Brief Report

Role of Cultural Beliefs in Influencing Selected Newborn Care Practices in Rural Haryana

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Summary

Background: The role of prevalent culturally driven beliefs and practices in influencing home-based newborn care has not been adequately studied, especially in North India.

Methods: The study was conducted in 28 villages under Comprehensive Rural Health Services Project (CRHSP), All India Institute of Medical Sciences (AIIMS). A total of 415 mothers who had a baby in the second month of life, at the time of the visit for data collection were interviewed using pre-tested questionnaire.

Results: Nearly 77% of mothers reported some beliefs/practices with regard to care of the cord. Similarly, 81.0% mothers had beliefs regarding taking the baby out of the house for the first time after birth. Out of all the mothers that were interviewed, around 11% did not prefer their baby to be weighed at frequent intervals because according to them, doing so could lead to slowing of the growth of the baby.

Conclusion: Traditional knowledge and practices must be considered before developing neonatal health care intervention strategies.

Key words: newborn care, cultural belief, rural, North India.

Introduction

Despite the recognition of improving neonatal health as a key to lower down the under-five mortality rate, a poor progress in neonatal survival is certainly an area of concern. Each year in India alone nearly 1 million newborns die before they complete their first month of life, accounting for nearly a quarter of the world’s neonatal deaths [1]. The role of culturally driven beliefs and practices in influencing home-based newborn care cannot be understated. Considering that most of the prior studies on neonatal care in India, especially from North India, have not focused much on the influence of prevalent cultural and traditional beliefs, the current study aimed to fill the existing lacunae.

Methods

A community-based cross sectional study was conducted in the 28 villages under the Intensive Field Practice Area (IFPA) of Comprehensive Rural Health Services Project (CRHSP), managed by All India Institute of Medical Sciences (AIIMS), New Delhi. Mothers who had a baby of >1 month and <2 months of completed age, at the time of the visit for data collection were interviewed using a pre-tested questionnaire. The data were collected over a period of 4 months i.e. March–June 2010. A total of 415 mothers were interviewed. The study was conducted with ethical approval from Institutional Ethical Review Board of AIIMS.

Statistical analysis

Data were entered in Epi-info software version 3.5.1 and transferred to SPSS version 17 for statistical analysis. Wherever applicable, percentages were calculated and reported.

Results

A total of 423 mothers were eligible for the interview out of which 415 mothers were interviewed as the remaining 8 mothers could not be contacted even after three visits to the house. The mean age of the mothers interviewed was 24.04 ± 3.69 years. Around one-fourth (23.9%) of the mothers were illiterate.

Beliefs and practices regarding umbilical cord of the baby

Beliefs and practices with regard to care of the cord were widely prevalent with more than three-fourths
of the mothers reporting some beliefs/practices that they followed (Table 1). Out of the mothers who reported any belief/practice, in ~68% of them application of the cord (after rubbing it against a hard surface) over the eye (in case the eye of the newborn turns red around the 3rd day of life) was practiced. Nearly one-eighth of the mothers kept the cord of ‘male’ babies with the belief that it would help them to have more male babies in future pregnancies (Table 1).

**Table 1**

**Beliefs and practices among the mothers with respect to cord care of the neonate**

<table>
<thead>
<tr>
<th>Beliefs and practices related to cord, if present ($n=415$)</th>
<th>$n$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>318 (76.6)</td>
</tr>
<tr>
<td>No</td>
<td>97 (23.4)</td>
</tr>
</tbody>
</table>

Beliefs/practices that were prevalent ($n=318$)

- ‘Sobar ke samay aankh aane pe tund ko ghiske aakhon pe lagate hain’ (In case of eyes becoming red during sobar, the cord is applied on them) - 216 (67.9)
- Keep the cord of male babies for having further male babies - 41 (12.9)
- Keep the cord as a good omen and to ward off evils - 34 (10.7)
- Do not know, the elders ask to keep the cord - 26 (8.2)

Only one mother responded—‘The cord is applied around umbilicus, in case of any swelling around umbilicus in the baby.’

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**Beliefs and practices regarding feeding of colostrum**

Colostrum feeding was common with >90% ($n=376$) of the newborns being given colostrum within first 3 days of birth. Out of the remaining mothers ($n=39$) who did not given colostrum, the reason for doing so in half of them ($n=20$) was culturally driven. The mothers considered colostrum to be the stagnant breast milk that had accumulated during the entire period of gestation and so, could be harmful if given to the newborn.

**Beliefs and practices regarding taking the baby out of house**

Around four-fifths (81.0%) of the mothers had some beliefs regarding taking the baby out of the house for the first time after birth (Table 2). One important finding was that in >98.0% families, the mothers/family members would seek ‘outside home’ care or visit a doctor, in case of neonatal illness, irrespective of the beliefs they held (Table 2).

**Table 2**

**Beliefs and practices among the mothers with respect to selected newborn care practices**

<table>
<thead>
<tr>
<th>Beliefs and practices related to taking the baby out of house, if present ($n=415$)</th>
<th>$n$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>336 (81.0)</td>
</tr>
<tr>
<td>No</td>
<td>79 (19.0)</td>
</tr>
</tbody>
</table>

Beliefs/practices that were prevalent ($n=336$)

- Usually take the child out after ‘Havan’ at 11th day$^a$ - 138 (41.1)
- Usually take the child out after ‘Havan’ at 6th day - 104 (31.0)
- After ‘Mundan’ at either 1 month or 1.5 months of age$^b$ - 73 (21.7)
- After 15 days of age - 16 (4.7)
- After 3 months of age - 5 (1.5)

In case the neonate is ill, would the mothers seek ‘outside home’ treatment, irrespective of the cultural beliefs ($n=336$)

- Yes - 331 (98.5)
- No - 5 (1.5)

Beliefs/practices related to getting the baby regularly weighed, if present ($n=415$)

<table>
<thead>
<tr>
<th>Beliefs and practices related to getting the baby regularly weighed, if present ($n=415$)</th>
<th>$n$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>175 (42.2)</td>
</tr>
<tr>
<td>No</td>
<td>240 (57.8)</td>
</tr>
</tbody>
</table>

Beliefs/practices that were prevalent in context of weighing the baby ($n=175$)

- Not letting the baby weighed in front of anyone besides the doctor/health worker - 112 (64.0)
- Not getting the baby weighed very frequently - 47 (26.9)
- Not getting the baby weighed in hospital - 16 (9.1)

$^a$‘Havan’ refers to a religious ceremony performed in homes that involves worship through the use of a sacred fire.

$^b$‘Mundan’ is the first hair cut of the baby. The widely held belief was that the evil spirits could harm the baby through his/her unshaved hairs.
Beliefs and practices regarding regularly getting the baby weighed

Nearly two-fifths of the mothers had some beliefs/practices pertaining to getting their baby weighed regularly (Table 2). Out of them, around two-thirds of mothers were not in favour of letting their healthy baby weighed in front of too many people (especially the females of the village), the doctor and the health workers being excepted. Their concern was that in case the weight of the baby came out to be good, the other females standing could cast an evil eye on the baby and consequently, the baby might fall ill or stop gaining weight. Another one fourth of the mothers were not willing to get their baby weighed at frequent intervals because according to them, doing so could lead to a slowing of the growth of the baby (Table 2). Some of the mothers (9.1%) did not want to get the baby weighed at the hospital because they feared that the baby could get exposed to infections and become ill.

Discussion

The current study was an initiative to quantitatively document the influence of the cultural beliefs on selected newborn care practices at home in the rural areas of Ballabgarh, Haryana. Most of the mothers were not in favour of letting their healthy baby weighed in front of too many people, especially the females of the village. This could be a reason for concern as this belief might prevent the mothers from getting their child regularly weighed. In the context of taking the neonate out of the house, most of the mothers had some belief but these can be regarded as neutral practices as in most of the households this was not a deterrent to seek care outside home, in case of neonatal illness.

The present study also revealed that cultural beliefs and practices were widely prevalent with respect to cord care at home and feeding colostrum. The role of cultural beliefs on newborn care had been shown by Mrisho et al. [2] in their study in rural Tanzania and Iyengar et al. [3] in rural Rajasthan. Mrisho et al. [2] conducted a qualitative study in Southern Tanzania and found that although most newborns were breastfed during the first day of life, some neonates were denied colostrum, which was perceived as dirty.

The current study was based on reported practices and not on actual observation and hence was subject to recall and response bias. Also, a qualitative study would have been better to understand the existing cultural practices and their role in modifying the home-based newborn care practices.

Conclusion

Traditional knowledge and practices must be considered before developing health education strategies. Intensive campaign using information, education and communication materials with the aim to provide new knowledge and to reinforce or clarify prior knowledge/behaviour pertaining to newborn care could be beneficial.

References