

# Cultural Beliefs And Practices In New Born Care In Rural Villages Of North Karnataka

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## Abstract

A mother and her baby's health depend on prenatal and postnatal care. India has 27 million births annually. About four million Indian babies die in their first month of birth. Mortality may be affected by home-based cultural practises and beliefs. The study aimed to find the cultural belief and practices on new born care in the rural villages.

The study was conducted in the rural villages of Belgaum District. A total of 60 mothers who had children of 0-1 years were included in the study and data was collected for cultural and new born practices using the interview technique. The data was analysed using the inferential statistics and descriptive statistics. Coconut oil massage before the birth was applied by 98.05% of the mothers, 96% of mothers used baby powder and 96 % of mothers used loban (benzoin resin) After the bath and all 60 mothers applied kajal on the eyes and face of baby for preventing the bad eyesight's.

The study concluded that majority of the mothers have belief in the cultural and practice the traditional methods in the care of the new born.

**Keywords:** New born care, Beliefs, Cultural practices, infants

## INTRODUCTION

The postpartum period, which consists of the days and weeks after a baby is born, is a very important time in the lives of both new mothers and their infants. A new born is a term used to refer to a human infant from the moment of birth up until the 28th day of life. Every year, close to twenty-seven million infants are born in the country of India. The first month of life is when the majority of maternal and new-born fatalities occur after birth. Every year, there are four million infants who do not survive their first month of life, with one quarter of these deaths occurring in India. During their first month of life, 2.8 million infants died in 2013, with one million of these new-borns passing away on their very first day of birth.<sup>1</sup> It is believed that over four million new-born fatalities take place each year, virtually mostly in nations with poor incomes like India.<sup>2</sup>

According to studies, the majority of babies in nations with low per capita incomes, such as India, die at home while being cared for by their mothers, other relatives, and traditional delivery attendants who follow their own cultural traditions and beliefs.<sup>3</sup> According to the World Health Organization (WHO),<sup>4</sup> 45% of deaths among children under the age of five happened within the first month of life. Inadequate cord care, discarding colostrum, and feeding other meals that are based on cultural norms are some of the activities that lead to infant death. Infant mortality is caused by a number of variables, and one of those aspects is the conduct of hazardous practices. Culture is defined as the acquired set of values, beliefs, and standards, as well as a person's way of life, which has the power to shape an individual's methods of thinking, deciding, and acting in particular ways.<sup>5</sup>

In India, there is a collection of fundamental new-born rituals that has been shown to have an effect on lowering mortality rates. This is due to the fact that childbirth and the neonatal period are both culturally significant times during which there is a strong adherence to traditional traditions.<sup>6</sup>

In terms of the health risks that are posed to new-borns, India is currently experiencing the most severe situation of any country in the entire globe. According to the most recent estimates, India is responsible for about 30 percent of the 3.9 million new-born deaths that take place each year around the world. Nearly two-thirds of all infant deaths are attributable

to the current neonatal mortality rate, which stands at 44 deaths per year per 1,000 live births. This number translates to at least two new-born deaths occurring somewhere in this huge country every minute <sup>7</sup>.

Septicaemia, pneumonia, birth asphyxia damage, and premature birth are the leading causes of death in new-borns in India. It has been stated that perinatal, hypoxia, and congenital anomalies are prominent causes of stillbirths. The community-based studies in India suggest a stillbirth rate of 30-35% per 1000 births, which is the highest number of stillbirths for any nation in the world <sup>8</sup>.

The care that the mother and her new born receive after delivery is just as important to both their health as the prenatal and postpartum care that the mother received when she was pregnant and while she was giving birth.<sup>9</sup>

Both new born morbidity and mortality are substantially greater in our nation, and neonatal mortality is responsible for approximately two-thirds of all infant deaths. The bulk of new born deaths take place at home, which accounts for 40–70% of all deaths that occur within the first week of life. At this time in our nation, just 34% of births take place in healthy environments, and only 42% of deliveries are accompanied by trained medical professionals. There are significant regional variations in the practises chosen by the community regarding childbirth and the care of new-borns, and any interventions must take into account the practise that is most commonly used in the region <sup>10</sup>.

The wellbeing of mothers and children has been the focus of numerous efforts on the part of government agencies in India, both bilateral and multilateral, in recent years. The establishment of government programmes such as the Janani Suraksha Yojana and the Chiranjeevi Scheme, as well as the dissemination of emergency obstetric care and the execution of integrated management of children and neonatal illness, have all contributed to a reduction in mortality rates.<sup>11</sup>

The practises of essential new born care is not examined in sufficient depth, and as a result, relatively little is known about the influence that traditional new born care practises have on the survival of new-borns. The knowledge and practise of basic new born care for intensification of the prevention of hypothermia feeding of colostrum and exclusive breastfeeding are lacking, according to studies on new-borns conducted in some communities. Even awareness regarding care seeking on identification of life-threatening signs has been found to be very low. There has been relatively little change in the rate of neonatal mortality despite the implementation of proven cost-effective solutions such as promoting antenatal care, tetanus oxide immunisation, skilled attendance during delivery, immediate and exclusive breastfeeding, and clean cord care. This is despite the fact that these solutions have been implemented.

Early marriage and childbirth at a relatively young age are social determinants of infant mortality. Other social determinants of child death include shorter spacing between births and a low literacy level among women, particularly those who belong to the urban poor and rural settings. The National Rural Health Mission (NRHM) includes a number of focused interventions for improving care of the new-born, one of which is a focus on improving access to skilled birth attendance and emergency obstetric care for all women living in rural areas. In addition, the NRHM includes a number of other focused interventions for improving care of the sick and injured.<sup>12</sup>

Home-based new born care is one of the many programmes that have been developed by the government of India in collaboration with the World Health Organization and UNICEF in order to improve the overall health of babies. In 2011, the government of India initiated the Home-Based New-born Care (HBNC) programme with the intention of enhancing community new-born care practises, facilitating the early detection of neonatal disease, and facilitating appropriate referrals through home visits. Accredited social health activities (ASHAS) are the frontline workers at the village level who are responsible for delivering preventative care services for women and new-borns in the community.

These workers are tasked with delivering the services that are meant to be provided by the government.<sup>13</sup>

In order to implement an effective programme for the promotion of the health of new-borns, it is necessary to have an understanding of the community and the traditional practises of new-born care. For effective child health care, delivery, and information regarding new-born care, it is also important to have this understanding. This research was conducted to provide a description of the infant care practises that are followed in villages located in the rural villages.

## METHODOLOGY

A Quantative research study with the sample of 60 Mothers of age group of 18-35 Years of having the child of 0-12 months of age and residing in the rural villages of Belgaum were selected for the study. A per designed structured interview schedule was used for collecting the data which consisted of sociodemographic profile pertaining to family type, place and mode of delivery, new born care and feeding practices and cultural practices and beliefs which consisted of baby care practices that were carried at home which lasted for 30 min. The sample population consisted of Hindu mothers especially who believed in the cultural practices and beliefs. The study focused on the new born care provided in the rural villages. Samples were drawn using the purposive sampling technique. A formal consent was taken from the participants prior to the study.

## RESULTS AND DISCUSSION

Every family around the world is happy when a baby is born, and in many cultures, caring for a baby at home is very important. In India, the way new-borns are cared for varies between states and within states based on the beliefs and values of that region or religion.<sup>14</sup> If an effort to improve how new-borns are cared for at home is going to work, it needs to understand the cultural aspects of care. The present study focused to identify new born care practices in home in rural villages in contrast to other studies focused to quantify the practices and beliefs<sup>15</sup>. 60 mothers of children of age 0-1 year were involved in the study.

Table 1 depicts the Socio-demographic variables of mothers which revealed that out of 60 mothers, majority 39 (65%) were in the age group of < 25 years, 53 (88.33%) belonged to joint family, 39 (65%) had high school qualification, 47 (84.34%) of them are home makers and 45 (75%) had an annual income between > 300000.

**Table 1-Socio-Demographic Variables Of Mothers**

Demographic Variables	Frequency	Percentage
Age in years		
< 25 years	39	65
26-30 years	11	18.33
> 30 years	10	16.66
<b>Type of family</b>		
Nuclear family	7	11.66
Joint family	53	88.33
<b>Education</b>		
Middle school	5	8.33
High school	39	65
12 <sup>th</sup>	10	16.66
degree	6	10
<b>Occupation</b>		
Home makers	47	78.33
Employee	1	1.66
agriculture	12	20
<b>Annual income</b>		
< 100000	7	11.66
100000-200000	04	6.66
200000- 300000	09	15
> 3000000	45	75

**Table 2- Frequency And Percentage Distribution Of Cultural Practices And Beliefs**

S.no	Item	Frequency	Percentage
1	before the baby is given bath mother does not bath	53	88.33
2	Two members are not supposed to give bath to the baby	57	95
3	Applying turmeric/besan paste before bath	7	11.66
4	Exposing baby over a Loban(Sambrani Dhoopam )smoke after bath	55	91.66
5	women applied kajal over the face and foot	60	100
6	mothers tied a black thread or black beads to baby's hand or leg to prevent bad eye sight	60	100
7	mothers tied a black thread or bead mala or tavaiz in the baby's neck or waist to prevent bad eyesight.	45	75
8	mothers believed that ear piercing within 1st year of birth	45	75
9	baby should not be taken outside after 6 pm	58	96.66
10	menstruating unmarried girls should not be given to touch the baby before tonsure	60	100
11	empty cradle should not be swung	60	100
12	baby's cloth should not be kept outside in the night	53	88.33
13	washing the feet of visitors in the home before entering in the first 40 days after delivery	58	96.66
14	Nama Karana( naming ceremony) was performed by 12th or 13th day after birth.	45	75

53(88.33%) mothers took bath after giving bath to their babies, 57(95%) mothers believed that two members are not supposed to give bath to the baby,7(11.66%) of mothers applied turmeric/besan paste on their babies before bath,55(91.66%) mothers agreed that they expose the baby over loban after bath. A similar study conducted by Reshma and Sujata,2014<sup>6</sup> at a selected hospital in Mangalore revealed that two people who aren't supposed to give the baby a bath (29%). When it comes to exposing a baby over a dhoopam, the results of our study also state the same as those from the Mangalore population: 52.1% and 41.0%.<sup>6</sup>

60(100%) women applied kajal over the face and foot. A similar study conducted by Reshma and Sujata,2014 at a selected hospital in Mangalore, 85% of the 157.<sup>6</sup> A descriptive study done in Chandigarh found that 94.7% of mothers in slums and 28.3% of mothers in cities put "Kajal" on their daughters.<sup>16</sup> A similar study of how babies are raised in coastal South India shows that 91.4% of mothers put "Kajal" on their babies' eyes and faces. Of these, 59.7% did it to keep evil away. 20.9% did it out of tradition, and 18.7% did it because it was the right thing to do.<sup>17</sup> The old traditional belief is that putting "Kajal" on the eyes and face will keep evil away. This also makes the baby's eyes look bigger and more beautiful.

60(100%) mothers tied a black thread or black beads to baby's hand or leg to prevent bad eye sight. 45(75%) of mothers tied a black thread or bead mala or tavaiz in the baby's neck or waist to prevent bad eyesight. 45(75%)mothers believed that ear piercing within 1st year of birth. 58(%) believed that baby should not be taken outside after 6 pm, 60 mothers believed that menstruating unmarried girls should not be given to touch the baby before tonsure (mundan/Removal of babies first hair on head). In a coastal study by Nitin Kumar (2012)<sup>17</sup>, 69.7% of babies had their ears pierced within the first year. Shaving the baby's head (13%) and tying black thread around the neck and waist (63.8%).

60(100%) mothers believed that empty cradle should not be swung. 53(88.33%) mothers believed that the baby's cloth should not be kept outside in the night. 58(96.66%) mothers practiced washing the feet of visitors in the home before entering in the first 40 days after delivery. 60(100%) and 45(75%) mothers believed that Nama Karana (naming ceremony) was performed by 12<sup>th</sup> or 13<sup>th</sup> day after birth.

**Table 3:** Frequency And Percentage Distribution Of Variables

Variables	Frequency	Percentage
<b>Type of delivery</b>		
Normal	52	86.66
Caesarean section	8	13.33
<b>Place of delivery</b>		
Private Hospital	4	6.66
Govt. hospital	56	93.33
Home	0	0
<b>Delivery conducted by</b>		
Doctor	25	41.66
Nurse	35	58.33
<b>Massage oil</b>		
Castor oil	03	5
Coconut oil	48	80
Commercial oil	5	8.33
Other	4	6.66
<b>Umbilical cord dressing</b>		
Baby powder	30	50
turmeric	5	8.33
Any commercially available powder	10	16.66
Nothing applied	15	25
<b>Colostrum Feeding</b>		
Feed	48	80
Discarded	12	20
<b>Breastfeeding Initiation</b>		
Immediate after Birth	30	50
Within half hour to one hour	22	36.66
More than one hour	8	13.33
<b>Pre Lacteal</b>		
Yes	6	10
No	54	90
<b>If Yes</b>		
Honey	2	3.33
Sugar Syrup	1	1.66
Lactogen Milk Powder	3	5

The above table depicts 52(86.66%) of women had normal delivery 8(13.33%) had caesarean section. Maximum mothers delivered in Govt. hospitals 56(93.33%) and nurses conducted the maximum deliveries 35(58.33%) which is higher than doctors as the PHC and CHC are easily accessible both economically and geographically and staff working are responsible for giving the emergency services and complete care throughout pregnancy due to which people approach. Study conducted by Sartaj Ahmad revealed that Hospital deliveries conducted by doctors 79.14% and by nurse (20.87%) and the findings are really opposite in the current study.<sup>18</sup> it also shows that home deliveries were common 83.92% as compared to institutional deliveries 16.08% and home deliveries conducted by contained birth attendant 51.08% as compared to by trained birth attendant 19.14%. Some report is found in a rural community in baitadi, Nepal 91.5% of deliveries took place at home (69.0% in living room and 22.5% in cattle shed) which were conducted by relatives (29.6%) family members (35.21%) and self (8.5%)<sup>19</sup>. Similarly the results of the study conducted in rural districts of Bangladesh reported 90% of delivery took place at home, and 11% were similar findings found in rural Pondicherry that 99.3% were delivered at institutional by<sup>20</sup>attended her by a doctor or by a nurse.

As per the guidelines laid down by the policies a sterile scissors and sterile clamp is applied on cord. Normally cord falls in few days after birth. A study by Nitin Kumar reported that application of unhygienic substance on the umbilical cord leads to tetanus neonatorum and death of infants.<sup>21</sup> In the current study we observed that 30(50%) reported that they apply baby powder to the cord after bathing the baby as umbilical cord dressing, 5(8.33%) applied turmeric. Commercially available powder 10(16.66), 15(25%) women didn't apply anything. A study conducted in the south India reported that mothers used 59% was boric acid antiseptic powder 20.5% mothers applied oil to the cord 20.5% turmeric powder.<sup>21</sup> Similar studies from Bangladesh reported 55% of mothers were applied ashes, dry cow dung on the umbilical cord of the baby, 83% of the mother applied turmeric powder, mustard oil, garlic, talcum powder, boric powder, savlon and coconut oil on umbilical stump<sup>22</sup>. As per WHO recommendation dry cord care where no substances are placed on the umbilical cord.<sup>23</sup>

A study conducted by Devkota supported that 85.9% of mothers agreed that they didn't apply any form of powder or ointment nor any traditional remedies<sup>18</sup> similarly Sartaj Ahmad study in India revealed 51.06% of mothers applied turmeric with ghee and 6.38% prudence iodine and 02.13%. Tincture iodine and 04.26% mothers were also used cold cream.<sup>18</sup>

In the current study all mothers agreed that they massage their babies with oil before the bath as it strengthens the limbs and makes the babies skin soft. The most common oil used was coconut oil 80%, commercial oil 8.33%; a study conducted by Puri S. Bhatia in south India in rural Chandigarh supports the study which resulted in 72.6% and 56.6% mothers in urban area practiced massage to their babies with coconut oil.<sup>24</sup>

## BREAST FEEDING

The immediate initiation of first breast milk in the form of colostrum is in practice world wide but still it is noticed that 20% of women didn't feed as the elder family members advised that the first milk is thick and difficult for the baby to digest and cause ill effects on baby's health.

A study by Puri, 1976 reported that colostrum provides a complete food filled with nutrients and immunity boosters to fight against infections<sup>25</sup>. In the current study 80% of the mothers feed babies with colostrum and similar studies conducted by Allisyn in Dhaka reported 64%<sup>26</sup>, 92% in study by Nitin Kumar in coastal regions of south India<sup>27</sup>, 37% in urban slums of UP<sup>28</sup>, Nepal 79% reported in rural Baitadi<sup>19</sup> 81% in rural southern part of Nepal<sup>29</sup>.

As per the WHO guidelines it is recommended that immediate initiation of breast feeding is done after birth in the current study 50% Mothers feed the baby immediate after the birth and 36.66% within half hour to one-hour similar findings of the study conducted by Jennifer in rural Pondicherry<sup>30</sup> had similar observations 64.7 and 97%. Ethiopians 52.1% of mothers breastfeed within the first hour after delivery within one hour. 42.4% in rural West Bengal, Das<sup>10</sup>, 58.4% and 70.6% observed in urban slums and villages of Gujarat respectively.

Surprisingly delayed breastfeeding especially up to three days was common and totally own feeding of colostrum was recorded<sup>31</sup>. When compared with Gujarat tribal study and Karnataka among Hakkipikkis tribes 76% of mothers breastfeed their baby immediately after birth<sup>32</sup>. Giving pre lacteal feeds are delay the establishment of lactation and can cause diarrhoea and electrolyte imbalance in the newborn.<sup>33</sup> In present study 3.33% mothers reported that they used honey as pre lacteal, 1.66% used sugar syrup and 5% used lactogen milk powder. Studies from other parts of India reported the practice of giving pre lacteal feeds are only 5.9% in rural Pondicherry<sup>12</sup> 34% coastal south India<sup>27</sup>, 12% reported in Ethiopia<sup>30</sup>, 31% reported in Mangalore take<sup>35</sup>, 80.4% of infants received pre-lacteals mentioned by Dominique in southern Nepal 71% reported<sup>29</sup>

Feeding newborn with pre lacteal feeds is even practiced outside India as observed in the studies from China 26%<sup>35</sup>, Bangladesh, Dhaka majority of the babies were feed either by honey or sugar syrup followed breastmilk.

## CONCLUSION

The study was conducted to assess the cultural practices beliefs on newborn care among mothers and associated it with demographic variables. Every society has its own traditional beliefs and practices related infant care. There are many practices, beliefs and offerings which either protect or harm the health of the baby. Our study has revealed areas of similarities and a few distinct differences in newborn care practices when compared with findings within India as well as those conducted abroad. Majority mothers in our study prefer institutional delivery (100%). Centpercent mothers gave an oil massage to their babies. 83.48% of mothers gave colostrum to their babies these were high compared to national figures. Practices like giving prelacteal feeds, application of substances on cord and some cultural beliefs like "Kajal" to the eyes are still prevalent among mothers in our study area.

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