Original Research Article

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Traditional beliefs and practices in newborn care among mothers in a tertiary care centre in Dehradun, Uttarakhand, India

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ABSTRACT

Background: Neonatal care practices are different in different communities. Before any intervention planned to reduce mortality and mortality in community, understanding of local belief and practices is necessary. Some of the harmful practices need to be abandoned and good or harmless practices need to be appreciated. This study was conducted to understand the cultural beliefs and practices in newborn care among residents of Uttarakhand.

Methods: This was descriptive, cross-sectional study carried out among 300 postnatal mothers admitted to the hospital. The data was collected using self-administered questionnaires. Statistical analyses of the data was done using SSPS version 22.0.

Results: 4% of the mothers believed colostrum to be unsuitable for the newborn. 71% mothers were practicing daily baby massage. 71.3% believed that hot and cold foods can harm their baby's health. 57.3% practiced application of Kajal on baby's face. 74.7% of mothers would keep Knife under pillow and 16.7% match box under baby's cloth. 5.3% mother believed in practice of branding. 81% of mothers accept to practice of pouring oil in baby's ear. 22.3% mothers believed in isolating mother baby together for 30-40 days.

Conclusions: Certain practices are still prevalent like Branding, discarding colostrum, Kajal application, pouring oil in baby's ear and very restricted dietary regime of mothers. These practices need to be stopped by educating mothers and relatives in postnatal wards.

Keywords: Belief, Culture, Colostrum, Branding, New born care

INTRODUCTION

India is one of the vast countries with extraordinary characteristics and diversity in terms of its geographical, linguistic, religious, social-cultural features. Different culture has different beliefs, values and practices. They play an important role in medical attention - seeking behavior among mother and family members when it comes to taking care of newborn. Some of the practices are harmful to the health of newborns and mother. Though all over the world emphasis is being laid out to bring down the neonatal mortality but it has not come

down to desired levels, especially in developing countries. The average neonatal mortality rate in developing countries is much higher than that prevalent in developed countries. Approximately two thirds of the children less than 1 year of age die during neonatal period, thus reflecting vulnerability of neonates. Most of the deaths occur outside the health care facility or within 24 hours of admission (because of delay in seeking proper health care). In appropriate neonatal care practices has been cited as an important contributor to high mortality levels and drew attention towards improving newborn care globally. When any

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intervention is planned towards a community it is very important to understand the prevalent belief and practices otherwise the intervention may not get accepted by the community. This type of study has never been conducted in Uttarakhand. And understanding of community practices is important before planning any effective behavioral change strategies.

Aims and objectives

To find out the cultural beliefs and practices in newborn care among residents of Uttarakhand.

METHODS

This was a cross-sectional study conducted using self-administered semi-structured questionnaire. The study was conducted in Postnatal wards of Shri Mahant Indresh Hospital, Patel Nagar, Dehradun, Uttarakhand. 300 postpartum mothers were recruited for the purpose of this study between January 2017 to August 2017.

Inclusion criteria

Inclusion criteria were postpartum mothers delivered in SMIH (Shri Mahant Indresh Hospital) or mothers delivered outside but admitted in SMIH during study period; post-partum mothers who gave consent to voluntarily participate in our study.

Exclusion criteria

Exclusion criteria were post-partum mothers who declined to give consent to participate in the study.

Data collection

The participants were briefed about the study purpose, objectives, benefits and informed consent was obtained from each participant. The data was collected by interview method from all the eligible subjects willing to participate in the study by one time contact, within first three days of post-partum period by using semi-structured questionnaire.

Confidentiality was maintained at all levels of study.

Data analysis

All the data collected by questionnaire were entered in SPSS version 22 software (Statistical Package of social Sciences). Statistical analysis of the data was done using SPSS version 22. Categorical data was expressed in frequency and percentage. The graphs were formed using Microsoft Excel version 16.

RESULTS

Out of 300 mothers, 71% mothers responded that massage should be done daily once followed by 20% who

believed that it should be done on alternate days. 49% mothers said baby oil is best for massaging (advertisement) followed by 27% who said mustard oil is best as advised by grandparents. 12% mothers believed in pouring oil in their baby's ears. Moreover, 22.3% mothers thought that mother and baby together should be isolated for 30-40 days (Table 1).

Table 1: Distribution of mothers as per their cultural beliefs and practices regarding baby massage and mother-baby isolation.

Variable	Response	Frequency (n=300)	%
Practice of frequency of massage to the baby	Once daily	213	71.0
	Twice daily	21	7.0
	Alternate days	61	20.3
	Weekly	5	1.7
Practice of using different oils for massage	Coconut oil	46	15.3
	Mustard oil	81	27.0
	Almond oil	7	2.3
	Baby oil	148	49.3
	Homemade oil	13	4.3
Would you pour oil in baby's ears?	Yes	36	12.0
	No	243	81.0
	Don't know	21	7.0
Do you think	Yes	67	22.3
isolating mother baby together for 30-40 days necessary for baby?	No	233	77.7

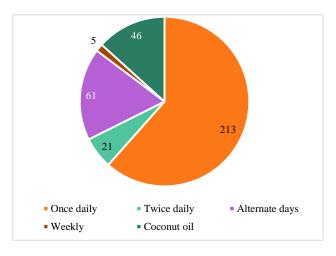


Figure 1: Distribution of practice of frequency of baby massage.

More than 2/3rd of the mothers practiced daily massage to their baby, 20% alternate day massage, 7% twice daily and 1.7% weekly massage (Figure 1).

About half of the mothers applied baby oil to their baby, while rest half used to apply either coconut or mustard

oil. 2.3% used almond oil for baby massage while 4.3% used home made oil (Figure 2).

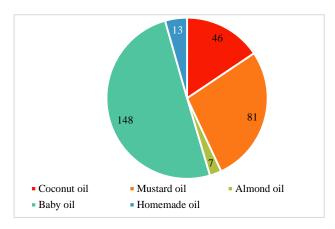


Figure 2: Distribution of practice of using different oils for massage.

Table 2: Distribution of mothers as per their cultural beliefs and practices regarding kajal application, baby clothes and others.

Variable	Response	Frequency (n=300)	%
Is there any need of	Yes	172	57.3
applying kajal?	No	128	42.7
Do you think	Yes	210	70.0
applying kajal over forehead/behind ears will help baby?	No	90	30.0
Would you keep a knife under baby's	Yes	224	74.7
pillow?	No	76	25.3
Would you keep	Yes	50	16.7
matchbox under baby's cloth?	No	250	83.3
Would you rub	Yes	61	20.3
dough on to your baby's skin?	No	239	79.7
Would you ever put	Yes	16	5.3
hot iron needles/rods over baby's abdomen?	No	284	94.7
Do you think certain	Yes	214	71.3
hot and cold foods in	No	20	6.7
your diet could harm your baby?	Don't know	66	22.0

57.3% mothers believe in applying kajal to the eyes of baby.70% mothers believed in applying kajal over forehead/behind ears will help baby. 74.7% mothers said that they practice keeping a knife under the baby's pillow. 16.7% mothers believed in keeping matchbox under their baby's cloth. 20.3% of the mothers used to rub dough on their baby's skin. 5.3% mothers believed in putting hot iron needles/rods over baby's abdomen for

treatment. 71.3% mothers believed that certain hot and cold foods in your diet could harm their baby (Table 2).

DISCUSSION

India is one of the vast countries with extraordinary characteristics and diversity in terms of its geographical, linguistic, religious, social-cultural features and practices. Some of the practices are harmful to the health of newborns and mother. When any intervention is planned towards a community it is very important to understand the prevalent belief and practices otherwise the intervention may not get accepted by the community.

The study investigated traditional baby care practices of mother in Uttarakhand (India).

Altung et al reported that 84.5% of the participant stated that they valued traditional practice to varying degrees; another study reported that 70% women consider traditional practices to varying degrees. When these practices are followed, it relives their mental stress and makes them more socially acceptable.

Our study revealed that out of 300 postnatal mothers interviewed, 96% of the mother were giving initial milk (colostrums), this is a new development against old practice of discarding the milk produced in early days after delivery. This finding is contradictory to previous Indian study where strong cultural belief hampered the use of colostrums. Nethra et al reported in north Karnataka, 15.5% percent of mothers were discarding the colostrums this finding was similar to one reported by Reshma et al. Nethra et al reported 41% of mother giving colostrum to their newborn. Canjoo et al reported that 57% of mothers believed that colostrum to be unhygienic and did not give it to their baby.

Practice of massage to the baby daily was reported by 71% of the mother. And majority (40.3%) were using the commercial (as per advertisement) baby oil, while 27.3% were using mustard oil. Only 15.3% mother were using coconut oil. Sashikala et al reported 79.4% used oil message before bath. ¹⁴ Nethra et al revealed that 87% of them massaged their newborn with oil. ¹⁰ Reshma et al reported 92% mother massage baby with oil before bath. ¹¹ According to Shankarnarayanan et al, coconut oil massage resulted in significantly greater weight velocity. ¹⁵

71.3% of mothers believe that hot and cold foods could harm their baby and their health. This concept of hot and cold food is not related to the temperature of food when served or eaten but to the food itself. A particular food is considered hot in one culture and cold in other culture. Benakappa et al reported "Hot" and "Cold" food concept. Hot foods mean those that produce heat in the body and cold foods are those that cause colds (running nose, cough, etc.). Chicken (36%), brinjal (20%), mutton and jaggery (14%) were considered "hot" by the majority.

Fish, papaya and beet root too were also considered to be "hot". Curds (92.65%), butter milk (91%), bananas, lemon juice and other citrus fruits were considered to be "cold". Study by Cacodcar et al revealed that 62.54% of the mothers had strong beliefs in "hot" and "cold" foods such as mangoes, meat, eggs as they were believed to generate excessive body heat. Altung et al reported 97.9% of women had dietary restriction in puerperium period. Catherin et al reported that few mothers opined that warm water consumed by the mother caused the baby to have more prominent veins, which was unattractive and hence they preferred to consume cool water. These beliefs put unnecessary restriction in diet of mother.

57.3% of women believed that applying kajal to newborn baby on eyes or behind the ear, is essential. And 70% of the women believed it helps newborn baby to remain healthy. Sasikala et al reported that 84% of the participant applied kajal on face of newborn to prevent from evils eye, 14 which was similar to one reported by Reshma et al (82%). 11 Cacodcar et al reported that 39.08% of the mothers applied kajal to the baby's eye to ward off evil.¹⁷ However, its application to the eyes can cause conjunctivitis and dacrocystitis, and finger nail trauma to the eye can also occur.¹⁹ Other child rearing practices observed by Cacodcar et al were tying black thread around the neck and waist of the baby and amulets to ward off evil (97.72%).17 Khan et al in his study at Aligarh reported that kajal was applied by 97% of mother on baby's. 12 Akkamamba reported 93.9% of mothers are practising kajal application to eyes.²⁰

In our study 74.7% would keep knife under newborns pillow and 16.7% of mother would match box under babys cloth. It keeps them healthy and prevents the baby away from ill effects of djinn, Ghosts. Sunanda and Paul in their study in Mangalore reported that 65% of the women keep a stick, a broomstick, or metal rod under their bed.²¹ Shakya reported that to save the mother and baby from evil eyes, tools like bamboo or a sickle are placed near the pillow.²² Premji et al reported that A knife (or some form of iron) is kept near the baby at all times to Protects the young baby from ghosts.²³

Branding is a traditional practice of making 'therapeutic' burns with hot iron rods over the skin for treatment of various diseases. It is a harmful practice for the health which causes serious morbidity and is also leads to delay seeking proper medical care. It is being used for various illnesses including physiologic jaundice in newborns, pneumonia, and convulsions. 5.3% of the mothers reported believed in this practice. Branding has been reported by Bastug et al.²⁴ A law has been enacted by the Indian government for this issue and it has been criminalized because this practice is common in rural areas of India.²⁵

81% of the women believed in pouring oil in baby's ear. Nethra et al reported that 75% of the mother practices

pouring oil into the ears of the newborn because they believe ears will get closed otherwise. 10

22.3% mother believed that isolating mother and baby for 30 to 40 days is necessary for the baby. The importance of puerperium is significant in all cultures.

CONCLUSION

Cultural practices are passed on from generation to generation. They are a part of our society, hence more respectable and deeply rooted. This study showed that in spite of governments effort to educate mothers and community regarding newborn care, traditional beliefs and practices are still prevalent. Certain practices are harmful which need to be stopped. Certain other practices are harmless, by acknowledging and agreeing to these practices, Medical professionals can build a good rapport with mothers and family, so that necessary desired behavior changes in family can be brought out.

The medical professionals should be aware of the cultural practices followed in the community to provide culturally appropriate integrated care as it is more acceptable by the society.

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Institutional Ethics Committee

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