

CULTURAL PRACTICES AND BELIEFS REGARDING CARE OF THE NEWBORN.Munwar –us- Salam¹, Rubina Parveen², Pir Bux Jokhio³, Parveen Khatoon⁴, Imran Ali Jamali⁵, Saifullah Mahar⁶**Abstract**

Introduction : In Pakistan Newborn's mortality rate is about 42 deaths per 1,000 live births. According to WHO, 45% of under-five deaths occurred during the 1st month of life. Several factors contribute to the mortality and one of the reasons is following of harmful practices such as inadequate cord care, discarding colostrum and feeding other foods which are based on cultural practices. **Objective:** To highlight the major cultural practices and beliefs regarding care of the newborn. **Methodology:** The descriptive cross-sectional study design was used. The data was collected by convenient sampling having sample size of 60. A semi-structured questionnaire with open-ended question were used to elicit participants' perspectives on their practices related to newborn care Data was also analyzed through SPSS. Frequencies and percentages were tabulate as per major themes / categories regarding cultural practices of newborn care. **Results:** In our study 43.3% of the babies were age of the one month belonging to 90% Muslim families. 100% study subjects do body massage before bathing. 50% of mothers do baby massage with mustard oil. 73.3% study subjects were giving the Prolacteal feeding in 56.7% were feed with honey. 80% mothers were discarding the colostrum (first feed). 70% mothers keep some iron piece, knife under bedsheets of the newborn to be safe from ghosts, jinn (Saaya). **Conclusion:** This study showed that many cultural practices are harmless but some are riskier and needs an aggressive intervention to educate the families / mothers.

Key Words: Colostrum, Prolacteal, New Born Care, Beliefs, Practices.

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INTRODUCTION:

In Pakistan Newborn mortality rate is 42 deaths per 1,000 live births¹. According to the WHO², 45% of under-five deaths occurred during the 1st month of life. Several factors contribute to the mortality and one of the reasons is following of harmful practices such as inadequate cord care, discarding colostrum and feeding other foods which are based on cultural practices. Culture refers to the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways³. Every year about 7.7 million of children under 5 years die around the world; out of which 3.1 million children before completing their neonatal period of life, almost all these deaths (99%) occur in developing countries⁴. As per estimation of the World Health Organization of 2018, 47% of deaths of children occurred in under-five⁵. About one third of these deaths take place in first 24

hours of life, whereas three-quarter of neonatal deaths takes place in first seven days of birth^{6,7}.

The increasing evidence suggests that early newborn care practices impact neonatal mortality and morbidity. Poor practices which contribute to neonatal mortality and morbidity include providing pre-lacteal feeds, no colostrum, delaying the initiation of breastfeeding more than one hour after birth, early bathing of newborn (bathing less than six hours after birth) and application of non-antiseptic substances to the umbilical stump leading to neonatal infection⁸. The burden of neonatal morbidity and mortality can be reduced by practicing essential newborn care practices⁹.

The cultural practices and beliefs regarding care of the newborn influences the health status of the baby. Some of the practices are risky and harmful and some not. As the risky practices can impair the normal functioning of the body especially gastrointestinal system and immunity needs to be

highlighted. This study will be conducted to describe such cultural practices and beliefs. This study will also serve as the base for the further investigating risky cultural practices to non-risky practices.

The main purpose of the study is to highlight the major cultural practices and beliefs regarding care of the newborn at Paeds department PMCH Nawabshah. Furthermore, the results of this study will be valuable to address the importance of the cultural practices and beliefs for setting up the policies in the department if the practice may found risky or harmful. The results will be helpful in the implementation of the shaped policies to address through public health programs and launching awareness and disseminating the intervention through different ways to minimize the morbidity other health hazards.

Objectives:

The objectives of the study are to:

To describe the cultural practices and beliefs in the newborn care.

Operational definitions:

- A **newborn** infant, or neonate, is a child under 28 days of age (WHO)
- **Surma** is a powdered antimony—used as a cosmetic that is applied to the lower eyelid, similar to modern eyeliner.
- **Kajal** is a black powder used in South Asia as a cosmetic, either around the eyes or as a mark on the forehead.
- **Ghutti** is a type of Pre-lacteal feed, which is given to baby before initiation of the breast feed. It may be in form of honey, or other herbal ingredients.

METHODOLOGY

The descriptive cross-sectional study design was used. The study was conducted at the Pediatrics department of the PMCH, Nawabshah, and tertiary care hospital. Data was collected from September-october, 2020. The data was collected by convenient sampling having sample size of 60. The indoor and out-door children's mothers were our study subjects. The 60 mothers / relatives were interviewed through semi-structured interview based questionnaire. First of all, the study participants were briefed about the purpose and objective of the study then data collection has been preceded after getting informed consent. Confidentiality of the data and privacy during data collection has been maintained throughout the study. A semi-structured questionnaire with open-ended question were used to elicit participants' perspectives on their practices related to newborn care such as bathing, feeding, care of the umbilical cord, protection from the evil eye and shaving of the head etc. All the data collected through questionnaire were entered into the SPSS version 25 software (Statistical Packages for Social Sciences). Data was also analyzed through SPSS. Frequencies and percentages were tabulate as per major themes / categories regarding cultural practices of newborn care. The major beliefs regarding the

cultural practices were narrated in detailed description. Ethical approval has been obtained from the ERC of the Peoples University of Medical and Health Sciences.

RESULTS:

In our study 43.3% of the babies were age of the one month belonging to 90% Muslim families. 50 of the mothers were illiterate and 70 % were living in nuclear family system. 70% participating mothers were Sindhi. 100% mothers were house wives and 50% were belonging to poor class status. (Table 1)

Table 1: Demographic data

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
Age		
1 week	4	6.7
2 Week	12	20
3 Week	18	30
4 Week	26	43.3
Religion		
Muslim	54	90
Hindu	6	10
Mother education		
Illiterate	30	50.0
Primary	12	20.0
Matric	06	10.0
Graduate	12	20.0
Type of family		
Nuclear	42	70
Joint	18	30
Ethnicity		
Sindhi	42	70
Punjabi	6	10
Baloch	12	20
Socio-economic Status		
Poor Class	30	50
Middle Class	18	30
Upper Class	12	20
Occupation of Mother		
House Wife	20	100
Number of children		
One	18	30
Two	12	20
Three	18	30
More than three	12	20

Our study revealed that 43.3 % study participants gave first bath to the within one-day life. 56.7 % participants having belief regarding delayed in the first bath that baby's skin is too soft to be bathed first make it strong continuous massaging then can be bathed after 2-3 days till one week. 100% study subjects do body massage before bathing. 50% of mothers do baby massage with mustard oil (Table 2). They think baby gets good

sleep, grows well sleeps well were the major beliefs behind body massaging.

Table 2 Practices regarding Bathing

1	Time of the first bath		
	Within 1 Day	26	43.3
	After 2 Days	16	26.7
	After 3 Days	12	20
	After 1 Week	06	10
2	Massaging the baby with oil	60	100
	Yes		
	No	Nil	-
3	Type of oil for baby massage	06	10
	Coconut oil		
	olive oil,	06	10
	mustard,	30	50
	Commercial oil	12	20
	Desi Ghee	6	10

Table 3 cultural Practices regarding Feeding

1	Giving Prelacteal feeds soon after birth	44	73.3
	Yes	16	26.7
	No		
	Type of Prelacteal Feeding		
	Honey	34	56.7
	Goat Milk	8	13.3
	Desi Ghee	2	3.3
2	Discarding the colostrum (first milk produced)		
	Yes	48	80
	No	12	20
3	Delaying the initiation of breast feed	42	70
	Yes	18	30
	No		
5	Giving home remedies for digestion		
	Yes	30	50
	No	30	50
6	Type of Remedies		
	Grip water syrup	6	10
	Kahva /(Tea)	6	10
	Ghutti	18	30
7	Mother cannot see face of the baby during breast feeding		
	Yes	52	86.7
	No	8	13.3

73.3% study subjects were giving the Prelacteal feeding in 56.7% were feed with honey. With the belief that This is good for abdominal digestion and it removes the gases and minimize the abdominal digestion, “Ghutti” by the hakim, it keeps digestion of the baby normal.

80% mothers were discarding the colostrum (first feed), their belief was “it is thick milk and hard to digest”, it is not healthy because it color is

not milky so it is not good milk. 70% were intentionally delaying the initiation of the feed because they thought milk should have accumulated properly and baby’s abdomen should get empty fully with contents of the pre-birth. 50% were giving the home remedies regularly to their babies in which 30% were giving ghutti and beliefs were:

I give daily 1/2 tsp of the herbal syrup to my baby for the digestion by which my baby passes his stool soft and less digestion problem. (Participant 1) other participants highlighted that: *we give gripe water syrup daily to the baby by taking this syrup baby’s abdomen remain normal soft, sleep well, passes stool.* 56% mothers’ belief that face of baby could not be seen during feeding because baby will not take feed and will be irritated and will not be grow. (Table 3) 100% study subjects were doing care of the umbilical cord. 46.7% were using spirit (antiseptic solution) for care. 40% were burying the cord into the pit hole when it dries and sheds-off. (Table 4)

90% mothers were applying the Surma / kajal on baby’s face (in eyes, marking dots on cheeks, chin, forehead for beauty looks and marking the black line behind the ear for preventing for evil eye). 50% mothers also tying the black threads which having over some recitation of the holy verses of the Quran by the religious scholar on arm, legs and around the neck for the same purpose. (Table 5)

Table 4: Cultural Practices related to umbilical cord care

1	Do you care the umbilical cord regularly?		
	Yes	60	100
	No	00	00
2	What you use for umbilical care	28	46.7
	Spirit		
	Surma	10	16.7
	Cicatrin Powder	4	6.7
	Ointment	8	13.2
	Pyodine	10	16.7
3	Burying the cord when it dries and shed		
	Yes	24	40
	No	36	60

Table 5: Cultural Practices to Prevent Evil Eye

Applying kajal / Surma on the baby's face to prevent Evil eye	54	90
Yes	6	10
No		
Tying black thread on arm, legs and around the neck	30	50
Yes	30	50
No		
Wearing bangles to the baby's hand or leg to prevent evil eye	12	20
Yes	48	80
No		

Table 6: miscellaneous Cultural Practices of Newborn Care

1	“empty cradle should not be moved”	6	10
	No	54	90
	Yes		
2	Baby is not allowed to be taken out after 6 pm		
	Yes	26	43.3
	No	34	56.7
3	“Baby's cloth should not be placed / hanged on the rope”	50	83.3
	Yes	10	16.7
	No		
4	Regarding Shaving of the head	11	18.3
	Throwing in running water	8	13.3
	Burying	12	20
	Throw outside the home / dustbin	6	10
	Still kept at home safely	23	38.4
	Shaving (<i>Jhand</i>) at shrine and throw there.		
5	Tying of the baby		
	Yes	52	86.7
	No	8	13.3
6	Keeping iron Piece/ knife under the bedsheet of the newborn	42	70
	Yes	18	30
	No		
7	Leaving baby alone in the room	24	40
	Yes	36	60
	No		

90% mothers have belief that empty cradle should not be moved. 43.3% mothers have belief that baby should not be taken out of home after sunsetting it will get exposure for attacking by ghosts, jinn (*Saaya*). 83.3 % mothers' belief that baby's cloth should not be placed hanged on the

rope by drying purpose after washing, they belief that it will increase body aches, abdominal aches in our newborns also the clothes can't be squeezed off after washing for the same reason. Regarding the shaving of the head 38.4% mothers were shaving of head first time at the shrines and throw there with the belief that that saint of the shrine will keep our baby safe from any discomforts and diseases so they go to the shrines of the saints with number of people (relatives and neighbors) and shave the hairs and thrown there and served meal / rice there as (*Nazrana*). 86.7 % mothers were tying baby with clothes to keep body straight with belief that baby gets good sleep and will not took startles and grow smoothly. 70% mothers keep some iron piece, knife under bedsheet of the newborn to be safe from ghosts, jinn (*Saaya*). 40% person were not leaving baby alone in the room even in daytime that baby will not be safe.

DISCUSSION:

In our study 100% participants were doing massage of the baby once twice with oil, 50% of the mothers were using mustard oil while of the mothers 50 % were using commercial baby oil, coconut and olive oil. The similar findings were reported in which 71% of mothers practicing baby massage daily and majority (40.3%) were using the commercial (as per advertisement) baby oil, while 27.3% were using mustard oil¹⁰. Only 15.3% mother were using coconut oil¹¹. Sashikala et al reported 79.4% used oil message before bath¹². Regarding the practices of the first contrary beliefs were identified early and regular bathing to clean and purify babies instantly¹³ where our study 56.7 % participants have delayed in first bathing.

Feeding the colostrum 44% mothers and not giving the Prelacteal feeds 52.1% in newborns⁸ were contrary with present study findings where our study findings revealed 80% discarding colostrum and 73.3% mothers were giving Prelacteal feeds.

In present study 100% subject were giving the cord care with use of antiseptic solution while the other different studies shown different ways of cord care such as talcum powder, turmeric¹⁴, oil, herbal paste¹⁵, ash or clay and antiseptic solutions¹⁶. Another study revealed that the participants clean umbilical stump with water and antiseptic solution and cotton. After the cord sheds, they put surma on it. They do this for 40 days¹⁷.

90% of the participants have stated that they apply Surma and some of applying kajal in the eyes of newborn and making dots on the face and make line behind the ear to prevent their babies from the evil, the similar findings were noted in the other studies as 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 healthy¹⁰. Sasikala et al reported that 84% of the participant applied kajal on face of newborn to prevent from evils eye^{12, 18, 19}, Cacodcar et al reported that 39.08% of the mothers applied kajal

to the baby's eye to ward off evil also tying black thread around the neck and waist of the baby and amulets to ward off evil (97.72%)^{20,21}.

One of the study found that Trained Birth Attendants apply oil and *surma*, a mixture of ground lead and other ingredients, to the eyelid and around eyes to make the eyes appear big, beautiful and bright. They also apply it to the umbilical cord of newborns²². One of the Indian study findings revealed that 74.7% would keep knife under the newborn's pillow and 16.7% of the mothers would keep matchbox under the baby's clothes¹⁰ to ward off ghosts²³, similar beliefs were also highlighted by our study subjects where 70% mothers were keeping some iron piece or knife under the bedsheet of the newborns till the puerperal period of the mother

CONCLUSION

This study showed that many cultural practices are harmless but some are riskier such as delayed in bathing, application of traditional substances on umbilical cord, delayed initiation of breastfeeding, discarding colostrum and giving Prelacteal feeds to the newborns. These needs aggressive intervention to educate the families / mothers. The medical professionals can play an important role to provide culturally competent care along with educating / avoiding health risky cultural practices.

ETHICS APPROVAL: The ERC gave ethical review approval

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin

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