

Neonatal care practices regarding traditional beliefs and customs adopted by slum families in Parbhani district

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ABSTRACT

Background: A human infant from time of Birth up to 28th day of life is called a newborn or neonate. Nearly 27 million babies are born in India each year. Every year 4 million babies die in first month of life in the world and quarter of these takes place in India. Child birth and neonatal period are culturally important times during which there is strong adhere to traditional practices. The objective of this study is to identify the neonatal care practices regarding traditional beliefs and customs adopted by slum families in Parbhani town of Maharashtra.

Materials and Methods: A descriptive research design was adopted for this study. Purposive sampling method was used to select 120 samples from selected slums in Parbhani town. A close ended questionnaire was used to collect the data from the subject.

Results: The data collected from 120 families were analysed using descriptive statistics. Almost all of the mothers (98%) have followed oil massage for baby before bath. Majority (65%) of the mothers have provided home remedies for treating their neonates during illness. Majority of families irrespective of SES and gender had various beliefs for not feeding colostrums, for oiling sensory organs, not to feed the baby in presence of others, adding and deleting food items from mother's diet, feeding pre lacteal feeds and using ornaments and cosmetics to their neonates for many reasons.

Conclusion: Findings of the study revealed that there is Strong relationship between SES and cultural practices and beliefs on neonatal care among mothers. Awareness programs regarding do's and don'ts of neonatal care should be conducted in slum area which will minimize the unhealthy traditional practices.

INTRODUCTION

Globally, there has been a considerable decline in under five and infant mortality during last four decades. However, neonatal mortality rates remain unchanged especially in developing countries (Tinker *et al.*, 2005; Arulam Palam and Bhalotra, 2006). The newborn health challenge faced by India is more formidable thing that

experienced by any other country in the world. It is estimated that out of 3.9 million neonatal deaths that occur worldwide, almost 30 per cent occur in India (Black *et al.*, 2003). Global under – five mortality rates have declined over the past four decades, but the neonatal mortality rates (NMR) still remains high (Lawn *et al.*, 2005). Irrespective of urban- rural differences in NMR, neonatal deaths are a bare of poorest. A study done by

Baqui *et al.* (2007) in Rural Uttar Pradesh showed that out of 618 neonatal deaths, 32 per cent deaths were on the day of birth, 50 per cent occurred during first 3 days of life and 71 per cent were during the first week (Baqui *et al.*, 2007). Despite a plethora of health institutions, over 50 per cent births amongst the urban poor continue to occur in home settings under the supervision of untrained birth attendants (Agarwal *et al.*, 2007).

Care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Cultural and traditional practices, values and beliefs play in attention seeking behaviour of post partum mothers as well as in new born babies during postnatal period (Dorlands, 2007). A family which mirrors values, traditions, customs and beliefs *i.e.*, culture of a society to which it belongs, plays a important role in psychological, social development and health in children (Datta, 2007).

Some of the traditional practices applying cow dung on umbilical stump, oil installation into nose, pre lacteal feeds also contribute to new born's risk of morbidity and mortality. The purpose of this study is to explore the traditional beliefs and practices of neonatal care by slum families.

MATERIAL AND METHODS

The present study was conducted in slum area of Parbhani town which is considered as a backward district of Maharashtra. A stratified random sample of 120 families having a neonate of full three weeks age was identified from 10 slum colonies of Parbhani town. Out of 120 slum families, 60 were from low SES and remaining 60 were from middle SES group. The data collection tool or questionnaire consists of two parts. First part has information related to socio-economic status, maternal, birth and delivery related factors. Second section has information of traditional new born practices followed after delivery. During data collection, interviews were conducted in Marathi using local vocabulary. The collected data were pooled, tabulated and statistically analyzed.

OBSERVATIONS AND ANALYSIS

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Description of background of neonates :

Socio demographic variables of mothers revealed that onto 120 mothers. Majority mothers were below 25 years of age (49 %), from low SES and 49 per cent from 26 to 30 years of age, majorly belonging to nuclear family *i.e.*, 53 and 57 per cent from low and middle SES, respectively, from middle sized family, having no formal education to 42 per cent mothers from low SES and middle school level education 48 per cent of middle SES mothers, 67 per cent were having first child and 80 per cent from middle SES were housewives while 68 per cent were unskilled labours doing work on daily wages.

Table 1 : Demographic characteristics / background of neonates

Sr. No.	Demographic variable	Socio-economic status	
		Low (60)(%)	Middle (60)(%)
Age in years of mother			
1.	Less than 25 Years	49	42
2.	26 – 30 Years	38	49
3.	Above 30 Years	13	09
Type of family			
1.	Nuclear	53	57
2.	Joint	42	43
3.	Extended	05	--
Size of family			
1.	Small(1 to 4)	28	33
2.	Middle(4 to 6)	45	39
3.	Large (more than 6)	27	28
Education of mothers			
1.	No formal Education	42	20
2.	Primary	20	17
3.	Middle School	33	48
4.	Higher School	04	13
5.	Graduation	--	2
Occupation			
1.	House Wife	32	30
2.	Daily wages/ Unskilled Labour	68	20
3.	Govt./Private Employee	--	--
Ordinal position			
1.	First	67	67
2.	Later	33	33

Traditional beliefs and customs observed for Neonatal care :

It is evident from the Table 2 that all the slum families in low and middle SES groups had the custom of using ornaments including silk and/or cotton thread tied to the

waist, wrist and neck of their neonates from 5th day onwards and the anklets made of silver or copper and white/black plastic bangles etc. put on neonate for various causes like to safeguard neonates from evil eyes, for protection of neonates health. Majority of the slum families in both SES groups had the habit of applying *kajal* prepared at home/purchased from market to safeguard neonate from evil eye and better eye sight and beautification.

Massaging neonates was adopted by almost all the slum families from both SES groups with sweet oil, castor oil, coconut oil as it was a customary and good for health of neonates. Oiling sensory organs of neonates was done by large per cent of families in low and middle SES groups for cleaning purpose of those organs.

Household remedies included application of *Kumkum* and sweet oil paste on umbilical stump for quick healing purpose, feeding the paste made out of *Hirida Sheng* to decrease fever, blowing air on neonate's stomach after grinding azwan inside the mother's mouth etc. were practiced by 65-47 per cent families in low and middle SES groups. Feeding the pre lacteal foods to neonates was followed by 93 and 75 per cent families in both SES groups and not breast-feeding neonates in the presence of others. (22- 28.33 %) due to fear of evil eye casting.

't' values indicated that significantly more percentage of low SES groups mothers discarded colostrums and

had given pre lacteal foods to their neonates while in middle SES group higher percentage of mothers had special diet as compared to their counterparts in low SES groups.

In this study majority of mothers (98 – 100 %) applied *kajal* on the baby's face to prevent evil eye. According to the descriptive study conducted in Chandigarh revealed that out of 226 mothers who had children below 3 months practice of applying *kajal* was prevalent in 94.7 per cent in slums and 28.3 per cent in urban areas.

Majority of mothers (98- 100%) massaged the baby with oil before bath. According to the study conducted in Rawalpindi District, Pakistan, out of 100 mothers who were having baby of 6 months age, it was found that oil massage was a frequent practice in 61 per cent of babies.

In this study 93 per cent of mothers gave pre lacteal feeds soon after birth. According to the descriptive study conducted in Civil Hospital, Ahmedabad, among 435 mothers, it was found that about 66.2 per cent of mothers offered boiled water as a first feed. And according to the qualitative study conducted in 6 urban slum areas of Dhaka, Bangladesh, among 18 recently delivered mothers it was found that 40 per cent of women gave honey while 16 per cent of women gave sugar water soon after birth. Many studies from India and other South Asian countries have indicated that women commonly wait for several days after birth to begin breast feeding, avoid giving colostrums or supplement breast feeding with other liquids

Sr. No.	Traditional beliefs	Socio-economic status		't' value
		Low (60)	Middle (60)	
1.	Discarding colostrum	80	40	4.70**
2.	Commencement of breast feeding			
	On the 1 st Day	22	40	00.8 ^{NS}
	From 2 nd Day	40	27	1.65 ^{NS}
	From 3 rd Day	27	23	0.39 ^{NS}
	From 4 th Day	11	10	0.18 ^{NS}
3.	Oiling sensory organs	98		
4.	Massaging the body with oil before bath	100	98	1.11 ^{NS}
5.	Giving pre lacteal Feeds	93	75	2.76 ^{NS}
6.	Tying black thread in the neck	67	63	0.46 ^{NS}
7.	Applying <i>Kajal</i>	100	98	1.11 ^{NS}
8.	Using ornaments	100	100	–
9.	House hold remedies for treating stump	66	48	1.65 ^{NS}
10.	Deleting food items from mother's diet	88	88	–
11.	Having special diet	48	87	4.8**
12.	No breast feeding in presence of others	22	28	0.89 ^{NS}

** indicate significance of value at P=0.01

NS=Non-significant

(Sharma, 2010; Huffman *et al.*, 2001).

Delayed breast feeding especially up to three days was common and non-feeding of colostrums was recorded in all home births. This is a negative factor because if neonates are not breast fed, within the first one hour of birth then it puts these neonates at an increased risk for deaths (Edmond *et al.*, 2006).

In this study, majority of mothers oiling sensory organs of their neonates for cleaning purpose. Mohamed *et al.* (2010) found 36 per cent mothers were of opinion that oil instillation in the nostrils is good for babies, it protects their babies from cough and cold by clearing the nose and throat and also suggested as a measure to reduce body heat.

Conclusion :

This study indicates that awareness and attitude of mothers towards neonatal care has lots of lacunae especially in those who belong to the lower SES. There is scope for improvement by providing awareness programs and health education for pregnant mothers at primary care level itself.

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