

Newborn Care Practices among Slum Dwellers of Guwahati City, Assam

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Abstract

Background: The newborn health challenge faced by India is more than that experienced by any other country in the world. The current neonatal mortality rate (NMR) of 44 per 1,000 live births, accounts for nearly two-thirds of all infant mortality and translates into at least two newborn deaths every minute. Newborn care is sub-optimal in the slums and the newborns here are victims of various malpractices endangering their health and survival. The major causes of the neonatal deaths are infections (sepsis, pneumonia, tetanus and diarrhoea), hypothermia, prematurity and birth asphyxia. One-third of India's urban population resides in slums and squatters and this is expected to rise.

Material and Methods: The study was conducted under the field Practice area of the Urban health Centre, Ulubari Under the Department of Community Medicine during August to October, 2019. The household visits were conducted in the urban slums of Guwahati city. 10 slums were taken for the study and 12 households from each slum were taken. The study population comprises of the newborns up to the age of 6 months living in the families in the mentioned areas.

Results: Out of the 120 families, 75(62.5%) applied nothing on the baby's cord, 17(14.17%) applied antibiotics, 6(5%) applied traditional substances like dried cow dung, honey, paste of tulsi leaves, 22(18.33%) applied substances like powder, cream etc. Out of the 120 babies, 33(27.5%) were below 2.5kg at birth, 71(59.17%) were between 2.5-3.5 kg and 16(13.33%) were above 3.5kg at birth. Out of the 120 babies, 97(80.83%) cried immediately after birth and 23 (19.17%) cried late after birth. Out of the 120 mothers, 76(63.33%) had normal(vaginal) delivery and 44(36.67%) had caesarean delivery. Out of the 120 cases, 29(24.17%) babies were breastfed within 1hr of delivery, 49(40.83%) within 5 hrs, 31(25.83%) within 24hrs and 11(9.17%) babies were breastfed after 24hrs of delivery. Out of the 120 families, 29(24.17%) families are aware about exclusive breast feeding and followed it, 28(23.33%) are aware but didn't follow, 36(30%) not aware but did exclusive feeding for 6 months and 27(22.5%) are not aware and didn't follow. Out of the 120 mothers, 23(19.17%) fed their babies the colostrum while 97(80.83%) mothers didn't feed the colostrum.

Conclusion: In conclusion, although a few newborn care practices were correct and encouraging in the study area, yet many unhealthy neonatal practices were still found to be prevalent. ANC visits by the Healthcare staff and counselling of mothers regarding neonatal care practices is of great relevance. The ANM, ASHA and the Anganwadi worker should be motivated through incentivized methods to take care of the new borns in the slums and

educate the mother. The present study revealed the influence of elders also in newborn care practices.

Keywords: Slums-New Born-Prelacteal.

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Introduction:

The newborn health challenge faced by India is more than that experienced by any other country in the world. The current neonatal mortality rate (NMR) of 44 per 1,000 live births, accounts for nearly two-thirds of all infant mortality and translates into at least two newborn deaths every minute. Newborn care is sub-optimal in the slums and the newborns here are victims of various malpractices endangering their health and survival. The major causes of the neonatal deaths are infections (sepsis, pneumonia, tetanus and diarrhoea), hypothermia, prematurity and birth asphyxia [1]. One-third of India's urban population resides in slums and squatters and this is expected to rise. [2] The level of infant mortality is regarded as a basic indicator of health, quality of life and development in a society. It has been seen that, the risk factors and the causes of death during infancy are many times taken to be same; but there always lies a difference between the two. A cause directly links to a death where a risk factor of infant death just makes the death more possibly to happen. [3] Urban slums are settlements, neighbourhoods, or city regions that cannot provide the basic living conditions necessary for its inhabitants or slum dwellers, to live in a safe and healthy environment.

Material and Methods

Study duration: August to October, 2019.

Study area: The study was conducted under the field Practice area of the Urban

health Centre, Ulubari Under the Department of Community Medicine

Description of locality: The household visits were conducted in the urban slums of Guwahati city. 10 slums were taken for the study and 12 households from each slum were taken.

Study population: The study population comprises of the newborns up to the age of 6 months living in the families in the mentioned areas.

Exclusion criteria: The newborns of families which have immigrated to these areas recently in 3 months or less have not been considered for the study. Also infants above the age of 6 months were not taken for the study.

Type of study: Community-based Cross-sectional study.

Sample size: 120 households.

Data collection method: House to house visits were conducted. Prior to interview, the respondents (mothers) were briefed about the purpose of the study to get their full co-operation during the process. The interviewer proceeded with the interview as per schedule, and general information, followed by specific information. Observations were made regarding the hypothermia and infections in the newborn and the technique of breastfeeding.

Data collection technique:

- a) Interview method
- b) Observation method

Data collection tools: Pretested and predesigned schedule containing both open ended and close ended questions.

here through tables, bar diagrams and pie charts.

Data analysis: Data obtained were analysed manually and are represented

Results

Table 1: Weight of the baby at birth

Sl. No.	Weight	No. of respondents	Percentage
1	<2.5 kg	33	27.5%
2	2.5-3.5 kg	71	59.17%
3	>3.5 kg	16	13.33%
Total		120	100%

Table 1 show Out of the 120 babies, 33(27.5%) were below 2.5kg at birth, 71(59.17%) were between 2.5-3.5 kg and 16(13.33%) were above 3.5kg at birth.

Table 2: Time of starting breast milk feeding

Sl. No	Breast milk feed started	No. of respondents	Percentage
1	<1 hour of delivery	29	24.17%
2	<5 hours of delivery	49	40.83%
3	<24 hours of delivery	31	25.83%
4	Others	11	9.17%
Total		120	100%

Table 2 Out of the 120 cases, 29(24.17%) babies were breastfed within 1hr of delivery, 49(40.83%) within 5 hrs., 31(25.83%) within 24hrs, and 11(9.17%) babies were breastfed after 24hrs of delivery.

Table 3 Pre-lacteal feeding given to the infants after childbirth

Sl. No	Any pre-lacteal feeds	No. of respondents	Percentage
1	None	88	73.33%
2	Honey	4	3.33%
3	Jaggery	2	1.67%
4	Animal milk	24	20%
5	Others	2	1.67%
Total		120	100%

Table 3 shows Out of the 120 babies, 88(73.33%) were given no prelacteal feeds, 4(3.33%) were fed honey, 2(1.67%) were fed jiggery, 24(20%) were given animal milk and 2(1.67%) were fed other substances including tulsi water as prelacteal feeds.

Table 4 Cord care practices

Sl. No.	Any substance applied to cord	No. of respondents	Percentage
1	No substance applied	75	62.5%
2	Antibiotics	17	14.17%
3	Traditional substances (dried cow-dung, honey, tulsi paste etc.)	6	5%
4	Others (powder, cream etc.)	22	18.33%
Total		120	100%

Table 4 Out of the 120 families, 75(62.5%) applied nothing on the baby's cord, 17(14.17%) applied antibiotics, 6(5%) applied traditional substances like dried cow dung, honey, paste of tulsi leaves, 22(18.33%) applied substances like powder, cream etc.

Out of the 120 babies, 33(27.5%) were below 2.5kg at birth, 71(59.17%) were between 2.5-3.5 kg and 16(13.33%) were above 3.5kg at birth. Out of the 120 babies, 97(80.83%) cried immediately after birth and 23 (19.17%) cried late after birth. Out of the 120 mothers, 76(63.33%) had normal(vaginal) delivery and 44(36.67%) had caesarean delivery. Out of the 120 cases, 29(24.17%) babies were breastfed within 1hr of delivery, 49(40.83%) within 5 hrs., 31(25.83%) within 24hrs and 11(9.17%) babies were breastfed after 24hrs of delivery. Out of the 120 families, 29(24.17%) families are aware about exclusive breast feeding and followed it, 28(23.33%) are aware but didn't follow, 36(30%) not aware but did exclusive feeding for 6 months and 27(22.5%) are not aware and didn't follow. Out of the 120 mothers, 23(19.17%) fed their babies the colostrum while 97(80.83%) mothers didn't feed the colostrum

Out of the 120 babies, 88(73.33%) were given no prelacteal feeds, 4(3.33%) were fed honey, 2(1.67%) were fed jiggery, 24(20%) were given animal milk and 2(12.67%) were fed other substances including tulsi water as prelacteal feeds. Out of the 120 families, 75(62.5%) applied nothing on the baby's cord, 17(14.17%) applied antibiotics, 6(5%) applied traditional substances like dried cow dung, honey, paste of tulsi leaves, 22(18.33%) applied substances like powder, cream etc. Out of the 120 families, 73(60.83%)

cleaned the baby's eye with cotton, 17(14.17%) did no cleaning of the babies' eyes and 30(25%) families are not aware of cleaning the eyes of the new born. Out of the 120 families, 93(77.5%) wrapped the babies immediately after birth and 27(22.5%) families wrapped late after birth. Out of the 120 families, 21(17.5%) families used old washed clothes to wrap the baby, 67(55.83%) used new unwashed clothes and 32(26.67%) families used new washed clothes for wrapping the baby's. Out of the 120 cases, in 83(69.17%) cases mother and baby were put on same bed after delivery whereas in 37(30.83%) cases they were not put on the same bed

Out of the 120 mothers, 87(72.5%) give night feeds to their child whereas 33(27.5%) don't give night feeds. Out of the 120 mothers, 86(71.67%) mothers are aware about kangaroo mother care to keep their babies warm and 34(28.33%) mothers are unaware.

Out of the 120 families, 57(47.5%) refer to govt. hospitals, 33(27.5%) refer private hospitals, 4(3.33%) prefer home remedy, 14(11.67%) have traditional measures, and 12(10%) go for self medications in health seeking behavioural studies. 120 families, 78(65%) prefer allopathic medication, 37(30.83%) prefer homeopathic and 5(4.17%) go for ayurvedic medications. Out of the 120 babies, 83(69.17%) have had no hospitalizations since birth, 26(21.67%) have been hospitalised once and 11(9.16%) have been hospitalised 2-3 times since birth. Out of the 120 mothers, 86(71.67%) show some awareness and knowledge regarding poor suckling of the baby, 26(21.67%) regarding chest indrawing, all(100%) regarding fever, 43(35.83%) for unconsciousness, 56(46.67%) for redness around cord,

64(53.33%) for diarrhoea, 54(45%) for hypothermia, 67(55.83%) for fast breathing and 57(47.5%) regarding yellowish discoloration of the skin.

Discussion

Pratibha Gupta et al [4] conducted a study on the Newborn Care Practices in Urban Slums of Lucknow City, UP in the year 2010. Study findings showed that about half of the deliveries took place at home. Majority (77.1%) of the mothers believed that baby should be bathed with warm water and dried with clean cloth and 79.7% mothers practiced it. Only 36.6% mothers initiated breastfeeding within 1 hr of birth and 30.2% initiated after 1 day. The mothers who have not given colostrum to their baby, in majority the reason was customs. In our study, 29(24.17%) babies were breastfed within 1hr of delivery, 49(40.83%) within 5 hrs., 31(25.83%) within 24hrs. and 11(9.17%) babies were breastfed after 24hrs of delivery.

Rahi M et al [5] conducted a study on the Newborn Care Practices in an Urban Slum of Delhi in the year 2006. The results showed that more than half i.e. 26 (56.1%) of home deliveries, which were mostly conducted by dais (24, 91.3%). Bathing the baby immediately after birth was commonly practiced in 38 (82.6%) of home deliveries. Finger was used to clean the air passage in most of the home deliveries (29, 63%). In our study, 75(62.5%) applied nothing on the baby's cord, 17(14.17%) applied antibiotics, 6(5%) applied traditional substances like dried cow dung, honey, paste of tulsi leaves, 22(18.33%) applied substances like powder, cream etc.

Sarah Saleem et al [6] conducted a study on the Neonatal Mortality and Prevalence

of Practices for Newborn Care in squatter settlement in Karachi, Pakistan in the year 2010. Although 70% of women mentioned receiving antenatal care by a skilled provider, only 54.5% had four or more visits. Newborn care practices like bathing the baby immediately after birth (56%), giving pre-lacteals (79.5%), late initiation of breastfeeding (80.3%), application of substances on umbilical cord (58%) and body massage (89%) were common. Most neonates (81.1%) received BCG injection and polio drops after birth. In our study, 88(73.33%) were given no pre lacteal feeds, 4(3.33%) were fed honey, 2(1.67%) were fed jiggery, 24(20%) were given animal milk and 2(12.67%) were fed other substances including Tulsi water as pre lacteal feeds.

Conclusion

In conclusion, although a few newborn care practices were correct and encouraging in the study area, yet many unhealthy neonatal practices were still found to be prevalent. ANC visits by the Healthcare staff and counselling of mothers regarding neonatal care practices is of great relevance. The ANM, ASHA and the Anganwadi worker should be motivated through incentivized methods to take care of the new borns in the slums and educate the mother. The present study revealed the influence of elders also in newborn care practices. These issues need to be focussed and strategies targeting these groups should be undertaken. Health education and IEC activities can help to mitigate the problem. More studies are needed in this regard to study the gaps for deficiencies in motivation for institutional deliveries. The frontline workers should make frequent visits to the slum areas and they should follow the IYCF guidelines in this regard.

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