



Original Research Article

An observational study on knowledge of cultural practices among antenatal and postnatal women at a tertiary care hospital

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Abstract

Background: Safe Motherhood Initiative, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth. Care of antenatal mothers is an important element in maternal healthcare as it will lead to successful pregnancy outcome and healthy babies. Since inadequate Antenatal Care is associated with worse pregnancy outcomes, it is vital for health policymakers to better understand the factors influencing proper and prompt utilization of Antenatal checkup.

Objective: To determine the level of knowledge, attitude, and practice of cultural beliefs among antenatal and postnatal women admitted in maternity ward at a Tertiary Care Hospital.

Materials and Methods: An observational study was carried in Tertiary Health Care Centre for 6 months from October 2021 to March 2022. A total of 507 pregnant women were observed. All females either antenatal or postnatal in the maternity wards were asked certain set of questions regarding cultural practices they follow in their homes during pregnancy.

Results: A total of 507 antenatal and postnatal women were considered who were asked pre-validated questions regarding cultural practices followed in their households during pregnancy. It was observed that most of the families were nuclear in which husbands (82.8%) were head of family and were therefore the main member who were accompanying wives (57.4%) for antenatal checkups. Nearly 51.9% had male baby preferences due to family pressure (41%). According to our study, 93.7% patients have taken proper antenatal care, and 92.5% had institutional delivery.

Conclusion: The family's caregivers are responsible for safe motherhood. The best possible outcome for both the mother and the fetus can be predicted with more care providers' expertise.

Keywords: Antenatal women, Postnatal women, Safe motherhood, Cultural practices.

Received: 30-01-2024; **Accepted:** 11-03-2025; **Available Online:** 13-08-2025

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1. Introduction

WHO says “Healthy mother and child are asset to the society”, therefore “Safe motherhood initiatives” taken by World Health Organisation in 1987 aimed at reducing number of deaths associated with pregnancy and childbirth.^{1,2} We are all aware that one of the natural processes that transforms a woman into a woman is pregnancy.³ A society's behaviour is determined by its social norms and culture, which are inextricably linked to daily interactions. Despite contemporary advancements in the modern world, a number of classic malpractices during the perinatal period continue to

exist. Compared to other women, Indigenous women are said to die more frequently during pregnancy and childbirth. Pregnancy, labor, the postpartum period, and the survival of infants are all significantly influenced by sociocultural norms, traditional practices, values, and beliefs. Different societies may have different practices for mothers and newborns because each community has its own unique culture and traditions.^{4,5}

From increase in weight to change in daily routine to frequent mood swings, a pregnant female undergoes innumerable changes in her body. Timely and routine

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Antenatal care is one of the most important pillar of WHO initiative. Antenatal care focuses on antenatal mother's care as this will lead to successful pregnancy outcomes in terms of both baby and maternal health. According to Millenium Development Goals, maternal health is the 8th goal considered for society development. According to the recent census, Maternal Mortality Ratio in India has declined by 68.7% and has come down from 556 in 1990 to 97 in 2020.⁶ WHO has considered various objectives for world patient safety by focussing on global maternal and newborn safety awareness, engaging stake holders to improve maternal health.⁷

Most of the maternal deaths are seen in socially poor countries and hence are the high focused parts for the development of country.⁸ WHO considers minimum 4 antenatal visits for pregnant women with atleast one in each trimester even if patient has low/no risk.^{9,10} Various barriers are seen that prevent timely utilisation of antenatal services by pregnant ladies. Provision of Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), Anganwadi worker (AWW), staff nurses who are giving timely and home to home counselling to pregnant mothers and their families is a great initiative taken by the government in rural areas of all states but still convincement of the family appears to be a difficult task at times as what cultural beliefs are being inculcated in the family by their ancestors is followed by the family.¹¹

Some explanatory factors for under- utilisation of these services in Karnataka are Religion such as Muslims in Karnataka were less likely to receive the recommended four antenatal visits,¹¹ poor education and awareness, poor familial support, thinking of decision makers of family, high-cost care and also gender based knowledge seekers. According to census collected previously it is observed that one of the state of India- Karnataka most of the decisions are made by males of family than females, thence importance of antenatal care, foetal nutrition, etc is being known to the male members or not becomes a topic of concern.¹²

Therefore, this study aimed to evaluate knowledge, attitude of antenatal and postnatal mothers regarding cultural and traditional beliefs that are followed by their families and their practice regarding maternal and foetal care. This study was conducted in maternity wards of Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura, Karnataka who came for delivery.

2. Materials and Methods

This observational study was conducted among all antenatal and postnatal women who were admitted in BLDE (DU) Shri B. M. Patil Medical College, Hospital and Research Centre in the maternity wards. This 6 months study carried from October 2021 – March 2022 considered a total of 507 randomly selected women who were asked pre-validated questions which was formed by considering various important cultural beliefs practiced in society regarding

antenatal and postnatal cultural practices followed by their families and to gain information regarding their knowledge on importance of antenatal care for the mother and baby. This study did not have any patient follow up. This pre- validated questionnaire was converted to google form after taking patient consent and data entry was done one by one in that and statistics was collected.

2.1. Statistical analysis

Every attribute was provided in a descriptive summary. The summary statistics of N, mean, and standard deviation (SD) were applied to continuous variables. When it comes to categorical data, summaries included percentages and numbers, and the data was evaluated using the Chi square test for association, the t test for mean comparison, ANOVA, and diagrammatic presentation.

2.2. Inclusion criteria

Antenatal and postnatal women from 18- 37 years admitted in maternity wards.

2.3. Exclusion criteria

1. Patient not willing for participation.
2. Unconscious patient.
3. ICU admitted patients who are not in condition to participate.

3. Results

A total of 507 women were taken into account to whom certain set of questions were asked regarding cultural practices followed in their households antenatally, intrapartum and postnatally. It was observed that most of them belonged to nuclear families, where husbands (82.8%) were head of families (**Table 1**). So, mostly husbands were accompanying the wives for antenatal visits (57.4%) followed by mother (24.9%) (**Table 2**)

Table 1: Head of family

Head of family	No. of patient	Percentage
Father	72	14.2
Father-in law	14	2.8
Husband	420	82.8
Mother	1	0.2
Total	507	100

Table 2: Who accompanied during antenatal visits

Parameters	No. of patients	Percentage
Father	43	8.5
Husband	291	57.4
Mother	126	24.9
Other family members	8	1.6
Sister	39	7.7
Total	507	100

Nearly 51.9% pregnant women had considerate male baby preference or no preference (38.5%) at all (**Table 3**)

Table 3: Sex preference

Parameter	No. of patients	Percentage
Female	49	9.7
Male	263	51.9
No	195	38.5

Main reason for male babies was due to family pressure (41%) (**Table 4**)

Table 4: Reason for preference

Parameter	Frequency	Percentage
Family pressure	208	41
Desire due to previous one	104	20.5
NA	195	38.5

It was noted that most of the patients were in favour of institutional delivery (92.5%) (**Table 5**)

Table 5: Institutional delivery

Parameter	Frequency	Percentage
No	38	7.5
Yes	469	92.5

Considering proper antenatal visits, it was seen that 93.7% of the pregnant women have taken it along with timely iron and calcium supplement (84.8%) consumption (**Table 6**).

Table 6: Antenatal care

Antenatal visit	Frequency	Percentage
Yes	475	93.7
No	32	6.3
	507	100
Iron & Calcium Supplementation		
Yes	430	84.8
No	77	15.2
	507	100

Antenatally, it was observed that pregnant females had certain food choices also, many had cravings for sweets, some had more preference for oily or spicy foods. In our study, it was seen that 78.1% had food preferences and 21.9% didn't had any particular choices.

Apart from antenatal care, postnatal beliefs were also taken into consideration and were asked regarding baby care like early bathing, kajal application, knowledge on top feeding, washing hands before touching the baby, etc. It was

seen that early bathing practices were followed by less families (44%) whereas 45.2% were not giving early bath to the babies.

Application of kajal was followed less (43.2%) than non-application which is a good remark to consider for improvement of foetal care (**Table 7**).

Also, top feeding of baby was hardly practiced (3.4%) amongst mothers till minimal of 4 months and were following exclusive breastfeeding which gives a good feedback regarding maternal knowledge for baby care.

Table 7: Baby care practice

Kajal Application	Frequency	Percentage
Yes	219	43.2
No	288	56.8
Top feeding		
Yes	17	3.4
No	490	96.6

4. Discussion

Safe motherhood has always been the priority for the health care workers as maternal care is directly associated with the healthy foetal outcomes. Therefore, proper and precautions antenatal practice is always considered as most important step in getting good perinatal results. This study focussed all antenatal and postnatal women who got admitted in BLDE (DU) Shri B.M. Patil Medical College, Hospital and Research centre, Vijayapura in maternity ward. They were asked pre-validated questions to assess their knowledge for the cultural practices that have been followed in their household. It was seen that most of them belonged to nuclear family where husband were the head of family (82.8%) and henceforth were accompanying their wives (57.4%) for antenatal checkup whereas study conducted in Mangochi District, Malawi found that male participation was less¹³ as they considered that is women work and should be taken care by female of the family. Nuclear families were more focused as importance regarding antenatal care and importance for the same should be given to the family for healthy baby outcome. In the study by Bashir also, it was seen that most of them belonged to nuclear family (332 out of 400) In our study, regular and timely ANC visits of the pregnant lady was an important consideration and was noted that nearly 93.7% of the females have attended proper ANC checkups, whereas J. Mutowo et al and Chimatiro et al study suggested less awareness of females for antenatal care either due to unawareness of ANC visits or improper counselling regarding importance of antenatal care.^{14,15} Even Simkhada et al study also observed that less number of females were aware about proper antenatal visits.¹⁶

On other side another similar study conducted in Gujarat) saw pregnant ladies had knowledge regarding antenatal care and had minimum 4 ANC visits during

pregnancy (47%).¹⁷ Fekadu et al study done in Ethiopia also observed that pregnant women were aware of minimum antenatal visits.¹⁸

Apart from ANC visits, proper and regular consumption of supplements also holds equal importance in preventing maternal complications like abruption, postpartum haemorrhage, ICU admission. Therefore, we asked patient regarding consumption of iron and folic acid supplementation and was noted that 84.8% pregnant females have taken time to time supplements which was more from the study conducted in Gujarat where nearly 63.4% females have taken proper supplementation.¹⁷ We also asked our patient on what is their preference regarding delivery conduction and was seen that most of patients preferred institutional delivery (92.5%). Similarly, Mbada et al study also noticed that 92.6% underwent institutional delivery.¹⁹ Most of the regions have changed their perspective regarding sexual preferences, still certain areas have a opine on gender status, in our study also half of the study group had male preferences (51.9%) where most agreed that this is due to family pressure (41%). Along with maternal factors we asked regarding baby care too. It was noted that 45.2% don't follow giving early baths to the baby as they thought this will cause infection to the baby. Avoidance of food like spicy foods, oily foods during pregnancy was seen in 78% of women during pregnancy whereas study by Withers showed females had preference over hot food than cold food.²⁰

5. Conclusion

Reducing maternal and perinatal deaths is facilitated by safe motherhood practices. Due to the patriarchal dominance in this area, male family members make the majority of the decisions. The aforementioned study also shows that family pressure continues to be the main factor in the preference for male babies. As a result, appropriate decision-makers' counselling will aid in improving mother conditions, which will result in good baby outcomes.

6. Source of Funding

None.

7. Conflict of Interest

None.

8. Ethical Approval

Ethical No.: BLDE (DU)/IEC/563/2021-22.

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Cite this article: Yaliwal RG, Malapure PS, Kori S, Bidri SR, Gupta N, Bankapur G. An observational study on knowledge of cultural practices among antenatal and postnatal women at a tertiary care hospital. *Indian J Obstet Gynecol Res.* 2025;12(3):400–404.