

Original Research Article

Traditional practices followed by the mothers after delivery in a rural area of Tamil Nadu

Sunitha K.¹, Vijayalakshmi M.^{2*}

Department of Community Medicine, ¹Govt. Tirunelveli Medical College, Tirunelveli, ²Govt. Stanley Medical College, Chennai, Tamil Nadu, India

Received: 23 November 2017

Revised: 11 December 2017

Accepted: 13 December 2017

*Correspondence:

Dr. Vijayalakshmi M.,

E-mail: drvijivijay@yahoo.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: India is culturally diverse and traditional practices differ from region to region. Even though the prevalence and degree may vary, traditional practices which have long term devastating effects are performed all over the world. Harmful traditional methods are always perpetrated against infants. Hence it is important to understand the local practices to comprehend fully the determinants of adverse health outcomes of infants. This study was planned to assess the prevalence of harmful traditional practices adopted by the mothers of infants in Tirunelveli and to assess the association of various socio demographic factors influencing these practices among the mothers.

Methods: A cross sectional study was conducted among 100 mothers of infants in the subcentre of Patthamadai Primary Health Centre, Tirunelveli. Mothers with infants of less than one-year-old were selected randomly from the Family register and after obtaining their consent were interviewed at their door steps with a pretested semi- structured questionnaire. Data collected were analysed using SPSS software.

Results: Among 100 mothers who were interviewed, 36 of them had given pre lacteal feeds, 24 of them did not practice exclusive breast feeding, 44 had used feeding bottles, 10 had reported some application on umbilical cord stump, 16 of them took native treatment for diarrhoea, 12 of them had instilled oil in eyes and 60% of them had practices of blowing of air into ear and nose.

Conclusions: Almost all the mothers have practiced at least one harmful traditional practice following delivery of their child and these practices were mostly under the influence of the grandparents. The most commonly adopted harmful practices were administration of pre lacteal feeds and not practicing exclusive breast feeding which are contributing factors in increasing the Infant mortality.

Keywords: Harmful practices, Traditional practices, Infants, Pre lacteal feeds

INTRODUCTION

WHO defined traditional medicine in 1978 as “the sum total of all the knowledge and the practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation and observation handed down from generation to generation whether verbally or in writing”.

Even though the prevalence and degree may vary, harmful traditional practices which have numerous long term devastating effects are also performed in all continents of the world. United Nations agencies and human right bodies started addressing harmful traditional practices in the early 1990's but there was little progress. There are now a number of important international instruments endorsed by most of the governments and could serve as a basis for a struggle against harmful

traditional practices. In addition to deep rooted beliefs, customs and rational attitudes, lack of knowledge and being unaware of the effects of the practices help maintain these problems.¹ The 1987 Call to Action for Safe Motherhood explicitly framed it as “deeply rooted in the adverse social, cultural and economic environment of the society, and specially the environment that societies create for women. Women’s relative lack of decision-making power and their unequal access to employment, finances, education, basic health care and other resources are considered to be the most causes of their ill-health and that of their child.”² Constitution of India follows the principle of protective discrimination and thereby commits itself to safeguard the rights of children through policies, laws and action. These commitments are reflected through the national policies. National Policy on Education, 1986 and its National Plan on Action have a full section on early childhood care and education. It clearly recognizes the holistic nature of child development.³

Harmful traditional methods are always perpetrated against infants who are clearly lacking the capacity to give consent or to refuse themselves. The convention on the rights of the child prohibits the traditional practices harmful to the health of children.⁴ Some of the harmful traditional practices are associated with the risk of developing infectious diseases later. With little research on this area, this study throws light on some of the harmful traditional practices followed by the mothers after delivery in the field practicing area of Tirunelveli Medical College.

Aim and objective

1. To assess the prevalence of harmful traditional practices adopted by mothers of infants in subcentre area of Tirunelveli.
2. To assess the various socio demographic factors associated with these practices.

METHODS

Study design: A community based cross sectional study

Study area: Subcentre of Patthamadai Primary Health Centre, Tirunelveli Medical College Hospital, Tirunelveli.

Study group: Mothers of children whose age is less than one year.

Study period: August and September of 2017.

Inclusion criteria: Inclusion criteria were mothers of infants of age less than 1 year who were willing to participate in the study.

Exclusion criteria: Exclusion criteria were mothers who were not willing to participate in the study; mothers with children more than 1 year of age.

Sample size: 100 mothers with infants of less than 1 year of age were selected randomly from the Family register of the village subcentre.

Procedure

The study was conducted after getting approval from Institutional Ethical Committee. The details of the study were explained to the participants in their local language and an informed oral consent was obtained.

Mothers with children of less than 1 year were selected randomly from the family register and were interviewed with a piloted pretested semi-structured questionnaire after obtaining their consent. The questionnaire included sociodemographic profile of the mother and the practices they followed after the delivery of their babies.

Data obtained were analysed using Microsoft Excel and SPSS software.

RESULTS

Socio-demographic characteristics

Among the 100 mothers who were interviewed, most of the mothers were in the age group 21-30 (Table 1). 69 of them were Hindus. Only 16 of them had completed the degree and 19 had finished their higher secondary schooling. 3 were illiterates. Among the infants, sex distribution was equal (1:1).

58% belonged to the age group of 1-6 months, 37% were between 6 months to 1 year and 5% of them were neonates (Table 2).

Table 1: Age wise distribution of mothers.

S. No.	Age (in years)	Total
1	<20	6
2	21-25	46
3	26-30	41
4	>30	7
Total		100

Table 2: Age and sex wise distribution of infants.

S. No.	Age	Male	Female	Total
1	< 1 month	1	4	5
2	1-6 months	28	30	58
3	7 months-1 year	21	16	37
Total		50	50	100

Prevalence of traditional practices

Breast feeding practices

Among 100 mothers, 36 reported administration of prelacteal feeds. The association between administration of prelacteal feeds and educational status was insignificant ($p>0.05$).

2% of them did not give colostrum to their babies- 24% did not practice exclusive breast feeding. The association between the practice of exclusive breast feeding and education status was insignificant ($p>0.05$).

Table 3: Prevalence of harmful traditional practices.

S. no	Traditional practices	No of mothers (%)
1	Prelacteal feeds	36
2.	Not practicing exclusive breast feeding	24
3.	Using feeding bottles	44
4	blowing of air into ear, nose after bathing	60
5	Application on umbilical cord stump	10
6	Practicing oil instillation into eyes	12
7	Native treatment for diarrhea	16
8	Superstitious practices	2

Harmful traditional practices

44% of them were using feeding bottles. The association between usage of feeding bottles and education status was insignificant ($p>0.05$).

60% reported of them were practicing blowing of air into ear, nose after bathing, 10% of the mothers admitted some form of application on umbilical cord stump, 12% of the mothers reported oil instillation into eyes, 16% of them had given native treatment for diarrhoea, 2% of the mothers were taking their child to the temple to throw holy water and holy ash. Most of these practices were adopted under the influence of grandmothers. Almost all the mothers were unaware of the consequences of the harmful effects of the traditional practices they adopted. However all the mothers had immunized their children up to the age.

DISCUSSION

This study which was planned to assess the prevalence of harmful traditional practices among mothers following their delivery showed that almost all the mothers who had participated in the study had adopted some harmful traditional practice for their infants. In this study about 36% of the mothers gave prelacteal feeds whereas in a similar study conducted at Pondicherry, it was found that 78% of the mothers gave prelacteal feeds to their

children.⁵ In this study 2% of the mothers refused colostrum feeding whereas in another study conducted at Tamil Nadu 5% of the mothers refused colostrum feeding.⁶ In another study at Uttarkand 66.03% were given prelacteal feeds and 87.18% had been given colostrum.⁷ According to NFHS 3 data, 64% did not practice exclusive breast feeding in Tamil Nadu and 67% in India.⁸ and in our study 24% of the mothers did not practice exclusive breast feeding. In this study 44% of the mothers used feeding bottles while a study in rural area of West Bengal showed that 28.1% of the mothers used feeding bottles.⁹ In this study, it was found that administration of prelacteal feeds and not practicing exclusive breast feeding were more among educated mothers and resorting to native treatment was more common among uneducated mothers. This study indicates clearly that the mothers in their anxiety to rear their children do some traditional practices which are harmful to their children. Education does not change the attitude of the mothers towards exclusive breast feeding and avoiding bottle-feeds. The other harmful practices adopted by these mothers were blowing of air into ears, nose after bath (60%), native treatment for diarrhea (16%), oil instillation into eyes (12%), some application on umbilical cord stump (10%) and superstitious practices (2%) for treating ailments. The mothers adopted these practices under the influence of grandparents. This may be an indirect cause for the irrational practice of these tradition.

Although some of the traditional practices have a scientific background, the harmful traditional practices followed by the mothers are alarming which might even prove fatal to the child. Intense education on child rearing practices should be initiated during Ante-natal period itself to curtail these harmful practices.

ACKNOWLEDGEMENTS

Like to acknowledge Dr. Sangeetha, CRRI and other health workers of the subcentre who helped in this study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Gebrekirstos K, Fantahun A, Buruh G. Magnitude and Reasons for Harmful Traditional Practices among Children Less Than 5 Years of Age in Axum Town, North Ethiopia, 2013. *Int J Paediatr*. 2014;5(2014):169795.
2. Make every mother and child count, Report of the Director General WHO. World Health Report 2005, WHO, 2005.
3. A Report, Ministry of Women and Child Development, Working Group on Development of

- Children for the Eleventh Five Year Plan (2007-2012), New Delhi, Govt. of India.
4. Gebrekirstos K, Abebe M, Fantahun A. A cross sectional study on factors associated with harmful traditional practices among children less than 5 years in Axum town, North Ethiopia, 2013. *Reproductive Health*. 2014;11:46.
 5. Vijayalakshmi S, Patil R, Datta SS, Narayan KA, Stephen F. Feeding Practices and Morbidity Pattern of Infants in a Rural Area of Puducherry-A Follow Up Study. *J Community Med Health Educ*. 2014;4:304.
 6. Bruun NB, Hedegaard M, Thilsted SH, Joseph A, Liljestrand J. Does antenatal care influence postpartum health behavior? Evidence from a community based cross-sectional study in rural Tamil Nadu, South India. *Br J Obstet Gynaecol*. 1998;105(7):697-703.
 7. Shaili V, Sharma P, Kandpal SD, Semwal J, Srivastava A, Nautiyal V. A community based study on Breast feeding practices in a Rural area of Uttarakand. *National J Community Med*. 2012;3(2):283-7.
 8. National Family Health Survey III Data, Government of India.
 9. Das N, Chattopadhyay D, Chakraborty S, Dasgupta A. Infant and Young Child Feeding Perceptions and Practices among Mothers in a Rural Area of West Bengal, India. *Ann Med Health Sci Res*. 2013;3(3):370-5.

Cite this article as: Sunitha K, Vijayalakshmi M. Traditional practices followed by the mothers after delivery in a rural area of Tamil Nadu. *Int J Community Med Public Health* 2018;5:369-72.