Traditional beliefs and practices regarding new born care, care seeking behaviour of families, infrastructure available and knowledge of health care providers for the care of sick neonates in states with high and low neonatal mortality rates.

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ABSTRACT

Background & Objectives

Status of child health indicates growth of any nation. India contributes to nearly 25% of the total 3.9 million neonatal deaths worldwide. Neonates fall sick despite of precautions and care, especially in resource poor settings. Literature suggests that traditional practices and care seeking behaviours of families influence neonatal morbidity and mortality. The present study was undertaken to describe the traditional beliefs and practices related to newborn care, describe care seeking behaviour of families for their sick neonates and to identify the factors influencing care seeking behaviour of families for sick neonates in states with high and low Neonatal Mortality Rate (NMR). Other aim was to describe the infrastructure available for care of sick neonates, at different levels of health care, and to compare the knowledge of health care providers regarding management of sick neonates in states with high and low NMR.

Methods

Traditional beliefs, practices and care seeking behaviours of families during neonatal illnesses was assessed by a macroethnographic approach, among thirty family primary care givers (PCGs) each from Mathura District in Uttar Pradesh (NMR:40) and Alapuzha district in Kerala (NMR:7), recruited by maximum variation sampling followed by purposive sampling. In-depth interviews, focus group discussions and unstructured observations were conducted to elicit data and analysed using Spradley’s method of ethnographic data analysis. Xii

Infrastructure available and knowledge of health care providers for the management of sick neonates was assessed by a descriptive comparative survey. The number of health care facilities included by total enumeration sampling from Mathura and Alapuzha were: District Hospitals (DH): 2, 2; Tehsil Hospitals (TH): 0, 3; Community Health Centres (CHC): 6, 8; Primary Health Centre (PHC): 19, 36; Sub Centres (SC): 116, 197 respectively. The number of health care providers recruited from Mathura and Alapuzha, respectively were medical officers (32, 101), staff nurses (13, 145) and Auxillary Nurse Midwives (ANM) (113, 235). Data were collected using a validated health facility assessment checklist based on Indian Public Health Standards (IPHS)
and a validated knowledge assessment proforma based on Integrated Management of Neonatal and Childhood Illnesses (IMNCI) guidelines ($r=0.95$), and analysed using measures of central tendency, frequencies, percentages and Mann Whitney U test using SPSS-15.

**Results**

The study found that traditional beliefs and practices were integral part of newborn care. Harmful practices like isolating the mother and baby in dirty rooms, delayed feeding, prelacteal feeding, mixed feeding, eye/cord applications were prevalent in both settings. More harmful practices were noted in Mathura. Care seeking behaviour of families for sick neonates was not appropriate and timely, families utilized unqualified providers for care of sick neonates in Mathura and there was great delay in seeking care.

In Alapuzha care seeking was appropriate and more timely. The factors influencing care seeking behaviour were age, birth order, gender and perceived value of the child; type, severity and expected outcome of illness; age, knowledge, experience and decision making capacity of the primary care giver, family income, family support; type, facilities, affordability and accessibility of health care facilities; trust, attitude, behaviour, approach, system of medicine and quality of treatment by the health care providers. The conceptual model developed from the findings of the study resembles the concepts and relationship in Anderson and Newman’s health care utilization model which validates the findings. Health facilities were adequate in numbers but did not have adequate manpower in Mathura. The services delivered at peripheral level were not appropriate in Mathura.

Services were available at the peripheral level in Alapuzha but were underutilized for neonates. Knowledge regarding management of neonatal illness was not adequate among all categories of health care providers (maximum mean percentage score: 49% in Medical officers of Alapuzha) in both settings, however the scores of health care providers of Alapuzha was significantly better than the health care providers in Mathura ($p=0.01$).

**Conclusion**

Traditional beliefs and practices are varied in areas with high and low NMR with more harmful practices in areas with high NMR. Care seeking behaviour of families for sick neonates is neither appropriate nor timely in states with high NMR. Interventions need to be planned and implemented at the family level to improve care seeking. Health care services at the peripheral facilities need to be strengthened in terms of availability of manpower to promote utilisation by the population. The knowledge of healthcare providers regarding management of sick neonates needs to be updated and strengthened.
Keywords: traditional beliefs and practices of newborn care, care seeking behaviours for sick neonates, infrastructure at health facilities, knowledge of health care providers.