & Efe, 2008). The study findings are also supported by the study findings conducted at Albay, which showed that some women no longer believe in myths and folkloric beliefs regarding labour and delivery but also some women believe it. They lacked belief in the area of fever, contraception, bathing, and rooming-in (Bernardita, Celerino, Ebuenga, & Valladoid, Nov-Dec 2014).

A significant association of practices was observed with age, educational status, occupation, type of family, gravidae, and para of the rural women related to maternal and newborn care. Similar findings have been reported in a study which reported that literacy status during antepartum period and parity during the postpartum period significantly affected the food consumption of mothers (Mukhopadhyay & Sarkar, 2009).

The present study established a positive significant relationship between the beliefs and the practices related to maternal and newborn care. The findings are supported by the study, which showed that the existing practices are based on deep-seated traditional beliefs that show a significant positive relationship between the beliefs and the practices on maternal and newborn care (Gurung, 2008). Inspite of literacy among the mothers harmful newborn care practices existed among the mothers. Community practices were seen to influence harmful practices (Rahi, Taneja, Misra, Mathur, & Badhan, 2006).

Conclusion

Most of the women had positive beliefs and healthy practices related to maternal and newborn care. Though the movement away from traditional beliefs and practices is already taking place, the predominance of risky traditional maternal and newborn care practices stress the need for health education packages for improving maternal and newborn care practices.

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