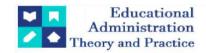
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Research Article



Study To Assess The Beliefs And Practices Of Women Related To Maternal Care And New Born Care, In Selected Areas Of Srikakulam, Andhrapradesh

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ABSTRACT

A study was conducted to assess the beliefs and practices of women related to maternal care and new born care, in selected areas of srikakulam, Andhrapradesh by Mrs. K.Sridevi ,PhD Scholar from Managalyatan University, Alighar, JU.P Objectives:1. To assess the existing beliefs and practices of women related to maternal care and new born care.2.To find the association of beliefs with selected demographic variables women.METHODS:A survey approach with a descriptive study design was used for conducting the study. A multi-stage/ random sampling technique was used for selecting the setting. For selecting the sample, the purposive sampling technique was adopted. For the sample survey, 100 women residing in Srikakulam district, in the age group of 18-45 years, with new born babies were selected and interviewed by using structured interview schedule and data was collected. Finally concluded that the study revealed the rural women in general had more positive beliefs and healthy practices as compared to less negative beliefs and unhealthy practices on maternal care and new born care. Thus to conclude the investigator has achieved the objectives by assessing the beliefs and practices of the rural women on maternal care and new born care.

Key words: Maternal Care, Newborn Care, Beliefs and Practices.

Introduction:

The healthy mother with a healthy baby is considered to be a great asset of the nation. The health of the mother and the baby is of more concern and needs much attention, as they are the most vulnerable group in the society. In a vast multi – ethnic, multi religious country like India it is to be expected that we have several world views operating at the same time in people's search for health and healing. Each local health tradition is a strategy of making sense out of illness and disease. The life in the given social context pivots round certain beliefs and traditional practices immensely. For a woman, especially the act of giving meaning to episodes of illness and disease is part of her essential strategy for survival. This meanings have taken shape as folkroles, myths, traditions, rituals and this has made an ineligible mark on the local folk, especially women folk in general.

Objectives:

- 1. To assess the existing beliefs and practices of women related to maternal care and new born care.
- 2. To find the association of beliefs and practices with selected demographic variables of the rural women.

METHODS:

A survey approach with a descriptive study design was used for conducting the study. A multi-stage/random sampling technique was used for selecting the setting. For selecting the sample, the purposive sampling technique was adopted. For the sample survey, 100 women residing in Srikakulam district, in the age group of 18-45 years, with new born babies were selected and interviewed by using structured interview schedule and data was collected for further analysis.

Descriptive Statistics:- Frequency Number, mean, percentage, mean percentage and standard deviation

were used to describe the beliefs and practices related to maternal care and newborn care.

Inferential Statistics:- Karl Pearson's co-relation, co-efficient was administered to find the relationship between beliefs and practices. Chisquare test was used to measure the association between demographic variables with the beliefs and practices.

RESULTS:

Demographic characteristics: The demographic characteristics of the women shows, 57.7% were in the age group of 25-30 years and 37.7% of the women studied Secondary Education.

The highest percentage (48.3%) were housewives. Many (65.3%) of the participants were married at the age of 20-24 years. 51.3% of the participants were gravid II and the higher percentage (69.7%) were para I.

The majority (95.7%) of the women were from Hindu religion and 37.7% of the women had family monthly income of Rs. 6001 ands above. 56.3% of the women were from nuclear family. The sources of information of the women show multiple responses. Cent percent of the women were obtaining information through mass media.

Assessment of Beliefs and Practices of women on Maternal Care and New Born Care:- overall classification of women's beliefs and practices showed 192 (64%) had positive beliefs and 108(36%) had negative beliefs. Further it was found that 201(67%) of the

women had healthy practices and 99(33%) had unhealthy practices on maternal care and new born care.

Area wise classification of women's beliefs revealed, 210(70%) rural women had positive beliefs and 90(30%) had negative beliefs on antenatal care, 178(59.3%) had positive beliefs and 122(40.7%) had negative beliefs on postnatal care and 189(63%) had positive beliefs and 111(37%) had negative beliefs on new born care.

Area wise classification of women's practices indicated the higher percentage 210(70%) had healthy practices, 90(30%) had unhealthy practices on antenatal care. 198 (66%) had healthy practices and 102 (34%) had unhealthy practices on postnatal care. In relation to new born care, 195 (65%) of the women had healthy practices and 105 (35%) had unhealthy practices.

Overall mean percentage of beliefs score was found 43.6% with SD of 13.7%. The area wise mean percentage of beliefs score on antenatal care was 30.2% with SD of 16.5% on postnatal care it was 50.5% with SD of 17.1% and on new born care, the mean percentage was 49% with SD of 13.3%.

Further the overall mean % of practices score was found 52.1% with SD of 4.9%. The area wise mean % of practices score on antenatal care was 33.9% with SD of 8.6%, on postnatal care it was 57.6% with SD of 8.5% and on new born care the mean percentage was 63.4% with SD of 7.7%.

Karl Pearson's co-relation efficient was administered to measure the relationship between beliefs and practices of women on maternal care & new born care. A positive significant relationship was established between beliefs and practices

A significant association of beliefs was found with the age, education, occupation, family income, age at marriage and gravida of rural women on maternal care and new born care. Where as a non significant association of beliefs was found with religion, type of family and para of the rural women.

A statistically significant association of practice was indicated with the age, education, occupation, type of family and para of the rural women. However a non significant association of practices was indicated with religion, family income and age at marriage of rural women on maternal care and new born care. Item wise classification of women's beliefs and practices indicated that the majority had positive beliefs and healthy practices.

Conclusion:

The overall findings of the study revealed that rural women in general had more positive beliefs and healthy practices as compared to less negative beliefs and unhealthy practices on maternal care and new born care. Thus to conclude the investigator has achieved the objectives by assessing the beliefs and practices of the rural women on maternal care and new born care.