

A Cross-Sectional Study On Newborn And Infant Rearing Practices Among Mothers Attending Government Health Services In Coastal South India

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Introduction

Practices and beliefs about the care of newborn infants have evolved over generations. Often the intent is healthy, but the consequences may be unbeneficial, inconsequential, or even harmful. Infant rearing practices are varied and are determined by the educational status, social and economic factors, cultural and religious beliefs of the mother, which reflect on the society as a whole. The objective of our study was to understand the knowledge of the rearing practices among mothers attending government health services in Mangalore.

Materials and methods

In a cross sectional study, 152 (expectant multi gravida and post natal mothers) attending government health centres were interviewed using a pre-tested structured questionnaire. The questionnaire consisted of socio-demographic details, and questions on rearing practices and perception. The collected data was entered in and analysed using SPSS version 11.5. Chi Square Test was applied and $p < 0.05$ was statistically considered significant.

Results

Majority of the mothers were of the literacy status of Higher Secondary. 45.4% of the respondents practiced some custom on reaching home for the first time. 98.7% of the people gave oil massage to the baby with coconut oil being the most favourable (46.5%). 71.7% of the mothers bathe the newborn due to hygienic reasons. 46 (59%) out of the 78 (51.3%) mothers apply antiseptic powder on the umbilical stump. 54 out of the 97 mothers believed tying threads/bands ward off evil eye. 83 out of the 139 mothers applied kajal/black spot to ward off evil eye. 69.7% mothers pierced ear/nose of the baby. 45.3% of the mothers followed traditional practices of ceremonies.

Conclusion

Though the prevailing infant care practices seem adequate to ensure the health of the newborn and infant, continued education of mothers is strongly recommended during antenatal and postnatal visits to improve these numbers. Education must be provided on the harmful effects of these practices. Health care providers should not only impart education but also discuss the rationale behind these practices to ensure improved compliance from the mothers.