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A social scenario of beliefs and practices among women regarding chickenpox in modern era of medicine

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ABSTRACT

Background: All people urban or rural have their own beliefs and practices concerning health and disease. Cultural factors are deeply involved in health and sickness. Some customs and beliefs have positive values while others may be useless or positively harmful.

Methods: The present cross sectional study was carried out in District Bareilly of Uttar-Pradesh consisting of 15 blocks. A multi-stage sampling design with a mix of purposive and random approaches will be used. Women were interviewed by house to house visits knowing the fact that who's children or anyone of the family member who already suffered from chickenpox were chose for the study. Thus total of 200 women interviewed.

Results: Out of 200 women, 142(71.0%) women kept the child in separate room. A large number of women, 145 (72.5%) denied their children to play with sick child and 102(51.0%) didn't bathe their sick child. Majority of the respondents, 181(90.5%) women kept neem leaves besides the sick child's bed and 167(83.5%) women believed in keeping iron knife beside the sick child's bed so as to prevent their child to evil eye.

Conclusions: Culture is the product of human societies, and man is largely a product of his culture environment. Ageold cultural values show their profound impact on perception of illness among respondents.

Keywords: Chickenpox, Evil, Believes, Women

INTRODUCTION

'Procreation is one of the virtuous functions of human society, the value of which has been recognized from early times.'

Every society has its own beliefs and practices regarding health and disease. Perception of illness, customs and practices direct health seeking behaviour of the community. Sociocultural pattern of the community is one of the major factors towards the availability and use of different kinds of treatment. Health and disease are related to sociological and cultural resources of a community in a specific environment

All people urban or rural have their own beliefs and practices concerning health and disease. Cultural factors are deeply involved in health and sickness. Some customs and beliefs have positive values while others may be useless or positively harmful.¹

There are many communicable diseases which are prevalent in India. In temperate countries, chickenpox is primarily a disease of children, with most cases occurring during the winter and spring, most likely due to school contact. It is one of the classic diseases of childhood, with the highest prevalence in 4–10 year old age group. Varicella is highly communicable, with an infection rate of 90% in close contacts. In temperate countries, most

people become infected before adulthood, and 10% of young adults remain susceptible.²

The transfer of civilization including culture, beliefs, traditional practices etc. from parents to children make the children into promising citizens of tomorrow. Culture is combination of custom and practice which are influenced by standard of living, occupation, literacy, faith and reverence towards deity, manifesting healing power by divine inspiration and contemplate and content with divine blessings and so on. Culture pattern are formed when traits and complexes become related to each other subconsciously in functional role.³

Mostly believed that chickenpox was due to their past evils against the spirit of Devi and as the deity is the guardian of the locality, this disease can be cured by Goddess only. There is a greater incidence of mortality rate of chicken pox due to the negligence in caring the patient. The present study was plan to find out traditional beliefs and cultural practices among the women regarding chicken pox.

Objective

- To study traditional beliefs and practices regarding chickenpox.
- To study the responsible factors regarding beliefs and practices performed by women for chickenpox.

METHODS

The present cross sectional study was carried out in district Bareilly of Uttar-Pradesh consisting of 15 blocks. One of the block named Bhojipura, the rural field practice area of Department of Community Medicine, SRMSIMS Bareilly chosen for conducting the study.

Study procedure

In house hold survey, randomly selected female age group (15-45 years) whose children or any family member already suffered from chickenpox were taken for the study.

Sampling

Non probability sampling will be used to obtain the desired sample.

Study period

March 2013-April 2013.

Sampling technique

A multi-stage sampling design with a mix of purposive and random approaches will be used.

First stage: selection of block: Out of the 15 blocks of Bareilly district, Bhojipura block was selected purposively for the study purpose. Bhojipura block have a population of 1,91,181 (population of Town area: 20784, Rural population: 1,70,397) according to census 2011 and has 100 villages.

Second stage: selection of villages: Out of 100 villages, twenty villages having sub centre were selected purposively for the study. Sub centre is the most peripheral unit for providing health care services by ANM. 20 villages having sub-centre were taken for the study to appraise their believes & practices regarding Chickenpox.

Third stage: selection of women (15-45 years): After selection of 20 villages, form each selected village, 10 women residing in to confines area of selected villages were randomly selected for the interview. Visits were made to every village. Women were interviewed by house to house visits knowing the fact that who's children or anyone of the family member who already suffered from chickenpox were chose for the study. Thus total of 200 women interviewed.

Study tool

They were interviewed based on predesigned & pretested questionnaire. The questionnaire includes biosocial profile of family, Believes regarding chickenpox and different practices for curing the diseases. Consent was obtained from each subject before enrolling them in to study.

Ethical clearance

The study examined and clearance was taken from ethical committee of the Institution.

Statistical analysis

Data was analysed using SPSS version 20 and appropriate statistical test applied. A p value less than 0.05 were considered significant.

RESULTS

The Table 1 represents the baseline characteristics of study women. Out of 200 women, 74 (37.0%) respondent belong to age-group 21-25 years. The education was maximum 49 (24.5%) with primary level and majority 155 (77.5%) of them belong to Hindu religion. Respondents belonging to Joint family super ceded with 112 (56%) and 133 (66.5%) belong to upper lower socioeconomic status (Table 1).

The Table 2 shows different practices regarding chickenpox. Out of 200 women, 142 (71.0%) women kept the child in separate room. A large number of women, 145 (72.5%) denied their children to play with

sick child and 102 (51.0%) didn't bathe their sick child. Majority of the respondents, 181 (90.5%) women kept neem leaves besides the sick child's bed and 167 (83.5%) women believed in keeping iron knife beside the sick child's bed so as to prevent their child to evil eye. While only 94 (47%) women recited holy enchantments to the sick child. Around 112 (56.0%) women offered basil decoction to the sick child. When these women were interviewed regarding the diet being offered to the sick child, around 120 (60.0%) offered blend diet, 140(70.0%) gave food which was not cooked with oil and 131 (65.5%) offered cold food to the sick child. Out of 200

women, 72 (36.0%) women did not change the clothes of sick child daily. A large number 117 (58.5%) of women were practicing some rituals to free the sick child of bad omen and 144 (72.0%) women discharged bad omen water from sick child at cross road. Majority of women 141 (70.5%) did not attend festivals and functions when the child was suffering from chickenpox. From a total of 200 women enrolled, 158 (79.0%) women prayed to God in morning and evening to get rid of chicken pox and 118 (59.0%) women took their child to temple to offer sweets to God, after the chickenpox disappeared (Table 2).

Table 1: Socio-demographic characteristics of study subjects.

Variables	Total (n=200)	Percentage (%)
Age (in years)		
<20	22	11.0
21-25	74	37.0
26-30	66	33.0
31-35	28	14.0
36-40	10	5.0
Education of mother		
Illiterate	50	25.0
Up to V class	49	24.5
Up to VIII	29	14.5
High school	30	15.0
Intermediate	20	10.0
Graduate	22	11.0
Occupation of mother		
Housewife	170	85
Employed	30	15
Religion		
Hindu	155	77.5
Muslim	45	22.5
Family		
Joint	112	56.0
Nuclear	88	44.0
Socioeconomic status (modified B.G. Prasad classification)		
Class IV (upper lower)	133	66.5
Class V (lower)	67	33.5

Table 2: Practices of mothers regarding chickenpox (n=200).

Practices regarding chickenpox	Yes	No
Fractices regarding enterempox	n (%)	n (%)
Keeping the child in separate room	142 (71.0)	58 (29.0)
Allow other children to play with sick child	55 (27.5)	145 (72.5)
Don't you bathe sick child	102 (51.0)	98 (49.0)
Keeping neem leaves besides the sick child's bed	181 (90.5)	19 (9.5)
Keeping iron knife beside the sick child's bed	167 (83.5)	33 (16.5)
Recite holy enchantments to the sick child	94 (47.0)	106 (53)
Offer basil decoction to the sick child	112 (56.0)	88 (44.0)
Offer blend diet to the sick child	120 (60.0)	80 (40.0)
Offer food which is not cooked with oil to the sick child	140 (70.0)	60 (30.0)
Offer cold food to the sick child	131 (65.5)	69 (34.5)
Do you change the sick child's clothing daily?	128 (64.0)	72 (36.0)
Perform rituals to free the sick child of bad omen	117 (58.5)	83 (41.5)

Continued.

Practices regarding chickenpox	Yes n (%)	No n (%)
Discharge bad omen water from sick child at cross road	144 (72.0)	56 (28.0)
Attend festivals & functions while your child is suffering from chickenpox	59 (29.5)	141 (70.5)
Pray to God in morning and evening to get rid of chicken pox	158 (79.0)	42 (21.0)
Took their child to temple to offer sweets to God, after the chickenpox disappeared	118 (59.0)	82 (41.0)

Table 3: Beliefs of mothers regarding chickenpox.

Beliefs of mothers	Yes n (%)	No n (%)
Chickenpox is "supernatural disease"	142 (71.0)	58 (29.0)
Chickenpox deity's anger will go in 3 or 5 days	155 (77.5)	45 (22.5)
Bathing the child will lead to air entering the child's body and causing arthritis in old age	104 (52.0)	96 (48.0)
Chickenpox will disappear on its own on Wednesday or Saturday	130 (65.0)	70 (35.0)
Performing the rituals would solace the deity and the child will not suffer again	173 (86.5)	27 (13.5)

Table 4: Association between socio-demographic variables and belief regarding chickenpox.

Belief regarding chickenpox			Yes n (%)	No n (%)
Performing the rituals woul not suffer again	d solace the deity a	nd the child will	173 (86.5)	27 (13.5)
Variables	Total (n=200)	Yes (n=173)	No (n=27)	Chi-square test, df, p value
Age (in years)				•
<20	22	18	4	
21-25	74	66	8	14.71
26-30	66	61	5	df=4
31-35	28	23	5	p=0.005
36-40	10	5	5	
Education of mother			•	
Illiterate	50	46	4	
Up to V class	49	44	5	
Up to VIII	29	25	4	4.338, df=5
High school	30	25	5	p=0.501
Intermediate	20	16	4	
Graduate	22	17	5	
Occupation of mother				
Housewife	170	155	15	21.225, df=1
Employed	30	18	12	p=0.000
Religion				
Hindu	155	138	17	3.783, df=1
Muslim	45	35	10	p=0.005
Type of family				
Joint	112	90	22	8.225, df=1
Nuclear	88	83	5	p=0.004
Socioeconomic status (modi	fied B.G. Prasad cla	assification)		
Class IV (upper lower)	133	120	13	4.719, df=1
Class V (lower)	67	53	14	p=0.02

The Table 3 represents various beliefs of women regarding chickenpox. A large number of women 142 (71.0%) respondents believed that chickenpox is supernatural disease and 155 (77.5%) women also believed that chickenpox deity's anger will go in 3 or 5 days. Out of 200 women, 104 (52.0%) women believed that bathing the child will lead to air entering the child's body and causing arthritis in old age. More than half of the women 130 (65.0%) believed that chickenpox will disappear on its own on Wednesday or Saturday. Mostly 173 (86.5%) women believed that performing the rituals would solace the deity and the child will not suffer again (Table 3).

Table 4 shows that while applying the chi-square test to find out the association between socio demographic variables and belief regarding chickenpox age, occupation of mother, religion, type of family and socioeconomic status were found statistically significant (Table 4).

DISCUSSION

As per study findings women's were using different modalities to avoid angriness of deity. Chicken-pox is regarded as "curse of goddess" or "wrath of god" in by Gupta. The traditional beliefs and practices still form a major constituent of the therapeutic modalities employed as primary healing practices and seem to be very common in this part of the country, which more so are seen among the people living in the joint families and the probable reason attributed to this fact is the influence of the elders. The same seem are seen as the probable reason attributed to this fact is the influence of the elders.

In the present study a large number of women were pratice different modalities to overcome with the disease as keeping the neem leaves besides the sick child 181 (90.5%) women, 167 (83.5%) women believed in keeping iron knife, 94 (47%) women recited holy enchantments to the sick child around 112 (56.0%) women offered basil decoction to the sick child. Study done by Ravinder in their study found that hot and cold" diet (33%), evil eye (31%), curse of goddess" (11%), application of amulet (33.5%), carrying of iron item especially small knife, long iron nail along with them (9%), Jhar-Phoonch (8%) and burning of chillies/application of black mark on body (7.5%) were the main traditional practices applied by mothers.

Regarding the diet being offered to the sick child, around 120 (60.0%) offered blend diet, 140 (70.0%) gave food which was not cooked with oil and 131 (65.5%) offered cold food to the sick child in the present study. The practice of restriction of salts, certain fruits especially banana and oranges and some other item still exist today in what are known to be the days of mode medicine and are seen in illnesses like cough, fever, exanthemata etc. 9,10

In the present study more than half women 158 (79.0%) prayed to god in morning and evening to get rid of chicken pox and 118 (59.0%) women took their child to temple to offer sweets to God, after the chickenpox disappeared. Tieing amulets for warding off evil spirits during disease advocating rapid recovery from illness is a therapeutic modality being practised all over the country.¹¹

While applying the chi square all socio demographic variables found significant educational status of women. On the contrary, irrespective of their educational status the graduate mothers also believe in superstitious beliefs and practices in management of paediatric ailments. The present practices, by and large harmless, mostly lead to unnecessary delay in seeking medical attention. Tribhuwan and Robin concluded that disease etiology is an important indigenous medical phenomenon, of any community and precisely stems out from the meaning system (culture). The treatment of disease in any particular society depends on the world view of the people concerned- it is directly related to the attitude of the general public in respect of looking at the universe. 13

Limitation of the study

- Recall bias in respondence.
- Small sample size to generalized the result.
- The study findings are not comparable with other study findings because of non-availability of studies.

CONCLUSION

Culture is the product of human societies, and man is largely a product of his culture environment. Age-old cultural values show their profound impact on perception of illness among respondents. Added with beliefs and barriers in the present study, many significant factors like age, occupation of mothers, religion, type of family & socioeconomic status etc. were more inclined towards traditional unscientific lines in terms of disease treatment. Impact of education may be identified as a major factor, which brings some change in their notion. It is not so that all educated respondents hold the scientific view that performing the rituals would not solace the deity and the child will not suffer again.

Recommendations

A need arises for eradication of such unscrupulous and unrecognised interventions and this target can be achieved by appropriate health education. Aggressive Behaviour, Change and Communication (BCC) activities should be addressed towards modifying the help seeking behaviour of mothers in the district. The responsibility has to be shared both by health providers, health seekers and community.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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