



CULTURAL, SOCIAL, RELIGIOUS BELIEFS AND PRACTICES DURING POSTPARTUM PERIOD AMONG POST NATAL WOMEN IN SELECTED RURAL AND URBAN HEALTH CARE SETTINGS

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ABSTRACT

Belief is the state of mind in which a person thinks something to be the case, with or without there being empirical evidence to prove that something is the case with factual certainty. In developing countries, over 60% of maternal deaths occur during the postpartum period. This period is also greatly influenced by different types of socio-cultural beliefs & practices that increases the risk for poor maternal and child health. A study was conducted to identify and analyse the cultural, social, religious beliefs and practices during postpartum period among postnatal women in Erashal BPHC & Medical College & Hospital of West Bengal. A comparative survey design was adopted in this study. A non probability purposive sampling technique was used to select 120 postnatal women from rural Erashal BPHC & 160 from urban Medical college & hospital as study subject. A valid & reliable Structured Interview schedule(r-0.85,0.90)was used to collect data from the postnatal women who were admitted for delivery and staying postnatal ward. The findings showed that the harmful beliefs regarding maternal, baby care, breast feeding & family planning aspect were present among women during postpartum period(R-75%,U-54%) Harm less beliefs regarding maternal care& breast feeding aspect were present in postpartum period(R-31% U-42 %). Beneficial beliefs regarding separation aspect were present in postpartum period(R-79%,U-90%).The practices were seen in post partum period(R-52%,U-21%).There was a significant difference in belief among rural & urban women as evidenced by ‘t’ test(t-11.38 at df 278 at p<0.05) . There was a significant difference in practice among rural& urban women (t-6.85 at df278 at 0.05 level).Significant relationship(r-0.35 , 0.28 at p<0.05) was seen between beliefs &practices during postpartum period in both area. There was a significant association (χ^2 -5.36, 10.56 at p<0.05) between religion with beliefs in both area. The significant association was seen between family type with beliefs in rural (χ^2 -4.41 at p<0.05) but not in urban. The study concluded that, a concerned matter of issue can be raised to prevent the practices contrary with harmful beliefs by counselling and evaluation of views of the mothers during reproductive period.

Keywords: beliefs and practices, postpartum period, postnatal women, rural and urban settings

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INTRODUCTION

Belief is the state of mind in which a person thinks something to be the case, with or without there being empirical evidence to prove that something is the case with factual certainty. Beliefs are the idea of an individual. There are various types of beliefs present in society like cultural, social, religious, psycho-social etc. Cultural belief is a conviction that a particular thinking is true. Culture in its broadest sense is cultivated behaviour; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behaviour through social learning. A culture is a way of life of a group of people--the behaviours, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next. Social beliefs are the beliefs by which groups in a community identify themselves. Those dissatisfied with the authority may form campaigns to promote their ideas. Members of these campaigns are called activists. Religious beliefs explain where the people fit in relation to the universe and how they should behave while here on Earth (Neeraja, 2010).

Cultural practice is one of the important factors that the healthcare providers need to focus when providing maternal and child health care services. It involved the management of most illnesses at any stages for an individual who lives in society with strong cultural beliefs. Modern healthcare practice is not well accepted or utilized as family awareness and knowledge level is inadequate for them to make good decision. Even though the young are not keen to practice cultural beliefs, they have no choice but to follow since they live with their family. Many cultural practices are still commonly practice without knowing its existing health benefits or potential harm (Ali & Howden, 2007). In developing countries like India, pregnancy and child birth complications are the causes of maternal and child death (India- MMR 130 and IMR 34, West Bengal -MMR 101 and IMR 25 as a report of 2017 by WHO) and these deaths are attributed to the fact that most pregnant mothers do not get the appropriate care they need (WHO, 2015). Postpartum period influences the health of both the mothers and their children greatly. Like prenatal care, the postpartum health care is typically provided during the six-week period after childbirth for avoiding the postpartum complications. In developing countries, over 60% of maternal deaths occur during the postpartum period. This period is also greatly influenced by different types of socio-cultural beliefs & practices that increases the risk for poor maternal and child health (Ching, Eleen, Lorraine, 2006).

Samiha (2007) conducted a study to assess Jordanian women's postpartum beliefs. The sample was 40 postpartum women, 20 from rural settings and 20 from urban setting. A descriptive quantitative questionnaire was administered .Their belief was in prolonged bed rest that the baby's exhalations on the mother's breast can lead to infection, that 'kofaleyas' (tightly secured wraps around the baby) do not harm newborns, that observation by others while nursing might 'steal' the mother's milk, and that a belt around the mother's abdomen will tighten muscles. It concluded that postpartum practices with those which might have adverse effect on the health of a mother and her new born. Geckil, Sahin, Ege (2009) conducted a descriptive study in Adiyaman university to assess traditional postpartum practices of women and infants and the factors influencing such practices. The study

sample was 273 women who gave birth at the maternity and children's hospital in the city from March to June 2004. The results were 82.8% mother eaten 'Bulamac(a kind of desert)', 69.6% women drunk a mixture of grapes and butter, 64.5% women had tightly wrapped their abdomen, 62.6% of women were not left alone at home, 57.9% of women avoided sexual intercourse for 40 days after giving birth, 45.4% women fed their babies with water containing sugar just after the birth, 77.1% of women threw their babies umbilical cord in to a river. Most of the mothers (89%) covered their babies with a yellow cloth to prevent jaundice. The study concluded that some of these cultural beliefs and practices may have harmful effects on women and their babies.

The study seeks to investigate a comparison between rural and urban beliefs (beneficial, harmless or harmful beliefs) in spite of modernisation of obstetrics. The aim is to give health professionals understanding of the rural & urban women world view for creating effective culturally sensitive approaches. During clinical and community experience, the investigator found that the most of the pregnant women had some cultural, religious beliefs as well as practice during their postpartum period. Though they were enough educated but still adhered the existing beliefs. This experience triggered me to take this topic as a study. So, the investigator felt need to conduct the study. This study gives emphasis on the finding out of beneficial, harmless and harmful beliefs and practices existing in the society. The objectives of the study are to identify and analyse the cultural, social and religious beliefs during postpartum period in selected rural & urban post natal women, to identify the cultural, social and religious practices during postpartum period in selected rural and urban women, to compare the beliefs on cultural, social and religious aspect among rural and urban women, to compare the practices on cultural, social and religious aspect among rural and urban women, to find out the relationship between beliefs & practices in rural & urban postnatal women, to find out the association between cultural, social and religious beliefs with selected demographic variables.

METHOD

A descriptive comparative research design and survey research approach was adopted for conducting the study. The Post natal women who delivered their baby in the Erashal BPHC and Medical College & Hospital and staying postnatal ward were selected as the study subject. A non-probability purposive sampling technique were used to select the subject. The total sample was 280. The sample size from rural area were 120 and 160 from the urban area. The sick, mentally challenged & who lost their babies those women were excluded from the study. A reliable structured interview schedule (Cronbach's alpha $r=0.85$) was adopted for assessing the beliefs and (Kuder Richardson 20 formula $r=0.90$) was adopted for assessing the practices from the subject. The structured interview schedule had 9 items regarding age, religion, education, occupation, per capita monthly income (according to modified B.G. Prasad SES Scale, 2014), type of family, no. of children, no. of family members, duration of marriage for collecting the demographic data. Structured interview schedule to assess post partum beliefs 13 items. There were three different types of beliefs like beneficial, harmless & harmful beliefs. Out of that 2 items are beneficial beliefs 3 items are harmless beliefs and rest 8 items are harmful beliefs. Structured interview schedule to assess practices contained 4 harmful items. Final data collection was

done from each subject after taking consent, explaining thoroughly the purpose of the study and by maintaining strict confidentiality. The data collection was completed by giving thanks to every subject.

Formal administrative permission were sought to conduct the study from Ethical committee-Medical College & Hospital, Kolkata, Director of Medical Education and Director of Health Services, Joint-Director of Health Services(Nursing) from Swasthya Bhaban, Block medical Officer of Health of Erashal BPHC, Principal of Medical College & Hospital, Kolkata. Informed consent was also taken from the participants.

RESULTS

Section 1: Findings related to demographic profile of the study subjects

The study result showed that Majority of rural postnatal women(73%)and urban postnatal women(60%) belonged to the age group of 19-24 years. Most of rural women(90%) belonged to Hindu religion whereas majority of the urban women (51%) belonged to the Muslim religion. The rural & urban postnatal women were educated upto secondary level (R-61% and U- 43%).Most of the rural & urban postnatal women did household work. Maximum number of rural women (66%) belong to the lower middle socio-economic class where as 44% urban women are in middle socio-economic class. Joint family was more prevalent among rural postnatal women (82%) than urban postnatal women 72%. In this study majority of postnatal women (58% rural and 40% urban) have 4-6 family members in the family. In both rural(60%) & urban area(59%) most of the postnatal women have two child. Maximum numbers of rural and urban postnatal women have their duration of marriage between 1-5 years(R-75% andU- 54%).

Section 2: Findings related to presence of nature of beliefs during postpartum period among subjects

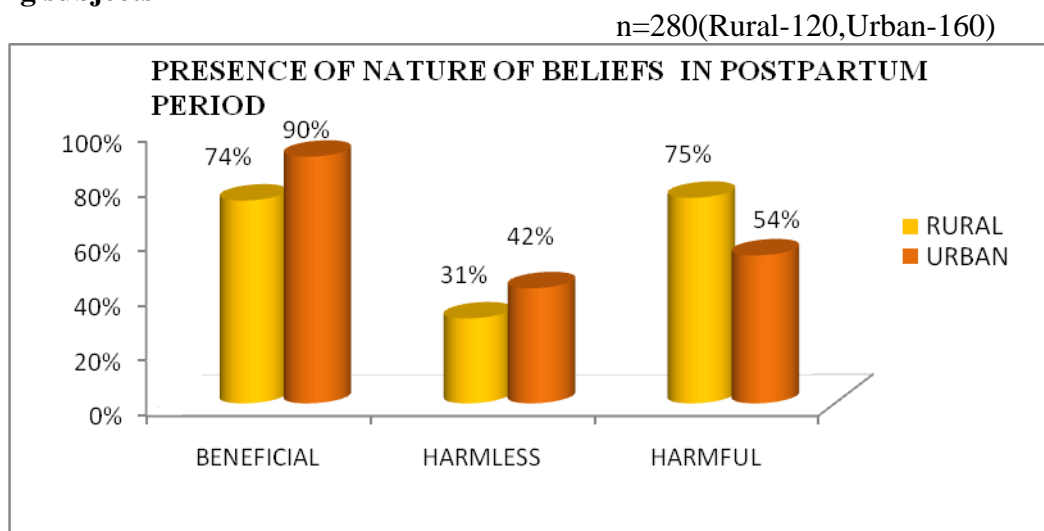


Fig 1.

Bar diagram showing the percentage distribution of rural & urban postnatal women according to the presence of nature of beliefs during postpartum period.

Data presented in figure 1, depict that beneficial beliefs are more among urban women (90%) & than rural women (74%), harmless beliefs are also more among urban women (42%) than rural women (31%). But in case of harmful beliefs it is more among rural (75%) than urban (54%) women.

Table 1.
 Area wise percentage distribution of rural and urban postnatal women according to presence of beneficial, harmless and harmful beliefs during postpartum period

Aspect	Statement of beliefs	Rural (%)	Urban (%)
Cultural	Beneficial beliefs		
	Baby bath is postponed until the cord fall.	56	92
Cultural	After delivery mother and new born baby are kept in a separate room from other family members to restrict visitors and prevent infection.	93	88
	Harmless beliefs		
Cultural	After delivery application of oil, turmeric powder on the abdomen for drying up of abdomen.	25	42
	Social		
Religious	If a child is born with congenital anomaly it is believed that it is happened for the past sin of mother.	33	46
	After delivery mother is encouraged for application of mustered paste, coconut oil on breast to increase the breast milk production.	33	39
Cultural	Harmful beliefs		
	After delivery heavy meal (eg. Rice, sabji, dal, fish) Should not given to mother because it is believed that involution of uterus will not occur.	74	25
Cultural	Only dry foods like puffed rice, flat rice, biscuit, flakes of garlic, dried nut, jiggery, ghee should be given for dry up of the body.	91	89
	Cultural		
Cultural	It is believed that postnatal mother should not take bath upto 21 st days after delivery.	19	13
	After delivery mothers are asked to sit near the fire to get dried up	93	73
Social	After delivery honey, candy water or tulsi extract is administered to the baby's mouth for sweet talking.	92	82
	Cultural		
Social	Application of 'kajal' to the eye, forehead, head of baby for protection from the evil eye effect.	93	83
	The first milk (Colostrums) is not given to the baby's mouth as it is believed that witch's milk.	61	34
Religious	Family planning method should not be used because child birth occurs due to God's blessings and this should not be overruled	76	31

Section 3: Findings related to presence of harmful practices during childbirth period among the subjects.

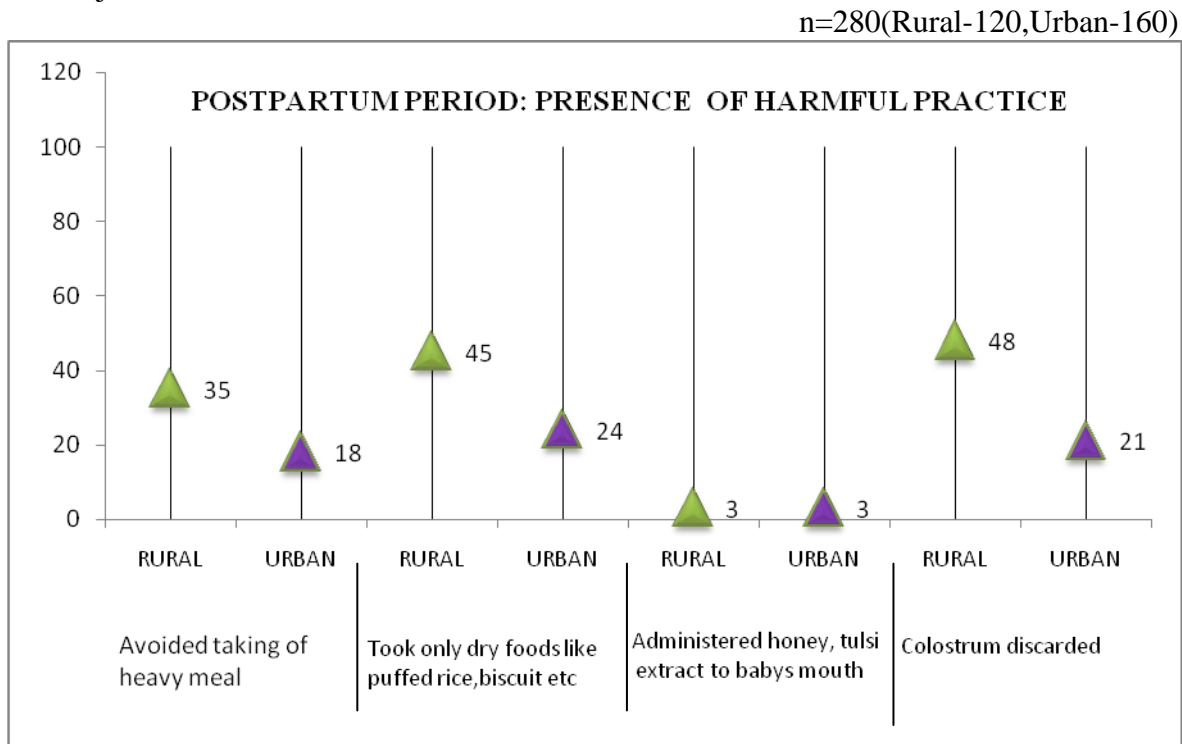


Fig 2.

Stock diagram showing the percentage distribution of rural & urban postnatal women according to the presence of harmful practices during childbirth period

Table 2.

't' value showing the difference in beliefs and practices between rural & urban postnatal women on cultural, social & religious aspect during postpartum period (n=280(Rural-120,Urban-160))

Cultural, social Religious beliefs And practices		Mean	MD	SD _D	SE _{MD}	"t" -value
Beliefs 11.38*	Rural	17.38				
	Urban	19.77	2.39	1.75	0.21	
Harmful practices 6.85*	Rural	6.7				
	Urban	7.35	0.65	0.79	0.09	

At df (278) 't' value-1.97, p<0.05* level of significance

Data presented in table 2 depict that there is a significant difference present in both beliefs and practices between the rural and urban postnatal women .
Data presented in figure 2 , harmful practices are more in rural than urban area. The existing practice “avoided of taking of heavy meal” is more among rural women (35%) where as in urban it is almost half i.e. (18%) . A practice “took only dry foods like puffed rice, biscuit etc” is more among rural women (72%) than in urban women (44%). “Administered honey, tulusi extract to baby's mouth”-this practice is present in same number among both women i.e. only (3%).The practice “colostrums discarded” is more among rural women (48%)where as it is half in urban area i.e.(21%).

Table 4.

Association of cultural, social & religious beliefs with selected demographic factors(age, religion, education, occupation, income, type of family, no of family members, no of children & duration of marriage)among rural postnatal women (n=120 (Rural))

Variables	Cultural, social, religious belief score		Chi-square (χ^2)
	low median	At /above median	
Age in years			
<25 years	47	57	1.66
\geq 25 years	10	6	
Religion			
Hindu	47	61	5.36 *
Muslim	10	2	
Education			
<Secondary	17	15	0.55
\geq Secondary	40	48	
Occupation			
Housewife	50	52	0.62
Others	7	11	
Per capita monthly Income			
<Rs.1570	50	50	1.50
\geq Rs.1570	7	13	
Family type			
Nuclear	6	16	4.41*
Joint	51	47	
No. of family members			
1-6	39	45	0.12
\geq 7	18	18	
No. of children			
One	35	37	0.08
\geq Two	22	26	
Marriage duration			
1-5 year	52	51	2.59
>5 year	5	12	

χ^2 at df(1)=3.84 ,p<0.05* level of significance.

Data presented in table 4 depict that there is a significant association present between beliefs with religion and family type in rural area.

Table 5.

Association of cultural, social & religious beliefs with selected demographic factors (age, religion, education, occupation, income, type of family, no of family members, no of children & duration of marriage)among urban postnatal women (n=160(Urban))

Variables	Cultural, social, religious belief score		Chi-square (χ^2)
	Below median	At /above median	
Age in years			
<25 years	47	59	2.46
\geq 25 years	17	37	
Religion			
Hindu	22	57	10.56*
Muslim	43	38	
Education			
<Secondary	24	33	0.16
\geq Secondary	40	63	
Occupation			
Housewife	61	84	2.75
Others	3	12	
Per capita monthly Income			
<Rs.1570	21	20	2.89
\geq Rs.1570	43	76	
Family type			
Nuclear	16	29	2.96
Joint	48	67	
No. of family members			
1-6	44	59	0.89
\geq 7	20	37	
No. of children			
One	39	56	0.10
\geq Two	25	40	
Marriage duration			
1-5 year	44	62	0.29
>5 year	20	34	

χ^2 at df(1)=3.84 ,p<0.05 level of significance.

Data presented in table 5 depict that there is a significant association present between beliefs with religion in urban area.

Table 3.
 Relationship of beliefs with practices among rural and urban postnatal women
 (n=280(Rural-120,Urban-160))

Variables	Rural		Urban	
	Mean score	“r” value	Mean score	“r” value
Beliefs	17.38	0.35*	19.77	0.28*
Practice	6.7		7.35	

At df(118) ‘r’-value 0.174, and at df(158) ‘r’ value-0.138 p<0.05* level of significance

Data presented in table 3 depict that there is a significant relationship present between beliefs and practices in both rural and urban area.

DISCUSSION

On the basis of the findings and objectives of the present study a discussion is held. The present study supported by the following other study given below Geckil, Sahin, Ege (2009) conducted a descriptive study in Adiyaman university to assess traditional postpartum practices of women and infants and the factors influencing such practices. The study sample was 273 women who gave birth at the maternity and children’s hospital in the city from March to June 2004. The results were 64.5% women had tightly wrapped their abdomen , 45.4% women fed their babies with water containing sugar just after the birth .

The present study supports the practice ‘ wore clothing tightly over the abdomen’. The findings of present study , it is present among (R-81%,U-71%)women. The study also supports in practice of administration of sugar just after birth’ which is present only 3% both rural and urban population. But some beliefs & practices are completely different from the above study. Chythra, Dhanya, Ashok, Niroop (2014) Conducted a qualitative & quantitative study in rural areas of Uduutu dist. In Karnataka to explore the beliefs & practices in the postpartum period. Firstly 110 women were selected & then followed by one FGD only 12 consenting mothers at one of the rural health centers. Study result showed that fruits like papaya were avoided by 73.6% women. Household work was avoided by 56% of the women while 86.3% avoided going outdoors. These practices were influenced by the socioeconomic status and the woman’s educational status. The study concluded that Traditional postpartum practices are still popular among women in rural Karnataka. The present study supports the belief that ‘avoid going outside’ It is present among (95%) of women. The study result also supports the belief ‘papaya causes miscarriage’ is present among (35%) women. The result is completely different in case of the belief ‘performing regular work’ i.e. in above study they avoided regular household work, but in present study all subjects perform their normal household work regularly for goodness of both mother and baby.

Subbiah, Jeganathan (2012) A conducted a descriptive study to assess the socio-cultural beliefs influencing breastfeeding practices among 405 primi postnatal mothers in an urban slum area of Sundernagri, Delhi. Simple random sampling was adopted. A structured interview schedule was used to collect data & analysed by using SPSS package. The study

result revealed .Their cultural practices mainly revolve around avoidance of colostrum, certain consumption and avoidance of food after childbirth. No extra food given as it increases the weight of the baby (13.1%). The pregnant woman should do the household work such as sweeping and swapping the floor(57.5%) for ease of delivery.Sexual relationship was avoided till delivery(22.5%). Sexual Relationship avoided during pregnancy causing abortion (58.8%).

The present study supports with the belief that ‘hard work ease out delivery process’ which is present almost equal among (97%) rural &(91%) urban women. It also supports with the belief ‘ mid-pregnancy sexual relationship causing injury to fetus’ which is present among(81%) rural & (45%) urban women. The practice regarding ‘discard colostrum’ is also present in present study. Findings shows that it is present among (48%) rural & (21%) urban women.The study supportsin the belief ‘extra food hamper ND as it increases the baby size’. Because in this study almost (84%) women believe it.

Bandyopadhyay (2009) conducted a study to explore practices after delivery. Both qualitative and quantitative methods were employed for data collection.100 households with one woman respondent from each household were selected from each village. A survey questionnaire was administered to 402 respondents and in-depth interviews were conducted with 30 women in the reproductive age group (13–49 years), and 12 case studies were documented with women belonging to different caste, religious etc from West Bengal. Colostrums was discarded before putting the infant to the breast in the study villages.

This present study shows that (61%) rural & (34%) urban women are having the belief ‘colostrums discarded as it is believed to be witches milk’.It is similar to the above study. And 48% rural & 21% urban women are having the practice on this beliefs. Reshma and Sujatha (2014) adopted a descriptive research design to conduct the study.Purposive sampling method was used to select 157 samples from a selected hospital. structured dichotomous questionnaire was used to collect the data and were analyzed using descriptive statistics. The study result showed that (129) 82% of the mothers are applied 'Kajal' on baby's face to prevent bad eye. Study concluded that 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. In the present study supports with the belief that ‘application of kajal on head, forehead, eye to prevent the baby from evil eye effect.’ Which is present almost equal in rural (93%)& urban(83%) women .It also supports the presence of significant association of demographic variables (religion, type of family) with the beliefs in rural area. But in urban area only association is present between religion & beliefs.

CONCLUSION

The study can be concluded on the basis of the study findings. Almost all the beliefs are present in both area. Beneficial beliefs and harmful beliefs are more among rural than urban population. Harmless beliefs are more among urban than rural population. Different

types of cultural beliefs & practices are existing in our society. The nurses can provide care keeping in view the cultural, social, religious factors & issue. Nurses have always been contender with the whole person including the physical, emotional, psychological, and spiritual and development dimensions. Consideration of individual value systems and lifestyle should be included in the planning and health care for each client. Service to be provided in the antenatal clinic , regarding the complete assessment of pregnant mother including their food habit, rest, hygiene, marital relationship etc. Health education in the area where the women adhere the harmful practices. Re assessment is also to be done for proper maintenance & co-ordination of care throughout the reproductive period. We being the health personnel can try to alter or slight modification might be done to their existing beliefs & practices to deliver a healthy outcome.

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REFERENCES

- Ali A, Howden-Chapman P: Maternity services and the role of the traditional birth attendant, bidan kampung, in rural Malaysia. *J Public Health Management Practice* 2007, 13(3):278-286
- Bandyopadhyay.Mridula MCHHealth Research, La Trobe University, Melbourne,Victoria, Australia *International Breastfeeding Journal* 2009, 4:2 doi:10.1186/1746-4358-4-2.
- Ching-Yu-Chans, Eleen R Fowler , Lorraine O. Walker. Postpartum Maternal Health Care in the United States: A critical review ,*The Journal of perinatal education* 2006;15(3):34-42.
- Chythra R Rao,Dhanya SM,Ashok K,Niroop SB. Department of Community Medicine Kasturba Medical College Manipal University Manipal, Karnataka 576104, India . Assessment of cultural beliefs and practices during the postnatal period in a coastal town of South India:A mixed method research study . *GJMEDPH* 2014; Vol. 3, issue 5
- Geckil E, Sahin T, Ege E. Traditional postpartum practices of women and infants and the factors influencing such practices in south Eastern Turkey.*Midwifery J.*2009 Feb;25(1) :62-71.

