



A DESCRIPTIVE STUDY TO ASSESS THE CULTURAL BELIEFS ON POSTNATAL CARE AMONG MOTHERS ADMITTED IN MATERNITY WARD OF SHRI GURU RAM DAS HOSPITAL, VALLAH AT AMRITSAR, PUNJAB

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ABSTRACT

Introduction: Post partum period is one of the most important stages for the mother-child dichotomy, and has been influenced by multiple cultural beliefs and practices transmitted from generation to generation. Internationally, many studies describe the traditional beliefs and practices surrounding childbearing process, some traditional practices are beneficial to the mother and baby, whereas other practices are not. Cultural postpartum beliefs and practices are common in many countries.

Aim of study to assess the cultural beliefs on postnatal care among mothers.

Methods A descriptive study was conducted at maternity ward of Shri Guru Ram Das hospital, vallah at Amritsar, Punjab". 100 postnatal mothers were selected by using convenience sampling technique. Self structured dichotomous questionnaire was used to assess the cultural beliefs on postnatal care among mothers.

Results The present study shows that in dietary practices during postnatal period 82(82.0%) of mothers believed if mother consumed cold food then baby will suffered from diarrhoea and 72(72.0%) If mother consumed cold food then she will suffer from constipation. 81(81.0%) were avoid reading and cry because it will cause blindness and 34(34.0%) were believed that mothers are not going to any religious place because of impurities related to birth. 87(87.0%) were avoided sexual activity because of unhealed scar and 34(34.0%) were believed that breast feeding reduce sexual desire. 71(71.0%) were wash hair during puerperium and 12(12.0%) added herb in water while bathing. 79(79.0%) were used betadine as an antiseptic and 16(16.0%) added herbs in water while washing perineal area. 71(71.0%) given feed only when baby cry and 38(38.0%) were not given colostrum to baby because they believed it is dirty milk. Association of culture beliefs of dietary items on postnatal care among mothers consuming cold food leads to constipation in mothers is significant with family type. Rest and activity items on postnatal care among mothers education was significant with resting on the bed to reduce pain, not going outside due to fear of clod and evil eye, believing that going to outside causes illnesses and not going to any religious place due to impurities. Family income was significant with not going outside due to fear of clod and evil eye. Religion was show significant value with resting on the bed to reduce pain, believing that going to outside causes illnesses and not going to any religious place due to impurities Sexual activity/abstaining items on postnatal care among mothers, believing that breast feeding reduce sexual desire was significant with family type. Avoiding sexual activities because of impurities related to birth was significant with habitat and religion. Bathing/hygiene items on postnatal care among mothers, not brushing your teeth was significant with age, family type and habitat. Education was significant with believing that while bathing can cause body swelling, arthritis & rheumatism. Perineal episiotomy care items on postnatal care among mothers age was significant with Prefer to sit in warm water. Family type was significant with washing perineal area with water mixed with salt.

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INTRODUCTION

The postnatal period begins after the third stage of labour and includes the first six weeks after delivery. During this time women's reproductive organs gradually return to the normal size and shape. The postnatal period or puerperium is an adjustment after pregnancy. The postnatal care includes systematic examination of mother and the baby (Chytra R Rao, 2014). Childbirth is a time of transition and social celebration in many societies. The postpartum period is a very special phase in the life of a woman. Her body needs to heal and recover from pregnancy and childbirth. A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman. But cultural practices and food taboos adversely affect the daily consumption of protein, energy and some nutrients during the first month of nursing. It is true that more attention has been given to pregnancy and childbirth while women's health during the postpartum period has been neglected (Makkah Al Mukkaramah, 2013). In some societies there is a continuum between traditional ends, others at the modern end with the majority somewhere in between. The postpartum dietary and lifestyle habits vary greatly among different countries and cultures. In western countries, instead of restrictions, women are encouraged to eat a well-balanced diet from all food categories and start physical exercises during this period. An appropriate advice needs to be given to the mother during postpartum period. There are many good opportunities during the puerperium for us to teach new mother as how to care properly themselves and their baby, so that the health of both is maintained. To provide optimal care in a variety of clinical settings, it is important for health care professionals to conduct cultural assessments and expand their knowledge and understanding of culturally influenced beliefs, common health care practices, customs, and rituals (Shah Baiju Dinesh, 2013). In conclusion, researcher need to recognize that cultures reflect life experiences; they should be sensitive to cultural differences in postpartum beliefs and practices as the first step toward developing their cultural competence. With these references, the investigator has taken up a study related to cultural practices hence exploring it in the society (Helan Varney, 2015).

Objectives

- To assess the cultural beliefs on postnatal care among mothers admitted in maternity ward.
- To find out association between cultural beliefs on postnatal care among mothers with their selected socio-demographic variables.

MATERIALS AND METHODS

The research methodology includes the strategies to be used to collect and analyze the data to accomplish the research objectives. The present study was conducted at Sri Guru Ram Das Hospital, Vallah Amritsar. Quantitative research approach was considered for the present study. Research design selected for the present study was descriptive design. The population of the study was 100 postnatal admitted in postnatal ward at SGRD hospital, Vallah Amritsar who had fulfilled the inclusion and exclusion criteria. Convenience sampling technique was followed to select the samples. Ethical clearance was taken from the research and ethical committee

of the SGRDIMSR, Vallah, Amritsar. A written permission was taken from the head of OBG Department from SGRD HOSPITAL, Vallah Amritsar for data collection.

Inclusion criteria

- Postnatal mothers who were present at the time of data collection.
- Postnatal mothers who were willing to participate in the study.

Exclusion criteria

Postnatal mothers who were medically diagnosed for any chronic illness, mentally retarded or having psychiatric problems.

The tool consists of following section

- Section A:- Socio-demographic variables.
- Section B:-Self structured dichotomous questionnaire

RESULTS

Table 1: reveals socio-demographic variables of the postnatal mothers that show majority of the postnatal mothers 57(57.0%) were in the age group of 23-26 years and only 3(3.0%) of age falling in 31-35 years of age.

Table 1. Frequency and percentage distribution of socio-demographic variables of postnatal mothers

Socio-demographic variables	Frequency (n)	Percentage (%)
Age (in years)		
18-22 years	13	13.0
23-26 years	57	57.0
27-30 years	27	27.0
31-35 years	3	3.0
Education		
Secondary	10	10.0
Higher secondary	23	23.0
Graduate	36	36.0
Professionals	31	31.0
Type of family		
Nuclear	54	54.0
Joint	46	46.0
Habitat		
Urban	41	41.0
Rural	59	59.0
Family income (Rs.)in months		
< 5,000	19	19.0
5001-10,000	50	50.0
10,000-1500	29	29.0
>15000	2	2.0
Religion		
Sikh	66	66.0
Hindu	22	22.0
Christian	12	12.0
Parity		
Primipara	56	56.0
Multipara	44	44.0
Type of delivery		
Normal vaginal delivery	53	53.0
Lower Segment Caesarean Section	47	47.0
Postnatal day		
1 st day	2	2.0
2-3 days	48	48.0
4-5 days	24	24.0
5-6 days	25	25.0
> 6 days	1	1.0
Dietary pattern		
Vegetarian	65	65.0
Non vegetarian	35	35.0

Table 2. Frequency and percentage (%) item wise distribution of cultural beliefs on postnatal care among mothers admitted in maternity ward

Items of culture belief	YES			
	frequency	Percentage	Mean	SD
1. RELATED TO DIET				
• Restricted water intake because of fear from water retention.	77	77.0	0.77	0.42
• Taking hot food during puerperium (ghee, nuts, fish, ginger, black pepper) because hot food helps in proper blood flow.	80	80.0	0.8	0.40
• Consuming more food than normal during puerperium because it helps to increase milk production.	79	79.0	0.79	0.41
• If mother consume cold food then baby will suffer from diarrhoea.	82	82.0	0.82	0.39
• If mother consumed cold food then she will suffer from constipation.	72	72.0	0.72	0.45
2. REST AND ACTIVITY				
• Resting on the bed and reduce movements during postpartum period because it will reduce pain.	75	75.0	0.75	0.44
• Not going outside because of fear of cold and evil eye during puerperium.	61	61.0	0.61	0.49
• Avoid reading and cry because it will cause blindness.	81	81.0	0.81	0.39
• Going to outside cause's illnesses.	60	60.0	0.6	0.49
• Mothers are not going to any religious place because of impurities related to birth.	34	34.0	0.34	0.48
3. SEXUAL ACTIVITY/ABSTAINING				
• Avoiding sexual activities during puerperium because of impurities related to birth.	79	79.0	0.79	0.41
• Avoiding sexual activity because of unhealed scar.	87	87.0	0.87	0.34
• Breast feeding reduces sexual desire.	34	34.0	0.34	0.48
Items of culture belief		YES		
	frequency	Percentage	Mean	SD
4. BATHING/HYGEINE				
• Add herb in water while bathing.	12	12.0	0.12	0.33
• Wash hair during puerperium.	71	71.0	0.71	0.46
• Hair washing cause Headache.	60	60.0	0.6	0.49
• Not brush your teeth because this period would make teeth loose and gum bleed.	32	32.0	0.32	0.47
• While bathing water enter in the body holes and can cause body swelling, arthritis and rheumatism.	44	44.0	0.44	0.50
5. PERINEAL AND EPISIOTOMY CARE				
• Wash perineal area with water mixed with salt	17	17.0	0.17	0.38
• Prefer to sit in warm water.	36	36.0	0.36	0.48
• Add herbs in water while washing your perineal area.	16	16.0	0.16	0.37
• Using betadine as an antiseptic?	79	79.0	0.79	0.41
6. BREAST FEEDING				
• Not giving colostrum to baby because they believe it is dirty milk.	38	38.0	0.38	0.49
• Coming relatives puts bad effects on milk secretions.	50	50.0	0.5	0.50
• Feed their baby only when baby cry.	71	71.0	0.71	0.46

As per the educational status of the postnatal mothers 36(36.0%) were graduate and only 10(10.0%) were having secondary education. Most of postnatal mothers 54(54.0%) lived in nuclear families and only 46(46.0%) were lived in joint families. 59(59.0%) mothers lived in rural and 41(41.0%) mothers lived in urban area. Family income per month of postnatal mothers depicts 51(51.0%) with 5001-10,000 and only 2 (2.0%) were with family income >15000. Majority of mothers 66(66.0%) belongs to Sikh community and 12(12.0%) were Christian. 56(56.0%) were primi and 44(44.0%) were Multipara. 53(53.0%) mothers delivered by normal vaginal delivery and 47(47.0%) were by LSCS. 48(48.0%) mothers were having 2-3 days after delivery 25(25.0%) having 5-6 days, 24(24.0%) were 5-6 days and only 1(1.0%) were having >6 days. Maximum mothers 65(65.0%) were vegetarian and 35(35.0%) were non-vegetarian. TABLE 2: DIET: The present study shows that in dietary practices during postnatal period 82(82.0%) of mothers believed if mother consumed cold food then baby will suffered from diarrhea and 72(72.0%) If mother consumed cold food then she will suffer from constipation.

Rest and Activity: 81(81.0%) were avoid reading and cry because it will cause blindness and 34(34.0%) were believed that mothers are not going to any religious place because of impurities related to birth.

Sexual activity/Abstaining: 87(87.0%) were avoided sexual activity because of unhealed scar and 34(34.0%) were believed that breast feeding reduce sexual desire.

Perineal and Episiotomy care: 79(79.0%) were used betadine as an antiseptic and 16(16.0%) added herbs in water while washing perineal area.

Breast Feeding: 71(71.0%) given feed only when baby cry and 38(38.0%) were not given colostrum to baby because they believed it is dirty milk.

Table 3 (a) depicts the association of culture beliefs of dietary items on postnatal care among mothers consuming cold food leads to constipation in mothers is significant with family type. Others are non significant. Table 3(b) shows the association of culture beliefs of rest and activity items on postnatal care among mothers education was significant with resting on the bed to reduce pain, not going outside due to fear of clod and evil eye, believing that going to outside causes illnesses and not going to any religious place due to impurities. Family income was significant with not going outside due to fear of clod and evil eye. Religion was show significant value with resting on the bed to reduce pain, believing that going to outside causes illnesses and not going to any religious place due to impurities. Table 3(c) shows association of culture beliefs of Sexual activity/abstaining items on postnatal care among mothers, believing that breast feeding reduce sexual desire was significant with family type. Avoiding sexual activities because of impurities related to birth was significant with habitat and religion.

Table 3. Association of Culture beliefs with socio-demographic variables
3a) Association of Culture beliefs of dietary items on postnatal care among mothers admitted in maternity with socio-demographic variables

Socio-demographic variables.	Dietary item's cultural beliefs on postnatal care														
	Restricted water intake			Taking hot food			Consuming more food than normal			Consuming cold food leads to baby's diarrhoea			Consuming cold food leads to constipation in mothers		
	χ^2	Df	p-value	χ^2	df	p-value	χ^2	Df	p-value	χ^2	df	p-value	χ^2	df	p-value
Age	1.35	3	0.72	2.02	3	0.57	1.89	3	0.60	2.48	3	0.48	2.05	3	0.56
Education	1.16	3	0.76	6.81	3	0.08	0.47	3	0.93	1.53	3	0.68	2.05	3	0.56
Family type	0.08	1	0.78	1.22	1	0.27	1.72	1	0.19	2.93	1	0.09	4.76	1	0.029*
Habitat	0.58	1	0.45	2.65	1	0.10	0.48	1	0.49	0.04	1	0.84	2.54	1	0.11
Family income	0.91	3	0.82	2.30	3	0.51	2.28	3	0.52	4.20	3	0.24	0.90	3	0.83
Religion	4.27	2	0.12	6.82	2	0.03	1.68	2	0.43	2.94	2	0.23	5.60	2	0.06

* Significant P<0.05

3b) Association of Culture beliefs of rest and activity items on postnatal care among mothers admitted in maternity with socio-demographic variables

Socio-demographic variables.	Rest and activity item's cultural beliefs on postnatal care														
	Resting on the bed to reduce pain.			Not going outside due to fear of clod and evil eye			Avoiding reading and cry			Believing that going to outside causes illnesses			Not going to any religious place due to impurities		
	χ^2	df	p-value	χ^2	df	p-value	χ^2	df	p-value	χ^2	df	p-value	χ^2	Df	p-value
Age	5.24	3	0.16	0.08	3	0.99	4.77	3	0.19	1.82	3	0.61	6.44	3	0.09
Education	9.96	3	0.02*	19.26	3	0*	0.83	3	0.84	8.97	3	0.03*	18.59	3	0.0*
Family type	0.05	1	0.82	0.15	1	0.70	0.79	1	0.37	0.03	1	0.87	0.02	1	0.88
Habitat	1.67	1	0.20	1.57	1	0.21	0.39	1	0.53	1.16	1	0.28	0.16	1	0.69
Family income	2.88	3	0.41	9.58	3	0.02*	2.72	3	0.44	5.79	3	0.12	1.70	3	0.64
Religion	9.09	2	0.01*	8.51	2	0.01	3.81	2	0.15	6.09	2	0.048*	7.09	2	0.03*

* Significant P<0.05

3c) Association of Culture beliefs of Sexual activity/abstaining items on postnatal care among mothers admitted in maternity with socio-demographic variables

Socio-demographic variables.	Sexual activity/abstaining item's cultural beliefs on postnatal care								
	Avoiding sexual activities because of impurities related to birth			Avoiding sexual activity because of unhealed scar			Believing that breast feeding reduce sexual desire		
	χ^2	Df	p-value	χ^2	df	p-value	χ^2	Df	p-value
Age	3.39	3	0.34	3.52	3	0.32	6.44	3	0.09
Education	2.35	3	0.50	2.04	3	0.57	3.28	3	0.35
Family type	0.67	1	0.41	0.34	1	0.56	7.26	1	0.010*
Habitat	5.30	1	0.02*	0.65	1	0.42	1.59	1	0.21
Family income	2.81	3	0.42	1.80	3	0.61	3.39	3	0.34
Religion	7.48	2	0.02*	0.80	2	0.67	19.11	2	0.00

* Significant P<0.05

Table 3(d) depict that association of culture beliefs of bathing/hygiene items on postnatal care among mothers, not brushing your teeth was significant with age, family type and habitat. Education was significant with believing that while bathing can cause body swelling, arthritis & rheumatism.

Table 4(a) shows association of dietary, taking hot food was significant with type of delivery, postnatal day and dietary pattern. Consuming cold food leads to constipation in mothers was significant with type of delivery. Restricted water intake significant with dietary pattern.

3d) Association of Culture beliefs of Bathing/hygiene items on postnatal care among mothers admitted in maternity with socio-demographic variables

Socio-demographic variables.	Bathing/hygiene item's cultural beliefs on postnatal care														
	Add herb in water while bathing			Wash your hair during puerperium			Believe that hair washing cause Headache			Not brushing your teeth			Believing that while bathing can cause body swelling, arthritis & rheumatism.		
	Chi	df	p-value	Chi	Df	p-value	Chi	df	p-value	Chi	Df	p-value	Chi	df	p-value
Age	3.39	3	0.34	1.64	3	0.65	9.57	3	0.02	0.04*	3	1.00	4.04	3	0.26
Education	4.21	3	0.24	1.27	3	0.74	18.24	3	0.00	5.79	3	0.12	12.02	3	0.01*
Family type	0.84	1	0.36	0.09	1	0.77	0.03	1	0.87	6.05	1	0.01*	0.09	1	0.76
Habitat	3.71	1	0.05	1.94	1	0.16	0.99	1	0.32	4.52	1	0.03*	0.65	1	0.42
Family income	3.81	3	0.28	1.82	3	0.61	1.70	3	0.64	2.48	3	0.48	2.42	3	0.49
Religion	11.04	2	0.00	0.29	2	0.87	3.16	2	0.21	4.92	2	0.09	3.09	2	0.21

* Significant P<0.05

3e) Association of Culture beliefs of perineal episiotomy care items on postnatal care among mothers admitted in maternity with socio-demographic variables

Socio-demographic variables.	Perineal episiotomy care item's cultural beliefs on postnatal care											
	Washing perineal area with water mixed with salt			Prefer to sit in warm water			Adding herbs in water while washing your perineal area			Using betadine as an antiseptic		
	χ^2	Df	p-value	χ^2	Df	p-value	χ^2	Df	p-value	χ^2	df	p-value
Age	5.67	3	0.13	9.71	3	0.02*	2.28	3	0.52	5.52	3	0.14
Education	3.02	3	0.39	2.77	3	0.43	2.07	3	0.56	1.74	3	0.63
Family type	7.66	1	0.01*	3.45	1	0.06	0.12	1	0.73	1.33	1	0.25
Habitat	0.28	1	0.60	0.10	1	0.75	0.06	1	0.81	3.25	1	0.07
Family income	2.09	3	0.56	4.53	3	0.21	0.42	3	0.94	4.16	3	0.25
Religion	5.88	2	0.05	23.09	2	0.00	1.53	2	0.47	1.27	2	0.53

*Significant P<0.05

3f) Association of Culture beliefs of Breast feeding items on postnatal care among mothers admitted in maternity ward with socio-demographic variables

Socio-demographic variables.	Breast feeding item's cultural beliefs on postnatal care								
	Giving colostrums to baby because of belief of dirty milk			Believing that coming relatives puts bad effects on milk secretions			Feeding baby only when baby cry		
	χ^2	Df	p-value	χ^2	df	p-value	χ^2	df	p-value
Age	0.97	3	0.81	6.38	3	0.09	2.92	3	0.40
Education	3.09	3	0.38	18.11	3	0.00	1.72	3	0.63
Family type	7.18	1	0.01	5.80	1	0.02	2.18	1	0.14
Habitat	3.43	1	0.06	0.04	1	0.84	5.24	1	0.02
Family income	2.41	3	0.49	10.76	3	0.01	1.46	3	0.69
Religion	3.66	2	0.16	9.61	2	0.01	5.59	2	0.06

*Significant<0.5

Table 4. Association of Culture beliefs with socio-demographic/clinical variables

4a) Association of Culture beliefs of dietary items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/clinical variables	Dietary item's cultural beliefs on postnatal care														
	Restricted water intake			Taking hot food			Consuming more food than normal			Consuming cold food leads to baby's diarrhoea			Consuming cold food leads to constipation in mothers		
	χ^2	df	p-value	χ^2	df	p-value	χ^2	df	p-value	χ^2	Df	p-value	χ^2	df	p-value
Parity	0.29	1	0.59	0.01	1	0.92	1.23	1	0.27	0.00	1	0.97	0.35	1	0.55
Type of delivery	2.31	1	0.13	10.93	1	0.00*	2.37	1	0.12	0.65	1	0.42	4.67	1	0.03*
Post natal day	12.02	4	0.02*	12.05	4	0.02*	5.15	4	0.27	3.50	4	0.48	8.06	4	0.09
Dietary pattern	1.04	1	0.31	9.89	1	0.00*	2.97	1	0.09	3.24	1	0.07	1.71	1	0.19

* Significant P<0.05

Table 3(e) shows association of culture beliefs of perineal episiotomy care items on postnatal care among mothers age was significant with Prefer to sit in warm water. Family type was significant with washing perineal area with water mixed with salt. Others are non significant. Table 3(f) shows that all socio-demographic variables were non-significant.

Table 4(b) shows association of rest and activity resting on the bed to reduce pain significant with Parity. Table 4(c) shows association of Sexual activity/abstaining, avoiding sexual activities because of impurities related to birth was significant with type of delivery. Table 4(d) depict association of Bathing/hygiene, believe that hair washing cause Headache

was significant with dietary pattern. Table 4(e) shows in perineal episiotomy care no one item is significant with socio-demographic variables.

Table 4(f): shows in Breast feeding no one item is significant with socio- demographic variables.

4b) Association of Culture beliefs of rest and activity items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/ clinical variables.	Rest and activity item's cultural beliefs on postnatal care														
	Resting on the bed to reduce pain.			Not going outside due to fear of cold and evil eye			Avoiding reading and cry			Believing that going to outside causes illnesses			Not going to any religious place due to impurities		
	χ^2	df	p-value	χ^2	df	p-value	χ^2	Df	p-value	χ^2	Df	p-value	χ^2	df	p-value
Parity	7.79	1	0.01*	0.80	1	0.37	2.98	1	0.08	1.14	1	0.29	0.75	1	0.39
Type of delivery	1.08	1	0.30	1.20	1	0.27	2.46	1	0.12	0.24	1	0.62	0.17	1	0.68
Post natal day	7.67	4	0.11	1.96	4	0.74	3.75	4	0.44	1.42	4	0.84	1.78	4	0.78
Dietary pattern	0.13	1	0.72	1.30	1	0.26	3.81	1	0.05	0.73	1	0.39	1.88	1	0.17

* Significant P<0.05

4c) Association of Culture beliefs of Sexual activity/abstaining items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/ clinical variables.	Sexual activity/abstaining item's cultural beliefs on postnatal care									
	Avoiding sexual activities because of impurities related to birth			Avoiding sexual activity because of unhealed scar			Believing that breast feeding reduce sexual desire			
	χ^2	Df	p-value	χ^2	Df	p-value	χ^2	Df	p-value	p-value
Parity	0.38	1	0.54	0.03	1	0.87	1.67	1	0.20	0.20
Type of delivery	6.37	1	0.01*	0.44	1	0.51	0.19	1	0.67	0.67
Post natal day	7.14	4	0.13	4.75	4	0.31	1.64	4	0.80	0.80
Dietary pattern	10.68	1	0.00	0.08	1	0.78	0.00	1	0.97	0.97

* Significant P<0.05

4d).Association of Culture beliefs of Bathing/hygiene items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/ clinical variables.	Bathing/hygiene item's cultural beliefs on postnatal care														
	Add herb in water while bathing			Wash your hair during puerperium			Believe that hair washing cause Headache			Not brushing your teeth			Believing that while bathing can cause body swelling, arthritis & rheumatism.		
	Chi	Df	p-value	Chi	df	p-value	Chi	Df	p-value	Chi	Df	p-value	Chi	df	p-value
Parity	0.20	1	0.66	0.01	1	0.92	0.43	1	0.51	0.16	1	0.69	0.44	1	0.51
Type of delivery	0.05	1	0.82	1.10	1	0.30	2.95	1	0.09	0.00	1	0.99	0.08	1	0.78
Post natal day	0.43	4	0.98	3.36	4	0.50	1.87	4	0.76	0.80	4	0.94	2.03	4	0.73
Dietary pattern	1.35	1	0.25	0.73	1	0.39	4.58	1	0.03*	1.58	1	0.21	1.21	1	0.27

* Significant P<0.05

4e) Association of Culture beliefs of perineal episiotomy care items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/ clinical variables.	Perineal episiotomy care item's cultural beliefs on postnatal care											
	Washing perineal area with water mixed with salt			Prefer to sit in warm water			Adding herbs in water while washing your perineal area			Using betadine as an antiseptic		
	χ^2	df	p-value	χ^2	Df	p-value	χ^2	Df	p-value	χ^2	Df	p-value
Parity	1.83	1	0.18	0.24	1	0.63	0.28	1	0.60	1.23	1	0.27
Type of delivery	0.28	1	0.60	4.22	1	0.04	3.70	1	0.05	2.37	1	0.12
Post natal day	6.64	4	0.16	6.51	4	0.16	1.30	4	0.86	5.82	4	0.21
Dietary pattern	0.00	1	0.98	0.03	1	0.86	0.64	1	0.42	0.03	1	0.86

* Significant P<0.05

4f) Association of Culture beliefs of breast feeding items on postnatal care among mothers admitted in maternity with socio-demographic/clinical variables

Socio-demographic/ clinical variables.	Breast feeding item's cultural beliefs on postnatal care								
	Giving colostrums to baby because of belief of dirty milk			Believing that coming relatives puts bad effects on milk secretions			Feeding baby only when baby cry		
	χ^2	df	p-value	χ^2	df	p-value	χ^2	df	p-value
Parity	0.01	1	0.91	1.46	1	0.23	2.79	1	0.10
Type of delivery	0.13	1	0.72	3.25	1	0.07	0.52	1	0.47
Post natal day	2.07	4	0.72	1.53	4	0.82	3.49	4	0.48
Dietary pattern	0.02	1	0.90	2.15	1	0.14	3.16	1	0.08

DISCUSSION

This chapter deals with discussion of the study in accordance with objectives of the study and in relation to similar studies conducted by other researcher. The study was focused to assess the cultural believes on postnatal care among mothers admitted in maternity ward of Shri Guru Ram Das hospital, vallah at Amritsar, Punjab. The convenience sampling technique was used to select the sample. 100 postnatal mothers were selected for this study. Self structured dichotomous questionnaire was used to assess the cultural belief of postnatal care among postnatal mothers. The results of the present study are discussed in accordance with objectives of the study. The study result shows that in dietary practices during postnatal period 82(82.0%) of mothers believed if mother consumed cold food then baby will suffered from diarrhea and 77(77.0%) restricted water intake during postnatal period. 81(81.0%) were avoid reading and cry because it will cause blindness and 34(34.0%) were believed that mothers are not going to any religious place because of impurities related to birth. 87(87.0%) were avoided sexual activity because of unhealed scar and 34(34.0%) were believed that breast feeding reduce sexual desire. 71(71.0%) were wash hair during puerperium and 12(12.0%) added herb in water while bathing. 79(79.0%) were used betadine as an antiseptic and 16(16.0%) added herbs in water while washing perineal area. 71(71.0%) given feed only when baby cry and 38(38.0%) were not given colostrum to baby because they believed it is dirty milk. The study findings were consistent with Makkah Al (2013) revealed that more than one third of women (39.2%) did not take shower during puerperium; however 68.1% of them were fear of cold. Slightly more than one half of women (53.3%) added herbs to bath water, 65.6% of them mentioned that to smell aromatic. Most of women (85%) rubbed their body after birth because 82.4% of them believed that it helps uterine involution. In addition, Majority of postpartum women (90.8%) used abdominal corset during puerperium because they believed that it prevents pendulous abdomen.

The second objective of the study to find out the association culture beliefs with socio-demographic variables in dietary pattern, only consuming cold food leads to constipation in mothers have significant with family type taking hot food were significant with type of delivery, postnatal day and dietary pattern. Consuming cold food leads to constipation in mothers was significant with type of delivery. Restricted water intake significant with dietary pattern. In rest and activity education was significant with resting on the bed to reduce pain, not going outside due to fear of clod and evil eye, believing that going to outside causes illnesses and not going to any religious place due to impurities. Family income was significant with not going outside due to fear of clod and evil eye. Religion was show significant value with resting on the bed to reduce pain, believing that going to outside causes illnesses and not going to any religious place due to impurities, resting on the bed to reduce pain significant with Parity. In Sexual activity/abstaining, breast feeding reduce sexual desire was significant with family type avoiding sexual activities because of impurities related to birth w as significant with Type of delivery. Avoiding sexual activities because of impurities related to birth was significant with habitat and religion. In Bathing/hygiene, not brushing your teeth was significant with age, family type and habitat. Education was significant with believing that while bathing can cause body swelling, arthritis & rheumatism. In Perineal episiotomy care age was significant

with Prefer to sit in warm water. Family type was significant with washing perineal area with water mixed with salt. In Breast feeding all socio-demographic variables were non-significant. The study findings are consists with Sahar Mansour Lamadah (2013) revealed that there is statistical significant difference between the total score of women's beliefs and their ages and level of education respectively. Moreover, there is also a significant Statistical difference between the women's total score of practices and their age, educational level and parity respectively. Traditional postpartum beliefs and practices are popular among the participants. Mothers and relatives play a major role about reinforcing these beliefs and practices.⁵

Implications

The findings of the study have implication in the field of nursing profession in the areas of nursing practice, education, administration and research.

Nursing practice

- The nurses have the responsibility to identify the cultural beliefs of mothers during postnatal period weather they follow healthy or unhealthy practices.
- The nurse midwives should develop positive attitude of mothers to follow only healthy cultural practices.

Nursing administration

- Nurse administrator can plan in- service education programmed for staff nurses in order to update their knowledge regarding cultural beliefs.
- A public health workshop can be organized to make the public aware about the cultural beliefs.

Nursing education

- Nurse educator should be given education to nursing students to update their knowledge about cultural beliefs related to postnatal care.
- Nurses should provide in- depth education on self care practices to the patients.

Nursing research

- The study can be conducted on large sample to make the picture clearer.
- The study can be conducted with the different variables.

Limitations

- The study was limited to postnatal mothers admitted in Shri Guru Ram Das Hospital Vallah, Amritsar.
- The study was limited to 100 sample size to generalize the finding.
- The study was limited to only postnatal mothers.

Recommendations

- The study can be replicated on a large sample to validate and generalize its finding.
- Similar study can be undertaken with a multi- setting approach.

- The study can be conducted in the community setting to make aware the mothers regarding postnatal cultural beliefs.
- More and more research should be conducted to develop more innovative strategies to improve the knowledge regarding follow healthy cultural practices.

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