



RESEARCH ARTICLE

SOCIO-CULTURAL BELIEFS AMONG ANTENATAL FEMALES IN ALIGARH

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ARTICLE INFO

Article History:

Received 23rd November, 2016
Received in revised form
15th December, 2016
Accepted 27th January, 2017
Published online 28th February, 2017

Key words:

Pregnancy,
Socio-Cultural Beliefs,
Rural Areas

ABSTRACT

Introduction: There are a lot of misconceptions and cultural taboos relating to breastfeeding practices. Cultural practices are related to food avoidance, restricted diet during pregnancy and after childbirth. Some of these problems can be overcome if the woman is informed antenatally about the benefits of breast-feeding and other important things. Cultural factors and household food security situation have been identified as underlying factors that influence the nutritional status. The aim of this study was to find out the socio-cultural beliefs among females during their pregnancy in rural areas of Aligarh.

Material and Method: A cross-sectional study was conducted during May –July in 2015 in the rural areas of registered villages of Rural Health Training Centre of the Department of Community Medicine, Aligarh. The study population comprised of mothers who had just delivered a baby. Informed consent was taken from each participant. A total of 70 mothers were selected for the study. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software.

Results: More than half of females under study took no special care during pregnancy of their breasts. Some of them clean their breasts with soap and water everyday while bathing. About 60 % of females were given milk with ghee to facilitate easy delivery. Extra pulses or eggs or meat were given in 30% of females during pregnancy. In 10% of females no extra food was given as it increases the weight of the baby. More than half of females were told to do the household work like sweeping and swapping the floor. 4.2% of the females under study told that they were asked not to sleep in the afternoon as it will increase the size of the baby. 7.2% of females told that they were asked not to walk for a long distance as it causes premature delivery. Sexual intercourse was avoided during the first 3 months in 61.4% of females and during first one month only in 22.8% of them. In 8.5% of females under study, it was avoided till delivery and there was no restriction on it in 7.1% of females.

Conclusion: Usually the socio- cultural practices are imposed by elderly females in the family. So they should be given proper information and education regarding pregnancy. Misconceptions should be removed. Exclusive breast feeding should be done till 6 months. Healthy practices should be promoted.

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Citation: Uzma eram and Tamanna, Z. 2017. "Socio-cultural beliefs among antenatal females in Aligarh", *International Journal of Current Research*, 9, (02), 47173-47175

INTRODUCTION

Breast milk is the nature's most precious gift to the newborn. Exclusive breastfeeding has a number of benefits (Quigley *et al.*, 2007; Martines *et al.*, 1992). It is also called the first vaccination for babies (Faridi, 2008). There are a lot of misconceptions and cultural taboos relating to breastfeeding practices (http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/). Cultural practices are related to food avoidance, restricted diet during pregnancy and after childbirth (WHO, 1993; Paine, 2001; Bramham, 2008).

Some of these problems can be overcome if the woman is informed antenatally about the benefits of breast-feeding and other important things. A study in Singapore(8) revealed that antenatal and postnatal education improves rates of exclusive breast feeding. Cultural factors and household food security situation have been identified as underlying factors that influence the nutritional status. (Mejean *et al.*, 2010). The aim of this study was to find out the socio-cultural beliefs among females during their pregnancy in rural areas of Aligarh.

MATERIALS AND METHODS

A cross-sectional study was conducted during May –July in 2015 in the rural areas of registered villages of Rural Health Training Centre of the Department of Community Medicine, Aligarh.

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The study population comprised of mothers who had just delivered a baby. Informed consent was taken from each participant. A total of 70 mothers were selected for the study. Questionnaires were prepared for the study. Data was collected and analyzed using SPSS software.

RESULTS

As shown in Table 1, more than half of females under study took no special care during pregnancy of their breasts (55.7%). Some of them clean their breasts with soap and water everyday while bathing (37.1%). As shown in Table 2, about 60 % of females were given milk with ghee to facilitate easy delivery. Extra pulses or eggs or meat were given in 30% of females during pregnancy. In 10% of females no extra food was given as it increases the weight of the baby. Table-3 shows that 58.5% of females were told to do the household work like sweeping and swapping the floor. 30% of them told that they worked actively till the end of pregnancy as it kept them fit. 4.2% of the females under study told that they were asked not to sleep in the afternoon as it will increase the size of the baby. 7.2% of females told that they were asked not to walk for a long distance as it causes premature delivery. Sexual intercourse was avoided during the first 3 months in 61.4% of females and during first one month only in 22.8% of them. In 8.5% of females under study, it was avoided till delivery and there was no restriction on it in 7.1% of females.

Table 1. Based on your custom, how the pregnant woman is prepared antenatally for breastfeeding (n=70)

Preparation	No.	Percent
Gently pulling and rolling the nipples while bathing	2	2.8
Applying hot water massage	3	4.2
Cleaning the breast with soap and water everyday while bathing	26	37.1
No special care	39	55.7

Table 2. Special food items given to the mother during her antenatal period (n=70)

Food items	No.	Percent
Milk with ghee to facilitate easy delivery	42	60
Extra pulses, eggs or meat	21	30
No extra food as it increases the weight of the baby	7	10

Table 3. Beliefs regarding the physical activities of the pregnant mothers (n=70)

Physical activities	No.	Percent
Pregnant mother should not sleep in the afternoon as it will increase the size of the baby and make delivery possible difficult	3	4.2
They should work actively till the end of pregnancy as it keep them fit	21	30
They should do the household work like sweeping and swapping the floor	41	58.5
They should not walk for a long distance as it causes premature delivery	5	7.1

Table 4. Till what period sexual relationship is avoided during pregnancy period (n=70)

Period	No=70	Percent
First one month	16	22.8
First three months	43	61.4
Till delivery	6	8.5
No restriction	5	7.1

DISCUSSION

In our study, more than half of females under study took no special care during pregnancy of their breasts (55.7%). Some of them clean their breasts with soap and water everyday while bathing (37.1%). About 60 % of females were given milk with ghee to facilitate easy delivery. Extra pulses or eggs or meat were given in 30% of females during pregnancy. In 10% of females no extra food was given as it increases the weight of the baby. 58.5% of females were told to do the household work like sweeping and swapping the floor. 30% of them told that they worked actively till the end of pregnancy as it kept them fit. 4.2% of the females under study told that they were asked not to sleep in the afternoon as it will increase the size of the baby. 7.2% of females told that they were asked not to walk for a long distance as it causes premature delivery. Sexual intercourse was avoided during the first 3 months in 61.4% of females and during first one month only in 22.8% of them. In 8.5% of females under study, it was avoided till delivery and there was no restriction on it in 7.1% of females.

The similar findings were reported in another study (10), where 57% of mothers said that they drink milk added with ghee and jiggery in the last few days of pregnancy. At the same time, 13.1% of them said that they do not take any fatty diet in the pregnancy because it increases the weight of the baby in the womb. Sunita D (Dangi, 2007) also reported the similar findings. A lot of Indian woman eat butter and ghee when they are to their due date so that the baby slide out from the vagina during labour. In some Asian societies, pregnant women are forbidden to sleep during the daytime as it is believed to result in difficult labour, retained placenta and neonatal jaundice (Sycharum *et al.*, 2012). In a study, it was found that 9% of women abstain from sexual activity once pregnancy is diagnosed (Moodley, 2011). Another study (Sycharum *et al.*, 2009) reported that most of the women reduced their daily physical activities especially hard work was prohibited. Light work like cooking and cleaning houses was allowed. The women were prohibited from sleep during daytime due to the belief that they would experience difficulty in labour. Sexual activity was avoided from third trimester till birth. Taboos and misconceptions have been the concept of the people of India (Parmar *et al.*, 2013). The Chinese medicine has many prohibitions on sexual activities during pregnancy (Ip, 2009).

Conclusion

Usually the socio-cultural practices are imposed by elderly females in the family. So they should be given proper information and education regarding pregnancy. Misconceptions should be removed. Exclusive breast feeding should be done till 6 months. Healthy practices should be promoted.

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