# A Study to Assess the Existing Cultural Beliefs and Associate Practices Regarding Newborn Care Among Mothers in Chandu Village at Gurugram, Haryana

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*Abstract*---Introduction: Culture is defined as a shared system of beliefs, values and behavioural expectations that provide social structure for daily living. Not all customs and beliefs are harmful. Some of them have positive values while others may be of no role or positively harmful for the baby's health in various forms like physical, psychological, social development. The objective of the study was to explore the cultural beliefs and associate practices in new born care among mothers. Statement Of The Problem:" A study to assess the existing cultural beliefs and associate practices regarding newborn care among mothers in Chandu Village at Gurugram, Haryana" Method: Research approach used was the quantitative, a descriptive design was used. targeted population of newborn babies were'100 mothers. Purposive sampling technique was used to collect the data. The data was collected by structured knowledge questionnaire and

analysed and interpretation by descriptive and interferential statics. Result: Result shows that 98%mothers follow the cultural associate practices whereas 2% do not follow. Overall mean value was13.19±1.978. The finding of the study concluded that the mothers with the average knowledge scores regarding cultural beliefs and associate practices of newborn babies are more as compared to the low cultural beliefs and practices.

***Keywords***---assess cultural, beliefs, mother, newborn care, practices.

## Introduction

The birth of an infant is one of the most awe-inspiring and emotional events that can occur in one's lifetime. After 9 months of anticipation and preparation, the neonate arrives amid a flurry of excitement. Immediately after birth the newborn must make rapid adjustment to successfully adapt to life outside the womb[1]. Nearly 7.7 million children under the neonate to under 5 years die a year throughout the globe, most roughly 3.1 million infants dying during the neonatal period, and almost all of these fatalities (99 percent) occur in poor nations. According to the World Health Organization, neonatal deaths account for 45 percent of all fatalities among children[2].

India accounts for 1/5th of worldwide live births and more than a quarter of neonatal deaths. About 7.6 Lakh infants die within the first month of birth in India which is the highest mortality rate in the rural area more than the urban areas. The first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival. The current infant mortality rate for India in 2020 is 29.848 deaths per 1000 live births. As on 9th March 2010, 4 million children die within the first 24 hours across the world out of which India records 1 million cases[3]. Nearly one lakh children die every year in India due to diseases that could have been prevented through breastfeeding[4], according to a United Nations report, which also notes that mortality and other losses attributed to inadequate breastfeeding can cost the country's economy $14 billion[5].

Cultural and traditional practices, values and beliefs play an important role in the medical attention seeking behavior of mothers as well as in newborn babies during the postnatal period. There are various traditional and cultural practices followed which affect the newborn. A family which mirror values, traditions, customs and beliefs, i.e. culture of a society to which it belongs, plays an important role in physical, psychological, social development and health in children. Some of the practices followed are first bath of the baby by adding 40 stones or placing a needle to bath water of babies, not cutting babies 1 nail until the babies were 40 days old, swaddling, removal of umbilical cord, evil eye, time of breast feeding within 1 hour delivery of 8 hours . The mothers who are not equipped with sufficient knowledge about new born care and using traditional child care methods may sometimes cause harm to their newborn and even cause handicaps in them[6].

**Objectives**

- To assess the cultural beliefs and associated practices regarding newborn care.
- To determine the association between cultural beliefs and practices regarding newborn care
- To find out the association between selected demographic variables with posttest knowledge score.

**Hypothesis**

H1: The mean post-test cultural beliefs and practice score of mothers exposed to planned teaching program on newborn care will be significantly higher than their pre-test score.

H2: There will be significant association between pre-test cultural beliefs and practices regarding newborn care among mothers with their selected socio-demographic variables.

**Research Methodology**

Research Design: The research design for this study was Descriptive research design to assess the knowledge of newborn's mothers.

Research Approach: The research approach adopted for the study was a quantitative approach.

Setting of the study: The study was conducted in Chandu village, Gurugram, Haryana.

Population: In the present study population consisted of all the newborn babies mother in Chandu village, Gurugram, Haryana.

Sample Size: The sample was comprised of 100 mothers who full filled inclusion criteria.

Sample Technique: Purposive sampling technique was used to select subjects from the target population.

**Eligibility critieria**

Inclusion Criteria:

- This study includes the newborn babies' mother who were:
- Lives in Chandu village,Gurugram, Haryana
- Present at the time of data collection
- Has given consent to participate in the study.

Exclusion criteria:

- This study exclude the new born babies' mother:
- Not present at the time data collection.
- Those who were not full filling the inclusion criteria

**Development of the tool**

It was based on the objectives of the study a questionnaire was prepared to assess the descriptive study to understand the existing cultural belief and associate practices regarding new born care among mother's in Chandu village.

The tools consist of the sections:

- Section A-structured questionnaire on Socio Demographic variable
- Section B- Checklist for assessing cultural beliefs and associate practices of mothers.

Table 1
Score interpretation

| Sr. No | Levels of cultural beliefs and associate practices | Scoring interpretation |
|--------|----------------------------------------------------|------------------------|
| 1. | High | 19-26 |
| 2. | Average | 10-18 |
| 3. | Low | 0-9 |

**Description of the tools**

The tool consists of:

- Section A - It consists of demographic variables like age, type of family, religion, education, occupation, duration of married life, number of children, monthly income.
- Section B-This section of 30 items to assess the descriptive study regarding cultural beliefof newborn mothers. For each item the correct response carries one score and wrong response carries zero score.

**Validity and reliability of tools validity**

Validity of tool was establish in consultation with the guide and experts from the various fields the suggestions was used for modification of the tool

**Reliability**

The reliability tool was established by using Karl Pearson's correlations coefficient formula and reliability was found $r= 0.75$ that is significant to conduct the study.

**Ethical consideration**

- Written permission was obtained from the dean of faculty of nursing, SGT Budhera, Gurugram, Haryana.
- Written permission was obtained from Sarpanch of the Chandu village Gurugram, Haryana
- Written permission was obtained from ethical clearance committee of SGT

University, Gurugram, Haryana.
- Funding : Self

**Plan for data analysis**

Analysis of data was done in accordance with the objectives. The collected data was organized tabulated analysed by using descriptive statistics percentage and inferential statistics test and central tendency. The chi-square test will be used to find out the association between the demographic variables and knowledge score. The data was presented in the form of tables and figures.

**Data analysis and interpretation**

Analysis and interpretation were done in accordance with the objective laid down for the study. The data was analysed by calculating the score in terms of frequency percentage, and chi-square.

**Organization of data analysis**

Analysis of study findings are organized under following heading:

- SECTION-1: Description of socio-demographic characteristics of sample.
- SECTION-2: Domain-wise Mean Median and Standard Deviation of cultural beliefs and associate practices.
- SECTION-3: Item-wise analysis of cultural beliefs and associate practices.
- SECTION-4: Level of association between different socio-demographic variables with level of knowledge.

Section 1: Description of socio-demographic characteristics of sample.

Table 2
Frequency and percentage distribution of culture practices and belief.

N= 100

| SR. No | Demographic variables | | Percentage (%) | Frequency (f) |
|---|---|---|---|---|
| 1. | Age in year | 18-22 | 29% | 29 |
| | | 23-27 | 31% | 31 |
| | | 28-32 | 20% | 20 |
| | | >32 | 20% | 20 |
| 2. | Type of family | Nuclear family | 67% | 67 |
| | | Joint family | 33% | 33 |
| 3. | Religion | Hindu | 80% | 80 |
| | | Muslim | 20% | 20 |
| | | Sikh | 0% | 0 |
| | | Other | 0% | 0 |
| 4. | Education | Not any formal education | 39% | 39 |
| | | High school | 10% | 10 |
| | | Intermediate | 39% | 39 |
| | | Graduation | 12% | 12 |

| 5. | Occupation | Homemaker | 81% | 81 |
|----|------------|-----------|-----|-----|
| | | Government employee | 13% | 13 |
| | | Private employee | 6% | 6 |
| | | Agricultural | 0% | 0 |
| | | Other | 0% | 0 |
| 6. | Duration of married life | 5 years | 48% | 48 |
| | | 6-10 years | 35% | 35 |
| | | 11-15 years | 3% | 3 |
| | | >15 years | 14% | 14 |
| 7. | No. Of children | One | 26% | 26 |
| | | Two | 49% | 49 |
| | | Three | 25% | 25 |
| | | Three or above | 0% | 0 |
| 8. | Monthly income | <15,000 | 47% | 47 |
| | | 15,001-25,000 | 10% | 10 |
| | | 25000-40,000 | 20% | 20 |
| | | >50,000 | 23% | 23 |

Section-2 : Domain-wise Mean, Median and Standard Deviation of cultural beliefs and associate practices.

Table 3

Showing the overall mean, median and standard deviation of cultural beliefs and practices

| Descriptive Statistics | Mean | Median | S.D. | Max | Min | Range | Mean % |
|------------------------|------|--------|------|-----|-----|-------|--------|
| Cultural beliefs and associate practices score | 13.19 | 14 | 1.98 | 17 | 8 | 9 | 50.73 |
| (Maximum=26 Minimum=0) | | | | | | | |

Section-3: Item-wise analysis of cultural beliefs and associate practices.

Table 4

Showing response (%) of Subjects according to each item

| . | DOMAIN | Questions | AGREE (%) | DISAGREE (%) |
|---|--------|-----------|-----------|--------------|
| PART - B – CULTURAL BELIEFS AND ASSOCIATE PRACTICES | Cultural practice and beliefs regarding bath | I | 98% | 2% |
| | | Ii | 44% | 56% |
| | | Iii | 70% | 30% |
| | | Iv | 51% | 49% |
| | | V | 15% | 85% |
| | Cultural practice and | I | 58% | 42% |
| | | Ii | 11% | 89% |

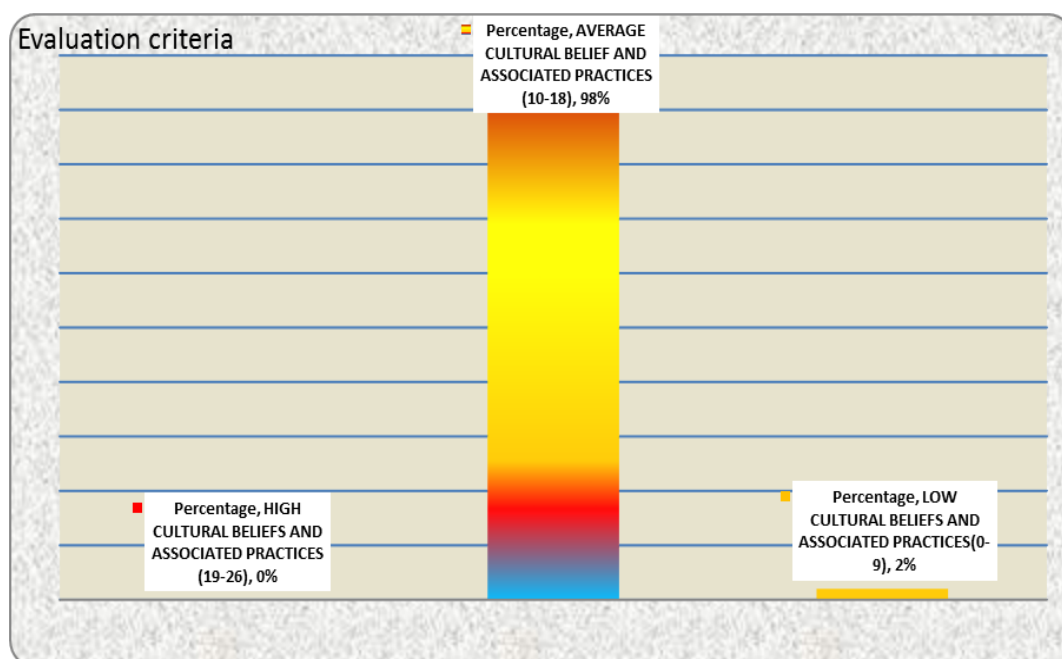| | | | |
|---|---|---|---|
| belief regarding feeding | Iii | 25% | 75% |
| | Iv | 76% | 24% |
| | V | 6% | 94% |
| C&BpP regarding umbilical cord care | I | 52% | 48% |
| | Ii | 34% | 66% |
| | Iii | 38% | 62% |
| | Iv | 61% | 39% |
| CP&B related to care during jaundice | I | 71% | 29% |
| | Ii | 15% | 85% |
| | Iii | 16% | 84% |
| CP&B regarding evil eye | I | 96% | 4% |
| | Ii | 99% | 1% |
| | Iii | 21% | 79% |
| | I | 68% | 32% |
| | Ii | 84% | 16% |
| other CP&B related to newborn care | Iii | 94% | 6% |
| | Iv | 9% | 91% |
| | V | 28% | 72% |
| | Vi | 81% | 19% |



Figure 1. The diagram shows the (10-18) have 98% of average cultural beliefs and (0-9) have 2% in low cultural beliefs and associate practices

Table 5
Cultural beliefs and associate practices

| Level of SCOREs   N= 100 | Percentage | Frequency |
|---|---|---|

| | | | |
|---|---|---|---|
| High cultural  beliefs and associate practices. (19-26) | 0% | 0 | |
| Average cultural beliefs and associate practices. (10-18) | 98% | 98 | |
| Low cultural beliefs and associate practices. (0-9) | 2% | 2 | |
| Maximum=26 Minimum=0 | | | |

Section IV: Level of association between different socio-demographic variables with level of knowledge.

Table 6
Level of association between different socio-demographic variables with level of knowledge

| Demographic Data | | LEVELS OF CULTURAL BELIEFS AND ASSOCIATE PRACTICES (N=100) | | ASSOCIATION WITH CULTURAL BELIEFS AND ASSOCIATE PRACTICES SCORE | | | | |
|---|---|---|---|---|---|---|---|---|
| Variables | SR. NO | AVG | LOW | Chi Test | P Value | df | Table Value | Result |
| Age in Year | 18-22 | 28 | 1 | | | | | |
| | 23-27 | 31 | 0 | 2.270 | 0.518 | 3 | 7.815 | NS |
| | 28-32 | 19 | 1 | | | | | |
| | >32 | 20 | 0 | | | | | |
| Type of Family | Nuclear family | 66 | 1 | 0.267 | 0.606 | 1 | 3.841 | NS |
| | Joint family | 32 | 1 | | | | | |
| Religion | Hindu | 79 | 1 | | | | | |
| | Muslim | 19 | 1 | 1.148 | 0.284 | 1 | 3.841 | NS |
| | Sikh | 0 | 0 | | | | | |
| | Other | 0 | 0 | | | | | |
| Education | Not any formal education | 38 | 1 | | | | | |
| | High school | 9 | 1 | 4.369 | 0.224 | 3 | 7.815 | NS |
| | Intermediate | 39 | 0 | | | | | |
| | Graduation | 12 | 0 | | | | | |
| Occupation | Homemaker | 79 | 2 | | | | | |
| | Government employee | 13 | 0 | | | | | |
| | Private employee | 6 | 0 | 0.479 | 0.787 | 2 | 5.991 | NS |
| | Agricultural | 0 | 0 | | | | | |
| | Other | 0 | 0 | | | | | |
| Duration of Married Life | 5 years | 47 | 1 | | | | | |
| | 6-10 years | 34 | 1 | 0.480 | 0.923 | 3 | 7.815 | NS |
| | 11-15 years | 3 | 0 | | | | | |
| | >15 years | 14 | 0 | | | | | |
| No. of Children | One | 24 | | | | | | |
| | Two | 49 | 0 | 5.808 | 0.055 | 2 | 5.991 | NS |
| | Three | 25 | 0 | | | | | |
| | Three or above | 0 | 0 | | | | | |
| Monthly Income | <15,000 | 47 | 0 | | | | | |
| | 15,00 1- 25,00 | 1 0 | 0 | 2.728 | 0.435 | 3 | 7.815 | NS |

| | | |
|---|---|---|
| 0 25000 - 40,00 0 | 1 9 | 1 |
| >50,0 00 | 2 2 | 1 |

Table Shows the association between the level of score and socio demographic variable. Based on the objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. There is no significance association between the level of scores and other demographic variables. The calculated chi-square values were less than the table value at the 0.05 2level of significance.

### Result

Result shows that 98%mothers follow the cultural associate practices whereas 2% do not follow. Overall mean value was13.19±1.978

### Conclusion

The finding of the study concluded that the mothers with the average knowledge scores regarding cultural beliefs and associate practices of newborn babies are more as compared to the low cultural beliefs and practices. Thus, study concludes that the mother's were having some facts and myths regarding cultural beliefs.

### References

1. Marlow, D. R., Redding, B. A., Marlow, D. R., & Hooper, J. I. (1988). *Textbook of pediatric nursing.* Philadelphia: Saunders.
2. Memon, J., Holakouie-Naieni, K., Majdzadeh, R., Yekaninejad, M. S., Garmaroudi, G., Raza, O., & Nematollahi, S. (2019). Knowledge, attitude, and practice among mothers about newborn care in Sindh, Pakistan. *BMC pregnancy and childbirth, 19*(1), 1-9.
3. Mohanasundari, S. K., & Padmaja, A. (2019). National Health Mission (NHM) and India Newborn Action Plan (INAP) Services in Newborn Health-An Overview. *International Journal of Advances in Nursing Management, 7*(4), 366-370.
4. Suri, S. (2019). *Reducing Infectious Diseases in Children: Tracking India's Progress and Outlining the Challenges* (No. 86). ORF Special Report.
5. Walters, D., Horton, S., Siregar, A. Y. M., Pitriyan, P., Hajeebhoy, N., Mathisen, R., ... & Rudert, C. (2016). The cost of not breastfeeding in Southeast Asia. *Health policy and planning, 31*(8), 1107-1116.
6. Sujatha, R. (2014). Cultural practices and beliefs on newborn care among mothers in a selected hospital of Mangalore taluk. *Journal of Health and Allied Sciences NU, 4*(02), 021-026.