

Practices on immediate care of newborn in the communities of Kailali district

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ABSTRACT

Immediate proper care of newborn is vitally important for survival, growth and development of a baby. Despite several studies conducted in Nepal about maternal and child health care practices, little is known about factors that determine behaviors related to immediate care of newborn. Identification of behavioral determinants for immediate care of newborn in Kailali district was objective of the study. This formative research was conducted in 6 purposely selected Village Development Committees (VDCs) of Kailali. Altogether 17 Focused Group Discussions (FGDs) were conducted with 106 parents. To triangulate the findings, 58 in-depth interviews were conducted with various individuals. Most people are unaware of importance of immediate care of newborn and many unsafe behavior do exist such as common use of untrained attendants, unsafe cord care, immediate bathing of baby. Most of the existing practices are based on deep-seated traditional beliefs. Some used Clean Home Delivery Kit (CHDK) and a few had used knife to cut the cord. All had tied stump with thread and applied mustard oil to prevent infection. The use of CHDK was high in the *Tharu* group with surprisingly low among *Brahmin/Chetri*. Yet! This research showed willingness on the part of the community to learn and change harmful practices. Almost all had similar opinion that survival of a baby is with in their control. As child is the center of love of all and targeting a child many behaviors and practices could be changed. The next step would be to prioritize the behaviors that need to be targeted for change and spread key messages for behavior change.

Keywords: Immediate care of newborn, cord care, bathing, CHDK.

INTRODUCTION

Deaths are far more likely to occur early in the neonatal period. This has been neatly summarized as “two third rules”.¹ It is estimated that in Nepal nearly 50,000 children under one year of age die every twelve months. Two third of them die with in 28 days of age, resulting in over 30,000 neonatal death per year. Among those dying with the neonatal period, 20,000 (two third) die in the first week of life. More than 16000 of those dying with the first week of life die within 24 hours.² The perinatal mortality is still high even though a considerable decrease over time.³ There has been a remarkable decline in infant mortality rates in Nepal over the past fifteen years from 113 in 1987 to 64 in 2001.⁴ However this has not been matched by a similar fall in neonatal mortality which decreased from 45.2 in 1987 to 38.6 in 2001.⁵ Further significant reductions in infant and child mortality rates will largely dependent on reducing neonatal mortality.

Several studies have been conducted in Nepal collecting information on maternal and child health care practices. However, very few studies have been done specifically in the area of newborn care practices. Among a few study conducted, a hospital based study showed that Birth asphyxia, low birth weight, hypothermia and infection were most common causes of neonatal death⁶ and most could be reduced by better care during deliver and after birth.⁷ Newborn care start before from birth and among

different stages of care, immediate care of newborn is equally important for newborn survival.⁸ With proper immediate care, newborn life can be saved form untimely death due to the different causes aforementioned. Immediate proper care of newborn is vitally important for the survival, growth and overall development of a baby. Hence, little is known about the underlying social, cultural, economic and other factors that determine behaviors related to immediate care of new born. Information on these practices will form the foundation of any Behavior Change Communication (BCC) strategy for improving newborn health and survival. Practices regarding newborn care are largely governed by various factors such as knowledge of caretaker, traditional beliefs and practices, socio-economic status of family, accessibility of health services and handling by trained birth attendants. It is therefore, this study was designed to identify behavioral determinants for newborn care in Kailali districts focusing on immediate care of newborn and to provide information that will inform the development of an appropriate BCC strategy for the district and Nepal.

MATERIALS AND METHODS

This is a formative research study qualitative in nature conducted on Aug 2002 to Sept 2002. This study was conducted in 6 purposely selected Save the Children US Saving Newborn Lives program VDCs of Kailali

districts, ensuring representation of the different caste/ethnic groups and geographic locations of the district. Various techniques were used to collect primary data. A total of 17 Focused Group Discussions (FGDs) were conducted with parents of mean age 25 years. A total of 106 participants participated in these discussions, of which 60.0% were female and 40.0% were male. To triangulate the findings of the FGDs and to get more comprehensive response from key persons in the community, a total of 30 in-depth interviews were conducted with various individuals including mother-in-law, father-in-law, community leaders and mothers of newborns. Similarly 28 in-depth interviews were conducted with health workers/volunteers such as sub-health post in-charge, Maternal and Child Health Worker (MCHW), Village Health Worker (VHW), Female Community Health Volunteer (FCHV) and Traditional Birth Attendant (TBA). Relevant reports, documents and information were collected and extensively reviewed which helped a lot to identify key areas of inquiry for the formative research. Necessary training to field research team was conducted and all the tools were pre-tested which improved data reliability and validity. The interviewers prepared the report of the in-depth interview in the field immediately after completing the interview. Similarly, during the fieldwork two separate documents were prepared for each FGD, i.e. mediator's report and recorder's running notes. After completing of the field work, data was processed, extensively reviewed and analyzed using the moderator's report, recorder's running notes, tape recording and researcher's in-depth interview reports.

RESULTS

To identify practices regarding immediate care of newborn, information were collected related to wiping, cleaning and placing of newborns at birth; material used for cord cutting, stump care, bathing, constraints regarding immediate care of newborn and suggestion to promote modern practices.

Wiping, cleaning and placing the Newborn: It was noted from the discussion that birth attendant have key role for immediate care of newborn. They were the persons who had performed activities like cord cutting, bathing, wiping and placing the baby. Almost all said that the TBAs (trained, untrained) and birth attendant had first cut the cord and separate the baby from the mother. Next they bathe the baby and after bathing, wiped the baby with soft cloth and then wrapped with another dry cloth and placed the baby with the mother for breastfeeding. This tradition was common among all the three ethnic groups (*Kami/Damai/Sarki*, *Tharu* and *Brahmins/Chetri*) with slight deference in the *Tharu* group.

Cord Cutting: Most said that new or old blade was used

for cord cutting. Some had used Clean Home Delivery Kit (CHDK) and a few had used knife to cut the cord. Some had boiled the blade in water whereas some not. All had tied the stump with thread. The use of CHDK was high in the *Tharu* group. Most had used it whereas only a few from the *Brahmin/Chetri* group and none from the *Kami/damai/Sarki* group had used CHDK.

Stump Care Practices: Almost all had applied mustard oil on stump considering it prevents infection. Some had applied paste of mustard oil and turmeric powder, a few had applied paste of mustard oil, turmeric powder and a kind of grass *Dubo*, a few had applied mustard oil and ash of cow/buffalo dung and a few had applied red powder *Sindur*. Most were willing to apply other substances as alternates to protect from infection.

Bathing: Almost all FGD participants and interview respondents said that bathing of the newborn was a ritual followed by them. The newborn is considered dirty because it is covered with blood and comes from a dirty place and bathing is thus a custom followed to purify the baby. There was also fear that if the skin is not cleaned, the baby will get skin infections. A few TBAs added that immediate bathing is also required to protect the baby from cold. The baby was bathed after cord cutting and cleaning the spot with in half to one hour of duration with lukewarm water. A few said that the baby was bathed with in 1-2 hours and a few said that they had bathed their baby with in 10-15 minutes of birth. Almost all the participants said that they try to bathe the baby as soon as possible so that he/she can be breastfed. Almost all participants said that delaying bathing is not possible since culturally the baby is regarded as dirty.

Constraint regarding immediate care of newborn and suggestion and willingness to practice modern practices: Some said that most people of their community are illiterate and unaware regarding it and unknowingly practice unsafe activities. Most of the existing practices/behaviors concerning newborn care are based on deep-seated traditional beliefs and ignorance. Some interest to use the services of trained TBAs in the community was seen. However there was absence of trained TBAs in the area, and some were excluded from receiving services of the trained TBAs belonging to high caste. They suggested that such people should be targeted and motivated for safe practices. A few from *Brahmin/Chetri* group said that the cost of CHDK was high and poor people cannot afford it. They suggested reducing its cost as well as free distributing to poorest of the poor people of the community so that they could use it and save their newborns. Almost all had similar opinion that survival of a baby is with in their control. With proper food, care, treatment and cleanness survival of newborn baby could be enhanced.

DISCUSSION

Findings showed that most people are unaware regarding the importance of immediate care of newborn and many unsafe behavior do exist such as common use of untrained attendants, unsafe curd care, immediate bathing of baby. Some interest to use the services of trained TBAs in the community was seen. There is apparently an urgent need of trained TBAs to cover the interested population both from the perspective of ethnic distribution and geographical location. The use of CHDK is low in the area. However, its use was found high among the *Tharu* community and this could be due to proper motivation/communication by health workers, supply through TBAs, better performance of the FCHVs and TBAs. Surprisingly, its use was low among the higher caste *Brahmin/Chettri*, and the lower caste *Kami/Damai/Sarki* communities. This could be attributed to the absence of trained TBAs, unavailability of the product when needed, lack of awareness/motivation regarding its importance and performance of the health workers. Therefore the experience of *Tharu* community should be translated into action in communities where their use is low. A study carried out in rural Nepal showed that despite its perceived usefulness, awareness and use of the kit were low, and common reasons for non-use included not knowing about the kit or difficulty in procuring a kit locally.⁹ This study found harmful traditional practices on cord care. In a study conducted in Nepal, it was found that no apparent difference between trained and untrained TBAs in terms of the material they used to treat the cord. More than half women reported that ash, cow dung or oil was applied to the umbilical stump.¹⁰ Another study conducted in urban areas of Nepal showed that mustard oil was applied to the umbilical cord in 22.1% deliveries.¹¹

This study concluded that almost all participants try to bath baby as soon as possible. It seems it would be difficult to change this practices due to the socio-cultural beliefs and traditional practice of the target groups. A similar study conducted in India found bathing the baby immediately after birth was commonly practiced in home deliveries.¹² Similarly, another study conducted in 3 districts of Bangladesh showed 44.0% of the infants were bathed immediately after delivery.¹³ A qualitative and quantitative study conducted in low socioeconomic settlements of Karachi, Pakistan showed that newborns were bathed immediately after delivery as the vernix was considered 'dirty looking'.¹⁴ Nepal DHS 2006 showed 9 in 10 babies were given a bath within 24 hour of delivery.¹⁵ This high risk traditional newborn care practices on bathing and delayed wrapping is a challenge need to be addressed immediately.

Similarly, different studies in traditional and cultural

beliefs and practices affecting the health of newborns conducted by Manandhar,¹⁶ Ishan¹⁷ Pradhan¹⁸ Upreti¹⁹ and Pant²⁰ demonstrated similar kinds of harmful traditional practices about newborn care.

Yet! This study showed willingness on the part of the community to learn and change harmful practices. This confidence could be translated into action with appropriate interventions. Newborn death is extremely preventable and low cost action can be taken by health worker, mother and family to save newborn lives.²¹ This is still relevant in Nepal where approximately, 90.0% of deliveries take place at home setting.²² As child is the center of love of all and targeting a child many behaviors and practices could be changed. The next step would therefore be to prioritize the behaviors that need to be targeted for change and spread focused and clear messages to bring about behavior change.

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BOOK REVIEW

Title of the Book: Suicide and mental illness: Our responsibility

Author: Dr. Dhana Ratna Shakya

Dr. Dhana Ratna Shakya's current work "Suicide and mental illness: Our responsibility" in simple Nepali, is not only useful for the service providers and medical students; but can also play a significant role in creating awareness among laypersons about mental illness in Nepal, where the psychiatric service is insufficient and lacks proper human resources and facilities.

The author has been able to explain the technically complex mental disorders in a lucid and vivid way. The author is also abreast with the recent advancements in contemporary medicine pertaining to psychiatry.

Dr. Shakya who is currently working in BP Koirala Institute of Health Sciences, Dharan, has a lot of publications (health as well as literary) to his credit. His health publications are in simple language and cater to the common people. Dr. Shakya deserves appreciation for his outstanding job and it is hoped that he will keep on imparting his invaluable wealth of knowledge in the days to come.

Dr. A Rizyal