



## The Practice of Postnatal Care Among the Mothers in Sangethapatti Panchayat in Omalur Taluk of Salem District

**Dr.C. Gobalakrishnan**

Assistant Professor, Department of Sociology, Periyar University, Salem – 636 011.

**Ms.C.Amrin**

II Year MA Student, Department of Sociology, Periyar University, Salem – 636 011.

### ABSTRACT

*Both mothers and children constitute more than half of the total population of our country. Tough number wise they are stronger but for morbidity and mortality rate they are very weak. It means that they are vulnerable for both morbidity and mortality rate. To control both morbidity and mortality rates, the prenatal as well as postnatal cares are essential for both children and mothers. Prenatal care starts immediately after conception and extends till the birth of the baby. Postnatal care is a period which begins after birth of the child and extends for about six weeks. The present paper aims to understand the practices of postnatal care among the mothers in Sangethapatti Village Panchayat in Omalur Taluk of Salem District.*

### KEYWORDS :

#### Introduction

The birth of a baby is one of life's most wondrous moments. New born babies have amazing abilities, yet they are completely dependent on others for every aspect – feeding, warmth and comfort. Despite the improvements in child survival over the past 25 years, there is still virtually no effective health care system for newborns in many developing countries.

Antenatal care (ANC) and postnatal care (PNC) are significant determinants of maternal health and, particularly, safe motherhood. Antenatal care is an important predictor of safe delivery and provides health information and services that can improve the health of women and infants. In addition, ANC has a positive impact on the utilization of postnatal healthcare services, while PNC and intrapartum care significantly reduce maternal mortality because most maternal deaths occur in the first week after delivery.

Nearly 27 million babies are born in India each year, these accounts for 20% of global births, of these, 1.0 million die before completing the first four weeks of life, this accounts for nearly 25% of the total 3.9 million neonatal deaths worldwide. Almost 60% of deliveries occur at home and only 46.6 percent of these are attended by skilled birth attendants (doctors, nurses and midwives). It is documented that states with higher institutional births (e.g Kerala) have lower neonatal mortality as compared to those with lower institutional birth (E.g., Uttara Pradesh).

However, poor quality of routine ANC has been documented in terms of its ability to prevent, diagnose or treat complications Recent studies have challenged the potential of ANC to reduce maternal mortality Both quality and coverage are essential to maximize impact. Impediments to the effective delivery of ANC and PNC include geographical, financial and cultural barriers .An estimated seven out of every ten women who do not give birth in a facility are not currently receiving PNC. Policies and programs have largely overlooked this critical period, hindering efforts to meet the Millennium Development Goals (MDGs) for maternal and child survival. Although pregnant women are advised to start attending ANC before the 16th week of gestation, and services are free, more than 80% of pregnant women initiate ANC later than 17 weeks of gestation . The postnatal period (or called postpartum, if in reference to the mother only) is defined by the WHO as the period beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after the birth of an infant. Postnatal care is one of the most important maternal health care for not only prevention of impairment and disabilities but also reduction of maternal mortality (Simkhada and Van Teijingen, 2006; Titaley et al., 2009). Mother as well as baby's future depends upon the type of health practices followed by the mother after delivery. Postnatal care includes a woman in her role as mother, forms the back bone of the

family (Titaley, et al. 2009). In every society, there exist varying practices, customs, beliefs and values which may be healthy or unhealthy. In India postnatal infection is the third cause of maternal death. It is mainly due to lack of perineal care, breast care and poor intake of diet. Postnatal health practices such as hygiene, breast care, perineal care, postnatal diet, postnatal exercises and family planning will promote health and reduce the mortality and morbidity rate (Raman Amelmu, 1988).

#### Materials and Methods

The present study has been conducted in Sangeethapatty Village Panchayat. It is one of the village panchayat in the Omalur Taluk of Salem District. As far as 2011 census, this village panchayat have had a population of 2335 of which 1175 are male and 1160 are female. The universe for the present study is the people who are living within the boundary of the Sangeethapatty Village Panchayat. From the universe the researcher has selected only 30 respondents for the present study by using purposive sampling method. The required data have been collected from the respondents with the help of interview schedule. The interview schedule contains personal profile, nature of birth, place of birth, frequency of breastfeeding, birth order of the baby, history of abortion, nature and purpose of abortion.

#### Results

While considering the age, 46.7 % of the respondents are belonging to the age group of 21-24 years, 43.3 % of the respondents are belonging to the group of 18-21 years, and remaining 10 % of the respondents are belonging to the age group of 24-27 years. As far as the educational status, 73.3 percent of the respondents are illiterates, 10% of the respondents are completed primary school level, 6.7% of the respondents are completed middle school level and remaining 10% of the respondents are completed high school level.

With regard to size of the family, 40 per cent of the respondents are having less than 5 members in the family, 50 per cent of the respondents are having a family size between 5 and 6 members, and 10 per cent of the respondents are having more than 7 members in the family. While considering the family type, 86.7% of the respondents are living in the nuclear family and remaining 13.3% of the respondents are living in the joint family.

The respondents are also asked about whether they have had any complication during the time of pregnancy, 90% of the respondents mentioned that there was no complication for their babies after birth, remaining 10 % of the respondents reported that there was complication for their babies after birth. As far as attending Ante Natal Care (ANC) clinic, 90% of the respondents are attending the ANC clinic during the pregnancy period, and remaining 10% of the respondents are not attending ANC clinic during the pregnancy period.

Among the total respondents, 73.3 per cent of the respondents revealed that they have started breastfeed for their baby immediately after birth, each 10 per cent of the respondents indicated that they have began breastfeed for their baby within 30 minutes and after one hour of the birth of their baby and remaining 6.7 per cent of the respondents reported that they have inadequate breast milk at the time of the birth of their baby and these respondents feed other milk. With regard to nature of feed, 96.7 per cent of the respondents mentioned that they have give only breast milk to their baby and remaining 3.3 per cent of the respondents reported that they have give formula feed to their baby.

While considering the cleaning of breast after feed, 90 per cent of the respondents revealed that they have clean their breast after feed and remaining 10 per cent of the respondents mentioned that they don't have clean their breast after feed. As far as frequency of breastfeeding in a day, 56.7 per cent of the respondents mentioned that they are feeding less than 8 times in a day and remaining 43.3 per cent of the respondents revealed that they are feeding more than 8 times in a day. With regard to the place of delivery, 73.3 per cent of the respondents mentioned that the place of delivery for their baby is private hospitals and only 26.7 per cent of the respondents revealed that the place of delivery for their baby is government hospitals. As far as the nature of the delivery, 63.3 per cent mentioned that they have had normal delivery and remaining 36.7 per cent of the respondents revealed that they have had cesarean.

**Table No. 1:**  
**Distribution of the respondents based on birth order of their baby**

S. No.	Birth Order	No. of Respondents	Percentage
1	First baby	14	46.7
2	Second baby	11	36.7
3	Third baby	4	13.3
4.	Fourth Baby	1	3.3
	Total	30	100

The above table indicates that 46.7 per cent of the respondents mentioned that their baby is the first birth, 36.7 per cent of the respondents revealed that their baby is the second birth, 13.3 per cent of the respondents indicated that their baby is the third birth and remaining 3.3 per cent of the respondents reported that their baby is the fourth birth.

With regard to sex of the baby, 70 per cent of the respondents mentioned that the sex of the baby is male and remaining 30 per cent of the respondents indicated that the sex of the baby is female. As far as the number of abortion that they had during their martial life, 43.3 per cent of the respondents mentioned that they had two time abortion and 16.7 per cent of the respondents revealed that they had one time of abortion. Among the respondents who have had abortion in their marital life, 27.8 per cent of the respondents mentioned for sex selection of the baby that they have had abortion and remaining 72.2 per cent of the respondents revealed that their abortion is natural one.

**Conclusion**

The above results show that some of the rural respondents (16.7 %) go for third and fourth delivery because for the need of male child. But among these respondents, 20 per cent that is one out of five only delivered male baby and others i.e. 80 per cent delivered female baby. Similarly a considerable number of sex selective abortions are also going on among these respondents. Among the total respondents, 60 per cent have had the experience of abortion and some of them have had the abortion history of two times. Likewise 10 per cent of the total respondents revealed that they don't have clean their breast after feed. Even though this percentage is small but there is an urgent need of scientific intervention in this regard. Because unclean of breast might be the one of the reasons for maternal morbidity. The earlier studies also mentioned that the sore nipples and cracked nipples are due to poor breast care and poor hygiene, poor perineal care and infection of episiotomy care can lead to puerperal sepsis which is the major causes of maternal morbidity (Dutta, 1992). Studies proved that children born after well-spaced interval become healthy and strong. By adopting family planning method unwanted pregnancies can be prevented [Kuman, 1999; Chauhan, 1998].

**Limitations**

The researcher has collected the required data for the present study from 30 respondents and in order to make any justifications the sample size should be increased.

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