



STUDY OF TRADITIONAL BELIEFS IN NEWBORN AND INFANT CARE- A CROSS SECTIONAL STUDY.

Pediatrics

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ABSTRACT

Culture is defined as a shared system of beliefs, values and behavioral expectations that provide social structure for daily living. Not all customs and beliefs are harmful. Some of them have positive values while others may be of no role or harmful for neonate's health in various forms like physical, psychological, social development. The objective of the study was to explore the traditional beliefs and practices in new born care and to study the correlation between traditional beliefs practiced and demographic parameters.

METHODS AND MATERIALS: A descriptive research design was adopted for this study. Purposive sampling method was used to select 1000 samples from RL Jalappa hospital. Demographic Performa and structured dichotomous questionnaire was used to collect the data from the subject.

RESULTS: The data collected from 1000 samples were analyzed using descriptive statistics. 92% of the mothers have followed oil massage for the baby before bath. 58% of the mothers have provided home remedies for the baby. 55% of the mothers were applying ashes, soot, powder, or dry cow dung, 81 % mothers exposed their babies to the sunlight. 82% of the mothers are applied Kajal on baby's face to prevent bad eye. 59% of the mothers are practicing a belief that "empty cradle should not be moved".

CONCLUSION: Findings of the study revealed that there is a strong relationship between the demographic variables and cultural practices and beliefs on newborn care among mothers. Periodical health education regarding dos and don'ts of newborn care should be conducted in postnatal ward, which will definitely minimize the unhealthy traditional practices.

KEYWORDS

Traditional Beliefs, Newborn, Infant.

INTRODUCTION

The status of mortality related indicators for children reflects the extent of threats to the health of the children. India still has a high child mortality rate.

At National level, As per Sample Registration System in the year 2016, Peri-natal mortality rate is 23 (26 in rural and 14 in urban areas) and Neonatal Mortality rate is 24 (27 in rural and 14 in urban areas) where as Infant mortality rate is 34 (38 in rural and 23 in urban areas) and Under- Five mortality Rate is 39 (43 in rural and 25 in urban areas).¹

The magnitude of the problem has caught attention of policy makers and researchers for several decades and focussed initiatives have led to declining mortality rates but not to the desired level. This is because India has its own cultural beliefs and practices with regards to newborn care which are centuries old.²

Culture is defined as a shared system of beliefs, values and behavioral expectations that provide social structure for daily living.³

Most of the cultural practices are based on centuries of keen observation, trial and error. These cultural practices and beliefs are not the same throughout India, with vast variations in language, religion, food habits, dress, economic conditions and traditional beliefs. It has also absorbed, adopted and adapted outside cultures and influences, which have merged into the Indian society.

Some of the customs and beliefs may have positive values while others may be of no role. Some may be positively harmful for the health of children in various forms like physical, psychological, social development.^{2,4}

A major gap in our knowledge till date is how the sociocultural practices and beliefs influence the care of children aged 0-2 years.⁵⁻¹⁰

Culture plays an important role in human society, Every culture has its own customs which may have a significant influence on health. In our community, mothers and care givers are influenced by elders in the family, traditional birth attendants and traditional healers. Hence, these groups should be targeted with educational messages.

Literature search has revealed that this type of study has not been conducted in Kolar region. An understanding of various traditional practices in care of neonates and children is therefore essential if effective behavior change strategies are to be developed. Hence the present study is considered with a view to understand both good and harmful practices followed by the mothers and care givers in this region and to educate them about the harmful practices.

This study was conducted to explore the various traditional newborn and infant practices practised in Kolar and to correlate it with the demographic characteristics.

MATERIALS AND METHODS

This Cross sectional Descriptive study was conducted in a rural tertiary care hospital, Kolar from October 2019 to February 2019. Institutional ethical committee approval was taken prior to the start of the study. All Mothers with newborns and baby <2 years attending outpatient and inpatient Department of Pediatrics were included in the study. Neonates or Infants with Major Congenital Heart Diseases and those mothers or caregivers who refused to give consent were excluded from the study. After obtaining consent, Family members (mother/father/care giver) of children aged 0-2 years attending OPD or admitted in wards were interviewed using an Internally Validated Questionnaire. Data was entered in MS Excel sheet and Study variables were described by Percentage, and its correlation to demographic parameters were studied using chi-square test and ANOVA.

RESULTS

In our study majority (49.2%) of the mother were within the group of 19-22 years. Nearly 31.6% belonged to joint family. 57.6% were Hindus and 34.8% had no formal education. 30% belonged to SE status class IV according to modified BG Prasad classification. (Table 1).

Responses to questionnaire relating to the traditional beliefs and cultural practices which are being followed by mother and care givers for infant and newborn care are depicted in Table 2.

Table 1: Socio-Demographic Parameters of Responders.

Parameter	Subgroups	Frequency	Percentage
Age	<18 years	52	5
	19-22 years	492	49.2
	23-26 years	290	29
	27-30 years	96	9.6
	>31 years	72	7.2
Family	Nuclear	684	68.4
	Joint	316	31.6
Religion	Hindu	576	57.6
	Muslim	312	31.2
	Christian	112	11.2
Education	No formal education	344	34.4
	Primary	360	36
	Secondary	208	20.8
	PUC and above	88	8.8
Socio Economic status (Modified BG Prasad)	I	172	17.2
	II	200	20
	III	282	28.2
	IV	300	30
	V	46	4.6
Primary care taker of the baby	MOTHER	760	76
	FATHER	112	11.2
	GRAND MOTHER	128	12.8
Decisio of access to health care	MOTHER	212	21.2
	FATHER	656	65.6
	OTHERS	132	13.2

Table 2: Responses relating to cultural practices and beliefs followed by mother for newborn care.

Belief and Cultural Practices	Freq	%
Should the baby be massaged with oil before bath	978	97.8
Applying oil on the head	912	91.2
Turmeric paste to be applied for the baby before bath	378	37.8
Exposing baby to the holy smoke after birth	648	64.8
Is there a separate room for mother and baby	340	34
Visitors washing hands and legs before entering room	384	38.4
Giving prelacteal feeds soon after the birth	792	79.2
Discarding the colostrum	692	69.2
Giving home remedies for Digestion	778	77.8
Applying ashes or soot or powder or dry cow dung or heated oil on the umbilical cord	420	42
Burying the umbilical cord when it dries and falls	372	37.2
Applying heat to umbilical cord to make it dry	206	20.6
Eating the umbilical cord after it falls	108	10.8
Exposing the baby to sunlight when the baby's skin turns yellow	978	97.8
Tying black thread or bangles to baby's hand or leg to prevent bad eye	912	91.2
Trying plant leaf to arm as a treatment of jaundice	404	40.4
Applying kajal on the baby's face to prevent bad eye	798	79.8
Pouring oil in the ear	512	51.2
Keeping knife under baby's pillow	512	51.2
Rubbing dough on baby's skin while bathing	378	37.8
Branding	604	60.4
Diet modification in mother to avoid harm for the baby	776	77.6
Moving an empty cradle may harm the baby	844	84.4
Initiation of breast feeding within one hour	536	53.6
Knowledge regarding exclusive breast feeding	594	59.4
Type of Oil Used	Coconut Oil	408
	Almond Oil	30
	Vegetable Oil	212
	Homemade Oil	342

On applying Chi- Square test for socio-demographic variables and few selected cultural practices it was found that the age variable was statistically significant ($p < 0.05$) with practice of specific person was preferred for giving bath to baby and Bathing baby in the evening only.

The practice of exposing the baby to sunlight when baby turns yellow and exposing the baby to holy smoke was found to be significant with the family type.

Education of the mother had a statistically significant association with the practice of giving home remedies during illness to the new born. Applying warm oil to the umbilical cord of the baby and oil poured in the ear was found to be significant with the education of the mother.

Religion of the mother was statistically significant with the cultural

practice of exposing the baby to holy smoke, oil poured in the ear and tying black thread to baby's hand or leg.

DISCUSSION

The present study revealed that out of 1000 postnatal mothers, 97.8% of them massaged their newborn with oil. According to a study conducted by Reshma et al,⁹ 95% of the mothers massaged the baby with oil before bath. According to Shankarnarayanan et al,¹¹ coconut oil massage resulted in significantly greater weight gain velocity.

91% of the mothers applied oil on baby's anterior fontanelle which will only prevent dry itchy and flaky scalp. It can help in hair growth and will not help in fusing the anterior fontanelle early as believed by the mothers in the present study.

67.8% of the mothers exposed the baby to the holy smoke. According

to a study conducted by Reshma et al 79% of mothers in their study had practice of exposing the baby to the dhoopam smoke after bath. Smoke dust is not good for health as it may cause respiratory infections or even allergies.⁹

77.8% of the mothers used home remedies like ginger or herbal leaves. In a study conducted by Reshma et al, 53% of the mothers practiced giving home remedies for the newborn.⁹

37% of the mothers in the study practiced burying the cord when it dries and falls. According to a study conducted by Reshma et al, 78.6% of mothers in their study had this practice.⁹

79.2% of the mothers had given prelacteal feeds like water, sugar water and honey to the newborn. According to the study conducted by Dawal et al, in a rural area of Maharashtra, prevalence of prelacteal feeds in their study was 42.7%. It is not a good practice, it can be harmful to the newborn as it is less nutritious and intervenes with weight gain and fills the newborn stomach which reduces the time the newborn suckles at the breast. It can also be a source of infection.¹²

97% of the mothers exposed the newborn to the sunlight when the skin turns yellow. In a study conducted by Reshma et al, 73% of mothers practiced it. Sunlight has bilirubin absorbing range in its spectrum and it is considered as effective, lower the intensity higher is the effectiveness.⁹

69.2% of the mothers discarded the colostrum. According to a study conducted by Goyle et al in Jaipur city, it was found that 85.7% of mothers discarded colostrum. It is a bad practice. Colostrum boosts the immunity of the newborn, high nutritive value, easily digested and discarding colostrum will increase prelacteal feeding of the newborn which is harmful.¹³

2% of the mothers practiced giving sugar water to the baby during jaundice. In a study conducted by Beser et al, 5.7% of the mothers had this practice. This practice will decrease the weight loss and delay in taking the baby to the hospital for treatment.¹⁴

98% of the mothers applied Kajal to newborn's face and eyes. In a study conducted by Beser 99% of the mothers had this practice.¹⁴

94% of the mothers practiced tying black thread and bangles to the newborn's hand or leg to prevent evil eye. In a study conducted by Reshma et al 63% of mothers practiced it.⁹

53.6% of the mothers breastfed their newborn's within 1 hour of delivery. According to a study conducted by Udgiri et al, 58% of mothers initiated breastfeeding within one hour of delivery.¹⁵

CONCLUSIONS

Exploration of cultural beliefs and practices in newborn care analyzed the harmful and healthy practices followed by the mother. There are areas of resistance to change. Cultural practices are passed on from elders to youth since generations; they are a part of our society, hence more respectable and deeply rooted.

Findings of our study; highlights some of the good practices in the newborn care which can be motivated, at the same time the harmful practices can be avoided by educating and counseling the mother and her family members. The medical professionals should be aware of the cultural practices followed in our community to provide culturally appropriate integrated care as it is more acceptable by the society. The expansion of knowledge about the good practices and the newborn care is effective in reaching the local community by an active role of the community based workers like Anganwadi's, ANM's, women groups and local leaders. These workers can become effective communicators for the positive changes in the newborn care and subsequently neonatal mortality rate can be declined.

Overall, a change in the traditional beliefs and the practices depends on the strength of the underlying beliefs and acceptability of alternative care.

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