

## Original Research Article

# Traditional beliefs a boon or a curse in rearing a newborn

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### ABSTRACT

**Background:** Traditional beliefs in rearing newborns are deeply rooted in the history and culture of a community. They reflect the values, norms, and experiences of a society and often vary significantly from one culture to another. These practices can be influenced by factors such as geography, religion.

**Methods:** A cross-sectional study was conducted at Navodaya medical college and research centre, Raichur and Selected UHTC and PHC'S of Raichur from July 1, 2024 to July 31 2024. A total of 100 mothers and grandparents were interviewed and data was collected after taking consent.

**Results:** In our study 6% of mothers discarded colostrum. Around 8% of mothers gave pre-lacteal feeds. Around 26% of mothers poured oil into ears, 91% of mothers applied oil on head.

**Conclusions:** The study reveals that while mothers value traditional beliefs in newborn care, integrating these practices with modern medical advice is crucial for promoting infant health and ensuring culturally sensitive healthcare.

**Keywords:** Tradition, Beliefs, Newborn, Breast feeding

## INTRODUCTION

India has its own cultural beliefs and practices with regards to newborn care which are centuries old. Cultural practices and beliefs in India vary significantly, encompassing a wide range of differences in language, religion, dietary customs, clothing, economic status, traditions, and cultural habits.<sup>3</sup> Not all customs and beliefs are detrimental. Some carry positive values, while others may be neutral or even negatively impact a newborn's health in various ways, including physical, psychological, and social development.<sup>4,5</sup>

A healthy newborn is typically discharged within the first week of life after receiving essential care services while in the hospital. However, once at home, traditional practices can greatly affect the care provided. There is a significant risk of more than 50% of infant deaths occurring during the second to fourth week of life, particularly in tribal regions.<sup>4,5</sup>

### Objectives and aims

To know the traditional beliefs in rearing a newborn care.

## METHODS

### Study design

This was a cross-sectional study.

### Type of study

The study type was Questionnaire based.

### Study location

Navodaya Medical College and Research Center, Raichur, UHTC and PHC's Raichur.

**Study population**

The study mothers and grandparents of the new born admitted in post-natal ward NMC Raichur and UHTC and PHC Raichur.

**Sample size**

A purposive sampling of 100 mothers and grandparents of the new born during the study period.

**Study duration**

The study duration was of one month from 01/07/24 to 31/ 07/24.

**Inclusion criteria**

It includes mothers and grandparents of the new born admitted in post-natal ward NMC Raichur and UHTC and PHC Raichur. Post-partum mothers who gave consent to voluntarily participate in our study.

**Exclusion criteria**

Post-partum mothers who declined to give consent to participate in the study.

**Data collection**

The participants were informed about the study's purpose, objectives, and benefits, and informed consent was

secured from each individual. Data was gathered through interviews with all eligible subjects who agreed to participate, using a semi-structured questionnaire. Confidentiality was upheld throughout all stages of the study. The study was approved by the institutional ethics committee.

**Data analysis**

All the data collected by questionnaire were entered in SPSS version 22 software (Statistical Package of social Sciences). Statistical analysis of the data was done using SPSS version 22. Categorical data was expressed in frequency and percentage

**RESULTS**

In our study 6% of mothers discarded colostrum. Around 8% of mothers gave prelacteal feeds. Around 26 % of mothers poured oil into ears. 91% of mothers applied oil on head. Around 79 % mothers exposed the baby to holy smoke. Oil massage before bath was done in 95% of newborns.

Branding for illness was done in 11% of newborns. Around 78 % of mothers exposed the baby to sunlight for jaundice.

95 % of mothers applied kajal to the baby. 96% of mothers tied a black thread to baby to protect from evil eye. 81 % of mothers were not allowed to come out of house for a month.

**Table 1: Sociodemographic parameters.**

| Variables             | Frequency |
|-----------------------|-----------|
| <b>Age (in years)</b> |           |
| 18–25                 | 58        |
| >25                   | 42        |
| <b>Religion</b>       |           |
| Hindu                 | 55        |
| Muslim                | 35        |
| Christian             | 10        |
| <b>Type of family</b> |           |
| Nuclear               | 44        |
| Joint family          | 56        |
| <b>Education</b>      |           |
| Illiterate            | 5         |
| 1–5 <sup>th</sup> std | 22        |
| 5–12 <sup>th</sup>    | 42        |
| Graduate              | 31        |
| <b>Family income</b>  |           |
| <10000                | 21        |
| 10000–20000           | 55        |
| >20000                | 24        |

**Figure 2: General traditional beliefs.**

| Traditional beliefs                    | Response by grand parents |    | Response by mother |    | Followed the belief n=100 | %  |
|----------------------------------------|---------------------------|----|--------------------|----|---------------------------|----|
|                                        | Yes                       | No | Yes                | No |                           |    |
| <b>Discarding colostrum</b>            | 14                        | 86 | 8                  | 92 | 6                         | 6  |
| <b>Prelacteal feeds</b>                | 10                        | 90 | 5                  | 95 | 8                         | 8  |
| <b>Pouring oil into baby's ear</b>     | 38                        | 62 | 16                 | 84 | 26                        | 26 |
| <b>Applying oil on head</b>            | 93                        | 7  | 90                 | 10 | 91                        | 91 |
| <b>Exposing the baby to holy smoke</b> | 87                        | 13 | 79                 | 21 | 84                        | 84 |
| <b>Oil massage before bath</b>         | 94                        | 6  | 93                 | 7  | 95                        | 95 |

**Figure 3: Traditional practices followed during illness.**

| Traditional beliefs                 | Response by grand parents |    | Response by mother |    | Followed the belief | %  |
|-------------------------------------|---------------------------|----|--------------------|----|---------------------|----|
|                                     | Yes                       | No | Yes                | No |                     |    |
| <b>Branding for illness</b>         | 22                        | 78 | 6                  | 94 | 11                  | 11 |
| <b>Exposure of baby to sunlight</b> | 79                        | 21 | 72                 | 28 | 78                  | 78 |

**Figure 4: Protective measures followed against evil eye.**

| Beliefs                                                       | Response by grand parents |    | Response by mother |    | Followed the belief | %  |
|---------------------------------------------------------------|---------------------------|----|--------------------|----|---------------------|----|
|                                                               | Yes                       | No | Yes                | No |                     |    |
| <b>Applying kajal</b>                                         | 96                        | 4  | 92                 | 8  | 95                  | 95 |
| <b>Tying a black thread</b>                                   | 97                        | 3  | 91                 | 9  | 96                  | 96 |
| <b>Mother &amp; child not allowed to come out for a month</b> | 91                        | 9  | 76                 | 24 | 81                  | 81 |

## DISCUSSION

In our study of 14% of the grandparents and 8% of mother had a belief that colostrum should be discarded. Around 6 newborns were deprived of colostrum at birth. In our study they had a belief that colostrum is unhygienic, it is thick so difficult to digest.<sup>8</sup> Ganjoo et al reported that 57% of mothers believed that colostrum to be unhygienic and did not give it to their baby.

While other studies in North Karnataka Nethra et al and elsewhere Reshma et al, Khan et al reported lower rates of colostrum feeding (15.5%, 41%).<sup>8,9</sup> Around 10 % of grandparents and 5% of mothers believed in giving prelacteal feeds. 8 newborns had prelacteal feeds. In our study parents had belief that baby is too weak to latch and also colostrum is too less for the baby.

Few told it was a cultural belief.<sup>4</sup> This practice is not recommended as it lacks nutritional value, hinders weight gain, and can fill the baby's stomach, sucking will be affected, reducing breastfeeding time. Additionally, prelacteal feeds can pose a risk of infection.

38 % of grandparents and 16 % of mother believed in the practice of pouring oil into a baby's ears. Though 16 % mothers believed in it but was followed in 26 newborns due to societal pressure. This practice, also reported by Nethra et al where 75% of mothers engaged in it, is

driven by a belief that oil prevents the ears from closing.<sup>9,16,18</sup> 93% of grandparents and 90 % of mothers believed in applying oil to their baby's soft spot (anterior fontanelle). Oil was applied on head in around 91 new born.

It helps with a dry, itchy, or flaky scalp, and possibly promote hair growth, it has no impact on the closing of the fontanelle, contrary to what many mothers believed.<sup>11</sup> Around 87 % of grandparents and 79 % of mothers believed in exposing the baby to holy smoke. 84 newborns were exposed to smoke from incense (dhoopam) after bathing.

This practice, reported by Reshma et al in their study where 79% of mothers participated, is concerning as smoke dust can negatively impact health, potentially leading to respiratory infections or allergies. Around 94 % of grandparents and 93 % of mothers believed in oil massage before bath. Oil massage before bath was done in 95 newborns. According to Shankarnarayanan et al, coconut oil massage resulted in significantly greater weight velocity.<sup>12</sup>

Branding, a harmful practice involving burning skin with hot iron rods, is a traditional treatment method for various illnesses, including jaundice in newborns, pneumonia, and seizures. 22 % of grandparents and 6 % of mothers

believed branding helps in curing the disease. Branding was done in 11 newborns.

Around 79% of grandparents and 72 % of mothers believed in exposing the baby to sunlight when the baby turns yellow (Jaundice). 78 newborns were exposed to sunlight for jaundice. This practice, reported by Reshma et al where 73% of mothers engaged in it, is based on the belief that sunlight's spectrum can absorb bilirubin, the pigment responsible for jaundice.

While sunlight may have some effect, lower intensity sunlight is generally considered more effective.<sup>13,14</sup> 96% of grandparents and 92 % of mother believed that applying kajal to newborn baby on eyes or behind the ear, is essential and they believe that it protects newborn from evil eye. Kajal was applied to around 95 newborns.

Sasikala et al reported that 84% of the participant applied kajal on face of newborn to prevent from evils eye, 14 which was similar to one reported by Reshma et al (82%). However, its application to the eyes can cause conjunctivitis and dacryocystitis, and finger nail trauma to the eye.<sup>15,16,19</sup>

Around 97% of grandparents and 91% of mothers believed in tying a black thread to protect from evil eye. 96 newborns were tied with a black thread. This is one of the commonest practices.<sup>2</sup> Around 91 % grandparents and 76 % of mothers believed that mother and child should not come out of the house for a month. 81 mothers and newborns were not allowed to come outside.

The limitation of study is that newborn care practices were not observed but only verbal information was obtained.

## CONCLUSION

Cultural practices are passed on from generation to generation. Some harmless practices can be acknowledged by medical professionals to foster positive relationships with mothers and families, facilitating necessary behavioural changes. Understanding community cultural practices allows for culturally appropriate care, which is more readily accepted by society.

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## REFERENCES

1. Ministry of Health and Family Welfare, Government of India. National guidelines for newborn care. New Delhi: MoHFW. 2020.
2. Bang AT, Bang RA, Reddy HM. Home-based neonatal care: Summary and applications of the

- field trial in rural Gadchiroli, India (1993–2003). J Perinatol. 2005;25(1):108–22.
3. Singh M. Care of the Newborn. 8th ed. New Delhi: CBS Publishers & Distributors Pvt Ltd. 2017.
4. World Health Organization (WHO). Newborn care: A guide to essential practice. Geneva: World Health Organization. 2018.
5. Kumar D, Aggarwal AK, Kaur M. Traditional practices and beliefs in newborn care among mothers in a rural area of Punjab, India. Indian J Pediatr. 2006;73(8):775–8.
6. Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? Lancet. 2005;365(9462):891–900.
7. Kumar V, Mohanty S, Kumar A. Effect of community-based behaviour change management on neonatal mortality in Shivgarh, Uttar Pradesh, India: A cluster-randomised controlled trial. Lancet. 2008;372(9644):1151–62.
8. Reshma, Sujatha R. Cultural practices and beliefs on newborn care among mothers in a selected hospital of Mangalore taluk. Nitte Univ J Health Sci. 2014;4(2):21-6.
9. 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.
10. Darmstadt GL, Kumar V, Yadav R. Introduction of community-based skin-to-skin care in rural Uttar Pradesh, India. J Perinatol. 2006;26(10):597–604.
11. Sankaranarayanan K, Mondkar JA, Chauhan MM, Mascarenhas BM, Mainkar AR, Salvi RY. Oil massage in neonates: an open randomized controlled study of coconut versus mineral oil. Indian Pediatr. 2005;42(9):877-84.
12. Kumar P, Chawla D. Neonatal jaundice: A review. J Neonatol. 2013;27(1):1–10.
13. American Academy of Pediatrics (AAP). Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004;114(1):297–316.
14. Gupta S, Yadav R. Cultural practices and beliefs in newborn care among mothers in a rural area of Uttar Pradesh, India. J Neonatal Biol. 2016;5(2):1–5.
15. Sharma R, Sharma S. Traditional practices and beliefs in newborn care among mothers in a rural area of Rajasthan, India. Int J Community Med Public Health. 2015;2(4):510–4.
16. Ganjoo C, Rowlands R. Breastfeeding and weaning practices of urban housewives in Srinagar. Indian J Nutr Diet. 1988;25(11):354-8.
17. Sankaranarayanan K, Mondkar JA, Chauhan MM, Mascarenhas BM, Mainkar AR, Salvi RY. Oil massage in neonates: an open randomized controlled study of coconut versus mineral oil. Indian Pediatr. 2005;42(9):877-84.
18. Reshma, Sujatha R. Cultural practices and beliefs on newborn care among mothers in a selected hospital

of Mangalore taluk. Nitte Univ J Health Sci. 2014;4(2):21-6.

19. Vaishnav R. An example of the toxic potential of traditional eye cosmetics. *Indian J Pharmacol*. 2001;33:46-8.

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