A STUDY TO ASSESS PREVALENCE OF COMMON TRADITIONAL PRACTICES FOR NEWBORN CARE AMONG MOTHERS IN SELECTED RURAL AREA OF ANAND DISTRICT GUJARAT.

Ms. Ravina R. Khristi	Manikaka Topawala Institute of Nursing Charotar University of science & Technology, Changa.
Mr. Vipin Vageriya*	HOD of Child Health Nursing, Manikaka Topawala Institute of Nursing, College. *Corresponding Author

ABSTRACT **Introduction:** There are many factors like knowledge, values, belief, attitude of parents towards child, societal factors, their culture, living places, region, customs and cultural features affect practices used for the children and the babies.
Methodology: A Descriptive survey study was conducted to assess the prevalence of common traditional practices for newborn care among mothers. A sample of 300 mothers of child aged between 0-28 days, who were staying in selected rural area of Anand District were selected by purposive sampling technique. Data was collected by using structured questionnaire for selected common tradition practices. The data was analyzed by using Descriptive and Inferential statistics such as Frequency, Percentage distribution, and Chi square test.
Result: Study result shows that Majority of the subjects were 87(29.0%) in age group of 21 to 25 years, 225(75.0%) were Hindu, 102(34.0%) of mothers were secondary & higher secondary educated, 171(57.0%) were living in a joint family, 176(58.7%) mothers were employed, Majority 105(35.0%) of mother's duration of marriage was in a more than 6 years, Majority 117(39.0%) of mothers have one child, and majority 214(71.3%) mothers have government clinic as a nearest health care service. Out of fourteen traditional practices selected for the study, 132(44%) of mothers were providing colostrum to their baby, 143(47.67%) were providing prelacteal feeds to their babies, 234(78.00%) of mothers were doing something to prevent evil eye, 165(55.00%) of mothers were exposing their baby to the traditional herbs or fumes, 145(48.33%) were applying substance to the cord, 219(73.00%) of mothers were applying kajal on their baby's eye, 174(58.00%) of mothers was massaging their baby, 148(49.33%) of mothers were putting oil on baby's ear or nostrils, 154(51.33%) of mothers have rubbed baby's skin vigorously, Majority 142(47.33%) of mothers were applying substance on baby's head; 147(49.00%) stated they are using substance for baby bath, 209(69.67%) of mothers were trying any thread or chain on baby's body part, 124(41.33%) were squeezing baby's breast, and 198(66.00%) of mothers were delaying bath of baby after birth. Chi-square test was performed to determine the association between the traditional practices of newborn care with selected socio - demographic variables. χ2 calculated value corresponding to the Religion, Educational status and Nearest health care services were found greater than χ2 tabulated value and found significant.
Conclusion: It is concluded that there is significant association between selected traditional practices with selected socio-demographic variables. Study result concluded that there are various traditional practices prevalent for care of the child. Hence, there is a need to implement health education, awareness campaign, community awareness program to prevent traditional practices for child care.

KEYWORDS : Prevalence, common traditional practices, newborn care, mother

INTRODUCTION:

A child is a precious gift parents received from God. Most wondrous moment of life is child's birth. It is very significant for every family. Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies. There are many such practices which were carried out by parents for their children. It may cause some harm to child. There are many factors like knowledge, values, belief, attitude of parents towards child, societal factors, their culture, living places, region, customs and cultural features affect practices used for the children and the babies. These practices they use for caring the child may be rational or irrational and may become useful or harmful behaviors depending on their objectives and outcomes.[1]

The number of under-five deaths worldwide is 5.9 million in 2015; 16,000 every day. In India, Current under five mortality rate is 43/1000 live births and worldwide neonatal mortality rate is 19/1000 live births also the newborn babies who died within the first 28 days of life are 2.7 million.2 India has 20 percent of the 0-4 years' child population of the world. Infant mortality rate by SRS 2013 in Gujarat is 36/1000 live births and in India It is 40/1000 live births.3According to world bank India's neonatal mortality rate in 2015 is 28/1000 live births.[4]

Culture is a vital factor because cultural values, attitudes, and beliefs affect in health and disease. Socio cultural factor play an important role in mortality in child population group because there are many factors that will affect on chances of survival during infancy stage. Child mortality may be directly depend on the cultural factors and practices such as inadequate feeding, discrimination between girls and boys, delayed initiation of breastfeeding, and delayed weaning.5

2. NEED FOR THE STUDY

According to UNICEF's guide for what works for children in south Asia newborn care : an overview, It tells that deaths of newborn results from combination of medical causes, social factors and health system failures that vary by context and culture. Also, newborn care is strongly

influenced by home care and practices of newborn and newborn care services. Traditional care practices at home and at the communities inevitably affects the newborn health. Paul and Beorari(2002) observed that factor contributing high newborn deaths includes low level of exclusive breast feeding during initial months of life.[6]

According to World Health Organization, for achieving better neonatal care in developing countries traditional practices cannot be ignored. Traditional practices have major impact on neonatal morbidity and mortality patterns. So, there is a need to identify traditional and cultural practices and the extent of their impact on newborn health. If beneficial and harmful practices are identified, suitable communication strategies should be developed for individual and community education.[7]

Newborn is age group where parents are more concerned and do certain practices for their baby which may or may not cause harm to them. Investigator felt a need to find prevalence of those practices in the community so that prevention and health education can be taken place to change the traditional practices into a healthy way also this study can provide base for the further research in this area.

3. PROBLEM STATEMENT

A study to assess prevalence of common traditional practices for newborn care among mothers in selected rural area of Anand district Gujarat.

Objectives of the study

1) To assess prevalence of common traditional practices for newborn care among mothers.
2) To find association between selected common traditional practices for new born care with selected socio- demographic variables.

4. MATERIAL AND METHOD:

A quantitative research approach with Descriptive survey study was selected for this study. A sample of 300 mothers of child aged between

0-28 days, who were staying in selected rural area of Anand District were selected by purposive sampling technique. Data was collected by using structured questionnaire for selected common tradition practices. The study was conducted by explaining the purpose of the study to the sample and informed consent was taken before conducting the study. A survey was conducted by administering structured questionnaire to each sample. The structured questionnaire tool for selected traditional practices was validated by 13 experts. Pilot study was conducted to assess the feasibility and reliability of the tool. Cronbach's Alpha „r‟ was computed for finding out the reliability. The obtained value of 'r' was 0.751, indicating that the tool was reliable for the final study. Structured questionnaire Tool consists of two section. Section I consists of socio demographic variables. Socio Demographic variables of this study are Mother's age, Religion, Educational status, Type of family, Occupation of mother, Duration of marriage, Number of children, nearest health care service. Section II consists of items about selected common traditional practices of newborn care. It consists of 14 contingency questions of traditional practices. Each Question contains 2 sub questions. Only question number 13 contains 1 sub question. List of traditional practices were Discarding colostrum, Pre-lacteal feeding, Prevention of "evil eye", Exposing newborns to smoke or fumes, Application of substance on cord, Application of kajal in the eyes, Massaging the newborn, Putting oil on nostrils or ear, Rubbing baby's skin vigorously, Applying substance in baby's head, Using any traditional substance to bath the baby, Tying threads on body part, Squeezing the baby's breast, Delaying bath of baby after birth. Samples were selected based on Inclusion and Exclusion criteria.

Inclusion Criteria
1. Mothers those are willing to participate in this study.
2. Mothers those are living in Anand district included in this study.
3. Mother those who have 0-28 days child are selected for this study.
4. Mothers between the age group of 15 to 40 years are included in this study.

Exclusion Criteria
1. Rural mothers who have not delivered in CHCs or PHCs are excluded from study.
2. Mothers those who are not mentally healthy are excluded from study.
3. Mother who cannot understand Gujarati is excluded from this study.

5. RESULTS AND INTERPRETATIONS
The data was analyzed by using Descriptive and Inferential statistics such as Frequency, Percentage distribution, and Chi square test.

Findings related to socio-demographic variables shows that Majority of the subjects were 87(29.0%) in age group of 21 to 25 years, 225(75.0%) were Hindu, 102(34.0%) of mothers were secondary & higher secondary educated, 171(57.0%) were living in a joint family, 176(58.7%) mothers were employed, Majority 105(35.0%) of mother's duration of marriage was in a more than 6 years, Majority 117(39.0%) of mothers have one child, and majority 214(71.3%) mothers have government clinic as a nearest health care service.

Findings related to Traditional practices of newborn care shows that Out of fourteen traditional practices selected for the study, 132(44%) of mothers were providing colostrum to their baby, 143(47.67%) were providing prelacteal feeds to their babies, 234(78.00%) of mothers were doing something to prevent evil eye, 165(55.00%) of mothers were exposing their baby to the traditional herbs or fumes, 145(48.33%) were applying substance to the cord, 219(73.00%) of mothers were applying kajal on their baby's eye, 174(58.00%) of mothers was massaging their baby, 148(49.33%) of mothers were putting oil on baby's ear or nostrils, 154(51.33%) of mothers have rubbed baby's skin vigorously, Majority 142(47.33%) of mothers were applying substance on baby's head; 147(49.00%) stated they are using substance for baby bath, 209(69.67%) of mothers were trying any thread or chain on baby's body part, 124(41.33%) were squeezing baby's breast, and 198(66.00%) of mothers were delaying bath of baby after birth.

Table 6.1 shows Frequency and percentage distribution of colostrum feed to newborn baby.

Question 1	Frequency	Percentage%
1.1 Have you provided colostrum to your baby?		
a.	Yes	168	56.00%
b.	No	132	44.00%
1.2 If No, Which substance you gave to baby?		
a.	Plain water	14	10.61%
b.	Cow Milk	74	56.06%
c.	Buffalo Milk	39	29.55%
d.	Any other	11	8.33%
1.3 If No, Reason for not providing colostrum to baby?		
a.	It is dirty and not good for baby	46	34.85%
b.	Causes harm to baby	40	30.30%
c.	Family customs and elder's advice	40	30.30%
d.	Any other	17	12.88%

Table 6.2 shows Frequency and Percentage distribution of prelacteal feeds to newborn baby.

Question 2		Frequency	Percentage %
2.1 Before Initiation of breastfeeding, have you provided any other substance to your baby?			
a.	Yes	143	47.67%
b.	No	157	52.33%
2.2 If yes, what substances you have provided to baby?			
a.	Jaggery water	40	27.97%
b.	Honey	57	39.86%
c.	Plain water	41	28.67%
d.	Any other	9	6.29%
2.3 If yes, Reasons for providing pre-lacteal feeds to baby?			
a.	Cleansing of baby's gut for digestion	39	27.27%
b.	Mother's milk is insufficient	41	28.67%
c.	Family customs and elder's advice	49	34.27%
d.	Quenching the thirst of baby	45	31.47%
e.	Any other	5	3.50%

Table 6.3 shows Frequency and percentage distribution of prevention of Evil Eye.

Question 3		Frequency	Percentage %
3.1 Have you done anything to prevent "Evil eye"?			
a.	Yes	234	78.00%
b.	No	66	22.00%
3.2 If yes, what you did to prevent "Evil eye"?			
a.	Applied Kajal on eyes of baby or black spot on face	186	79.49%
b.	Applied shield of yantras like taviz	50	21.37%
c.	Hang chilies and lemon on front door	88	37.61%
d.	Any other	9	3.85%
3.3 If yes, Reason for prevention "Evil eye"?			
a.	It creates negative vibes or emotions	97	41.45%
b.	Causes illness in child	90	38.46%

c.	Brings Misfortune for baby	84	35.90%
d.	Any other	18	7.69%

Table 6.4 shows Frequency and percentage distribution of exposure to traditional herbs or fumes

Question 4		Frequency	Percentage %
4.1 Have you exposed your baby to traditional herbs or fumes?			
a.	Yes	165	55.00%
b.	No	135	45.00%
4.2 If yes, which fumes you have exposed to your baby?			
a.	Carom seeds	64	38.79%
b.	Neem leaves	59	35.76%
c.	Camphor	52	31.52%
d.	Cow dung	47	28.48%
e.	Agarbatti	68	41.21%
f.	Any other	10	6.06%
4.3 If yes, Reason for exposing baby to traditional herbs or fumes?			
a.	It prevents from certain illnesses	100	60.61%
b.	It prevents from negative vibes	51	30.91%
c.	Family customs and elder's advice	34	20.61%
d.	Any other	5	3.03%

Table 6.5 shows Frequency and percentage distribution of application to baby's cord

Question 5		Frequency	Percentage %
5.1 Have you applied any substance to the baby's cord?			
a.	Yes	145	48.33%
b.	No	155	51.67%
5.2 If yes, which substance you have applied to cord?			
a.	Mud	37	25.52%
b.	Butter or Ghee	54	37.24%
c.	Petroleum jelly or	52	35.86%
d.	Any other	10	6.90%
5.3 If yes, Reason for cord application?			
a.	Soften the cord and prevent sores	48	33.10%
b.	Promotes healing and prevent infection	45	31.03%
c.	Promotes cord separation	52	35.86%
d.	Any other	9	6.21%

Table 6.6 shows Frequency and percentage distribution of Kajal application in baby's eye

Question 6		Frequency	Percentage %
6.1 Have you applied "Kajal" in the baby's eye?			
a.	Yes	219	73.00%
b.	No	81	27.00%
6.2 If yes, which type of "Kajal" are you using?			
a.	Homemade, from oil lamp ashes and ghee	87	39.73%
b.	Made from coal	48	21.92%
c.	Readymade purchased from vendor	84	38.36%
d.	Any other	0	0.00%
6.3 If yes, Reason for applying "Kajal" in baby's eye?			
a.	Prevention of "Evil eye"	104	47.49%
b.	Soothing the eye	66	30.14%
c.	To better the eye sight	54	24.66%
d.	Protects eye from harmful rays or different ailments	51	23.29%
e.	Any other	4	1.83%

Table 6.7 shows Frequency and percentage distribution of massaging the newborn baby

Question 7		Frequency	Percentage %
• 7.1 Are you massaging your newborn baby?			
a.	Yes	174	58.00%
b.	No	126	42.00%
7.2 If yes, which substance you have used for massaging the baby?			
a.	Mustard seed oil	54	31.03%
b.	Sunflower oil	57	32.76%
c.	Olive oil	48	27.59%
d.	Coconut oil	32	18.39%
e.	Mineral/petroleum based oil	62	35.63%
f.	Any other oil	16	9.20%
7.3 If yes, Reason for massaging the baby?			
a.	Gives peaceful sleep to baby	51	29.31%
b.	Baby will get relaxed and cries less	48	27.59%
c.	Helps in mental, social, and physical development	67	38.51%
d.	Any other	14	8.05%

Table 6.8 shows Frequency and percentage distribution of putting oil on baby's ear or nostril

Question 8		Frequency	Percentage %
8.1 Are you putting any oil on baby's ear or nostrils?			
a.	Yes	148	49.33%
b.	No	152	50.67%
8.2 If yes, which oils you have used in baby's nostrils or ear?			
a.	Mustard oil	43	29.05%
b.	Garlic oil	49	33.11%
c.	Castor oil	32	21.62%
d.	Coconut oil	31	20.95%
e.	Any other	19	12.84%

8.3 If yes, Reason for putting oil on baby's ear or nostrils?		Frequency	Percentage %
a.	It will sooth nostrils and ear	50	33.78%
b.	To clear the passage in nostril or ear	37	25.00%
c.	To remove the wax in baby's nose or ear	46	31.08%
d.	Any other	20	13.51%

Table 6.9 shows Frequency and percentage distribution of rubbing baby's skin vigorously

Question 9		Frequency	Percentage %
9.1 Have you rubbed baby's skin vigorously?			
a.	Yes	154	51.33%
b.	No	146	48.67%
9.2 If yes, which substance are you using to rub baby's skin?			
a.	No substance, rubbing with hands	36	23.38%
b.	Besan(Gram Floor)	52	33.77%
c.	Turmeric ubtan	48	31.17%
d.	Any other	25	16.23%
9.3 If yes, Reason for rubbing the baby's skin?			
a.	To remove lanugo	36	23.38%
b.	To improve skin color	47	30.52%
c.	To sooth baby's skin	57	37.01%
d.	Removing any toxins from skin	31	20.13%
e.	Any other	12	7.79%

Table 6.10 shows Frequency and percentage distribution of applying substance on baby's head

• Question 10		Frequency	Percentage %
10.1 Are you applying any substance on baby's head?			
a.	Yes	142	47.33%
b.	No	158	52.67%
10.2 If yes, which substance are you applying on baby's head?			
a.	Besan(Gram Floor)	18	12.68%
b.	Mustard oil	53	37.32%
c.	Red Mud/soil	56	39.44%
d.	Any other	22	15.49%
10.3 If yes, Reason for applying substance in baby's head?			
a.	Remove cradle cap or treating skin infection	62	43.66%
b.	Treating bloated belly	33	23.24%
c.	Helps in normal growth/soothing of hair	47	33.10%
d.	Any other	9	6.34%

Table 6.11 shows Frequency and percentage distribution of substance used for baby bath

Question 11		Frequency	Percentage %
11.1 Are you using any substance for baby bath?			
a.	Yes	147	49.00%
b.	No	153	51.00%
11.2 If yes, which substance are you using to bath the baby?			
a.	Mustard oil	55	37.41%
b.	Besanatta	50	34.01%
c.	Kesuda leaves(Beauteamonos perma leaves)	34	23.13%
d.	Ubtan	31	21.09%
e.	Any other	15	10.20%
11.3 If yes, Reason for using substance to bath the baby?			
a.	To prevent the skin infection	45	30.61%
b.	To sooth the baby's skin	62	42.18%
c.	For proper growth and development	52	35.37%
d.	Any other	3	2.04%

Table 6.12 shows Frequency and percentage distribution of tying any thread or chain on baby's body part

Question 12		Frequency	Percentage %
12.1 Are you tying any thread or chain on baby's body part?			
a.	Yes	209	69.67%
b.	No	91	30.33%
12.2 If yes, on which body part are you tying the thread?			
a.	On hand	84	40.19%
b.	On waist	56	26.79%
c.	On neck	109	52.15%
d.	Any other	12	5.74%
12.3 If yes, Reason for tying the thread on body part of newborn?			
a.	Prevention of "evil eye"	50	23.92%
b.	Prevents the baby from misfortune and illnesses	120	57.42%
c.	Use as a custom	54	25.84%
d.	Advice from elders	55	26.32%
e.	Any other	4	1.91%

Table 6.13 shows Frequency and percentage distribution of squeezing the baby's breast

Question 13		Frequency	Percentage %
13.1 Are you squeezing baby's breast?			
a.	Yes	124	41.33%
• 13.2 If yes, Reason for squeezing the baby's breast?			
a.	To remove witch's milk	44	35.48%
b.	Reduce the breast swelling	30	24.19%
c.	For good breast shape in adulthood	46	37.10%
d.	Any other	10	8.06%

Table 6.14 shows Frequency and percentage distribution of delaying bath of newborn baby

Question 14	Frequency	Percentage %
14.1 Are you delaying bath of newborn baby after birth?		

a.	Yes	198	66.00%
b.	No	102	34.00%
14.2 If yes, till how many days bath is delayed?			
a.	One day	26	13.13%
b.	Till three days	79	39.90%
c.	Till seven days	62	31.31%
d.	More than seven days	30	15.15%
14.3 If yes, Reason for not bathing the baby?			
a.	As a spiritual belief	49	24.75%
b.	Preparing the baby for pooja	47	23.74%
c.	Elder's advice	90	45.45%
d.	Any other	13	6.57%

Findings related to association between the traditional practices of newborn care with selected socio - demographic variables were performed using Chi-square test. χ^2 calculated value corresponding to the Religion, Educational status and Nearest health care services were found greater than χ^2 tabulated value and found significant. Hence, It is concluded that there is significant association between selected traditional practices with selected socio-demographic variables.

7. CONCLUSION

Study result concludes that there are various traditional practices prevalent for care of the child. Hence, there is a need to implement health education, awareness campaign, community awareness program to prevent traditional practices for child care.

8. RECOMMENDATIONS

Based on the findings of the study the following recommendations are made

1) A similar comparative study may be conducted between Urban and Rural population or educated and uneducated mothers.
2) Instead of descriptive study can go for qualitative study to get more in depth knowledge about traditional practices.
3) A similar study may be conducted on a larger sample for wider generalization.
4) Obtaining 300 samples was more difficult so for that different setting like hospital would have been selected.
5) The size of the geographic region can be extended for effective result.
6) Instead of only mothers, other close relatives of baby who take part in care of baby can be taken as samples.
7) Instead of newborn care practices many other traditional practices regarding baby would also be included.
8) Study can be done on one particular community to get more specific information regarding traditional practices.

Conflict Of Interest: None

Source Of Funding: No separate funding was received for this study.

Ethical Clearance: The ethical clearance obtained from our Institute (CHARUSAT University, Changa).

Statement Of Informed Consent: Informed consent was obtained from the participant.

13. REFERENCES
1. Nurcan ozyazicioglu, sevinc polat. Traditional practices frequently used for newborn in Turkey: A literature review. Indian Journal of traditional knowledge. 2014 July; 13(3): 445 – 52.
   Available from: URL: http://nopr.niscair.res.in/handle/123456789/29110
2. Levels & Trends in child mortality. Estimate Developed by UN Inter-agency group for child mortality Estimation. UNICEF; 2015.
   Available from: URL: http://www. childmortality. org/files_ v20/ download/ IGME % 20 report%202015%20child%20mortality%20final.pdf
3. National Health Mission. Ministry of health and family welfare. State wise Information. Health indicators of Gujarat, GOI; March 2012.
4. The work bank Indicator. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. Mortality rate Neonatal (per 1000 live births).UNICEF; 2015.
   Available from: URL: http://data.worldbank.org/indicator/SH.DYN.NMRT
5. Mahbooba Rasool, Rinchen Angmo, S.M. Salim Khan, Inaamul Haq. Infant care Practices in community of Srinagar city. International Journal of contemporary medical research. 2016 July; 3(7) ISSN(Online): 23393-915X (Print): 2454-7379. 2087-9.
   Available from URL: http://www. ijcmr. com/ uploads /7/7/4/6/77464738/ ijcmr_750_jul_3.pdf
6. What works for children in south Asia a newborn care: An overview. UNICEF. South Asia: Regional office; 2004. Available from: URL: http://www. unicef. org/ rosa/ Newborn. pdf
7. Maternal and newborn safe Motherhood. Essential Newborn care. Report of technical working group. World Health Organization: Trieste, 1994 April; 25-9. Available from: URL: http://apps.who.int/iris/bitstream/10665/63076/1/WHO_FRH_MSM_96.13.pdf