

## Original Research Article

# A study on traditional beliefs and practices in newborn care among mothers in a tertiary health care centre in Vijayapura, North Karnataka

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**Received:** 22 December 2017

**Accepted:** 17 January 2018

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## ABSTRACT

**Background:** 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 positively 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.

**Methods:** A cross sectional study was conducted at post-natal ward of BLDEU's Shri B M Patil Medical College, Hospital and Research Centre, Vijayapura from June 2015 to July 2015. A total of 200 mothers were interviewed and data was collected after obtaining the consent.

**Results:** In the present study, majority of the mothers were in age group between 19-22 years (45%). 16% of the mothers discarded the colostrum believing it is harmful. Application of kajal to the newborn's face and eyes will be practiced among 88%. 75% of the mothers practiced pouring oil into the ears.

**Conclusions:** 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 counselling the mother and her family members.

**Keywords:** Belief, Cultural, Postnatal, Neonate, Tradition

## INTRODUCTION

Neonatal period is from the time of birth to first 28 days of life. Newborn care has fallen in the gap between maternal and child care. As a result of various national programmes and other activities, neonatal morbidity and mortality have declined 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.

Newborn mortality is one of the world's neglected health areas. As most of births and deaths occur outside any

established health care facility, reduction in neonatal mortality may depend significantly on interventions involving promotion or adaptation of traditional care behaviors practiced in the home.<sup>1</sup>

It is estimated that globally each year 4 million newborns die accounting to two-third of all infant deaths in the first year of life. In India of the 26 million newborns each year, 1.2 million die in the neonatal period, accounting for one quarter of all neonatal deaths in the world.<sup>1</sup> Culture is defined as a shared system of beliefs, values

and behavioral expectations that provide social structure for daily living.<sup>2</sup>

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, tradition, beliefs and cultural practices. It has also absorbed, adopted and adapted outside cultures and influences, which have merged into the Indian society. Not all customs and beliefs are harmful. Some of them have positive values while others may be of no role or positively harmful for neonate's health in various forms like physical, psychological, social development.<sup>1,2</sup>

A major gap in our knowledge till date is how the socio-cultural practices and beliefs influence the newborn care provided by the family during and after delivery.<sup>3</sup> Culture plays an important role in human societies; every culture has its own customs which may have significance influence on health.

In our community mothers receive information and listen to elders and traditional birth attendants. Hence, these groups and mothers can be targeted with educational messages.

This type of study has not been conducted in North Karnataka region. An understanding of various traditional newborn care practices is therefore essential if effective behavior change strategies are to be developed.<sup>4</sup> Hence the present study is considered in a view to understand the both good and harmful practices followed by the mothers in this region and to educate the mothers and elders about the harmful practices.

### ***Aims and objectives***

1. To explore the traditional beliefs and practices in newborn care.
2. To provide health education to all postnatal mothers regarding newborn care.

## **METHODS**

### ***Study design***

Cross sectional study

### ***Type of study***

Interview technique

### ***Study center***

Post-natal ward of BLDEU's Shri B M Patil Medical College, Hospital and Research Centre, Vijayapura, Karnataka.

### ***Study period***

June 2015 to July 2015

### ***Sample size***

Based on Hospital records and considering the frequency of delivery occurring in the BLDEU's Shri B M Patil Medical College, Hospital and Research Centre, Vijayapura, a Purposive sampling of 200 Postnatal mothers were interviewed during the study period.

### ***Selection criteria***

#### ***Inclusion criteria***

Inclusion criteria were post natal mothers delivered in Shri B M Patil Medical College, hospital and Research Centre, Vijayapura during the study period.

#### ***Exclusion criteria***

Exclusion criteria was post natal mothers who lost their babies and not willing to co operate.

### ***Data collection***

Study was conducted on Monday, Wednesday and Saturday every week throughout the study period of two months. After explaining the purpose of the study and obtaining their consent for participation in the study, all mothers who delivered will be interviewed to assess various traditional and cultural practices followed during neonatal care. Information regarding socio-demographic profile of the family will also be obtained from mothers or caretakers by interview technique by pretested and predesigned questionnaires.

#### ***Intervention given***

Health education regarding the neonatal care, pros and cons of the cultural and traditional practices followed by the family.

***Quality control:*** Maintained as per the standard protocol

***Confidentiality:*** Maintained

#### ***Plan of analysis***

SPSS V 21(Statistical package for social sciences) and MS Excel were used to analyze the data and will be presented in the form of percentages and Chi-square test was applied to know the association between various factors.

#### ***Ethical considerations***

Ethical Certificate Clearance obtained from Ethical clearance committee of BLDE University

## RESULTS

In our study majority (44.5%) of the mother were within the age group of 19-22 years. Nearly 61.5% belonged to joint family. 91% were Hindus and 44.5% had no formal

education. 30.5% belonged to SE-Status IV according to modified B.G. Prasad classification and 59.5% were primi parous.<sup>5</sup> Nearly 61% of the mother were from rural area and 73.5% had married life than 5 years (Table 1).

**Table 1: Socio-demographic profile of the respondents.**

		Number (n=200)	%
<b>Age</b>	<18 yrs	5	2.5
	19-22 yrs	89	44.5
	23-26 yrs	74	37
	27-30 yrs	19	9.5
	>31 yrs	13	6.5
<b>Family</b>	Nuclear	77	38.5
	Joint	123	61.5
<b>Religion</b>	Hindu	182	91
	Muslim	16	8
	christian	2	1
<b>Education</b>	No formal education	89	44.5
	Primary	48	24
	Secondary	57	28.5
	PUC & above	6	3
<b>SE-status</b>	I	37	18.5
	II	35	17.5
	III	57	28.5
	IV	61	30.5
	V	10	5
<b>Parity</b>	Primi	119	59.5
	Multi	81	40.5
<b>Place</b>	Urban	78	39
	Rural	122	61
<b>Duration of married life</b>	1-5 yrs	147	73.5
	6-10 yrs	47	23.5
	>10 yrs	6	3

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

Belief and Cultural Practices	Frequency	%
Should the baby be massaged with oil before bath	173	86.5
Applying oil on head (vertex)	177	88.5
Turmeric paste to be applied for baby before bath	15	7.5
Any specific person in relation to perform the first bath	14	7
Exposing baby to the holy smoke after birth	182	91
Is there a separate room for mother and baby	102	51
Visitors washing hands and legs before entering the room	129	64.5
Giving prelacteal feeds soon after birth	36	18
Discarding the colostrum (first milk produced)	31	15.5
Giving home remedies for digestion	11	5.5
Applying ashes or soot or powder or dry cow dung or heated oil on the umbilical cord of the baby	59	29.5
Burying the cord when it dries and falls	74	37
Applying heat to the umbilical cord to make it dry	14	7
Exposing the baby to sun light when the baby's skin turns yellow	52	26
Tying black thread or bangles to the baby's hand or leg to prevent bad eye	188	94
Tying the plant leaf to arm as a treatment of jaundice	15	7.5
Applying kajal on the baby's face to prevent bad eye	175	87.5
Oil is poured in the ear	149	74.5

Our study revealed that 87% of the mothers massaged the newborn with oil before bath and they believe that baby will be relaxed by giving massage and also it helps in keeping the skin healthy. 89% of the mothers applied oil on baby's anterior fontanelle so that it will fuse soon. 7% of the mothers preferred a specific person like her mother, grandmother to give bath to the newborn because of lack of experience and confidence.

91% of the mothers exposed their baby to dhooam (holy) smoke after bath to prevent the baby from evil eyes. 51% of the mothers had a separate room for herself and baby so that she could have her privacy for feeding practices. 65% of the mothers had a practice of visitor's washing hands and legs before entering the room as it was a custom to be followed in their home.

16% of the mothers discarded the colostrum believing it is harmful to the newborn as it is stored in breasts since months. 26% of the mothers said they will expose the baby to sunlight when the baby's skin turns yellow so that sunlight will dissolve yellow colour. 2% of the mothers believed giving sugar water to the baby during jaundice as treatment.

Application of *kajal* to the newborn's face and eyes will be practiced among 88% of the mothers thinking that it will help to improve the vision and also to prevent the evil eyes. 75% of the mothers practiced pouring oil into the ears of the newborn because they believe ears will get closed otherwise. 94% of the mothers practiced tying black thread and bangles to the newborn's hand or leg to prevent evil eye and they believe black thread will absorb negative energy. 95% of the mothers believed in not moving the empty cradle otherwise the neonate will have pain abdomen.

91% of the mothers believe in not taking the neonate out after 6 pm because evil powers are powerful in dark. 72% of the mothers gave bath to the neonate in evening only on a belief that it will sleep well. 46% of the mothers, breastfed their newborn's within 1 hour of delivery. All the mothers in the study practiced tying scarf to cover ears and warm clothing to keep the neonate warm and also practiced cleaning the newborn's coated tongue by putting fingers into the mouth during bath (Table 2).

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 was found to be significant with the family type only. The place of mother was significant with the practice of exposing the baby to holy smoke. 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 parity 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

India is a country with diverse range of ethnicity, religion and language, while in many ways this is the source of richness and strength but cultural influences sometimes give rise to challenges in the context of managing common illness. Significant features of Indian health care system have co-existence of multiple health traditions.

The present study revealed that out of 200 postnatal mothers, 87% of them massaged their newborn with oil. According to a study conducted by Reshma et al, 95% of the mothers massaged the baby with oil before bath.<sup>1</sup> According to Shankarnarayanan et al, coconut oil massage resulted in significantly greater weight gain velocity.<sup>6</sup>

89% of the mothers applied oil on baby's anterior fontanelle. It 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.

91% 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 dhooam smoke after bath.<sup>1</sup> Smoke dust is not good for health as it may cause respiratory infections or even allergies.

18% 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%.<sup>1</sup> 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.

5% 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.<sup>1</sup>

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.<sup>1</sup>

26% 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.<sup>1</sup> Sunlight has bilirubin absorbing range in its spectrum and it is

considered as effective, lower the intensity higher is the effectiveness.

16% 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 colostrums. It is a bad practice.<sup>8</sup> 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.

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.<sup>2</sup> This practice will decrease the weight loss and delay in taking the baby to the hospital for treatment.

88% of the mothers applied Kajal to newborn's face and eyes. In a study conducted by Beser 99% of the mothers had this practice.<sup>2</sup> 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.<sup>1</sup>

46% 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.<sup>9</sup>

## CONCLUSION

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.

## Recommendations

- Policy level commitment is required, just educating them is not effective. Medical colleges and

professional bodies must take an active role in implementing behavioral change interventions among people

- The good practices identified are to be continued and the harmful effects of bad traditional practices are to be understood and discontinued.
- The existing newborn health care system should be integrated with the traditional and cultural practices.
- Implementation of an effective programme for the promotion of newborn care requires understanding the community and the household traditions.
- The development of programme which promotes culturally sensitive and acceptable changes in the practices followed.
- Display of the pictures about the harmful practices with educational messages in health care centers may help in creating awareness.
- In our study, 45% of the mothers had no formal education. Female literacy is strongly recommended.
- Research on traditional beliefs and practices in newborn care are to be conducted in various localities as it may vary from each place.

## ACKNOWLEDGEMENTS

We sincerely acknowledge the financial support provided by the ICMR under STS project for the research.

*Funding: No funding sources*

*Conflict of interest: None declared*

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

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**Cite this article as:** Nethra N, Udgiri R. A study on traditional beliefs and practices in newborn care among mothers in a tertiary health care centre in Vijayapura, North Karnataka. *Int J Community Med Public Health* 2018;5:1035-40.