

CULTURAL BELIEFS ON ANTENATAL CARE AMONG WOMEN IN SELECTED AREAS OF BHUBANESWAR- A DESCRIPTIVE STUDY

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ABSTRACT

Objectives: a) To assess the cultural beliefs regarding antenatal care amidst women. b) To associate the cultural beliefs on antenatal with selected demographic variables among women. Methods: A Quantitative research approach with a descriptive survey research design was implemented in this study. A total of 445 women were selected by the nonprobability convenience sampling technique. The women who have experienced antenatal and postnatal care between the age group of 20-50 years were selected for this study. Results: The findings stated that 71.2% of women strongly agreed, 27.9% of women were agreed and 0.9% of women disagree with cultural beliefs on antenatal care. A moderate positive correlation was found between cultural beliefs and practices of women related to postnatal care and a moderate negative correlation was found between cultural beliefs and practices of women towards antenatal care and significant association was found between the beliefs and practices. Conclusion: To decrease the maternal mortality rate and neonatal mortality rate in Odisha the local women inclusive of their cultural beliefs and practices must cooperate and interact with the maternity health providers.

Keywords: - Cultural Beliefs, Practices, Antenatal Care, Postnatal Care.

Introduction:

The perinatal period leads to very drastic changes among mothers as it leads to many different life outlooks in front of mothers. Emotional stress, physical changes, mood swings, lack of self-care, physiological changes, and missed periods are the common problems faced

by all pregnant women. Mostly Cultural beliefs, improper religious practices, and many Indian norms may affect the health status of all perinatal women. ⁽³⁾

Cultural misinterpretation, lack of impressionability among health care providers may lead to a break-in information channel within women, and the caregiver. Antenatal care services allow the health care providers to set up a contact for perinatal mothers to identify the major and minor risk factors and give a potential and concern to their health. ⁽³⁾

Every individual has its own traditional beliefs, culture, norms, and practices related to pregnancy and health care which directly or indirectly may either protect or harm the health of mothers and fetuses. ⁽⁴⁾

In our India, sometimes the cultural beliefs, certain norms, tradition, and religious activity exist which eventually provide a good outcome for the period of pregnancy. The women in our country believe that they have low or no power over the effect of pregnancy⁽⁵⁾. Safe motherhood and infant health can be achieved by having proper antenatal check-ups, safe institutional deliveries, proper newborn care, and postpartum visits. If this criterion is met, millennium development goals to reduce maternal and child mortality ratio can be achieved. ⁽²⁾

The main aim of the investigator to conduct this study is to find out the benefits and flaws of the cultural beliefs of the women throughout the antenatal period. The study would help the health care providers to set some guidelines for pregnant women through the knowledge gained and by keeping in mind their cultural beliefs. ⁽⁸⁾

Problem statement

Assess the cultural beliefs on antenatal care among women in selected areas of Bhubaneswar, Odisha.

Objectives

1. To assess the cultural beliefs regarding antenatal care amidst women.
2. To associate the cultural beliefs on antenatal care with selected demographic variables among women.

Methods:

A descriptive survey method was used as a research approach for conducting this study. It was conducted in Bharatpur, Bhubaneswar, Odisha. A total of 445 women by non-probability convenience sampling were selected as sample for this study having experience of antenatal

care. The research variable selected for the study was cultural beliefs among women regarding antenatal. The co-variables were Age, Marital status, Religion, Education, profession, antenatal care experience, etc. The inclusion criteria selected for the study were, Experience about antenatal and postnatal care, Age group of 20-50 years, those were willing to participate and present during the period of study, and can understand Odia/Hindi. Further, the exclusion criteria taken were Women who are physically and mentally ill, women who are not willing to participate. To collect the data, the self-structured interview

The questioner was developed. The tool consisted of three sections. The section one having 10 question which deals with demographic variables of women like; age, marital status, years of marriage, Religion, Educational, profession, economic status, family type, Residential area, any complication during Antenatal period.

Similarly, section B was a self-structure Rating scale on cultural beliefs regarding antenatal care of women on the dietary pattern, restriction of spiritual activities, lifestyle, personal hygiene, use of medicinal herbs during pregnancy behavior, and other cultural beliefs during antenatal care. The first section consists of 30 questions based on cultural beliefs regarding antenatal care. The tool covering different aspects, Dietary pattern, Lifestyle, Spiritual activities, Evil beliefs, Others beliefs related to antenatal care.

To evaluate the questions about the cultural beliefs on antenatal care, the scoring was form 1, 2, and 3. Each question 1 indicates disagree, 2 indicates agree, and 3 indicates strongly agree. Therefore, based on scoring [(1-15) – Disagree, (16 – 30) – Agree and (31 – 45) – Strongly agree}}

Validity of self –structured interview schedule for demographic data tool, self-structured rating scale tool, and self-structured checklist tool were established by consultation with 7 experts. The experts were selected from the department of obstetrics and gynecological, clinical psychologist, sociologist, and the nursing profession in obstetrics and gynecological specialization for validation of content. The content and language clarity were checked by Odia and English language experts. They were implored to give back their conception on correctness, adequacy, and relevance of the items and as per their suggestions the researcher modified tool. After determining the validity of the tool, the final tool was prepared and the reliability of the tool was calculated. The reliability of the self-structured rating scale to assess antenatal and postnatal care tools is a) 0.97, b) 0.97, and a self-structured checklist to assess antenatal and postnatal care is a)0.90, b)0.90 was measured by Cronbach's alpha formula. Hence the tools were considered to be reliable for this topic.

Data collection was done from 9th September 2019 till 30th October at Shampur and Malipada, Bhubaneswar, Odisha. The investigator was first familiarized with the women and explained the reason for the study. They assured that their response was retained confidential and used only for the research study. The authorized permission was obtained from the concerned authority before data collection. Written informed consent was taken from the participants in the Odia language. The participants were selected according to their willingness and for collection of data, written informed consent was obtained, ensuring that the document is confidential and they have the freedom to withdraw from the study at any time. The researchers introduced the participants and explained the purpose and process of research. Data were collected from experienced women who were organized in a master sheet. The analysis was done with descriptive and inferential statistics.

Result:

The demographic character of the sample shows 37% of women belonged to the age group of 41 – 50 years, 37.8% of respondents were 31 to 40 years of age and 25.2% of respondents were in the age group of 20 to 30 years. Further, the marital status shows that 99.6% of women were married and very less 0.45% of women were unmarried. that 36.2% of women married for the last 11 – 15 years, 34.4% women married for the last ≥ 16 years, 18.2% women married for the last ≤ 5 years, and 11.2% of women married for the last 6 – 10 years. 96.9% of people were Hindu, 0.9% of people were Muslim, 1.3% of people were Christian and 0.9% of people were other religions.

As regards to education status of the samples, 51.2% of the women have undergone Matric or below, 39.1% of respondents had higher secondary education, 8.1% women completed graduation level, and only 1.6% completed post-graduation level of education. The occupation of the samples shows that 82% of women were housewives, 12.6% of women were service holders, 4.0% of respondents were daily labor, and only 1.3% of women were other occupations. The economic status of the women also tells, 68.8% of respondents had monthly family income Rupees 10,001 – 15,000, 24.3% respondent's had between Rupees 5,000 – 10,000 and only 7% respondent's had monthly family income Rupees $\geq 20,001$.

The residency of samples shows, 85% of people live in an urban area and 15% of people live in rural areas. 84.3% of women not having any problem arises antenatal period whereas 15.7% of women having problems arise during the antenatal period.

Distribution of Items in cultural beliefs on antenatal care in frequency and percentage.

Data shows that 71.2% of women strongly agree, 27.9% of women agree and 0.9% of women disagreed with cultural beliefs on antenatal care.

The data conveyed in figure-1 shows that the above table consists of five aspects which include dietary pattern, lifestyle, spiritual activities, evil belief, and other's beliefs of antenatal women. In which a total of fifteen statements are there. The responder has three options for each question they strongly agree, agree, and disagree. Each option having three different scores, for strongly agree the researcher gave 3, for agree 2 and disagree 1.

As regards the dietary pattern of antenatal women, 43.8% of women strongly agree for the intake of green leafy vegetables whereas 51.7% agreed to take green leafy vegetables, and rest 4.5% of participants disagree with the statement. It also stated data 41.8% of women strongly agree that during pregnancy they should avoid pineapple, whereas 47% agree to avoid pineapple and 11.2% disagree. The above data also depict that 35.5% of women strongly agreed, 38.9% agreed and 25.6% disagreed for avoiding full stomach diet during pregnancy.

The lifestyle of antenatal women found that 24.5% strongly agreed, 35.3% agreed whereas 40.2% are disagree to wear tight clothing over the abdomen for normal delivery. The data also represent that 49.7% of women strongly agreed, 46.1% agree, and rest 4.3% disagree to do regular usual work during pregnancy period.

The data convey from the spiritual aspect that 49.7% of women strongly agree, 55.1% agree and 2% disagree for listening to spiritual music during pregnancy. Another 51% of women strongly agree, 37.5% agreed while 11.5% disagree to avoid attending funerals. At last 47.4% of women were strongly agree, 42.9% agreed and the rest 9.7% were detected that they avoid nail cutting on the full moon.

The researcher concealed that 41.6% strongly agreed, 40.7% agreed and the remaining 17.8% disagreed to avoid going outside in the evening time with their hair open. The study also presents that 40.7% strongly agreed, 38.9% agreed and 20.4% disagreed as because they don't take food or cut anything with the sharp instruments during the eclipse. About 21.8% strongly agreed while 38.9% agreed and the rest 39.3% disagreed to announce the pregnancy news before 3 months of pregnancy.

As per the findings of the study 23.6% were strongly agree, 38.9% agreed whereas 37.5% disagreed regarding not rubbing the belly as it may lead to spoilt child during pregnancy. The

data of sadhvakhan rituals gave that 40.4% strongly agreed, 47.6% agreed while 11.9% of mothers were disagreed to perform the rituals. During pregnancy 46.3% of mothers' beliefs that if the face is nice then it is a girl baby and if the abdomen pointed then the baby is boy, 34.2% agreed while 19.6% disagreed with this statement. At last, the percentage reported that 24% strongly agreed, 49.9% agreed, and the rest 26.1% disagreed that before delivery it was forbidden to buy things, toys as to prevent stillbirth.

Chi-square association of antenatal cultural beliefs and selected demographic variables shows that (Table – 2) that, the age, educational status, occupation, and residential area were extremely statistically significant as evident from the calculated chi value of 69.95, 49.93, 56.92 and 24.51 respectively which was more than the tabulated value at $p = 0.05$. The religion has no significant association with antenatal cultural beliefs as the calculated value was 4.30 which is not more than tabulated value at $p = 0.05$.

Discussion

In the present study, the researcher found that 51.7% of women take green leafy vegetables, 47% of women avoided pineapple, 38.9% pregnant women had avoided full stomach diet while 40.2% of mothers want to wear tight clothing for normal delivery, 49.7% pregnant women do regular usual work, 55.1% women listen to spiritual music during pregnancy, 51% pregnant lady avoid to attend funerals, 47.4% women avoid nail cutting on a full moon, 41.6% pregnant women avoid to go outside in evening time while 40.7% mothers do not take food during the eclipse, 39.3% women not disclosed their pregnancy news before 3 months, 38.9% pregnant women should not rub their belly, 47.6% women perform sadhvakhan rituals, 46.3% women believe that if mother look beautiful and abdomen is round than the baby is a girl while if the abdomen is pointed than the baby is a boy and 49.9% women not buying toys before delivery.

The study also reported that 71.2% of women having strongly agreed with cultural beliefs, 27.9% of women having agreed with cultural beliefs, and 0.9% of women having disagreed with cultural beliefs on antenatal care.

So the present study supported as per the International Journal of reproductive medicine it reveals that during the antenatal period, out of 318 women 29.7% of women practice abdominal massage to deliver their babies at home.

A study conducted by Sujata V concludes that antenatal women take herbal food and herbal juice to maintain better health during pregnancy and delivery.

Lydia Aziato conducted the study on religious beliefs and practices in pregnancy and labour, the result responds that prayer, fellowship, spiritual practice, and rituals should influence during the antenatal period.

Namakau C. M'soka conducted a study on the cultural and health beliefs of pregnant women in Zambia. The result reported that 71.8% of pregnant women agreed that they continue their normal daily activities during pregnancy.

A similar study conducted by Ron Mataya, MD,(2016)was to assess the role of cultural beliefs in assessing antenatal care in Malawi. A qualitative study used in-depth interviews at two tertiary referral centers in Malawi. The result shows that cultural practices and beliefs were founded among pregnant mothers as they mostly focused on carrying themselves in such a way that Malawians should walk their guests down the street after leaving their home.⁽⁶⁾

Again, it was supported by the above findings as by Nuzhat Choudhary, (2012)in a descriptive study on beliefs and practices during pregnancy and also childbirth in urban slums of Dhaka, Bangladesh. Finding their basement survey produced from the three of every four women at 70% has received at least one antenatal care visit for the most current birth, with 27% women having reported as taking four or more antenatal care visits.⁽⁷⁾

Asia-Pacific population journal, June (2001) also found a similar result to identify the socio-economic determinants of antenatal care-seeking among rural women in the south India setting. Show a mixed picture of the content of antenatal care, Government health care personnel provided Tetanus vaccine immunization and iron and folic acid supplement but carried out a few other recommended procedures.85% women reported taking them “regularly”. The mistaken but widespread belief that iron pills cause the child to be dark. Less than half of the women have urine tests and only just over half blood pressure recorded or weight checked.⁽⁸⁾

Conclusion

Most of the women had positive beliefs and healthy practices regarding antenatal and postnatal care. To decrease the maternal mortality rate and neonatal mortality rate in Odisha the local women inclusive of their cultural beliefs and practices must cooperate and interact with the maternity health care providers.

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Ethical Statement: This study was approved by the institutional ethical committee and prior consent was taken from participants.

Conflict Of Interest: The authors declare that there is no conflict of interest.

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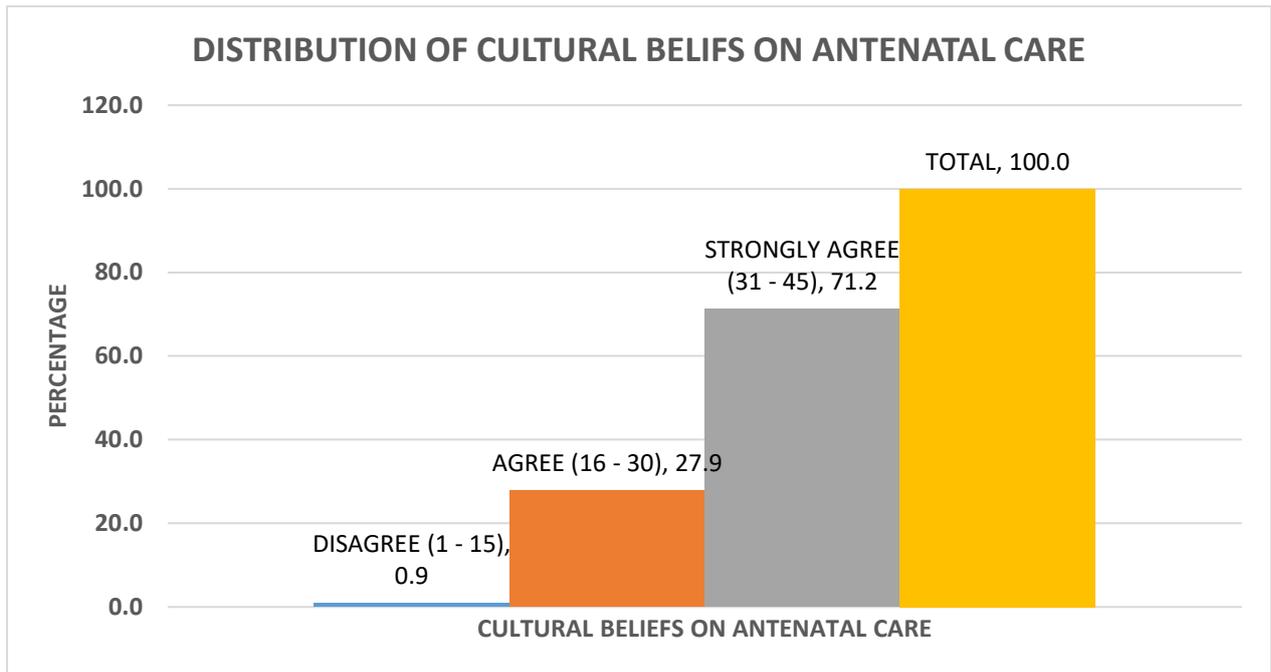


Figure 1: Column diagram showing the cultural beliefs of women in antenatal care.

Table 1 – Distribution of Items in cultural beliefs on antenatal care in frequency and percentage.

N=445

SL NO	ITEMS	STRONGLY AGREE (3)		AGREE (2)		DISAGREE (1)	
		FREQ UENCY (f)	PERCENTAGE (%)	FREQ UENCY (f)	PERCENTAGE (%)	FREQUENCY (f)	PERCENTAGE (%)
1.	DIETARY PATTERN						
a)	Intake of green leafy vegetables.	195	43.8	230	51.7	20	4.5
b)	Avoid pineapple during pregnancy.	186	41.8	209	47.0	50	11.2
c)	Pregnant women who avoid full stomach diet.	158	35.5	173	38.9	114	25.6
2.	LIFE STYLE						
a)	Pregnant women who wanted to wear tight clothing or bandaging over abdomen for normal delivery.	109	24.5	157	35.3	179	40.2
b)	Pregnant women who practice regular usual work.	221	49.7	205	46.1	19	4.3
3.	SPIRITUAL ACTIVITIES						
a)	Pregnant women who listen spiritual music which makes positive effects of baby.	221	49.7	245	55.1	9	2.0
b)	Pregnant women those who avoided attending to funerals.	227	51.0	167	37.5	51	11.5
c)	Nail cutting during spiritual activities.	221	47.4	191	42.9	43	9.7
4.	EVIL BELIEF						
a)	Pregnant women those of are like to avoid go outside with their hair open.	185	41.6	181	40.7	79	17.8
b)	Pregnant women those who are not taking food or cut anything during eclipse.	181	40.7	173	38.9	91	20.4
c)	Pregnant women those who beliefs that pregnancy news should not be disclosed before 3 months.	97	21.8	173	38.9	175	39.3
5.	OTHER'S BELIEF						
a)	Pregnant lady those who not rub belly during pregnancy.	105	23.6	173	38.9	167	37.5
b)	Performing sadhvakhan rituals during	180	40.4	212	47.6	53	11.9

	pregnancy.						
c)	Superstition beliefs for having a boy or girl baby during pregnancy.	206	46.3	152	34.2	87	19.6
d)	Buying toys and equipment to prevent still birth	107	24.0	222	49.9	116	26.1

Table -2: Chi-square association of antenatal cultural beliefs and selected demographic variables.

N=445

SL NO	DEMOGRAPHIC VARIABLE	CHI SQUARE VALUE (CALCULATES)	D.F.	CHI SQUARE VALUE (TABULATED)	INFERENCE
1	Age	69.95	2	0.0001	Extremely statistically significant
2	Religion	4.30	3	0.2303	Not statistically significant
3	Educational status	49.93	3	0.0001	Extremely statistically significant
4	Occupation	56.92	3	0.0001	Extremely statistically significant
5	Residential area	24.51	1	0.0001	Extremely statistically significant