

EFFECT OF PRE DISCHARGE COUNSELING ON KNOWLEDGE ATTITUDE AND PRACTICE ABOUT PREVAILING MYTHS AND SOCIAL BELIEFS IN NEWBORNS DISCHARGED FROM NICU

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ABSTRACT:-

OBJECTIVE:- To study the effect of pre discharge counseling on knowledge, attitude and practice about prevailing myths and social beliefs in newborns discharged from NICU

STUDY DESIGN:- Prospective questionnaire based observational study

METHOD:- We included 365 postnatal mothers in the study. Structured 10 item questionnaire presented to them in their vernacular language before and after counseling about prevailing myths and beliefs and same questionnaire done after 7 days in follow up. Pretest, Posttest and follow-up answers collected systematically in form of knowledge, attitude and practice and analyzed.

RESULTS:- Mean knowledge score was 0.4 ± 0.491 before counseling and it was 0.94 ± 0.231 after counseling and 0.9 ± 0.302 at first follow up at 7 days. Mean attitude score was 0.33 ± 0.47 before counseling and 0.82 ± 0.385 after counseling and 0.8 ± 0.401 at first follow up. Mean practice score was 0.3 ± 0.458 before counseling and 0.99 ± 0.104 after counseling and 0.7 ± 0.458 at first follow up. A significant association was found in all KAP scores before and after counseling with P value <0.05 .

CONCLUSION:- In this study we observed pre discharge counseling about myths and social beliefs have a significant impact on their knowledge, attitude and practice. It is recommended in all NICU settings and it may have a large impact on community level too.

KEYWORDS:- KAP, Newborn, Myths, Counseling, Discharge

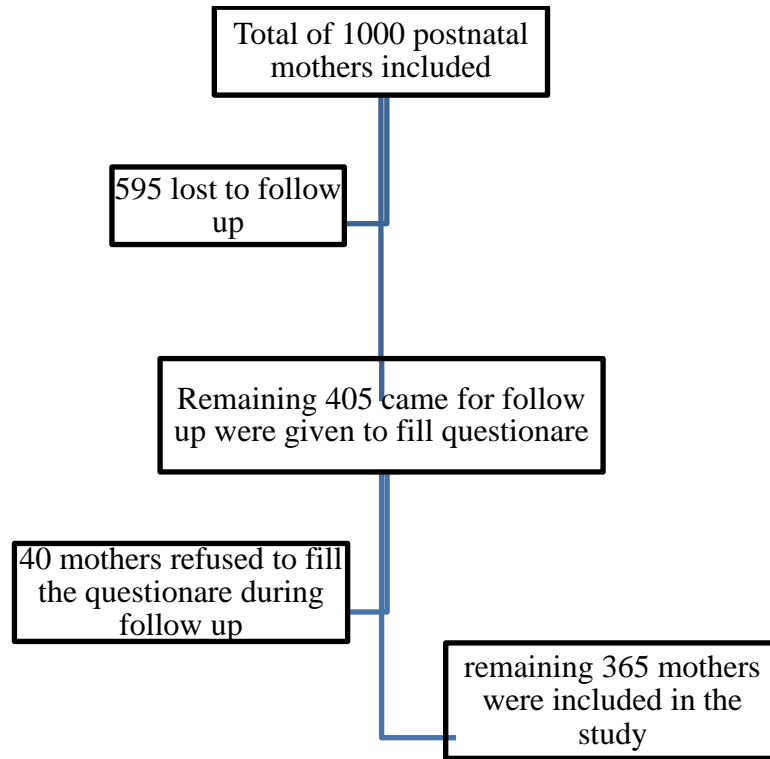
INTRODUCTION

Large number of infant morbidity and mortality is attributed to improper newborn care practices, which depends on the knowledge, attitude and practices of the community in addition to other factors like availability and accessibility of medical services [1, 2]. Most newborns in low income country like India die at home while they are cared by mothers, relatives and traditional birth attendant [3]. Hence these groups, expectant mothers of newborns should be targeted with educational messages. Hence exploration of cultural beliefs and practices of newborn care is essential [4]. In an attempt to increase knowledge, awareness and skill of parents about newborn care and better rearing of infants a structured pre-discharge counseling in newborn follow up clinic (NFC) is being organized in our center every working day. In this study we assessed the effect of counseling on myths on social beliefs.

MATERIAL AND METHODS

This prospective questionnaire based observational study was carried out in the department of pediatrics, Shyam Shah Memorial Hospital, and associated Gandhi Memorial Hospital, Rewa (M. P.) India over a period of 11 months after getting ethical approval from the institutional ethical committee. Initially 1000 postnatal mothers were included in the study out of which 405 visited newborn follow up clinic (NFC) after 7 days. Out of which 40 mothers did not attended the questionnaire at follow up. Thus 365 mothers were included in the study.[Figure 1] All mothers of neonates planned for discharge from neonatal intensive care units (both inborn and outborn) from January 2018 to May 2018,

who were willing to participate were included in the study. Those mothers who did not attend NFC after 7 days in follow up were excluded from the study.



Semi structured data entry preformat was formed for recording of sociodemography of subjects participated in the study (Table 1). The pretested questionnaire having 10 questions, each question divided in three parts, assessing knowledge, attitude and practice consecutively. Each correct answer was awarded 1 mark and incorrect answer was awarded zero mark. After taking consent postnatal mothers demographic profile was filled in prescribed format including mobile number and address to call for follow up. A pre counseling session questionnaire was used to assess baseline knowledge of postnatal mothers regarding myths and social beliefs like prelacteal feeds (boiled water, sugar-water, tea, honey, cow or goat milk and mustard seed oil), protective amulet Taweez/bangle/ kajal, Placing a black dot on forehead, Burial of placenta, cleansing ceremony, naming ceremony, hair cutting ceremony, not giving colostrum to baby, chhathi pratha and giving ghutti to the baby. After pretest structured pre-discharge counseling session was carried

out with audio visual method by expert pediatrician and also participants got opportunity to clear their doubts and queries. Again the same questionnaire was used to test KAP on the same day after counseling and the same questionnaire test done at first follow up after 7 days in NFC. The data was collected in semi structured format for pretest, posttest and follow up questionnaire. Information thus obtained was systematically arranged and tabulated in master chart.

Quantitative data statistically analyzed with the help of mean and standard deviation. Comparison among study groups was done with the help of student 't' test as per results of normality test. Qualitative data was presented with the help of frequency and percentage table. P value was taken significant if less than 0.05. Appropriate statistical software SPSS version 20 was used for statistical analysis.

Table 1: Demographic profile of participants:

Mother's age	Less than or equal to 30 years	355 (97.3%)
	More than 30 years	10 (2.7%)
Residence	Rural	276 (75.6%)
	Urban	89 (24.4%)
Education	Illiterate	22 (6%)
	Upto high school	266 (72.9)
	Intermediate	40 (11%)
	Graduate and above	37 (10.1%)
Monthly Family income	Less than 2091 rupees	12 (3.3%)
	2091-20714	300 (82.19%)
	20715-41429	41 (11.2%)
	More than 41429	12 (3.3%)
Socioeconomic status	Lower	78 (21.4%)
	Lower middle	133 (36.4%)
	Upper lower	37 (10.1%)
	Upper middle	54 (14.8%)
	Upper	63 (17.3%)
Type of family	Extended/ Joint	273 (74.8%)
	Nuclear	92 (25.2%)
Number of members in family	Less than or equal to 4	74 (20.3%)
	More than 4	291 (79.7%)

RESULTS

Most of the study population was from rural (75.6%) area. Most of the mothers were extended or joint family (74.8%).

Mean knowledge score was 0.4 ± 0.491 before counseling and it was 0.94 ± 0.231 after counseling and 0.9 ± 0.302 at

first follow up at 7 days. Mean attitude score was 0.33 ± 0.47 before counseling and 0.82 ± 0.385 after counseling and 0.8 ± 0.401 at first follow up. Mean practice score was 0.3 ± 0.458 before counseling and 0.99 ± 0.104 after counseling and 0.7 ± 0.458 at first follow up (TABLE 2). Significant association was observed between mean knowledge scores before and after counseling (P value <0.05), also there was significant association found between knowledge scores at first follow up of counseling and after counseling(P value <0.05). Significant association was observed between mean attitude scores before and after counseling (P value <0.05), Also there was significant association between first follow up counseling and after counseling. Significant association was observed between mean practice scores before and after counseling (P value <0.05). there was no significant association between practice scores at first follow up and after counseling (P value >0.05). this may be due to most of the families were joint/extended families. Thus mother is not

Myths and social beliefs		Before counseling (Mean \pm SD)	After counseling (Mean \pm SD)	At 7 days follow up (Mean \pm SD)
Kajal application in eyes	Knowledge	0.4 \pm 0.4	0.9 \pm 0.2	0.9 \pm 0.302
	Attitude	0.3 \pm 0.4	0.8 \pm 0.3	0.8 \pm 0.385
	Practice	0.3 \pm 0.4	0.9 \pm 0.1	0.7 \pm 0.458
Pre lacteal feeds	Knowledge	0.2 \pm 0.4	0.9 \pm 0.2	0.8 \pm 0.3
	Attitude	0.1 \pm 0.3	0.6 \pm 0.4	0.6 \pm 0.4
	Practice	0.1 \pm 0.3	0.1 \pm 0.0	0.8 \pm 0.3
Cow dung application over umbilical cord stump	Knowledge	0.5 \pm 0.5	0.8 \pm 0.3	0.8 \pm 0.4
	Attitude	0.4 \pm 0.5	0.82 \pm 0.385	0.8 \pm 0.3
	Practice	0.6 \pm 0.4	0.8 \pm 0.4	0.8 \pm 0.3
Mustard oil application to	Knowledge	0.2 \pm 0.401	0.9 \pm 0.2	0.8 \pm 0.3

only decision maker about their children.

Table 2: Mean score of knowledge, attitude and practice questions of various myths and social beliefs

newborn	Attitude	0.3+0.4	0.6+0.4	0.6+0.4
	Practice	0.1+0.3	0.8+0.326	0.86+0.347
Not giving colostrum to newborn	Knowledge	0.595+0.147	0.9+0.2	0.874+0.224
	Attitude	0.642+0.176	0.8+0.236	0.838+0.210
	Practice	0.588+0.244	0.848+0.1	0.858+0.207

DISCUSSION

India is the country with largest number of cultures, different language population and different weather situations from hot to cold. As in many other things in life numerous traditions have been created during delivery and newborn period. Findings revealed that some traditional customs and particularly those relating to safety of the mother and baby during perinatal period are adhered in Indian families [5]. Many traditions like prelacteal feeds (boiled water, sugar-water, tea, honey, cow or goat milk and mustard seed oil), protective amulet Taweez/bangle/ kajal, Placing a black dot on forehead, Burial of placenta, cleansing ceremony, naming ceremony, hair cutting ceremony, not giving colostrum to baby, chhathi pratha and giving ghutti to the baby etc. are being followed in India[6]. Many traditional postpartum practices are harmful to the babies [7].

In the present study we found many mothers think that kajal application keeps eye clean and increase in aperture of the eye adding aesthetics in the face without any scientific evidence. Before counseling only 40% knew that kajal should not be applied on eyes but after counseling it drastically improved to 94% and after 7 days in follow up it was 89.9%. Similarly 55.6% mothers knew that prelacteal feeds should not be given and after counseling on the same day it improved to 94% while it was scored 90.1% in follow up.

Niriti S Chaudhary et al found that almost all of the mothers informed that “We give gripe water(ghutti) because it helps the child to digest the food and helps gain weight.” Mothers informed that knowledge regarding ghutti was transferred from mother in law to them [8]. In present study we found only 20% mothers thought that ghutti may be harmful to baby. This knowledge improved to 94.1% post counseling and retained satisfactory level 87.9% in follow up. Attitude changed from 18.1% to 67.9% on same day and 64.1% in follow up. 81.9% Mothers admitted that they gave ghutti in previous child and in first follow up only 14% gave ghutti after counseling.

In this study we found that post discharge counseling about myths and social beliefs which may be harmful to the newborns can change the behavior of population without hurting their cultural feelings. It can have impact on the society and community to decrease morbidity and mortality in infantile period. As we observed that there was slight

decrease in KAP in follow up after 7 days as mother is not the only decision maker about their children. Hence we strongly recommend that decision maker of the family along with mother must be included in the post discharge counseling to fulfill the goal of improving intact survival of newborn by improving knowledge, attitude and practices of mothers regarding benefit of the child.

What this study adds:

Pre discharge counseling increases the public awareness and enhances the infant care which the little one deserves and help in removing social taboos and myths

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