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## A comparative study to assess the traditional and conventional postnatal care practices among postnatal mothers during puerperium period in selected rural and semi-urban community of Katghora (C.G.)

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### Abstract

Comparative study conducted to assess the traditional and conventional postnatal care practices among postnatal mothers.

**Method:** The research approach adopted for this study is descriptive in nature, Non-experimental research design is used. The sample of the study chosen by non-probability Purposive Sampling Technique, which includes 40 postnatal mother. A self-structured questionnaire was used to collect the data which consists of 10 Socio demographic and 20 self-structured multiple choice questions.

**Result:** Chi-square test and 't' tests were used to find out difference in proportion and means respectively. Traditional postnatal care practices among postnatal mothers mean score calculated is 45. Where as in the conventional postnatal care practices among postnatal mothers mean score calculated is 42.65.

**Conclusion:** This data signifies that traditional postnatal care practices among postnatal mothers calculated mean score is higher than the conventional postnatal care practices among postnatal mothers during puerperium period.

**Keywords:** Traditional care, conventional care, practices, postnatal mothers, puerperium period, informational booklet

### 1. Introduction

Child birth is special events in women's lives. Childbirth process starts from pregnancy and end up with puerperium<sup>[1]</sup>. The puerperium begins with changes both physically and emotionally, it is important that postnatal care which is provided to postnatal mother should help to cope up with the emotional and physical discomforts. For a healthy postnatal life, a number of things should be put into consideration. One of the most important issues is postnatal care for the mother should be healthy. A good postpartum care and well balanced diet during puerperal period can influence mother's health for rest of her life<sup>[2]</sup>. The general post natal home based care include provision of adequate rest and ambulence, diet, sleep, care of the breast, importance of postnatal exercise, family planning advice and guidance, importance of post natal check-up for the mother, and adequate breast feeding and newborn care. Healthy postnatal care will ensure quick recovery from the stresses of pregnancy and child birth<sup>[3]</sup>.

According to WHO, Worldwide, the estimated maternal mortality ratio (per 100000 live birth) is 223 deaths per 1, 00, 000 live birth in 2020<sup>[4]</sup>. Maternal Mortality Ratio (MMR) of India as per the latest report of the national Sample Registration system (SRS) data is 97/100, 000 live births<sup>[5]</sup>. As per national health system resource system Maternal Mortality Ratio (MMR) of Chhattisgarh is 159 death per 1, 00, 000 live birth in 2021<sup>[6]</sup>. There are various traditional harmful postnatal care practices leads various postnatal complications which causes Maternal morbidity and mortality rates unacceptably high across the developing world such as using hot boiled water for bath which causes burn, restricted perineal cleaning leads to perineal sepsis and urinary tract infection etc. Every minute, a woman dies from complications related to traditional harmful practices. Complications of Puerperium are a leading cause of death and disability among women of reproductive age

(ages 15 to 44) in developing countries [7].

Swain Dharitri (2010) A descriptive study was conducted in a maternity hospital of Orissa to assess cultural practices of mothers during postpartum period. The sample consisted of 100 mothers. The major findings of the study revealed that many cultural practice existed among postnatal mothers which included excess intake of water causes increased size of abdomen, and normal diet intake 3 times in a day leads to abdominal discomfort in newborn baby, attending traditional ceremony will harm the mother and baby. The study concluded that the cultural practices related to dietary and other aspect in postnatal period would have some positive or negative effects on the health of the postnatal mother [8].

Nuzhat Choudhury (2011) A qualitative exploratory study have been carried out to learn about maternal care practices in rural areas and urban-slums of Bangladesh. Qualitative method was used to collect data on maternal care practices during post-partum period from women in ultra poor households. There were multiple food-related taboos and restrictions, which decreased the consumption of protein during pregnancy and post-partum period. Food restrictions continued for a longer time i.e., 21-40 days. The most common items eaten during the post-partum period included rice, smashed potato with spices, raw tea, green banana, black cumin, poppy seed, fenugreek leaves etc. These are believed to keep the stomach cool and initiate the production of breast milk. This study shows that cultural beliefs and norms have a strong influence on maternal care practices [9].

Midwives can play an important role in assisting mothers after delivery for early recovery. Care by skilled health professionals before, during and after childbirth can save the lives of women and newborns. These viewpoints motivate the researcher to assess the traditional and conventional postnatal care practices among postnatal mothers. The study findings will be helpful to focus on healthy and harmful traditional and conventional postnatal care practices and its effect on health. And can be implemented on postnatal mothers. In this regard, the study is of utmost importance.

## 2. Materials and Methods

Non-experimental comparative descriptive research design and non-probability purposive sampling technique was used. Hence, the out of 40 sample size, 20 postnatal mothers in traditional practices and 20 postnatal mothers in conventional practices is selected. Ethical approval was obtained from the Institutional Ethical Committee. In the present study postnatal mother who will be available at the time of study in selected rural and semi-urban community, will be willing to participate in this study, had full term delivery Vaginal, who are in puerperal period, residing in the rural and semi urban community are included in the study and postnatal mother with puerperal complication such as puerperal sepsis, breast engorgement and are not willing to participate excluded from the study. The tools was validated by seven subject experts and their suggestions were incorporated. The tool was pretested, reliability was tested by establishing the internal consistency application of the split half technique, which measures the co- efficient of internal consistency. The reliability of the half test was found by using Karl Pearson's correlation by raw score method ( $r = 0.84$ )

The investigator prior to commencing the task of data

collection, a letter seeking permission to conduct study was sent by principal, P.G. College of Nursing, Bhilai (C.G.). After procuring permission from principal, P.G. College of nursing, Bhilai a formal written permission to conduct the study was obtained from the Chief Medical and Health Officer and block medical officer of Katghora (C.G.). The study was conducted in Rural and semi-urban community of Katghora (C.G). The investigator introduced and explained the purpose thereafter ascertained the subject willingness to participate. They were given full autonomy to participate in the study. After obtaining the consent, socio-demographic details were collected. The assessment of postnatal care practices of postnatal mothers was done by a self-structured checklist. The pamphlet was given. The data collection was terminated by thanking the patients for their participation and cooperation. The collected data were compiled for data analysis. The collected data was tabulated and analyzed by calculating frequency, percentage, Mean, Median, range, standard deviation, mean percentage and Chi square test.

## 3. Result and Discussion

### Table 1: shows that

- Traditional postnatal care practice maximum mothers 12 (60%) belong to age group of 21-25 years, 5 (25%) belong to age group 26-30 years and only 3(15%) belong to age group of 31-35 years. Where as in conventional postnatal care practice maximum postnatal mothers 8(40%) belonged to age group 31-35 yrs, 6(30%) belongs to age group 26-30 yrs, 5(25%) belonged to age group 21-25yrs and only 1(5%) belonged to age group 18-20 yrs.
- Traditional postnatal care practice maximum postnatal mothers 14(70%) were having weight between 41-50 Kg., 6 (30%) were having weight between 51-60Kg. and none of them were having weight between 61-70 Kg. Where as in conventional postnatal care practice maximum postnatal mothers 10(50%) were having weight between 51-60 Kg., 6(30%) were having weight between 41-50Kg. and 4(20%) were having weight between 61-70Kg. and none of them were having weight below 40 Kg.
- Traditional postnatal care practice maximum postnatal mothers 8(40%) were illiterate, 8(40%) had primary education and 3(20%) had education up to middle school. where as in conventional postnatal care practice maximum postnatal mothers 14(70%) had higher secondary education, and only 6(30%) mother had middle school education.
- In traditional postnatal care practice maximum mothers 17(80%) were housewife, 1(10%) mother had govt. job, 1(5%) had family business and 1(5%) were labour. Where as in conventional postnatal care practice maximum postnatal mothers 10(50%) had govt. job and 6(30%) were housewife and 4(20%) mother had family business.
- In traditional postnatal care practice maximum postnatal mothers 17(85%) belongs to the family income group of Rs <1000, 2(10%) belongs to the family income group of Rs. 6000-10000 and only 1(5%) belongs to the family income group of Rs. 1001-5000. Where in conventional postnatal practice maximum postnatal mothers 11(55%) belongs to the family income group of Rs-6000-10000, 6(30%) belongs to the family income group of Rs-1001-5000,

and only 3(15%) belongs to the family income group of >10000.

- In traditional postnatal care practice maximum postnatal mothers 15(75%) were Hindu, 5(25%) were other religion and none of them belongs to Christian and Muslim.

Where as in conventional postnatal care practice maximum mothers 13(65%) were belongs to Hindu family, 5(25%) were belongs to other religion and only 2(10%) were belongs Muslim religion.

In traditional postnatal care practices maximum 19(95%) postnatal mothers had breast engorgement, 12(60%) had good involution of uterus, 11(55%) had good episiotomy wound condition and 15(75%) had normal hemoglobin% (12-14).Where in conventional postnatal care practices maximum 12(60%) postnatal mothers had breast engorgement, 10(50%) had good involution of uterus, 13(65%) had good episiotomy wound condition and 12(60%) had normal hemoglobin% (12-14).

**Table 2:** Shows that traditional postnatal care practices maximum 9(45%) postnatal mothers had good practices, 11(55%) mothers had good practices and none of them had average practices. Where conventional postnatal care practices maximum 1(5%) postnatal mothers had very good practice, 19 (95%) mothers had good practices and none of them had average practices. This indicates that traditional postnatal care practices are more practiced among postnatal mother during puerperium period.

**Table 3:** Shows that postnatal mother with traditional postnatal care practices has got mean score 45 and standard deviation 3.40. Where as the postnatal mother in the

conventional care practices has got mean score 42.65 and Standard deviation 1.47. In the present study as calculated standard error is 0.08 and calculated ‘t’ value is 2.42 at 0.05 with degree of freedom (48) is respectively more than table value and it was significant (p>0.05). This data signifies that the traditional postnatal care practice was more practiced among postnatal mother.

**Table 4 & Table 5:** Shows the association between traditional postnatal care practices with socio-demographic variables. The table reveals that there is significant association between traditional postnatal care practices and religion chi sq = 10.4 at 0.05 with df (3), involution of the uterus chi sq =10.9 at 0.05 with df (2), episiotomy wound chi sq = 14.88 at 0.05 with df (2), calculated chi-square value respectively is higher than the tabulated value 7.82 at 0.05 with df (3) and 5.99 at 0.05 with df (2) There is no significant association of traditional postnatal care practices with age, education, occupation, monthly income, breast engorgement and hemoglobin% as the calculated chi-square values are 4.33, 1.47, 2.86, 1.98, 0.92 and 2.22 is less than tabulated value 7.82 at 0.05 with df (3) and 5.99 at 0.05 with df (2).

**Table 6:** Shows that there is significant association of conventional postnatal care practices with breast engorgement as the calculated chi-square values 52.63 is more than the tabulated value 5.99 at 0.05 with df (2) and no significant association of conventional postnatal care practices with age, education, occupation, monthly income, religion, involution of the uterus, episiotomy wound and hemoglobin% as the calculated chi-square values are 1.024, 1.33, 1.05, 5.95, 3.12, 1.53, 0.53 are less than tabulated value 7.82 at 0.05 with df (3) and 5.99 at 0.05 with df (2).

**Table 1:** Distribution of demographic variables of postnatal mothers (n =20+20)

S. N.	Demographic Variables	Traditional postnatal care practices (n=20)		Conventional postnatal care practices (n=20)	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
<b>Age</b>					
1.	18-20yrs	0	0	1	5
	21-25yrs	12	60	5	25
	26-30yrs	5	25	6	30
	31-35yrs	3	15	8	40
<b>Weight of Mother (in kg.)</b>					
2.	<40	0	0	0	0
	41-50	14	70	6	30
	51-60	6	30	10	50
	61-70	0	0	4	20
<b>Education of mother</b>					
3.	Illiterate	8	40	0	0
	Primary	8	40	0	0
	Middle	3	20	6	30
	Higher Secondary	0	0	14	70
	Illiterate	8	40	0	0
<b>Occupation</b>					
4.	Govt	1	10	10	50
	Housewife	17	80	6	30
	Business	1	5	4	20
	Labour	1	5	0	0
	Govt	1	10	10	50
<b>Family income</b>					
5.	<1000	17	85	0	0
	1001-5000	1	5	6	30
	5001-10000	2	10	11	55
	>10000	0	0	3	15

6.	Religion				
	Hindu	15	75	13	65
	Muslim	0	0	2	10
	Christian	0	0	0	0
	Other	5	25	5	25

**Table 2:** Showing Overall analysis of traditional and conventional postnatal care practices among postnatal mother. (n=20+20)

Postnatal care Practices	Traditional care practices		Conventional care practices	
	Frequency	Percentage	Frequency	Percentage
Good	9	45%	1	5%
Average	11	55%	19	95%
Poor	00	00	00	00

**Table 3:** Showing comparison of traditional and conventional postnatal care practices among postnatal mothers (n=20+20)

Postnatal care practices	Mean	Mean score%	SD	SE	't' Test	Inference
Traditional postnatal Care practices	45	66.66	3.40	0.82	2.42	Significant at 0.05%
Conventional postnatal Care practices	42.65	71.08	1.47			

**Table 4:** Showing association of traditional postnatal care practices with selected demographic variables (n=20+20)

Socio demographic variable	Critical Value	Chi-square value	DF	Inference
Age	7.82	4.33	3	Not significant
Education	7.82	1.47	3	Not significant
Occupation	7.82	2.86	3	Not significant
Monthly income	7.82	1.984	3	Not significant
Religion	7.82	10.4	3	significant
Breast Engorgement	5.99	0.92	2	Not significant
Involution of Uterus	5.99	10.9	2	Highly significant
Episiotomy Wound	5.99	14.88	2	Highly significant
Hemoglobin %	5.99	2.2	2	Not significant

**Table 5:** Showing association of conventional postnatal care practices with selected demographic variables (n=20+20)

Socio demographic variable	Critical Value	Chi-square value	DF	Inference
Age	7.82	1.024	3	Not significant
Education	7.82	1.33	3	Not significant
Occupation	7.82	1.051	3	Not significant
Monthly income	7.82	5.957	3	Not significant
Religion	7.82	3.122	3	Not significant
Breast Engorgement	5.99	52.63	2	Significant
Involution of Uterus	5.99	1.52	2	Not significant
Episiotomy Wound	5.99	0.53	2	Not significant
Hemoglobin%	5.99	0.69	2	Not significant

#### 4. Conclusion

Traditional postnatal care practices were maximum practiced among postnatal mothers during Puerperium period. Traditional postnatal care practices among postnatal mothers mean score calculated is 45. Where as in the conventional postnatal care practices among postnatal mothers mean score calculated is 42.65. This data signifies that traditional postnatal care practices among postnatal mothers calculated mean score is higher than the conventional postnatal care practices among postnatal mothers during Puerperium period

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#### 5.1 Conflict of Interest

Not available.

#### 5.2 Financial Support

Not available.

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