Assessment of knowledge regarding lotusbirth among final year nursing students

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Abstract-Background: Lotus delivery is the practice of keeping the newborn connected to the placenta after birth and leaving the umbilical cord uncut; the placenta and umbilical cord are anticipated to naturally separate from the newborn.[1]Many research conducted has shown numerous benefits of lotus birth**. Objective: The objective of study is to assess the knowledge regarding Lotus birth among final year nursing students. Methodology: A quantitative research approach with descriptive research design was used in the present study. 93 nursing students were selected using consecutive sampling technique. Demographic tool and self-structured knowledge questionnaire on lotus birth were used for data collection. Ethical permission and informed consent were taken from study participants. Result: the statistical finding shows that most 64.5% of students were having poor knowledge regarding Lotus Birth. Only 34.4% of students were having average knowledge regarding Lotus birth and 1.07% students were having good knowledge regarding Lotus Birth. Conclusion: Findings of the research study conclude that most final year nursing students have poor knowledge regarding Lotus Birth and need to improve their knowledge.**

Keywords: Knowledge, Nursing students, Lotus Birth

I. Introduction

The heart is beating the mind is singing because a new life is born and vows are made. Navigating between fingertips and palm lines. A charming grin appears on the lips. Burning away the anger and bending the straightspress to be the lord for the broken umbilical cord and nine months. Fresh starts are breathed in by delicate lungs.A fresh new spring, fall, and summer.[2]

No matter how it looks or what shape it takes, life is the most valuable resource on earth and has to be preserved.[3]

The experience of birth shows that life is about form and beauty as well as usefulness and function birth is as safe as life gets, women gain power when they become mothers. It invades their lives without their request.[4]

Women have a wonderful opportunity to become more spiritually aware when they give birth. Especially duringa natural birth there is a chance for self-transcendence and a deeper understanding of the wonders of life. It is a healthy feeling that gives women guidance as they navigate the maze of labor, yet the typical, natural agony thatcomes with being in labor may test a person's very being. Today, the hardest part of giving birth is learning to trust and believe in one's inner wisdom and let nature takes its course. When this is done, a women's body frequently absorbs and receives spiritual instruction and energy.[5]

Lotus delivery is the practice of keeping the newborn connected to the placenta after birth and leaving the umbilical cord uncut; the placenta and umbilical cord are anticipated to naturally separate from the newborn. [6]Lotus birth has been practiced in America for 11 years. It is stated in articles, newsletters and workshops and compiled a booklet from the material Clair lotus had shared. People begin to show interest and many people started practicing the lotus birth.[1]

It was not until 1986 that Australia first practiced full lotus birth Kushna Warszewski gave birth to Tika, her fourth child, on the night of a full lunar eclipse, the festival of Wesak (one of the pinnacles of the Esoteric calendar, the time when the ascended masters are closest to the Earth), and the night Haley's comet left the southern skies. Tika was also Kushna's third homebirth, second waterbirth, and first lotus-born child.[1]

Super-delayed (1+ hours post-delivery) umbilical non-severance is frequent in-home births, despite being a relatively new alternative birth phenomenon in the West. Early American settlers described non-severance of theumbilicus as a prophylactic practice in their journals and letters because they thought it shielded the child from infection from an open wound.[1]

Lotus delivery has received little research, therefore it's not clear if the procedure is risk-free. Additionally,there isn't enough data to determine the best way to handle the placenta and minimize dangers while waiting for it to separate.

The placenta no longer receives blood after leaving the womb. The placenta is now dead tissue that is vulnerable to infection. An infected placenta can infect the child because it is still connected to the fetus. [9] The infant also runs the danger of getting hurt if the cord is unintentionally torn from their body. It is referred to as cord avulsion. [1]

One case study of a full-term infant connected lotus delivery with the baby's hepatitis, but further studies are required to fully grasp the potential link. [7] Several factors supporting the birth of the Lotus have been establisheddespite the lack of scientific evidence. These include reducing stress on a newborn baby, promoting immunity induction, and bonding with the mother. Spiritual motivation has also reportedly been shown to support this procedure. The technique comes with a number of dangers for newborns, most notably infection, and it can be challenging in some places when placenta histology is required.[1]

It was discovered that lotus births were not clearly beneficial and that they occasionally caused sepsis in the neonates, a severe reaction to an illness. The placenta will be stored in this manner for 1 kg of sea salt is combined with 0.5 kg of rosemary and 0.5 kg of lavender. On the first day, half of this mixture is sprinkled on the placenta, and on the second day, the other half. This is carried out to dry the placenta, guard againstinfection, and get rid of bad odor. [1]

II. Objectives of the study

· To assess the level of knowledge regarding Lotus birth among final year nursing students in selectedcollege of Dehradun, Uttarakhand

III. Method

Quantitative research with descriptive research design was adopted to assess the level of knowledge of final yearB.Sc. Nursing and GNM students. Sample size was 93 which were selected by consecutive sampling technique. Data was collected by administering self- structured knowledge questionnaire on lotus birth the reliability ofthe tool was checked by using split half and Spearman brown prophecy formula. The data was analyzed descriptive and inferential statistics. Ethical committee permission was obtained from the concerned institutional authorities. Written consent was obtained from the participants of the study.

IV. Results

Table 1: Frequency and percentage distribution of sample characteristics

SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE%
1	**Age**		
	· 18 Years - 20 Years	8	8.60%
	· 21 Years – 23 Years	73	78.49%
	· 24 Years – 26 Years	2	2.15%
	· 27 Years and above	10	10.75%
2	**Gender**		
	· Male	14	15.05%
	· Female	79	84.94%
3	**Marital Status**		
	· Married	05	5.37%
	· Unmarried	87	93.54%
	· Divorced	01	1.07%
	· Widow	00	00%
4	**Course**		
	· B.Sc. Nursing	63	67.74%
	· GNM	30	32.25%

5	**Previous Knowledge**		
	· YES	27	29.00%
	· NO	66	70.96%
	If Yes, Source of information;		
	a) Family and Friends	03	11.11%
	b) Seminar	01	3.70%
	c) Mass media	20	74.07%
	d) Health professional	03	11.11%

Table 1 shows that most of the students 73(78.49%) were in the age group of 21-23 years. Majority of them 79(84.94%) were female and 14(15.05%) were male. Majority of them 87(93.54%) were unmarried and 5(5.37%) were married with 1 divorced. Most of them 63(67.74%) were enrolled in B.Sc. Nursing and 30(32.25%) were enrolled in GNM. Majority of them 66(70.96%) were not having previous knowledge regarding lotus birth and 27(29%) were having some previous knowledge regarding lotus birth.

Figure-1: Showing the percentage distribution of sample characteristics by age.

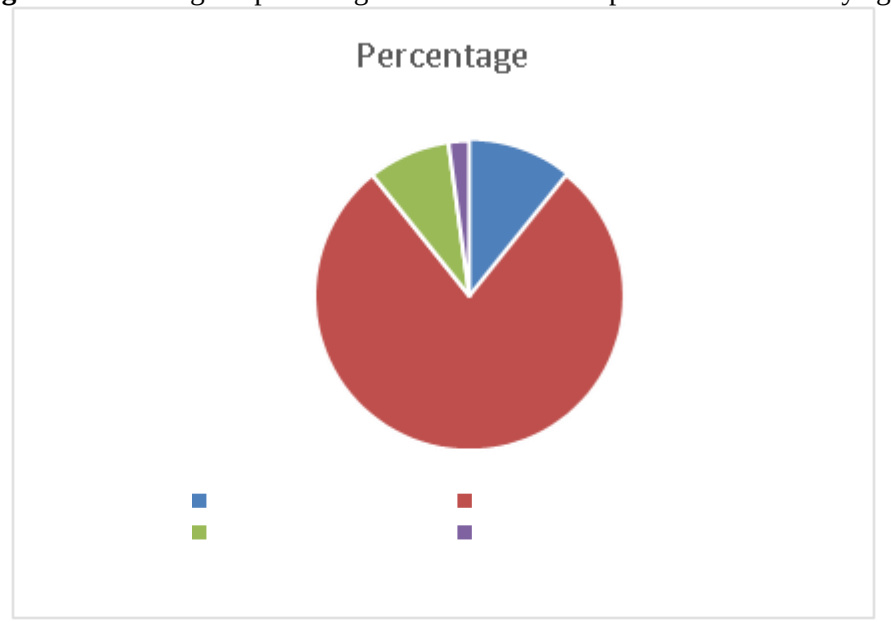

Figure1: Shows the frequency and percentage distribution of sample characteristics by age. In thismajority of sample fall in 21-23 years of age.

Figure-2: Showing the frequency and percentage distribution of sample characteristics by gender.

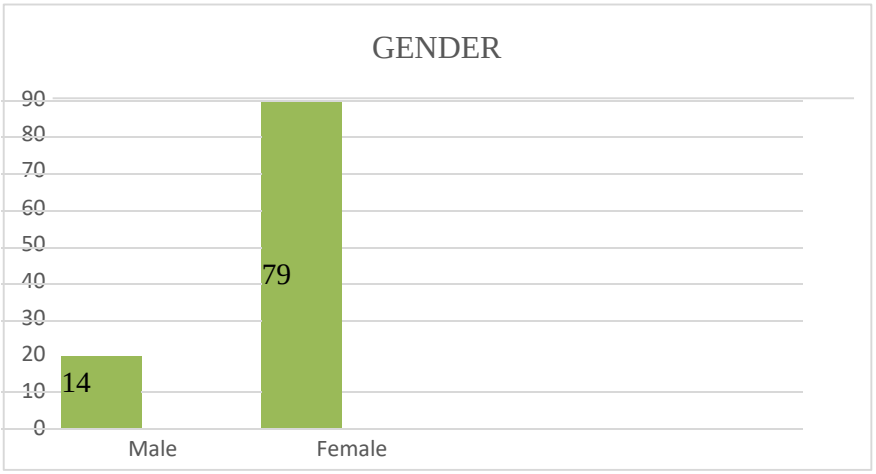

Figure-2: Showing the frequency and percentage distribution of sample characteristics by gender. In this maximum sample falls under female group with frequency of 79 (84.94%) and minimum sample falls under male group with the frequency of 14 (15.05%)

Figure-3: Showing the frequency and percentage distribution of sample characteristics by marital status.

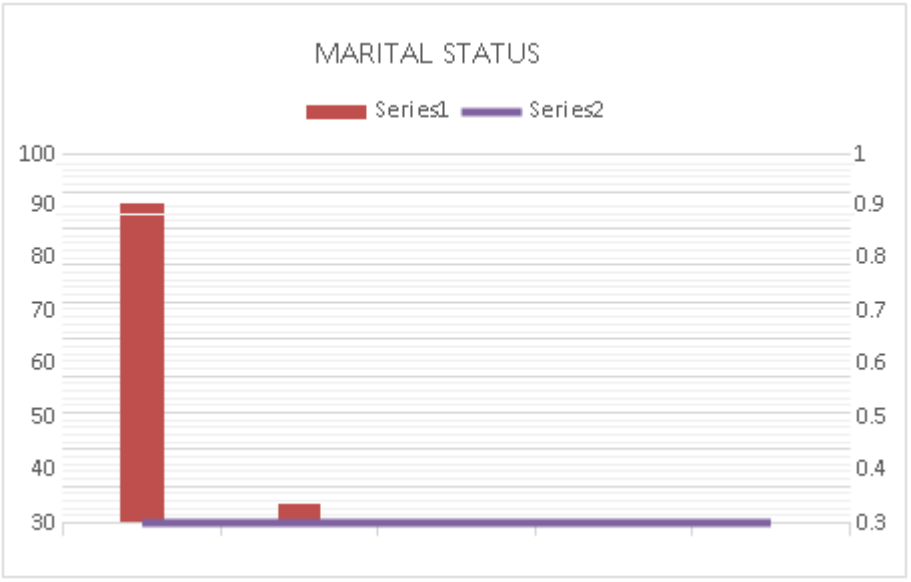

Figure-3: Showing the frequency and percentage distribution of sample characteristics by Marital status. In this most of unmarried 87(93.54%), married 05(5.37%), divorced 01(1.07%) and widow 0(0%).

Figure-4: Showing the frequency and percentage distribution of sample characteristics by course.

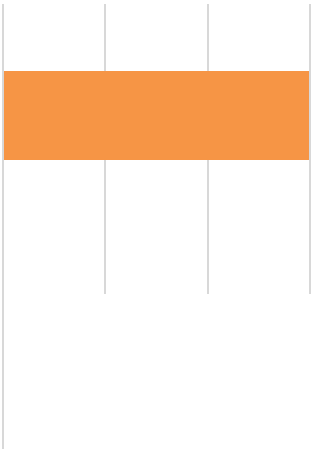

Figure-4: Showing the frequency and percentage distribution of sample characteristics by course. In this maximum sample falls B.Sc. Nursing group with the frequency of 63 (67.74%) andminimum sample falls under G.N.M. group with the frequency of 30(32.25%).

Figure-5: Showing the frequency and percentage distribution of sample characteristics by previousKnowledge.

Figure-5: Showing the frequency and percentage distribution of sample characteristics by previous knowledge. In this maximum sample were Yes-27(29.03%) and minimum sample were No-66(70.96%).

TABLE 2: Frequency and percentage distribution of sample characteristics

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE	MEAN	STANDARD DEVIATION
GOOD	1	1.07	8.19	3.19
AVERAGE	32	34.4		
POOR	60	64.5		

Table-2: Shows the frequency and percentage distribution of sample characteristics by level of knowledge regarding lotus birth. In this majority of sample have poor regarding lotus birth.

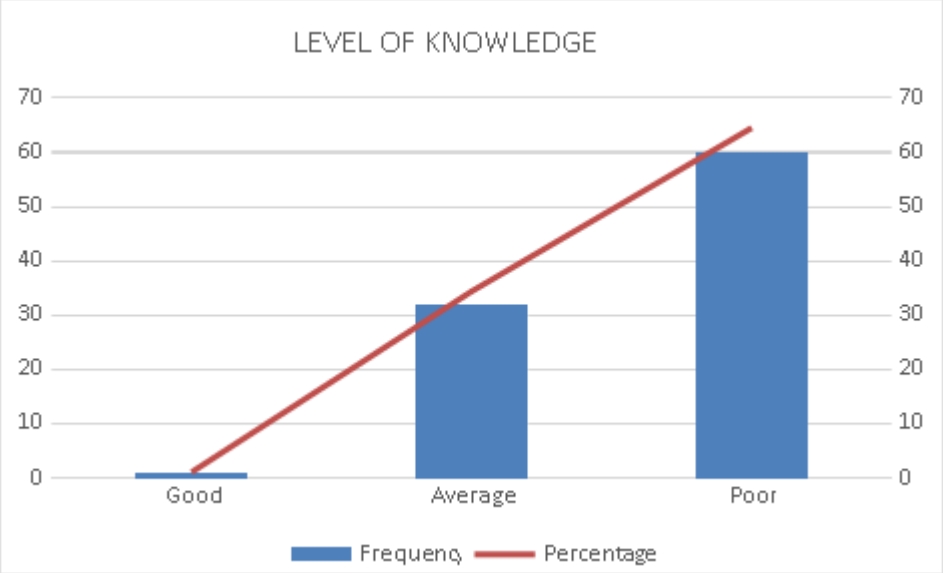

Figure-6: Shows the frequency and percentage distribution of sample characteristics by level of knowledge regarding lotus birth. In this majority of sample have poor regarding lotus birth.

V. Discussion

In the current study it was found that most final year nursing students have poor knowledge regarding Lotus Birth and need to improve their knowledge. The study is first time conducted in India to assess the knowledge of nursing students regarding this new birthing technique therefore it is important for student nurses to have knowledge regarding lotus birth.

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