



## A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND PRACTICES REGARDING CULTURAL BELIEFS OF POSTNATAL CARE AMONG WOMEN IN SELECTED VILLAGES OF AMBALA, HARYANA.

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### ABSTRACT

**BACKGROUND:** Cultural and traditional practices, values and beliefs play an important role in the medical attention-seeking behavior of postpartum mothers as well as in newborn babies during the postnatal period. There are various traditional and cultural practices followed which affect the newborn.

**OBJECTIVE:** 1) To assess the knowledge and practices regarding cultural beliefs of postnatal care among women in selected villages of Ambala. 2) To determine the correlation between knowledge and practices of women regarding postnatal care cultural beliefs.

**METHOD:** The research approach adopted for the study was Quantitative Research Approach. The research design adopted for the study was Descriptive Survey Design. Total 200 women were selected by using purposive sampling technique from selected villages. The tools developed and used for data collection were structured knowledge questionnaire and practice scale, tools were prepared by focusing on knowledge and beliefs respectively.

**RESULTS:** The finding shows that the majority of women had good level of knowledge (81%) and (18.5%) women had average level of knowledge regarding postnatal care. The findings further show the majority (51.5%) of women residing in villages has good practices. The data further show that (48.5%) of women had average practices regarding postnatal care and beliefs. There was a weak positive correlation between knowledge and practices of women.

**KEYWORDS :** Knowledge, practices, cultural Beliefs, postnatal care

### INTRODUCTION

The postnatal period is termed as fourth stage of labour<sup>1</sup>. Postnatal period is a crucial period in woman's life and lot of physiological changes used to occur. Postnatal women are in need of special care during pregnancy, at the time of labour as well as after delivery of child in order to prove safe motherhood and positive outcome of pregnancy. The postnatal period is a critical transitional time for a woman and her newborn physiologically, emotionally, and socially<sup>2</sup>. As per the WHO and UNICEF report, highest level of maternal mortality in postnatal period is associated with perineal sepsis<sup>3</sup>.

Every society and country has its own traditional belief and practice related to postnatal care. Some of the practices are beneficial to the mother and children. But some of them are more dangerous to the health aspects. This is an important role for health care providers to identify the harmful belief. The nursing personal has an important role in improving women's health status and also creating the awareness about the consequence of poor maternal health. Inadequate and improper and inappropriate care at postnatal period may result in death as well as missed opportunity to promote healthy behavior that will be affecting the health of mother and newborn.<sup>4</sup>

The postpartum period is a very special phase during women's life and her newborn. It is marked by strong emotions, dramatic physical changes, new and altered relationships and the assumption of and adjustment to a new role. New mothers move from the social status of a "women" to that of a "mother". Postpartum is the period beginning immediately after the birth of a baby and extending for about six weeks. It is the time during which, the mother's body including hormonal levels and general and reproductive systems return to a non-pregnant state<sup>5</sup>.

A great number of postpartum complications can be avoided. Physical as well as psycho-social problems can be detected early via an effective postpartum care. Effective postpartum care is essential to maximize survival of mothers and new born regardless of where a woman delivers. Ironically, in developing countries, about 70% of women do not receive any postpartum care<sup>6</sup>.

Postpartum is a time of transition and social celebration in many societies, signaling an adjustment of cultural responsibilities<sup>7</sup>. This period is a very special phase in the life of a woman. Her body needs to heal and recover from pregnancy and childbirth. A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman<sup>8</sup>. But cultural practices and food taboos adversely affect the daily consumption of protein, energy and some nutrients during the first month of nursing<sup>9</sup>.

### MATERIAL AND METHODS

The study was conducted after obtaining formal approval from sarpanch of the selected villages of the Ambala, Haryana. Non Experimental Quantitative research approach was adopted to assess the knowledge and practices regarding cultural beliefs of postnatal care among women. Tools for the present study developed were based on review of literature and consultation from experts. Tools included: Sample characteristics, structured knowledge questionnaire and practice scale. Content validity and reliability of tools were ensured. Total 200 women, who were in reproductive age group and have at least one child, were selected by using Purposive sampling technique. Data was collected with interview method. The subjects were informed about the purpose of study & written consent was taken from each woman. The collected data was entered in the MS Excel spreadsheet. Analysis was done using SPSS software version 16.0.

### RESULTS

Data presented in table 1 revealed that majority of women (46%) were in the age group of 18-27 years, Out of total 1/4<sup>th</sup> of (36.5%) women had education primary school, (30%), had higher school (15.5%) had secondary, (14.5%) had no formal education, only (3.5%) were graduate. Majorities (73.5%) of women were house wives. About (62%) of families were Nuclear and (37.5%) families were Joint. About (46.5%) of family members had 10,000 to 15000 monthly income, (31.5%) of family members had 15000 to 20000 monthly income, (16.5%) of family members had >20000. Nearly (42%) of women had 2 children, (35.5%) of women had 3 children. Majority (52.5%) of women underwent institution delivery and (47.5%) home delivery. Total (90.5%) of women had previous knowledge regarding postnatal care and (9.5%) no knowledge regarding postnatal care.

**Table: 1 Frequency and Percentage distribution of Sample characteristics of women.**

N=200			
Sr. No.	Sample Characteristics	f	%
1.	Age (Years)		
a)	18-27	92	46
b)	28-36	64	32
c)	37-45	44	22
2.	Education		
a)	Illiterate	29	14.5
b)	Primary	73	36.5
c)	Secondary	60	30.0
d)	Senior secondary	31	15.5
e)	Graduate or above	7	3.5
3.	Occupation		
a)	House wife	147	73.5

	b) Private service	09	04.5
	c) Self employed	42	21.0
4.	Type of family		
	a) Nuclear	125	62.5
	b) Joint	75	37.5
5.	Total Monthly income		
	a) 5000-10000	11	5.5
	b) 10000-15000	19	46.5
	c) 15000-20000	63	31.5
	d) >20000	33	16.5
6.	No. of children in family		
	a) 1	32	16
	b) 2	84	42
	c) ≥3	84	42
7.	Number of live children		
	a) 1	32	16
	b) 2	84	42
	c) 3	71	35.5
	d) 4	13	6.5
8.	Type of delivery		
	Normal vaginal delivery	111	55.5
	NVD with episiotomy	83	41.5
	LSCS	06	03.0
9.	Place of delivery		
	Home	95	47.5
	Institution	105	52.5
10.	Previous knowledge		
	yes	181	90.5
	No	19	09.5

The data presented in table 2 shows the frequency distribution of level of knowledge regarding postnatal care among women residing in selected villages. The finding shows that the majority of women had good level of knowledge (81%). The data further shows that (0.5%) women had below average level of knowledge and only of (18.5%) women had average level of knowledge regarding postnatal care.

**Table: 2 Frequency and percentage distribution of women in term of level of knowledge regarding postal natal care: N=200**

Level of knowledge	%	Range	Frequency	Frequency %
Good	75-100%	27-35	162	81%
Average	51-74%	18-26	37	18.5%
Below average	<50%	<17	1	0.5%

The data presented in table 3 indicates frequency distribution to assess the practices regarding postnatal care cultural beliefs among women in selected villages. The findings show the majority (51.5%) of women residing in villages has good practices.

**Table: 3 Frequency and percentage distribution of women regarding post-natal care practices. N=200**

Practices	Score	Percentage	Frequency	%
Good	28-37	>75%	103	51.5%
Average	19-27	51-74%	97	48.5%

Maximum score=37

Minimum score=0

Data in table 4 showed the correlation of the knowledge score and practices of women regarding postnatal care. Mean of the knowledge score of the women was 29.16 and SD was 2.87 and mean of the practice score of the women was 28.28 and SD was 2.49. Computed correlation value 0.0178 was found to be statistically significant at 0.05 level of significance indicating a weak positive correlation between knowledge and practices of women.

**Table: 4 Co-relation between knowledge score and practices score of women regarding beliefs on post-natal care. N=200**

Group	Mean	SD	Correlation
Knowledge	29.16	2.87	0.017
Practice	28.28	2.49	

$r = 0.98$  ( $p < 0.05$ ) \*significant

NS=Not significant

## DISCUSSION

The finding of present study shows that the majority of women 162 (81%) had good level of knowledge. The data further shows that 1(0.5%) woman had below average level of knowledge and only of 37

(18.5%) women had average level of knowledge regarding postnatal care. A study done by Timilsina S & Dhakal R, to assess the knowledge of postnatal care among postnatal mothers shows that Majority of the respondents 123 (62.76%) had average knowledge whereas 72(36.73%) had good knowledge and 1(0.51%) had poor knowledge on postnatal care.<sup>10</sup>

Findings of present study revealed that the majority (51.5%) of women residing in villages has good practices and (48.5%) of women had average practices regarding postnatal care beliefs. Pradhan (Thaiba) A, Rani U, conducted a study on 60 postnatal mothers and reported that 29(48.33%) respondents were having inadequate practices, 26(43.33%) were having moderately adequate practices and only 05(08.34%) of them had adequate practices on selected aspects of postnatal care.<sup>11</sup>

## Recommendations

On the basis of findings of the study, following recommendations have been made for further study:

1. The study can be replicated on large sample, there by findings can be generalized for large population.
2. Comparative study can be conducted between antenatal and postnatal women.
3. An experimental study can be conducted to assess and evaluate the effectiveness of health education regarding postnatal care.

## CONCLUSIONS

Majority of women were having good level of knowledge followed by other women were having average level of knowledge and least women were having below average level of knowledge regarding postnatal care. Majority of women had good practices regarding postnatal care and least had average level of practices regarding postnatal care. There was weakly positive correlation between knowledge and Belief score.

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## Conflict Of Interest

The authors declare no conflict of interest in this study.

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