

Internship Training

at

International Institute of Health Management Research New Delhi

Qualitative Study on Traditional Beliefs and Practices During Postpartum Confinement Period and Newborn Care Among Maternal Grandmothers of Muzaffarpur District of Bihar, India

By

Mr Ayusman Jena

PG/21/022

Under the guidance of

Dr Sidharth Sekhar Mishra

PGDM (Hospital & Health Management)

2021-23



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**International Institute of Health Management Research New
Delhi**

(Completion of Dissertation from respective organization)

The certificate is awarded to

Mr Ayusman Jena

in recognition of having successfully completed his Internship

at IIHMR, Delhi

and has successfully completed his Project on

Qualitative Study on Traditional Beliefs and Practices During Postpartum Confinement Period and Newborn Care Among Maternal Grandmothers of Muzaffarpur District of Bihar, India.

Date- 15th January to 15th April, 2023

International Institute of Health Management Research New Delhi

He comes across as a committed, sincere & diligent person who has

a strong drive & zeal for learning.

We wish him all the best for future endeavours.

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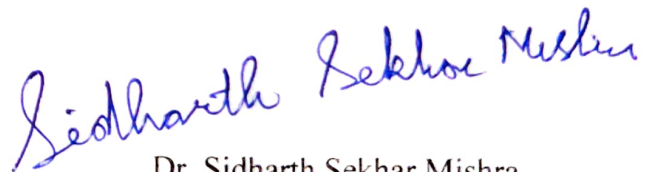
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The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all her future endeavours.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi



Dr. Sidharth Sekhar Mishra
Assistant Professor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **“QUALITATIVE STUDY ON TRADITIONAL BELIEFS AND PRACTICES DURING POSTPARTUM CONFINEMENT PERIOD AND NEWBORN CARE AMONG MATERNAL GRANDMOTHERS OF MUZAFFARPUR DISTRICT OF BIHAR, INDIA”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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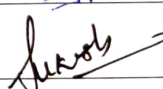
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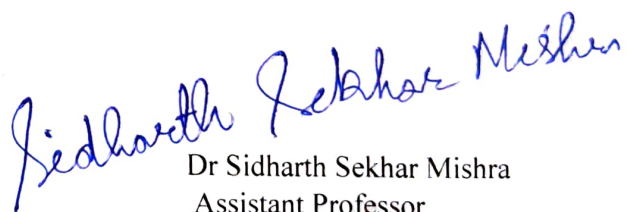




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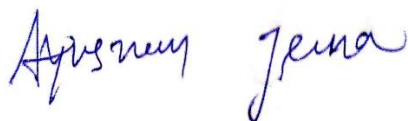


Dr Sidharth Sekhar Mishra
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**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT
RESEARCH, NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**Qualitative Study On Traditional Beliefs And Practices During Postpartum Confinement Period And Newborn Care Among Maternal Grandmothers Of Muzaffarpur District Of Bihar, India**” and submitted by **Mr Ayusman Jena**, Enrollment No. PG/21/022 under the supervision of **Dr Sidharth Sekhar Mishra**, Assistant Professor, IIHMR Delhi for award of **PGDM** (Hospital & Health Management) of the Institute carried out during the period from **15th January to 15th April, 2023** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



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FEEDBACK FORM

Name of the Student: Mr Ayusman Jena

Name of the Organisation in Which Dissertation Has Been Completed:

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Area of Dissertation: Qualitative Study On Traditional Beliefs And Practices

During Postpartum Confinement Period And Newborn Care Among Maternal

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Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

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Place: New Delhi

CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	Dr/Mr./Ms.: <u>AYUSMAN JENA</u>		
Enrolment/Roll No.	PG/21/ <u>022</u>	Batch Year	2021-2023
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INTRODUCTION:

Every year, four million deaths occur in the first month of life around the globe. (1) A number of factors affect mortality, and one of them is the use of dangerous behaviors including improper cord care, throwing away colostrum, and feeding other foods that are based on cultural customs. (2) The majority of newborn fatalities (99%) take place in low- and middle-income nations, with around half taking place at home. One of the main causes could be that most deliveries occur at home in developing nations, where mothers only receive minimal prenatal and postoperative care. (3) The World Health Organization and Save the Children have identified a series of procedures that are vital for newborn care and lower neonatal morbidity and mortality.(4)

Pregnancy, delivery, and child development practices have their origins in cultural beliefs, customs, and traditions in India that are founded on the knowledge found in ancient Indian books. Both rural and urban Indian populations engage in these traditional behaviors, however with slight variations. These particular customs are often practiced by Indian women during their pregnancies, deliveries, and postpartum years. Due to the importance placed on elders' orally transmitted wisdom, these particular rituals are considered significant. (5)

Previous research conducted around the world discovered that certain customs, such as applying lizard droppings on the umbilical cord in Uganda, may have increased the risk of infection and illness for the newborn. Similar to this, researchers in Honduras have shown that some ingrained practices make neonates more susceptible to illnesses. Several studies from India have also emphasized customs like cutting the umbilical cord with a bamboo piece or by crushing it with a stone, and feeding newborns with goat's

milk and herbal paste, and they have recommended changing these behaviors through effective communication. (3)

In the postnatal period, both new mothers and their infants exhibit behaviors that indicate a need for medical attention. These behaviors are influenced by cultural and traditional practices, values, and beliefs. (6) The community's dominant cultural ideas and traditions, which differ across India, have an impact on infant practices. (7)

However, while certain traditional traditions are helpful to the mother and infant, some are not. (8) There is a strong assumption that the new mother will predispose herself to a number of illnesses that may manifest later in life if she does not take good care of herself during this time.(9)

Some people think that cultural practices and therapies work better than traditional medical treatments. However, such methods may have a direct negative impact on the pregnant woman and the newborn. The significance of conventional ideas in nursing and postpartum habits in contemporary culture is a neglected topic of research. (10) Traditional methods used in the postpartum period are particularly risky since they can prolong the neonate's recovery time, obstruct the effectiveness of treatment, and even cause death. (11)

The postpartum period is a crucial time for a woman to adjust to motherhood and heal from pregnancy and childbirth. In order to ensure healing and prevent poor health in the future, specific traditional practices are observed at this delicate time, especially the first six weeks when the new mother is especially prone to disease. (5) The first month after

birth is when most maternal and newborn deaths take place. (2) The majority of postpartum (after pregnancy) illnesses and maternal deaths (between 50% and 71%) occur during this time. Sepsis and hemorrhage are the most common causes of maternal death, which occurs often in the post-partum period. (9)

The most significant cause of maternal death, which occurs frequently after childbirth. (4) Maternal mortality—deaths occurring during pregnancy, childbirth, or the postpartum period—is a crucial sign of the wellbeing and status of women. A baby's normal development and long-term health depend greatly on newborn care. (4) The need for better newborn care around the world has been highlighted by the identification of inappropriate neonatal care practices as a significant factor in the high rates of neonatal mortality. (3) One of the neglected areas of health in the globe is newborn mortality. Since the majority of births and deaths take place outside of a recognized healthcare facility, interventions that support or modify customary care behaviors used in the home may have a significant impact on reducing infant mortality. (12)

Numerous factors, including religion, caste, location, education, socioeconomic level, and family preferences, have an impact on the traditional beliefs and behaviors in India throughout the postpartum confinement period and infant care. The health of the mother and the unborn child may benefit from some of these beliefs and practices, some of which are supported by scientific research. For instance, the World Health Organization (WHO) advises consuming nutrient-dense foods, getting enough sleep, staying warm, avoiding infections, and exclusively breastfeeding for the best postpartum care. The health of the mother and the unborn child, however, can also be harmed or negatively impacted by some of these beliefs and practices.

RATIONALE:

Research on customs and beliefs relating to postpartum confinement and neonatal care in Bihar is lacking. Because of the potential benefits these customs and beliefs may have on the health of both mother and child, this is a crucial subject for research. Additionally, knowing these customs and beliefs can aid medical professionals in providing better postpartum care for Indian women. A solid understanding of the target community's members and the major influences on the behaviors in question is a must for effective key behavior adjustments. Qualitative research is better suitable to obtain such in-depth insight. It aids in gathering important data and offers perceptions on what can inspire this audience to enhance its neonatal care procedures. Therefore We had conducted a qualitative study with a focus on traditional newborn care practices in Muzaffarpur District of Bihar.

REVIEW OF LITERATURE:

1. According to Raven et al., local health administrators were concerned about the negative impacts of women skipping their postpartum baths. However, their research revealed that all women followed some cleanliness routines and lacked symptoms of sickness brought on by dissimilar hygiene practices. For some families, "doing the month" still holds a special place in their rituals. Despite their desire to uphold tradition and heed elders' counsel, several rituals were modified suit the socio-economic setting.
2. Vernekar et al. discovered that breastfeeding and newborn care practices such early commencement and exclusive breastfeeding, delayed bathing of newborns, and excellent cord care also highlighted certain positive traditional customs and beliefs during the study in Goa. He suggested that some behaviors, like postpartum confinement, are possible dangers to the mother's sound mental and physical well-being and should be stopped. However, other, more benign behaviors, like the child's naming ceremony, are reflective of the celebration of the postpartum period and should be acknowledged to foster positive relationships with mothers and their families.
3. Dehury et al. discovered in a study conducted in Maharastra that the mother must adhere to local customs on diet, hygiene, physical activity, and rest during the postpartum period, known as balantini. One month after giving birth, the mother was considered to be in a specific time frame and was expected to adhere to certain standards surrounding her daily activities. He said that a high maternal death rate in

rural areas is caused by a shortage of both low-level employees like competent birth attendants and experts like obstetricians and gynecologists.

4. In South India, Jenifer et al. discovered a critical requirement for educating not just the women but the entire family about detrimental customs while emphasizing the elements of crucial newborn care. One respondent said, paraphrasing, "My husband and mother-in-law should also be taught about baby care, not just me. While my husband and mother-in-law don't understand the issue of detrimental practices being practiced at home, I can. I am so compelled by my husband to comply with the elders' wishes.

5. Reshma et al. observed that cultural practices and views on newborn care among mothers have a substantial correlation with demographic variables (kind of family and religion) in a study conducted in the Mangalore Taluk. She proposed that the postnatal ward perform regular health education sessions on the dos and don'ts of newborn care, which would help reduce the use of harmful customs.

6. Pati et al. discovered that early bathing rituals also had a social component while conducting a study in Odisha. According to her, most women expressed anxiety that their neighbors and family members would object if the baby wasn't cleaned by bathing right away. The early bathing of a baby is also frequently motivated by a fear of social rejection.

7. Bangarl et al. discovered traditional beliefs and practices like (1) discarding the milk produced in the first few days after birth during a study in Uttarakhand. (2) A massage with coconut oil produced noticeably higher weight velocity. (3) Some foods are seen as hot in one culture and cold in another. (4) Because "hot" and "cold" foods

like mangoes, pork, and eggs were thought to cause considerable body heat, mothers had strong opinions about them. (5) During the puerperium, women faced dietary limitations. (6) A few mothers believed warm water consumption by the mother made the baby's veins appear more pronounced, which was unsightly. As a result, they chose to drink cool water, which placed unnecessary constraints on the mothers diet.

8. Nethra et al. in the state of Karnataka discovered that (1) mothers exposed their infants to dhoopam (holy) smoke after bathing them to protect them from evil eyes. (2) The mothers stated that when the baby's skin turns yellow, they will expose the child to the sun in order for the light to remove the yellow hue. 2% of the mothers thought that the baby should be treated for jaundice by drinking sugar water. (3) Because they believe that doing so will force the baby's ears to close, 75% of the mothers had a practice of doing so. on prevent the evil eye and because they believe black thread will absorb bad energy, 94% of the women practiced attaching black thread and bangles on the newborn's hand or leg. 95% of the women agreed that the newborn would have abdominal pain if the empty cradle were moved. (4) Covering the newborn's ears with a scarf, dressing him or her in warm clothing, and bathing him or her while practicing cleansing the coated tongue with your fingers.

9. Solomon et al. discovered that in Ethiopia 1) Abdominal massage is also performed when people assume that there is (premise of heart displacement to the lower body or belly), and the massage is exhaustively performed with the assumption that the heart would be returned to its proper location. 2) Very few survey participants have mentioned seeing women with health issues like stillbirths or child deaths, or even mothers giving birth by themselves in the field due to excessive work, despite being told

to avoid it. In summarizing their thoughts, practically all survey participants noted that such behaviors might have a greater health impact than the ascribed advantage and recommended visiting a hospital to facilitate labor and ensure the health of expectant mothers and newborns.

OBJECTIVES OF THE STUDY:

General Objective:

To develop an understanding of the common Cultural traditions in Muzaffarpur District relating to newborn care, and the postpartum confinement period (up to 42 days after delivery).

Specific Objective:

- 1) To explore the knowledge, awareness, and perception of a female family member (Maternal Grandmother) about the puerperium period caring for the newborn.
- 2) To identify the main reasons why post-partum women, adhere to or discontinue some traditional harmful health practices and beliefs.
- 3) To understand the barriers and enablers for newborn care-related practises from a female perspective in the time of the postnatal period.

METHODOLOGY:

A. **Study design-** Qualitative study design was used to gather the in-depth information which was followed to explore the common Cultural practices in Muzaffarpur, Bihar.

B. **Study setting-** The study was conducted in in Muzaffarpur District of Bihar.

C. **Study duration-** The entire study and Data collection was spanned for a period of 3 months

D. **Study population-** Females of age 40 years and above whose Daughter has given birth in the last 42 days in Muzaffarpur district, Bihar.

E. **Sample size-** For the study, a total of 8 participants were interviewed.

F. **Sampling method-** Convenient sampling method was used for collecting the data.

G. Selection criteria-

- **Inclusion Criteria-**

- o Maternal Grandmothers whose Daughter has given birth in the last 42 days

- **Exclusion Criteria-**

- o Maternal Grandmothers who had refused to provide consent or record their interview and who were not available during the time of the interview were excluded.

H. Methods of data collection-

Through self-prepared Qualitative Tool guide and audio recorder for recording the interview.

I. Data analysis -

Data was analysed through thematic Mapping Technique.

J. Ethical consideration-

The IIHMR Student Research Review Board had reviewed this study for ethical compliance and the study was initiated after institutional ethics approval. All participants were informed of the study's goals then written consent of the participants was taken prior to conducting the interview.

RESULTS:

Findings of our Study was categorised Under General and specific Objectives, and under these Objectives, findings were further classified under Broad themes and Sub themes:

(GENENRAL OBJECTIVE) - TO DEVELOP AN UNDERSTANDING OF THE COMMON CULTURAL TRADITIONS IN SIX DIFFERENT STATES RELATING TO NEWBORN CARE, AND POSTPARTUM PERIOD (UP TO '42' DAYS AFTER DELIVERY).

THEME:

1. Roles and responsibility during postnatal period.

- Responsibility as a mother: Respondents mostly emphasized the importance of keeping the child healthy and taking care of the child and fulfilling their basic needs and feeding breast milk to the Baby.

Wo toh zimmedariyan kahi jaye na ghar me bacha ko swasth rakhe, maa ban ne se Khayal bichar ho jata hay naa....(Respondent 1)

It is responsibility of a mother to keep the Baby healthy after becoming a mother eventually all these qualities build up.(Respondent 1)

Ye toh guardian ka zimmedari hoti hay.. bacha ko khilana, kapda pehnana, ka chiz hay ghar me nahi hay sabka guardian toh jhelbe karta hay.....(Respondent 2)

Its responsibility of guardian to take care of all the household chores like clothing , fooding what is available at house whats not, guardian is solely responsible for all these.....(Respondent 2)

- Use of cultural practices: respondents mentioned the use of cultural practices such as kadhu oil to avoid insect bites and the use of powder to avoid foul smell and some of them mentioned the use of cold water that can make mother fat, so till 12 days after delivery they are fed with luke warm water.

Nahane ke baad powder waudar laga dete hai. Powder laga ne se der nehi mahakta hai ya acha swasth bhi rahega.....(Respondent 5)

After Bathing applying powder will get rid of foul smell and keeps the baby healthy....(Respondent 5)

Kya hota he ki usko deh swasth rakhta hai sardi khasi nehi hota hai. Kitanu dang nehi marte hai to laga dete hai, dang nehi marega to bacha swasth rahega kya, thoda apna sarso pedwa ke tel lagate hai....(respondent 7)

Baby will be healthy , no cold and cough will occur , insect wont bite by usage of mustard oil....(respondent 7)

- Family members support: The respondents mentioned that family members support the pregnant women by not letting her do any work and mostly the husband helps their wife in doing household tasks. Recently delivered women are also given support by not letting her to do any work for a month and their husband supports her in cooking food for the family during this time.

Delivery ke baad kya karenge jo gaye unka hoga sab.. jaise wo aye turant mane kaam suru karne diye boleki rest lo 1 aag din, 20 din 25 rest uske baad khana pina jo hai wo so apna karke diye.....(Respondent 6)

After delivery, the mother of the baby is asked to take rest for 20-25 days and only after that period shes allowed to cook and work.(Respondent 6)

2. Traditional beliefs and other practices of care.

- Beliefs on traditional practice's effectiveness: Most of the respondents mentioned that ancestors' rituals of traditional practices are followed and one of the respondent said Prior to breast fed the child was fed with honey and goat milk to increase the immunity.

Jo purbaj karke aa rahe the uspe biswas karte hai.....(Respondent 4)

ancestors' rituals of traditional practices are followed.....(Respondent 4)

- Breastfeeding, pre-lacteal feeds and other feeds: some respondents mentioned the importance of cleaning the breast before feeding and being aware of the effectiveness of colostrum and also mentioned the effectiveness of breastfeeding the child until 6 months.
- Food prohibited for mother and child: few respondents mentioned that for the first 6 days after giving birth, the mother is only fed sweets and ginger and till 6 months the child is not given any solid food.

mahina hone ke baad dalia dete hai.. bache ko .. pani, khali mai ka dood, aur maa ko 6 din khana nehi dete hai aur bolte hay aad aur mithai khake raho, usme se Kishor zinda raho bacha hogaya to bachdani thike hoga bahut badhiya rahega.....(Respondent 8)

After a month we feed the baby dalia before that we feed water and mothers milk only, mother is restricted to eat for 6 days to eat anything and is fed with sweet and ginger so that baby and mothers uterus will remain healthy.....(Respondent 8).

- **Massage:** Respondents stated that massaging the baby in a prone position was necessary and they usually start to massage the baby only after 12 days after birth, specifically with the use of kadhu oil.
- **Cord care:** Mostly respondents mentioned using medicines or kadu oil to help the cord dry faster and fall off. Some respondents mentioned that they don't use anything for cord care and rely on whatever the doctor has done/ or suggests them to follow during birth of the child for cord care .

Pothi me jo dawai milti hai sishe me, yaa kadhua tel laga denge to wo apne aap wo jhad jayega, ghaw sukh jayega.(Respondent 7)

Whatever medicine we get in vial we use or we use kadhua oil then its fall off own its own and heals quickly.....(Respondent 7)

- **Baby bath:** few respondents agreed that they wipe the baby's body for the first 2-12 days after birth and they don't give bath the baby . After 12 days, respondents mentioned that they bath the baby with cold water before 10 am.

Bache ko to 2 din tak nehi nehlate , 2 din deha poch te hai..kahte hai jo kapda se bhiga hai poch denge.. kapda badl denge.. tel lagaye hai kapda me poch denge. Phir powder wader mardeuche, Phir 2 din ke baad naha denge.....(Respondent 2)

Till 2 days wo don't bath the baby we wipe the baby with wet cloth, change the diaper cloth, rub the baby with oil cloth, apply powder after 2 days web bath the baby.....(Respondent 2)

Pani garam to nehi nahalate hai, thoda thand hogi tab nahalate hai, aur 10 baje nahake apna ghar me rakh lete hai.....(respondent 5)

We don't bath the baby with directly with cold water, we bath the baby with slightly luke warm and before 10 am we bath and keep the baby...(respondent 5)

- Extraneous physical activities: Physical activities such as stretching baby's hands and legs were mostly seen among the Respondents and the mostly mothers taking care of the physical activities of a baby.
- Herbal medicine: most respondents do not believe in the usage of herbal medicines and prefer to visit a doctor in case of disease. But some said if the baby

doesn't get cure by the usage of Ghoot(Herbal medicine) only then they go to doctor & some said they use of Tulsi patta and Kasij ka patta for curing cold.

Bimari hoti hai to Dr ke paas jate hai, bacha ko kuch hua to wo kahega thodi, hum to sidha Dr ke paas leke jate hai, bahut royega to chup nehi rahega tab Dr ke paas leke jate hai.....(Respondent 8)

Whenever the baby falls sick we take him to the doctor, because the baby cant speak what is he going through, or whenever he cries a lot and don't keep quiet we prefer to visit doctor.....(Respondent 8)

- Evil eyes: some respondents mentioned not believing things like evil eyes and some said they protect baby from evil eyes by applying kala tikka & putting Khurpi under the pillow and they also make the baby wear a Moon shaped Metal ornament to protect the baby from evil eyes.

**(SPECIFIC OBJECTIVE_1) - TO EXPLORE THE KNOWLEDGE,
AWARENESS, AND PERCEPTION OF FEMALE FAMILY MEMBER
(MOTHER AND GRANDMOTHER) ABOUT THE PUERPERIUM PERIOD
CARE FOR NEWBORN.**

THEME:

3. Knowledge of traditional practices.

- Idea regarding different traditional harmful health practices: The respondents mentioned that some people keep a knife or sickle under the baby's pillow but Some respondents were not aware of any such harmful traditional health practices.
- Consequences of these practices: most of the respondents agreed on applying kajal in the eyes of the baby which makes the eyes look bigger in size.
- Feel about harmful practices: few respondents mentioned that the use of kajal on the 6th day after delivery can cause the baby's eyes to become swollen, but people ignore this fact.
- Benefits of traditional practices for mother and newborn care: The respondents mentioned that the mother is fed with ginger and sweets to strengthen the uterus and is provided with lukewarm water only & by giving a mixture of ajwain and mangrela for recovery.

Ajawain hai mangeila hai wo sab pis ke dete hai to turant thik.....(Respondent 3)

Mixture of ajwain and mangrela is given which makes them recover quickly.....(Respondent 3)

- Some respondents mentioned that mothers are not allowed to take bath post delivery to keep their body warm & some respondents said that they feed fish and rice to the mother after 6 days post delivery which makes mother & child healthy.

4. Awareness on traditional practices in families of community.

- Communities' role in cultural practices of a both (mother and newborn): community prioritizes the use of black dots (kala teeka) over kajal.
- Use of traditional practices in society: The respondents mentioned that baby girls are allowed to go out with outsiders, but boys are kept untouched by outsiders and kept at home for 40 days & one of the respondents disagreed on usage of such practice in society, and one of them said Community prefer Baba Tel instead of kadwa tel.

- Experience of others regarding the use of traditional practices: The respondents mentioned that to get rid of ghosts, people keep a knife and sickle under the pillow & one of them said till 12 days women were not fed any food because they will become fat.

5. Understanding perception.

- Personal preference on usage of traditional practices: The respondents mentioned various personal preference on the usage of traditional practices. These include not letting the mother go out for 40 days after delivery to avoid getting attracted by evil spirits, not using oil for 12 days after the birth of the baby, and mothers taking bath only after 6 days postdelivery. They also mentioned the use of kajal to make the eyes look bigger and the use of eye drops by rich people to make their babies' eyes look better.
- Community perception toward mothers using cultural practices: Respondents mostly agreed that Communities do not allow any mother to visit any temple for days ranging from 5-15 days after delivery.
- Know the contributing factors to poor puerperium care: The respondents mentioned that care towards female children is not considered as important as care towards male children. They also mentioned the absence of the mother-in-law and maternal grandmother during the puerperium period as a contributing factor to poor puerperium care.

**(SPECIFIC OBJECTIVE_2) - TO IDENTIFY THE MAIN REASONS WHY
POST - PARTUM WOMEN, ADHERE TO OR HARMFUL DISCONTINUE
SOME TRADITIONAL HARMFUL HEALTH PRACTICES AND BELIEFS.**

THEME:

6. Sources of information.

- Place of getting aware about newborn care practices: Mostly Respondents said that their source of information of getting aware about newborn care practices was mostly neighbours house or friends and relatives house but one of them said Mostly Pregnant mothers prefer to get information about new born from their Mother in laws house but not from maternal grandmother house.
- Source of information regarding cultural practices: The respondents mentioned that the source of information regarding cultural practices is usually gained from paternal or maternal grandmother or from the mother-in-law of the mother.

Maa ya sash kaha te hai, jab khud ke gharme the nehi dekhethe sash ke paas ane ke baad sab dekh te hai.....(Respondent 2)

Mother get information either from her mother or mother-in-law, if babys maternal grandmother don't look after whenever baby come to his paternal house he/she is look after by paternal grandparents.....(Respondent 2)

7. Causes for adherence.

- Acceptance of practices: The respondents mentioned that practices are accepted to ensure the recovery and avoid ill health of mothers in later years. They also mentioned giving the baby ORS in case of fever and stomach problems and one of them said that baby is fed with mother's milk initially & after a month baby is fed with dalia
- Adoption of harmful practices: mostly respondents agreed that they do not adopt any harmful practices, but one respondent said Even after doctors denial they use kajal for baby's eyes.

8. Impact on health.

- Effects of practices on the health of mothers and their babies: some agreed that spiritual healing through magic (jhad phoonk) will cure fever but not cold and cough.

*Jhaad phhonk se bukhari thik ho jaata haisardi khaasi thodi thik hota hai
.....(Respondent 1)*

*Spiritual healing will only cure fever but not other ailments like cold and
cough.....(Respondent 1)*

- Deaths due to harmful health practices: mostly respondents were not aware of any such incidents where death has occurred due to harmful health practices.

(SPECIFIC OBJECTIVE_3) - TO UNDERSTAND THE BARRIERS AND ENABLERS FOR NEWBORN CARE RELATED PRACTICES FROM A FEMALE PERSPECTIVE IN THE TIME OF POSTNATAL PERIOD.

THEME:

9. Challenges faced by mother.

- Pressure from both family and society: One of the Respondent stated that usually Mother in laws supports the mother whereas the maternal mother don't provide any support.
- Problem faced by new mother: Mostly new mothers had difficulty in breast feeding the child and taking care but eventually they overcome it.

10. Enablers for practices.

- Decision making: respondents agreed to that the mothers are given autonomy to make decision regarding themselves as well as for their babies.
- Mother's autonomy: one of the respondent said if mother have proper knowledge of how to take care of her baby only then she's allowed to have autonomy or else her in laws will take care, but most people agreed on mother having autonomy of her & her child.
- Main enablers that facilitate women's access to care services: all of them agreed that ASHA and ANM are the main sources who provide access to care services.

DISCUSSION:

According to a study by Raven et al., local health administrators are worried about the negative impacts of postpartum mothers who don't take a bath. However, their research revealed that all women practiced some form of hygiene and weren't showing any symptoms of sickness brought on by varied hygiene practices. Similarly, our study also found that women were not allowed to take bath during their postpartum period to keep their body warm.

In their study in Goa, Vernekar et al. discovered that positive traditional customs and beliefs were also highlighted by breastfeeding and newborn care practices such as early initiation and exclusive nursing, delayed bathing of babies, and appropriate cord care. In similarity, our study too found findings that support the findings of vernekar et al like delay in the bathing of baby, early initiation of breastfeeding etc.

In a study conducted in Mangalore Taluk, Reshma et al. discovered a significant correlation between the cultural practices and beliefs of mothers and the demographic variables of family structure and religion. However, the results of our study do not support this and did not uncover any connections between demographic factors and cultural practices.

During a study in Odisha, Pati et al. discovered that early bathing rituals also have a social component. According to her, most women expressed anxiety that their neighbors and family members would object if the baby wasn't cleaned by bathing right away. Another important justification for delaying a baby's bath is a fear of social rejection. However, our study found no evidence linking a newborn bath with social rejection since we discovered that babies aren't bathed until 2–12 days after birth; instead, their bodies are wiped with wet cloths.

In a study conducted in Uttarakhand, Bangarl et al. discovered that traditional beliefs and practices like-(1) dumping the milk produced in the first few days following birth; however, in contrast to this, our study did not find any such evidence. (2) In contrast to what our study discovered, a massage with coconut oil caused a noticeably larger weight velocity. (3) Women had dietary limitations during the puerperium period, which was consistent with the results of our study, which found that women were not fed or were given very little food during this time. (4) A few mothers believed that drinking lukewarm water during pregnancy made the baby's veins stand out more, which they thought was unattractive. As a result, they favored drinking cool water, which placed unnecessary constraints on the mother's diet. However, our study found that most women drank lukewarm water rather than cool water.

Solomon et al. discovered that abdominal massaging is also performed in Ethiopia when people believe that there is (assumption of heart relocation to the lower body or abdomen), as well as the massage is completely performed with the belief of returning the heart to its proper place. However, our study did not find any such evidence that

massage is performed for heart displacement to the lower body; instead, massage is primarily observed being performed for babies in the prone position.

In contrast to Nethra et al.'s findings in the state of Karnataka, where mothers exposed their infants to holy smoke (dhoopam) after bathing them to protect them from evil eyes, in our study, mothers used kajal and kala tika to shield their children from evil eyes, and some even did not believe in such customs. Another finding by Nethra et al. was the mothers said that when their child's skin turns yellow, they will expose the child to the sun in the hope that the light will remove the yellow colour, but our study's findings revealed no such proof of above findings in our study.

LIMITATIONS:

Our study's drawback is that newborn care procedures were not observed; instead, verbal information was gathered. Because each area has its own distinct culture, the results of our study cannot be extended to other Districts and States in India.

CONCLUSION:

Analyzing cultural attitudes and behaviors in newborn care allowed researchers to examine the mother's unhealthy and healthy habits. Change is met with some opposition in some places. Since generations, cultural practices have been passed down from seniors to young people; as a result, they are more revered and ingrained in our culture.

The results of our study highlight a few beneficial infant care activities that should be encouraged while also showing how detrimental practices can be avoided by educating and advising the mother and her family.

WAY FORWARD /SUGGESTIONS:

Appropriate village-level education and community mobilization on healthy and dangerous practices by health workers can be effective for enhancing mother and newborn baby health.

In order to maintain safe practices and avoid harmful practices, primary health care providers like ASHAs could be trained to recognize the existing local cultural beliefs and practices and to deliver appropriate behavior change communication strategies.

Displaying pictures of harmful practices with educational messages in healthcare facilities may help in raising awareness.

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ANNEXURE:- TOOL GUIDE AND EVIDENCE TABLE

Tool Guide for In-depth Interviews (IDIs) of Traditional Practices

Interview No:

District:

Block:

Village:

Date of interview:

Type of Interview:

Introduction:

Namaskar, my name is _____ and I am a student of International Institute of Health Management Research, New Delhi. I am carrying out a “Qualitative Study On Traditional Beliefs And Practices During Postpartum Confinement Period And Newborn Care Among Maternal Grandmothers Of Muzaffarpur District Of Bihar, India” for my dissertation purposes.

In this study, I will ask you questions pertaining to knowledge, traditional beliefs, and practices in this postpartum period. I would be appreciating your participation in this study.

This in-depth interview may take about 20 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary and you can choose not to answer any question or all the questions. However, I hope that you will participate in this in-depth interview since your participation is important.

At this time, do you want to ask me anything about the survey? I will address all the concerns.

In case you need more information about the topic, you may contact me at any time.

May I begin the discussion now.

Respondent agrees to be interviewed _____ 1 [Start interview]

Respondent doesn't give consent _____ 2 [End the interview]

Signature of interviewers _____

Date: _____

Ice Breaking:

दीदी कैसे हे ? तबियत अभी ठीक है ना आपका ?

क्या अभी आपसे बात होपएगी कुछ दिकत तो नही है ना....

दीदी आपका नाम क्या है ?

आपकी उम्र क्या हो रही है...

आप कहा तक पढाई किये है ?

आप पैसे कमाने के लिए क्या काम करते है ?

आपकी जाती क्या है ? आपकी धर्म क्या है ?

दीदी आपकी शादी कब हुई थी, कहा हुई थी, तब आपकी उम्र कितनी थी ?

घर में आपके अलावा और कौन कौन है ?

दीदी आप इसी जगह से हो, या कहीं और से हो

आपके बच्चों के बारे में बताईये कितने बच्चे हैं, और उनका उम्र क्या है , वो आपके साथ रहते हैं ?

दीदी दिनभर में आप क्या क्या काम करती हैं, बताईये

आपका समय कैसे बिता है

किनसे किनसे आप खुलकर बात चित करते हैं बताईये ?

आप किन सब चीजों में रूचि रखती हैं ?

अच्छा दीदी बताइए आपके घर के आस पड़ोश में किसीसे बात चित होती है , किस किस चेज़ के ऊपर बात होती है ..

दीदी आपके पति कहा तक पढाई किये हैं... क्या काम करते हैं वो... वो आपके साथ रहते हैं या बहार रहते हैं ?

Bridging Questions:

अच्छा दीदी बचपन से लेके अभी तक आप में क्या क्या बदलाव आया है आपकी ज़िन्दगी में.....

(प्रोब : शारीरिक, मानसिक, सामाजिक अदि....)

तो दीदी शादी से पहले शादी के बारे में आप क्या सोचते थे

(प्रोब : संतान के बारे में, संतान होने के बाद कैसे ख्याल रखेंगे)

तो अब जब आप की संतान हो गयी है, तो क्या आप की सोच में और अभी के स्थिति में कुछ बदलाव आई है क्या....

तो आपको क्या लगता है एक माँ का घर में क्या क्या जिमेदारी होती है संतान होने के बाद उसके बारे में थोडा बताइए ना....

(प्रोब : बच्चों को सम्भालना, घर का काम, अपना खुद का स्वास्थ्य का ख्याल)

अच्छा दीदी..... अब आपको कुछ बताना हो तो खुल के किनसे बात हो पाती है

समाज की क्या अपेक्षया होती है एक माँ से प्रसव (वितरण / डिलीवरी के बाद) के बाद.....

दीदी ये डिलीवरी के बाद माताओं के स्वास्थ्य के ऊपर क्या असर पडता होगा..., आप इस के बारे में क्या सोचते है . कोई उदाहरण दे सकते है .

Roles and responsibilities during the postnatal period.

तो दीदी..... माँ और नवजात शिशु के देखभाल को मदद नज़र रखते हुए आपको क्या लगता है कि इस अवधि (डिलीवरी के बाद) के दौरान सबसे महत्वपूर्ण काम क्या हैं ?

प्रसव (डिलीवरी) के बाद की शुरुआती अवधि (दौरान) में आपने अपने बच्चे के साथ घुलने मिलने के लिए क्या किये थे ?

तो दीदी डिलीवरी के बाद की समय में आपने अपना खुद का और संतान का ख्याल कैसे रखे ?

(प्रोब :

डिलीवरी के बाद पहला ४० दिन के अन्दर देखभाल की सहायता में आपकी 'माता / शास ने आपकी किस तरीके से मदद किये थे उस बारे में कुछ बताइए... ? और आपके पति ने कुछ सहायता किये थे क्या ? (अगर हां तो – किस प्रकार के सहायता किये थे) ?

Traditional beliefs and other practices of care.

आपको क्या लगता है कुछ घरेलु उपाय (पारंपरिक) अपनाया जाता है बच्चे की देखभाल में ? आप कौनसा उपाय अपनाते है ?

बच्चा / बच्ची जनम होने के बाद आप पहले क्या स्तन्य पान तथा और कुछ घुट आदि पिलाते है ?

(प्रोब : माँ का दूध के जगहे सहेद, पानी में कुछ मिलके)

बच्चा जनम देने के बाद एक माँ का खान पान में कुछ बदलाव आता है क्या ?

(प्रोब : आप क्या

बच्चे के नावी का देखभाल के लिए आपका क्या कुछ उपाय करते है ?

बच्चा जनम होने के बाद पहला ४० दिन के अन्दर, कितने दिन के बाद तथा कौनसी कौनसी दिन में नेहेलाया जाता है ?

डिलीवरी के बाद माँ और बच्चे का स्वस्थ सही रहेने के लिए कुछ गतिबिधि) जैसे की माँ को बहुत ज्यादा काम करना और बच्चे का हाथ पैर _____ तथा उसके आंख पे काजल लगंगे तो आख बड़ा होगा... इस सब में आप का क्या अनुभव रहा है .

बच्चे को अगर कुछ बीमारी होती है तो (जैसे की बुखार आजाना, सांस लेने में कुछ दिकत होना) आप उसको कही बहार हस्पताल लेके जाते है, या कुछ घरेलु उपाय अपना लेते है (अगर घरेलु उपाय बोले तो – प्रोब : कुछ घोट के पिलाते है या शारीर में कुछ लोप देते है .

दीदी... बच्चे को भूत प्रेत से बचाने के लिए क्या क्या तरीके अपनाते है या क्या कुछ इस्तमाल करते है ?

(प्रोब - उसको अँधेरे में नेही सुलाते हे और नज़र ना लगने के लिए कला टिका लगते है)

Knowledge of traditional practices.

तो दीदी आपको पता है बच्चो के देखभाल के लिए, कुछ घरेलु उपाय असे हे जिसको अपनाने से बच्चे की शारीर के ऊपर असर पड़ती है ... आपका इस बात के ऊपर क्या राए है ? (अगर वो सही उपाय अपनाती है तो – 15 ना पूछे)

आप जो अभी बताये, ये सब हानिकारक आचरण अपनाते है, इस से बच्चे के शारीर के ऊपर क्या असर पडता होगा ?

(प्रोब : आप जब सोचते हे इसके ऊपर (जो वो हानिकारक आचरण बताएँगे वो बोलना है) तो आपको क्या लगता है.... कुछ बताइए ना...)

आपको क्या लगता है ऐसे कौनसी कौनसी घरेलु उपाय हे जिसको अपनाने से बच्चे का स्वस्थ अच्छा रहेता है और उसमे क्या क्या फयदा होती है....

Awareness of traditional practices in families of the community.

गाँव समुदाय में लोग बच्चों का देखबाल के लिए घरेलु उपाय को अपनाते हैं क्या दीदी... आपको क्या लगता है ? (अगर हां तो) - आपको कोई बताये है क्या कुछ, इस घरेलु उपाय के बारे में.... , इसके ऊपर कुछ चर्चा होती है आस पड़ोश में... ?

(अगर हां) तो किस से होती है.. वो क्या सुझाव दिए थे इसके ऊपर.... (अगर ना) तो इस संधर्भ में और किस से बातचीत होती होगी.....

(प्रोब : आशा दीदी, अनम दीदी, डॉक्टर) अगर हां – वो (आशा / अनम दीदी, डॉक्टर) क्या बताये थे ? अगर ना – तो कहीं सुने होंगे कोई उसे बताया होगा की आशा दीदी आई थी बच्चों की देखबाल के लिए ये बोल के गए...

गाँव समुदाय में लोगों को जानकारी होती है क्या कौनसी बिधि गलत और सही है बच्चों की देखबाल में...

(प्रोब : (अगर हां - फिर भी दीदी.... लोगों को अगर जानकारी है इस बारे में की अगर कुछ कुछ उपाय को अपनाने से बच्चों के लिए हानिकारक है, फिर भी वो क्यों अपनाते हैं ?

Understanding perception.

डिलीवरी के बाद ये पहले ४० दिन के दौरान में, बच्चे के स्वस्थ का देखबाल करने के लिए ऐसी कौनसी महत्वपूर्ण काम होती है जो करना जरूरी होजाती है... ? इसके बारे में कुछ बताइए ना...

(प्रोब :

तो दीदी आप अभी जैसे बताई, वैसे गाँव समुदाय में लोग बच्चों के देखबाल में ऐसी कौनसी महत्वपूर्ण काम पे ज्यादा ध्यान देते हैं

आपको क्या लगता है... अगर कोई माँ अपने बच्चों के देखबाल के लिए कुछ घरेलू उपाय अपनाती है, जो गाँव समुदाय में लोग नहीं मानते हैं, तो लोगो में उस काम को लेकर क्या बिचार है...

Sources of information.

शादी होने के बाद, भविष्य में आप खुद का और बच्चे का कैसे ख्याल रखना है, इसके बारे में पहले आपको कौन बताये थे.

(प्रोब : शादी होने से पहले परिवार के सदस्यों में किसीका अभ्यास देखे होंगे, गर्भावस्था के समय में कोई सलहा दिए होंगे)

तो आपकी संतान का जन्म होने के बाद किस से आपको ज्यादा जानकारी / सलहा मिलती.....

(प्रोब : आपके माता, साश, पति, नहीं तो दोस्तों या पिता से..... कहा से अधिक जानकारी मिल रही थी)

Causes for adherence.

आपने अभी जो बताए की आपकी _____ आपको ज्यादा सलाह देती / देता है तो इन सभी सलाहों के बारे में आपका क्या बिचार है ?

(प्रोब – कौनसा सलाह सही है और कौनसा गलत है) – {उसके अनुसार वो हमे जाना है}

आप अपने बच्चे के लिए कौनसा उपाय अपनाती है ? और क्यू अपनाते है ?

Impact on health.

तो दीदी.... अपने अभी जो उपाय बोले, उसे से, आपका और आपके बच्चे के ऊपर क्या असर पडता होगा.....

तो आप कभी ऐसे सुने है, की ऐसा कुछ घरेलु उपाय अपनाने की वजा से कुछ ज्यादा ही दिकत हुआ होगा

(प्रोब – जैसे की किसी माँ या फिर बच्चे का देहांत हुआ हो)

Challenges faced by mother.

दीदी... ऐसे कभी हुआ है की आपको कभी अपनी इचा से बच्चे का देघ्भाल करने का मन है, पर आप परिवार के दवाब में एके कुछ कर नहीं पाते.

आपको क्या लगता है की, एसी कोई अफवा या गलत्फेमी गाँव समुदाय में चली आ रही हो, नहीं तो आपको सुनने में मिली हो कुछ घरेलु उपाय के बारे में थोडा बताइए ?

तो दीदी... अगर कोई औरत पहेली बार माँ बनती है, तो उसको क्या क्या मुशबतो का सामना करना पडता होगा... इसके के बारे में कुछ बताइए ना...

Enablers for practices.

अगर आपका घर मे / परिवार में आपके और आपके बच्चे के स्वास्थ के लिए कोई भी निर्णय लेना हो तो कौन लेता है ?

(प्रोब – अगर वो खुद नहीं लेती हो तो – निचे सवाल के और बढे)

तो दीदी... आपको नहीं लगता है की एक माँ को अपने और अपने बच्चे के स्वस्थ के लिए उसको खुद निर्णय लेना चाहिए ?

(प्रोब – अगर नेही तो आप क्यू नेही ले सकती है ?)

आपको या फिर आपके बच्चे के, स्वस्थ संभंधित सुबिधाओ को प्राप्त करने के लिए आपको को कौन कौन साथ देता है.

Sr No.	1	
Title	Traditional beliefs and practices in the postpartum period in Fujian Province, China: a qualitative study	
Journal	BMC Pregnancy Childbirth.	
Year of publication	2007 Jun 21	
First Author	Joanna H Raven	
Link	https://pubmed.ncbi.nlm.nih.gov/17584930/	
Country	Fuqing County in Fujian Province, China	
Key Words	NA	
Aim/Objectives of the Study	General	(1) To examine reported current behaviour from the perspectives of families, health workers and traditional medicine practitioners, aware that practices may be changing as a result of the recent rapid economic and social development.
	Specific	(2) Assessed the potential effects of the practices on the health of mother and baby from western health perspective.
Study design/ type of study	Qualitative Study Semi structured interviews	
Study Period	May and November 2004	
Study setting or target Population	(1) 12 mothers (2) 12 husbands (3) 12 grand-mothers (4) 4 Health workers (5) 4 Traditional medicine practitioners	
Sampling Method	purposive sampling method	
Theme	(1) Dietary precautions (2) Hygiene (3) Behavioural precautions (4) Infant feeding	
Sub Theme	(1) Beliefs (2) What is reported to be actually happening (3) Effects of actual behaviour on health (4) Explanation of these effects	
Key Findings	(1) Local health managers were concerned about the harmful effects caused by women not bathing during the postpartum period. However, findings from this study show that all women carried out some hygiene practices and did not show signs of illness caused by different hygiene habits. (2) "doing the month" continues to be an important ritual in the lives of these families. Although they wished to adhere to tradition and follow the advice of elders, some practices were adapted to the socio-economic context.	
Limitations or gaps in research as per author	The important harmful practice of supplementary feeding of breastfed infants was highlighted. Further research will help delineate the extent of this practice	
Suggestion/Solutions	NA	
Conclusion	"doing the month" were adapted and when they were examined individually most fell into the categories of having benefit and no effect on health.	

Sr No.	2
Title	A Study on Traditional Beliefs and Practices during the Postpartum Period among Mothers at a District Hospital in Goa
Journal	International Journal of Preventive, Curative & Community Medicine
Year of publication	21-09-2021
First Author	Preksha P Vernekar
Link	https://medical.advancedresearchpublications.com/index.php/Preventive-Curative-CommunityMed/article/view/721/616
Country	India
Key Words	Cultural, Practices, Beliefs, Postnatal, Mothers
Aim/Objectives of the Study	NA To identify and explore various traditional beliefs and practices concerning newborn care and postpartum period among postnatal mothers at South Goa District Hospital.
Study design/ type of study	descriptive, cross-sectional study
Study Period	a period of 3 months (March-May 2019).
Study setting or target Population	at South Goa District Hospital / 80 postnatal mothers
Sampling Method	convenient sampling / Mothers within the 72 hours postnatal period
Theme	(1) Sociodemographic Characteristics of Study Participants. (2) Traditional Practices related to Breastfeeding among Postnatal Mothers. (3) Traditional Practices related to Care of Newborn among Postnatal Mothers. (4) Selected Traditional Practices observed by Postnatal Mothers.
Sub Theme	(1) A) Age (in years), B) Religion, C) Residence, D) Origin, E) Type of family, F) No. of living children, G) Education/ (2) A) Initiation of breastfeeding, B) Feeding of colostrum to newborn baby, C) Giving pre-lacteal feeds to, D) Giving formula feeds to newborn baby newborn baby/ (3) A) Type of clothes used to wrap newborn baby, B) Timing of first bath of newborn baby, C) Application of dressing to umbilical stump, D) Desire for burial of placenta after childbirth, E) Handling of umbilical cord after it fell off/ (4) A) Confinement of mother in hospital till day 6 after delivery, B) Naming ceremony of the baby, C) Giving massage to baby before bath, D) Exposing baby to dhoop after bath, E) Exposing baby to warm sunlight to decrease jaundice (if present), F) Exposing baby to warm sunlight to decrease jaundice (if present).
Key Findings	(1) Breastfeeding and newborn care practices such as early initiation and exclusive breastfeeding, delayed bathing of newborn and optimal cord care and also highlighted some good traditional customs and beliefs. (2) certain practices such as postpartum confinement are potential threats to sound physical and mental health of the mother and need to be stopped, some harmless practices such as naming ceremony of the child are reflective of celebration of the postpartum period and should be acknowledged to build a good rapport with mothers and their families.
Limitations or gaps in research as per author	NA
Suggestion/Solutions	Harmless, acceptable or even potentially beneficial practices observed during the postnatal period should be supported and considered a part of our rich culture, whereas harmful practices should be avoided with health education provided at the time of discharge from hospital and during postnatal visits for health check-up of mother and baby.
Conclusion	need for awareness of health professionals about the popular traditional practices observed among postnatal mothers in order to eliminate possible harmful practices and reinforce beneficial practices for a healthy postpartum period for the mother.

Sr No.	3
Title	Traditional Practices and Beliefs in Postpartum Care: Tribal Women in Maharashtra
Journal	SAGE Publications
Year of publication	June 26, 2018
First Author	Ranjit Kumar Dehury
Link	http://journals.sagepub.com/home/jws
Country	India
Key Words	Maternal health, post-partum care, tribal women, traditional practices
Aim/Objectives of the Study	NA To explore the culturally determined post-partum beliefs, practices and the reason behind such practices among the tribes residing in the Vikramgad taluka of Palghar district in Maharashtra.
Study design/ type of study	descriptive and cross-sectional exploratory design / Qualitative Study - (FGDs) key informant interviews and (IDIs)
Study Period	2013–2014
Study setting or target Population	Vikramgad taluka, in Palghar district, Maharashtra
Sampling Method	Theoretical sampling
Theme	(1) demographic characteristics, (a) Background Information of Participants in the FGD, (b) Background Information of Participants in the In-depth Interview, (c) Background Information of Mothers-in-law (d) . Demographic Information of Key Informants (traditional birth attendants or dais) (e) Demographic Information of Key Informants (community health volunteer), (2) Traditional Diet, (3) Hygiene Practices, (4) Physical Activity and Rest, (5) Neonatal Feeding and Care Practices

Sub Theme	<p>(1) a) Name of Village, Age in Completed Years, Education (completed years of schooling), Below Poverty Line (BPL), Approximate Monthly Household Income (in), Age of the Youngest Child (months), b) In-depth Interview of Old Mothers, Name of Village, Tribe, Age in Completed Years, Education (completed years of schooling), Approximate Monthly Household Income (₹), Age of the Youngest Child (months), (c) In-depth Interviews of Mothers-in-law*, Name of Village Tribe, Age in Completed Years, Education in Completed Years of Schooling, Approximate Monthly Household Income (₹), (d) Key Informant Interviews of Traditional Birth Attendants, Name of the Village, Tribe, Age in Completed Years, Education in Completed Years of Schooling, (e) Key Informant Interviews of Community Health Volunteer, Name of Village, Tribe, Age in Completed Years, Education in Completed Years of Schooling, (2) a) Eating Less Amount of Food, b) Food Restrictions, (c) Avoiding Cold Food, (d) Avoiding Non-vegetarian Food, (3) Perineal Hygiene, (4) Avoiding Sex</p>
Key Findings	<p>(1) The mother in post-partum period locally called balantini has to follow certain practices regarding diet, hygiene, physical activity and rest. The period of 1 month after delivery was regarded as a special time for the mother, in which she was expected to conform to certain norms regarding her daily-life activities.</p> <p>(2) the mothers in the study area follow a specific diet pattern during the post-natal period. Mostly the mothers take only softly cooked rice with or without rice gruel when warm for at least 7–10 days after delivery and at times for 1 whole month post-partum. After that rice and 'tur' or 'moong' dal can be taken with rice. No vegetable preparation was allowed for the mother in the period of post-partum. A similar finding regarding diet restriction is reported among the tribal population of Odisha,</p> <p>(3) No such special neonatal care practices were found from the study which is harmful for the neonates.</p> <p>(4) even in late stages of pregnancy, pregnant women do not take much rest; rather, they continue to work for the benefit of their family and employer. This may be due to poverty and illiteracy among the tribal women. The health of these women is doubly jeopardized from lack of access to quality health services and organized wage labour. (5) All most all mothers take bath on the same day of delivery and can have a hair wash after 3–5 days of delivery. Usually mothers take bath twice a day during the post-partum period. Perineal hygiene is usually maintained by water or water with soap</p>
Limitations or gaps in research as per author	NA
Suggestion/Solutions	<p>The government guidelines don't address the issues that arise from the cultural practices of the tribal population, especially in maternal and child care. There is a need for examining each and every component of the tribal society to deliver health services which should be accommodative of the existing social norms. Besides this, to reach the last woman, both short-term and long-term empowerment is needed. In the short-term provision of services, counselling, medicine, diet and livelihood should be promoted among tribal women. As for the long-term provision of services, education, reduction of poverty, women empowerment and employment opportunities are needed in the tribal pockets of Maharashtra. Adopting these strategies would not just usher good health among pregnant women but also lead to holistic women empowerment.</p>
Conclusion	NA

Sr No.	4
Title	Cultural practices and beliefs regarding newborn care in South India
Journal	Indian Journal of Continuing Nursing Education
Year of publication	2020
First Author	Mary Jenifer
Link	https://www.ijcne.org/temp/IndianJContNsgEdn202106-3887712_104757.pdf
Country	South India
Key Words	Cultural beliefs and practices, mothers, newborn care
Aim/Objectives of the Study	(1) To bring forth a description of the cultural aspects of newborn care followed in Tamil Nadu, South India, (2) identify cultural themes related to newborn care, which will help health professionals to understand and tailor interventions in the health-care setting.
Study design/ type of study	qualitative research study / focused ethnography design, / semi-structured questionnaire with open-ended questions
Study Period	NA
Study setting or target Population	Tamil Nadu, South India / post-natal wards, grandmothers and women relatives of other mothers who were admitted in the post-natal wards who were willing to be part of the focus group and gave consent to participate were included in the study. / Three focus group interviews, with 8–10 members
Sampling Method	purposive sampling
Theme	(1) Rituals, (2) Beliefs
Sub Theme	(1) a) Baby bath, b) Cord care, c) Breastfeeding, pre-lacteal feeds and other feeds, (1) a) Bath, b) Cord care, c) Breastfeeds and other feeds, d) Evil eyes
Key Findings	(1) Teaching about newborn care should be given to my husband and mother-in law not only to me. I can understand the problem of harmful practices being followed at home but my husband and mother-in law do not. Hence I am forced by my husband to follow what is being insisted by the elders' (2) The dire need for educating not only the mothers but also the family as a unit regarding harmful practices and while emphasising the components of essential newborn care.
Limitations or gaps in research as per author	NA
Suggestion/Solutions	family-centred teaching that involves their husbands and in-laws during antenatal visits. They believed that teaching the family would help with better compliance with the educational messages that are shared in the hospital than just targeting the antenatal women
Conclusion	women in the study revealed that families followed many rituals with specific beliefs related to new born care. Although some practices had therapeutic uses, many of the practices that were being done could potentially harm the baby

Sr No.	5
Title	Cultural practices and beliefs on newborn care among mothers in a selected hospital of Mangalore taluk
Journal	Nitte University Journal of Health Science
Year of publication	June, 2014
First Author	Reshma
Link	https://nitte.edu.in/journal/June2014/21-26.pdf
Country	India
Key Words	Cultural practices, Beliefs, Newborn care, Mother
Aim/Objectives of the Study	To assess the cultural practices and beliefs on newborn care among mothers and to associate it with demographic variables.
	NA
Study design/ type of study	structured dichotomous questionnaire
Study Period	from 1/1/2013 to 30/4/2013.
Study setting or target Population	Justice K.S. Hegde Charitable Hospital, Mangalore / 157 mothers
Sampling Method	Purposive sampling
Theme	(1) Demographic Characteristics, (2) Cultural Practices And Beliefs Regarding Bath, (3) Cultural Practices And Beliefs Regarding Feeding, (4) Cultural Practices And Beliefs Related To Umbilical Cord Care, (5) Cultural Practices And Beliefs Related To Care During Jaundice, (6) Cultural Practices And Beliefs To Prevent Evil Eye, (7) Other Cultural Practices And Beliefs Related To Newborn Care
Sub Theme	(1) a. Age in years b. Type of family • Nuclear family • Joint family • Extended family c. Religion • Hindu • Christian • Muslim d. Education • No formal education • Higher primary • SSLC • PUC • Graduation and above e. Occupation • Home maker • Daily wages • Government employee • Private employee f. Duration of married life • Below 5 years • 6-10 years • 11-15 years • >15 years g. Number of children

	<ul style="list-style-type: none"> • 1 • 2 • 3 or more <p>h. Monthly income / (2) a. Massaging the baby with oil before bath. b. Applying turmeric paste before bath. c. Giving bath to baby with milk. d. Adding 41 stones in the first bath water. e. Adding a gold coin to bath water of the baby. f. Two members are not supposed to give bath to the baby. g. Exposing baby over a "dhoopam" smoke after bath. a. Giving prelacteal feeds soon after birth like sugar water or honey or jaggery water. / (3) a. Applying ashes or soot or powder or dry cow dung on the umbilical cord of the baby. b. Burying the cord when it dries and falls. c. Making the father to place his fore finger on the baby's umbilical cord to invert it if the umbilical cord is not inverted. d. Applying heat to the umbilical cord to make it dry. b. Feeding the baby with milk mixed with "kumkumkesar". c. Discarding the colostrum (first milk produced). d. Giving hot water to evacuate the stool. e. Giving home remedies for digestion like garlic or ginger or herbal leaves, / (4) a. Applying ashes or soot or powder or dry cow dung on the umbilical cord of the baby. / (5) a. Exposing the baby to sun light when the baby's skin turns yellow. b. Giving sugar water to the baby during jaundice. c. Dressing the baby with yellow clothes during jaundice.</p> <p>b. Burying the cord when it dries and falls. c. Making the father to place his fore finger on the baby's umbilical cord to invert it if the umbilical cord is not inverted. d. Applying heat to the umbilical cord to make it dry. / (6) a. Applying kajal on the baby's face to prevent bad eye. b. Tying black thread or bangles to the baby's hand or leg to prevent bad eye. c. Tying a thread with panchaloham to the baby. / (7) a. Removing coated tongue by using a cloth soaked in baby's urine. b. I accept "empty cradle should not be moved". Baby is not allowed to be taken out after 6 pm. c. "Baby's cloth should not be placed outside at night". d. Place the first stool of the baby under the carpet. e. Umbilical cord blood is placed in baby's mouth and spread over the back. f. "Not cutting the baby's nail until the baby is 40 days old".</p>
Key Findings	<p>There is a strong relationship between the demographic variables (type of family and religion) and cultural practices and beliefs on newborn care among mothers. Periodical health education regarding do's and don'ts of newborn care should be conducted in postnatal ward, which will definitely minimize the unhealthy traditional practices.</p>
Limitations or gaps in research as per author	NA
Suggestion/Solutions	NA
Conclusion	<p>Every society has its own traditional beliefs and practices related to baby care. Beliefs in super natural power that is holy rituals, salvation offerings and sacrifices are applied at different stages of life from birth to death.</p>

Sr No.	6
Title	Neonatal care practices in a tribal community of Odisha, India: A cultural perspective
Journal	JOURNAL OF TROPICAL PEDIATRICS
Year of publication	2014 Feb 10
First Author	Sanghamitra Pati
Link	https://pubmed.ncbi.nlm.nih.gov/24519674/
Country	India
Key Words	newborn care, tribal community, cultural practices, traditional belief, Odisha.
Aim/Objectives of the Study	To understanding of childbirth and neonatal care practices can provide a basis for the development of strategies for improving neonatal survival in tribal Odisha.
	NA
Study design/ type of study	qualitative study / IDIs
Study Period	from 1 April 2011 to 30 June 2011.
Study setting or target Population	Jharigaon Community Development block of Nabarangpur district, Odisha / 55 interviewed mothers and TBAs - (11)
Sampling Method	Random Sampling
Theme	(1) During delivery - (a) Processed adopted, (b) Cord cutting procedure, (c) Cord dressing, / (2) Neonatal practices - (a) Management of breathing problem at home delivery, (b) Bathing behavior (home based), (c) Bathing behavior (hospital based), (d) Duration between birth to bathing, (e) Wrapping the body after delivery, (f) Initial feeding habits, (g) Time of initiation of breast-feeding, (h) Budu practices (child has Epstein pearl) and heat compression,

Sub Theme	<p>(1) (a) • Expected automatic expulsion.</p> <ul style="list-style-type: none"> • Massage of abdomen. • Made to vomit Mother, sister, other relatives. • Putting drumstick on abdomen. • Detail not known. • Fondle pressure, (b) • New blade (nothing done). • Sterilized instrument, (c) • Left open • Turmeric powder • Put mustard oil • Antiseptic • Ash, / (2) - (a) • Splatter water on the face • Chest massage and slapped • Making loud noise with plate and blowing air into ear • Referred to medical, (b) • Vernix removed • Delayed bath, (c) • Vernix removed • Delayed bath, (d) • <30 min • 30-60 min • >60 min, (e) • Towel • Thin cotton cloth, (f) • Ghee • Honey and black tea • Breast milk with colostrum • Breast milk without colostrum • Cow milk and formula feed, (g) • <30 min • 30-60 min • 1-24 h • <24 h, (h) • With Budu • Without Budu
Key Findings	<p>(1) (A) [Delivery–Day 5] - For home delivery, a dark room is used where mother and child get restricted.</p> <p>The umbilical cord was cut only after placenta is delivered.</p> <p>The child was placed on the floor without any cover till the placenta was delivered.</p> <p>Body of the baby was massaged with mustard oil and turmeric to remove the vernix.</p> <p>Head bath was given to the child with warm water and also to mother.</p> <p>Breast-feeding was initiated after body wash of mother.</p> <p>Prelacteal feeds were given before initiation of breast-feeding including ghee, honey, red tea and cow's milk.</p> <p>The navel area was soaked with warm oil twice a day followed with regular warm compression to help umbilical cord become dry and fall early.</p> <p>Ritual pollution period ends on Day 5 (they clean the houses and do a feast and call the TBA who delivered the child and give saree, local liquor, hen, as per capacity).</p> <p>The mother was fed two meals daily (rice and harsh gram) till the completion of 5 days (it is a common belief that if the mother would take more food, then more milk will be produced and the child may not digest)., (B) [Day 5–Day 21] - After falling of the umbilical cord, the mother can move and take food normally, but spicy foods and other sour items and leafy vegetables are not allowed, as the mother may get ill and infect the baby through the milk., (2) early bathing ritual also has a social element. Most mothers expressed their concern that if the baby is not cleaned by bathing immediately, their neighbors and relatives would disapprove of it. Fear of disapproval by the community is also another major reason for early bathing of baby.</p>
Limitations or gaps in research as per author	NA
Suggestion/Solutions	NA
Conclusion	<p>appropriate education at the village level and community mobilization by health workers can be useful for improving health of tribal women and newborn babies.</p>

Sr No.	7
Title	Traditional beliefs and practices in newborn care among mothers in a tertiary care centre in Dehradun, Uttarakhand, India
Journal	International Journal of Community Medicine and Public Health June2019 Vol 6 Issue 6Page 2600International Journal of Community Medicine and Public Health
Year of publication	2019Jun
First Author	Akhil Bangarl
Link	https://www.ijcmph.com/index.php/ijcmph/article/view/4700/3119
Country	India
Key Words	Belief, Culture, Colostrum, Branding, New born care
Aim/Objectives of the Study	To find out the cultural beliefs and practices in newborn care among residents of Uttarakhand. (2) understanding of community practices is important before planning any effective behavioral change strategies.
Study design/ type of study	cross-sectional study / semi-structured questionnaire.
Study Period	January 2017 to August 2017
Study setting or target Population	Postnatal wards of Shri Mahant Indresh Hospital, Patel Nagar, Dehradun, Uttarakhand. / 300 postpartum mothers
Sampling Method	NA
Theme	(1) Distribution of mothers as per their cultural beliefs and practices regarding baby massage and mother-baby isolation. (2) Distribution of mothers as per their cultural beliefs and practices regarding kaja application, baby clothes and others.
Sub Theme	(1) a) Practice of frequency of massage to the baby, b) Practice of using different oils for massag, c) Would you pour oil in baby's ears?, d) Do you think isolating mother baby together for 30-40 days necessary for baby? / (2) a) s there any need of applying kaja?, b) Do you think applying kaja over forehead/behind ears will help baby?, c) Would you keep a knife under baby's pillow?, d) Would you keep matchbox under baby's cloth?, e) Would you rub dough on to your baby's skin?, f) Would you ever put hot iron needles/rods over baby's abdomen?, g) Do you think certain hot and cold foods in your diet could harm your baby?
Key Findings	(1) This is a new development against old practice of discarding the milk produced in early days after delivery. This finding is contradictory to previous Indian study where strong cultural belief hampered the use of colostrums. (2) coconut oil massage resulted in significantly greater weight velocity (3) A particular food is considered hot in one culture and cold in other culture. (4) mothers had strong beliefs in "hot" and "cold" foods such as mangoes, meat, eggs as they were believed to generate excessive body heat. (5) women had dietary restriction in puerperium period. (6) few mothers opined that warm water consumed by the mother caused the baby to have more prominent veins, which was unattractive and hence they preferred to consume cool water.18These beliefs put unnecessary restriction in diet of mother.
Limitations or gaps in research as per author	NA
Suggestion/Solutions	NA
Conclusion	study showed that in spite of governments effort to educate mothers and community regarding newborn care, traditional beliefs and practices are still prevalent. Certain practices are harmful which need to be stopped. Certain other practices are harmless, by acknowledging and agreeing to these practices, Medical professionals can build a good rapport with mothers and family, so that necessary desired behavior changes in family can be brought out.

Sr No.	9
Title	A study on traditional beliefs and practices in newborn care among mothers in a tertiary health care centre in Vijayapura, North Karnataka
Journal	International Journal Of Community Medicine And Public Health
Year of publication	24-02-2018
First Author	Nethra N.
Link	https://www.researchgate.net/profile/Rekha-Udgiri/publication/323386081_A_study_on_traditional_beliefs_and_practices_in_newborn_care_among_mothers_in_a_tertiary_health_care_centre_in_Vijayapura_North_Karnataka/links/5d54ecaf299bf16f0738e3f6/A-study-on-traditional-beliefs-and-practices-in-newborn-care-among-mothers-in-a-tertiary-health-care-centre-in-Vijayapura-North-Karnataka.pdf
Country	India
Key Words	Belief, Cultural, Postnatal, Neonate, Tradition
Aim/Objectives of the Study	1) To explore the traditional beliefs and practices in newborn care. (2) To provide health education to all postnatal mothers regarding newborn care.
Study design/ type of study	Cross sectional study
Study Period	June 2015 to July 2015
Study setting or target Population	Post-natal ward of BLDEU's Shri B M Patil Medical College, Hospital and Research Centre, Vijayapura, Karnataka. (200 Postnatal mothers)
Sampling Method	Purposive sampling
Theme	(1) Socio-demographic profile of the respondents, (2) Responses relating to cultural practices and beliefs followed by mother for newborn care.
Sub Theme	(1)Age •Family •Religion •Education •SE-status •Parity •Place •Duration of married life / (2) Belief and Cultural Practices, - •Should the baby be massaged with oil before bath •Applying oil on head (vertex) •Turmeric paste to be applied for baby before bath •Any specific person in relation to perform the first bath •Exposing baby to the holy smoke after birth •Is there a separate room for mother and baby •Visitors washing hands and legs before entering the room •Giving prelacteal feeds soon after birth •Discarding the colostrum (first milk produced) •Giving home remedies for digestion •Applying ashes or soot or powder or dry cow dung or heated oil on the umbilical cord of the baby •Burying the cord when it dries and falls •Applying heat to the umbilical cord to make it dry •Exposing the baby to sun light when the baby's skin turns yellow •Tying black thread or bangles to the baby's hand or leg to prevent bad eye •Tying the plant leaf to arm as a treatment of jaundice •Applying kajal on the baby's face to prevent bad eye •Oil is poured in the ear
Key Findings	(1)the mothers exposed their baby to dhoopam (holy) smoke after bath to prevent the baby from evil eyes. (2) the mothers said they will expose the baby to sunlight when the baby's skin turns yellow so that sunlight will dissolve yellow colour. 2% of the mothers believed giving sugar water to the baby during jaundice as treatment. (3) 75% of the mothers practiced pouring oil into the ears of the newborn because they believe ears will get closed otherwise. 94% of the mothers practiced tying black thread and bangles to the newborn's hand or leg to prevent evil eye and they believe black thread will absorb negative energy. 95% of the mothers believed in not moving the empty cradle otherwise the neonate will have pain abdomen. (4) tying scarf to cover ears and warm clothing to keep the neonate warm and also practiced cleaning the newborn's coated tongue by putting fingers into the mouth during bath.
Limitations or gaps in research as per author	NA
Suggestion/Solutions	The good practices identified are to be continued and the harmful effects of bad traditional practices are to be understood and discontinued. <input type="checkbox"/> The existing newborn health care system should be integrated with the traditional and cultural practices. <input type="checkbox"/> Implementation of an effective programme for the promotion of newborn care requires understanding the community and the household traditions. <input type="checkbox"/> The development of programme which promotes culturally sensitive and acceptable changes in the practices followed. <input type="checkbox"/> Display of the pictures about the harmful practices with educational messages in health care centers may help in creating awareness. <input type="checkbox"/> In our study, 45% of the mothers had no formal education. Female literacy is strongly recommended. <input type="checkbox"/> Research on traditional beliefs and practices in newborn care are to be conducted in various localities as it may vary from each place.
Conclusion	some of the good practices in the newborn care which can be motivated, at the same time the harmful practices can be avoided by educating and counselling the mother and her family members.

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