

Original Research Article

Common ritualistic myths during pregnancy in Northern India

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ABSTRACT

Background: The development in science and technology has helped us to overcome the superstitions associated with pregnancy to some extent. Objective of present study was to record information about common ritualistic myths during pregnancy and after baby birth.

Methods: It was a cross sectional observational study conducted in a tertiary care center. Information was collected from 200 admitted women who delivered in last 3 days with direct questions to mother.

Results: Total 180 (90%) women were following the ritualistic myths. Mean age and mean parity was 30.1 years and 2.8 respectively. Sixty five percent women were belonging from rural background. Religion distribution was as follows 144 Hindu, 40 Muslim and 16 were others. Prevalence of the myths was 136 (94.4%), 32 (80%), 12 (75%) in Hindu, Muslim and other religions respectively. An inverse relation was observed between education level and acceptance of myth.

Conclusions: Ritualistic myths during pregnancy and after birth were more common with low literacy, rural background and in Hindus.

Keywords: Baby birth, Pregnancy, Ritualistic myths

INTRODUCTION

The development in science and technology has helped us to overcome the superstitions associated with pregnancy to some extent. But, still many of us follow them even though we realize that these lacks scientific evidence. As in many other things in life, numerous traditions have been created. They often have nothing with science. They are usually prejudices that became part of local culture.^{1,2}

Cultural competence in the provision of postpartum care is essential for nurses in the healthcare world of the 21st century. We planned this study to gain an understanding of traditional postpartum practices for women and babies, and to investigate the factors influencing such practices. Midwives and nurses should discuss these findings and their implications when they educate new mothers and

their families about contemporary methods of postnatal maternal and infant care.

METHODS

It was a cross sectional descriptive observational study. It was conducted at a tertiary care hospital in Northern India in Jaipur City. The study population was women who have delivered in last 3 days either vaginally or by lower segment caesarian section. Information was collected by direct face to face interview with mother and family members and responses were noted down. The fixed numbers of question were asked.

The language of communication was Hindi. Local language was also used, if the mothers had difficulty in communication through Hindi. Questions were open ended and responses falling into preset possible

alternatives. All mothers were inquired by investigator (RC and SG). The information sheet is preformed and pre-tested, the same sheet is used by all investigators. Subjects were enrolled from bed to bed after taking implied consent from mother. The questions were about common ritualistic myths during pregnancy and baby birth with answer either yes or no. Additional details were noted if the answer is yes like type of myth, maternal age, education, occupation, religion, rural residence, family history, possible reasons/ re-enforcers of myths. Myths followed in immediate post-partum period were also noted. The qualitative findings were compared and contrasted with the literature on practices and cultural beliefs related to the pregnancy and childbirth period across the globe and at different times in history.

Statistical analysis

Descriptive statistics included proportions for categorical variables; means and ranges for the continuous variables. We computed the prevalence common ritualistic myths during pregnancy and baby birth in population of 200 women who delivered in last 3 days and 95% confidence interval (CI) was calculated for all variables.

RESULTS

We enrolled 200 mothers, age range of 17 to 44 years with mean age of 30.1 years. Mean parity was 2.8 with a range of 1 to 7 births. Maternal literacy was 62% in the study population. The educational level was range from illiterate to post graduation.

Table 1: Major characteristics of study population.

Characteristics	Total number	Prevalence (%)	95 % CI
Rural residence	200	130 (65)	0.59 to 0.71
Hindu religion	200	144 (72)	0.65 to 0.78
Illiteracy	200	76 (38)	0.32 to 0.45
Primi mothers	200	72 (36)	0.30 to 0.43
Positive family history	200	180 (90)	.85 to 0.94)
Reinforcement by family members	200	178 (89)	0.84 to 0.93
Acceptability for at least 1 myth	200	200 (100)	0.98 to 1.00

CI= Confidence Interval

An inverse relation was observed between education level and acceptance of myths. Myths were more prevalent in illiterate mothers 76 (100%) than educated mothers 104 (83.8%). It was found equally common in working mothers (90%) and housewife (90%). Religion distribution among study population (n= 200) was 144

(72%), 40 (20%), and 16 (8%) in Hindu, Muslims and others respectively. Around 65% women were from rural background. Geographically, study population was from Rajasthan 188 (94%), Haryana 8 (4%), Gujarat 2 (1%) and Uttar-Pradesh 2 (1%). Mothers were agreed that maternal and paternal grandmother reinforced to follow the myths. We also noted other myths for that the mothers (Table 2). Ninety five percent mothers had already observed this myth being practiced in their family or close relatives. All mothers were ready to follow at least 1 myth.

Table 2: Other myths inquired in the study populations.

Feature	Total no.	Prevalence (%)	95 % CI
Ghutti given or want to give	200	82 (41)	0.34 to 0.48
Baby wears a protective amulet Taweez/bangle/ kazar	200	148 (74)	0.31 to 0.44
Desire for burial of placenta but not possible	200	54 (27)	0.09 to 0.19
Planned Cleansing ceremony on 6-8th day	200	158 (79)	0.73 to 0.84
Planned Naming ceremony	200	122 (61)	0.54 to 0.68
Removal of baby's hair ceremony	200	148 (74)	0.68 to 0.80
Plan to stay with own mother after delivery	200	36 (18)	0.13 to 0.24
To not give breast colostrum to baby	200	82 (41%)	0.34 to 0.48
Use of old generation cloths for the newborn	200	56 (28)	0.22 to 0.35
Godh bhara	200	106 (53)	0.46 to 0.60
Confinement foods	200	170 (85)	0.79 to 0.89
Keeping knife and water with mother and baby	200	180 (90)	0.85 to 0.95

CI= Confidence Interval

DISCUSSION

India ranks second in word total population. It has higher birth rates as compared to developed countries. Every married couple wants a safe delivery and healthy baby. As in many other things in life numerous traditions have been created during delivery period. Findings revealed that some traditional customs and particularly those relating to safety of the mother and baby during perinatal period are adhered Indian families.¹ They are usually prejudices that became part of social culture and have no

scientific evidence.² We report common myths prevalent during pregnancy and after delivery. There was no scientific basis behind the myths and even they may cause injury to mother or baby. It is commoner in Hindus as compared to other religions. However, it is common in both major religions (Hindus and Muslims). Question why it is more common in Hindus is remained partially unanswered.

Education level among study population was range from illiterate to post graduate. The illiterate women followed the myth more commonly than educated women. Possibly it was because of better knowledge of science and less beliefs on myths in educated mothers. Women had accepted that health personnel had suggested for not follow the myths. The main causes among highly educated mothers are family pressure or lack of confidence about wellbeing. Geçkil E observed a relationship between traditional postpartum practices and demographic characteristics of women. The women's mothers and mothers-in-law (66.7%) usually encouraged such practices.³

All women were accepted the reinforcement for the same by family members particularly grandparents. Family history of similar myths was found positive in 90% of study population. Women of rural background had higher prevalence than urban women. Possible reasons were low education, poor socio-economic status and lack of awareness about health facilities. Ayaz S noted a relationship between traditional postpartum practices and demographic characteristics of women such as age, educational status, age at marriage and birth place.⁴

Most common belief in mothers to keep knife with mother and baby was that knife protects the baby and mother from evil spirit. It is an ancient belief that mother and baby should be kept safe from "trows" or supernatural creatures. To keep the unborn baby safe from them the pregnancy should be kept secret. The pregnant woman should sleep with knives. The same objects are kept in baby's room when the baby is born. Women present during the birth of baby should stay at home for few days to scare away the evil trows. Water and Bible are also kept below her bed for the same purpose. In China, there is a belief that knife and water ward off the evil spirits for the pregnancy.

Beverley Charmers et al studied the adherence of Indian women to traditional Indian customs during pregnancy, birth and early parenthood in 1993.⁵ He found that while some traditional customs are still adhered to by most Indian women, others are not so strictly followed. Sincemost customs relate to activities conducted at home rather than while in hospital for delivery, medical care would not be expected to influence their practice.

The majority of study population was Muslims (78.3%) in study by Beverley Charmers et al while majorities were Hindu (72%) in present study. We also noted few

other myths for that mother either followed or determined to follow. All mothers were following at least 1 myth in immediate postpartum period. Ghutti was a type of prelacteal feed offered to the baby at birth. It was given by a person who is oldest or has best high qualities in the family. It is believed that baby will get nature and character same to the person who has given the Ghutti. Around 82 (41%) women had either given Ghutti to the baby or decided to give. This practice is being continuous even it is harmful for the baby. Initiation of breastfeeding by Indian women is usually prolonged, and starts when colostrum is fully expressed.⁶ Health professionals should inform women of the benefits of colostrum feeding and encourage them to feed their infant. The common items used as prelacteal feedsinclude boiled water, sugar-water, tea, honey, cow or goat milk and mustard seed oil. These foods are given to cleanse the infant's digestive system from impurities of the womb that have been swallowed during birth, and to substitute breastfeeding before colostrum is completely expressed. These practices should be discouraged.

We noted that baby wore a protective amulet Taweez/bangle/ kazaal in 148 (74%) cases in our study population. Placing a black dot on forehead was common. It is believed that the black dot will protect from bad eyes of strangers. Burial of placenta was desired by 54 (27%) study women. However, it was not possible in hospital because in institutional deliveries placenta was not handed to parents. Most of such practices take place outside the hospital or clinic and are therefore not subject to pressure to change the practice. Cleansing ceremony was planned near day on 6-8th day in 158 (79%) cases while Naming ceremony was planned in 122 (61%) cases. Cleaning ceremony (jalwa) is limited to birth of a baby boy in some families. Okka B et al reported similar tradition to the tune of 72.2% of the mothers reported performing kirkalama (making the forties) in Turkish families, a ceremony performed to celebrate the 40th day after a baby's birth.⁷

Removal of baby's hair ceremony (jadula) was planned in 148 (74%) cases, while plan to stay with own mother after delivery36 (18%) cases. Avoidance of colostrum to baby was found in to baby 82 (41%) cases. Use of old generation cloths for receiving newborn after delivery was found in 56 (28%) cases. It was believed that use of wore old cloths of family member for baby makes longer life of newborn.

Godh Bharai was prevalent in 106 (53%) women in the study population. Godh bharai is a North Indian Hindu ceremony in the 7th month of pregnancy. It is held with more often for the first child. The literal meaning is to fill the lap. The expecting mom is all decked up and the friends and family bless the new mom with gifts or cash money and saree or jewellery. Everyone puts tikka (vermilion) on the mom's forehead, prays for her and the baby's wellbeing, followed by the aarti and mehendi, playful banter and singing and dancing. Indian Muslim

celebration is somewhat similar to godh bhara. In the 7th month of pregnancy parents go to their daughter's home with lots of sweets, food, new clothes for their pregnant daughter and son in law.

Confinement foods were taken by 170 (85%) women in the study population. Each region of India has its favourite confinement foods or recipes. Confinement foods are believed to speed up your recovery from childbirth. The common confinement foods are gourds such as lauki and tori, paan (betel leaves), ghee, fruits, fizzy drinks, juices, green and red chillies, black pepper and azvain.

There was a fall in such customs in last few years. As fewer marriages are arranged today than in previous years. Social ties to parental influences appear to be lessened. Only a few customs regarding the baby and mothers are followed. Indian birth customs do not appear to have been influenced much by Western medicine.⁸ Rather, the acculturation occurring as Western and Indian groups integrate appears to be diminishing adherence to many traditional rituals and customs surrounding birth.

Myths related to pregnancy are prevalent everywhere without any scientific evidence. Postpartum health beliefs and practices among non-Western cultures are each distinct, but have many similarities. Two common belief systems surround 1) the importance of hot and cold, and 2) the necessity of confinement during a specific period of time after giving birth.⁹ Sharma et al from Nepal also reported that, the cultural practices, taboos and beliefs during pregnancy and around childbirth found in Nepal largely resonate with those reported across the globe.¹⁰ Even few practices are harmful to mother and baby. It is particularly more important in developing countries like India where the birth rates are high. Causes remained majority of population confined to villages where coverage of health system is poor, home deliveries, untrained birth attendants, low literacy rates and lack of awareness.

As most of the customs are traditionally based, culture oriented and sensitive, a careful approach of health education of all reproductive women is needed to plan for without hurting their cultural feelings.

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REFERENCES

1. Gatrad AR, Ray M, Sheikh A. Hindu birth customs Leading article. *Arch Dis Child*. 2004;89:1094-7.
2. Choudhry UK. Traditional practices of women from India: pregnancy, childbirth, and newborn care. *J Obstet Gynecol Neonatal Nurs*. 1997;26 (5):533-9.
3. Geçkil E, Sahin T, Ege E. Traditional postpartum practices of women and infants and the factors influencing such practices in South Eastern Turkey. *Midwifery*. 2009;25(1):62-71.
4. Ayaz S, Efe SY. Potentially harmful traditional practices during pregnancy and postpartum. *Eur J Contracept Reprod Health Care*. 2008;13(3):282-8.
5. Chalmers B, Meyer D. Adherence to traditional Indian customs surrounding birth. *SAMJ*. 1993;83.
6. Bandyopadhyay M. Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. *Int Breastfeeding J*. 2009;4(1):2.
7. Okka B, Durduran Y, Değerli Kodaz N. Traditional practices of Konya women during pregnancy, birth, the postpartum period, and newborn care. *Turk J Med Sci*. 2016;46(2):501-11.
8. Craig AP, Albino RC. Urban Zulu mothers views on health and health care of their infants. *S Afr Med J*. 1983;63:571-2.
9. Kim-Godwin YS. Postpartum beliefs and practices among non-Western cultures MCN. *Am J Matern Child Nurs*. 2003;28(2):74-8.
10. Sharma S, van Teijlingen E, Hundley V, Angell C, Simkhada P. Dirty and 40 days in the wilderness: Eliciting childbirth and postnatal cultural practices and beliefs in Nepal. *BMC Pregnancy Childbirth*. 2016;16(1):147.

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