



## Cultural, social, religious beliefs & practices in pregnancy among postnatal women

### Abstract:

**Introduction:** In most society pregnancy period is seen as a very vulnerable period for both the mother and the child. All cultures recognize pregnancy as a special transition period and many have particular cultural beliefs and customs that dictate activity and behavior during pregnancy. During pregnancy period our society practicing certain beliefs. Among the all kinds of beliefs some have beneficial effect, some have harmful effect & some belief have no effect on health.

**Objectives:** This study was conducted to identify and analyze the cultural, social, religious beliefs and practices during pregnancy period among postnatal women in Erashal BPHC & Medical College & Hospital of West Bengal.

**Methods and Materials:** 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.

**Results:** The findings showed that the harmful beliefs regarding being pregnant, food, rest, hygiene, baby's sex, sexual relation aspect were present among women during pregnancy period (R-79%, U-74%). Harm less beliefs regarding being pregnant, protection from harm, hygiene, determining sex congenital anomaly, aspect were present in pregnancy period (R-83%, U-86%), Beneficial beliefs regarding food, ritual, rest, hygiene aspect were present in pregnancy period (R-93%, U-83%). The practices were seen in pregnancy period (R-88%, U-73%). There was a significant difference in belief among rural & urban women as evidenced by 't' test ( $t=2.36, t=2.18, t=11.32$  at df 278 at  $p<0.05$ ) in beneficial, harmless, harmful beliefs respectively. There was a significant difference in practice among rural & urban women ( $t=10.25$ ) at 0.05 level. Significant relationship ( $r=0.72, 0.50$  at  $p<0.05$ ) was seen between beliefs & practices in both area.

**Conclusion:** The study concluded that, a concerned matter of issue can be raised to prevent the practices contrary with harmful beliefs by counseling and evaluation of views of the mothers during reproductive period.

**Key Words:** Cultural, social & religious Beliefs, practices, pregnancy period, postnatal women, rural and urban area.

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## Introduction

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The term maternal health includes the health of women during pregnancy, childbirth and the postpartum period. It provides the health care, in dimension of prenatal, natal and postnatal care in order to reduce maternal morbidity and mortality rate.<sup>1</sup>

In developing countries like India, pregnancy and child birth complications are the causes of maternal and child death (India- MMR 167 and IMR 42, West Bengal -MMR 117 and IMR 31 as a report of 2015 by WHO) and these deaths are attributed to the fact that most pregnant mothers do not get the appropriate care they need.<sup>2</sup>

In most society pregnancy period is seen as a very vulnerable period for both the mother and the child. All cultures recognise pregnancy as a special transition period and many have particular cultural beliefs and customs that dictate activity and behaviour during pregnancy. This period is also greatly influenced by different types of socio-cultural beliefs & practices that increases the risk for poor maternal and child health.<sup>3</sup>

Mamothena C. M,<sup>4</sup> conducted a cross-sectional survey aimed to determine the pattern of use of herbal medicine in an urban setting, among 333 women attending a childcare clinic in a district public health hospital in Nairobi, Kenya during January and February, 2012, and who had delivered a baby within the past 9 months. Qualitative and quantitative approaches using questionnaire for data collection. Data was analysed descriptively and the  $\chi^2$  test and Fishers' exact test used to analyse relationships among variables. The result showed that (12.0%) had used herbal medicine during the index pregnancy, 138 (41.4%) had ever used herbal medicine. There was an association between use of herbal medicine prior to the pregnancy and use during the pregnancy ( $p < 0.001$ ); 26.8% also used it during pregnancy, compared with 1.5% of those who had never used herbal medicine. The proportion of respondents who

used herbal medicine during pregnancy also significantly decreased with increasing level of formal education ( $p = 0.007$ ). self-prescribing (37%) and to treat illness (47%). Only 12.5% of users disclosed such use to healthcare professionals, and about 20% used herbal medicine concomitantly with Western medicine. Users agreed (92.3%) that herbal medicine could have health benefits & non-users agreed (51.8%). The study concluded that the health-seeking behaviour of women who use herbal medicine during pregnancy suggests that they rely on it as a resource even if public health facilities are available. This study indicates that there is a necessity for women to be adequately informed of the potential risks of concomitant use of herbal medicine.

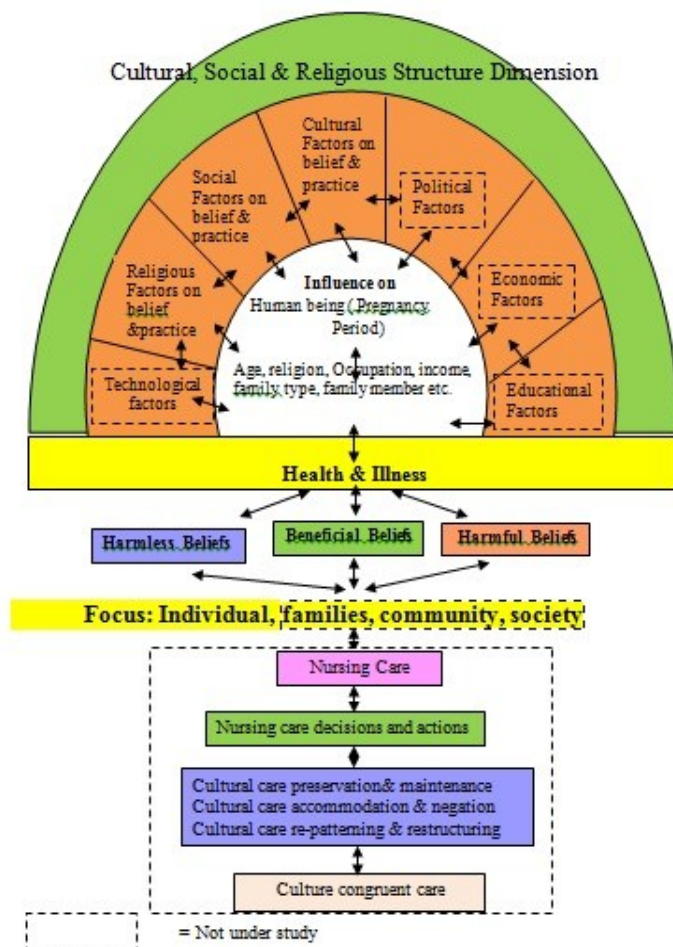
Parmar A, Khanpara H, Kartha G,<sup>5</sup> conducted a cross sectional study is aimed explore some of the taboos and misconceptions associated with pregnancy among the rural women of rural area Khodu of Surendranagar. Simple random sampling selected 100 households (women above 18 years )using Pre – tested questionnaire to collect information. 198 women were interviewed. About 77.0% women had some kind of taboos/misconceptions associated with pregnancy. Most common taboos/misconceptions seen were avoidance of some food/fruit during pregnancy (48.1%). About 31.7% said consumption of saffron results in fair skin of the child and 20.2% women had multiple other misconceptions. Most common food avoided were Papaya (53.5%), Ground nut (13.6%) and citrus food (24.7%). Reasons given for not consuming these foods were many. About 52.1% said abortion as a reason, 26.0% said it causes placental disruption and 21.9% gave multiple answers like hot food, cold food, seizures, difficult labour etc. Study concluded that larger proportion of women still believes in old unscientific tales. With increase in literacy status such taboos/misconceptions can be removed. There is a need for nutrition education and awareness generation among women.

The study seeks to investigate a comparison between rural and urban beliefs (beneficial, harmless or harmful beliefs) in spite of modernization 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 child bearing 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.

## Conceptual Framework

Figure 1: Conceptual Framework based on Leninger Trans Cultural Sunrise Model



## Methods

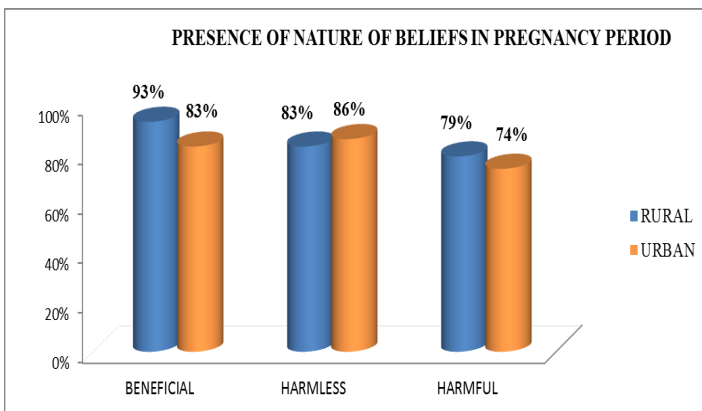
A comparative survey research design was adopted for conducting the study. The Post natal women who delivered their baby in the Erashal BPHC and Medical College & Hospital and staying postnatal ward were selected as the study subject by adopting the non-probability purposive sampling technique. The total sample size were 280 including rural area (R) were 120 and 160 from the urban area (U). 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 beliefs & practices. There were three different types of beliefs like beneficial, harmless & harmful beliefs. There were 23 items in beliefs including 4 beliefs were beneficial, 8 beliefs were harmless & rest items were harmful beliefs. In practice there were 3 harmful items. After obtaining permission from concerning authorities the investigator went to the postnatal ward of the selected settings. The postnatal women were informed before the data collection. Written informed consent was taken. Structured interview schedule was applied to the subject by maintaining their privacy & strict confidentiality. The data was collected from September 2015 to November 2015.

## Result

The study result showed that Majority of rural postnatal women (73%) and urban postnatal women 60% belonged to the 19-24 years of age group. Majority of rural & urban postnatal women

were educated up to secondary level (R-61% and U- 43%). Most of the numbers of rural & urban postnatal women were housewife. (R-85% and U- 91%).Maximum number of rural women (66%) belonged to the lower middle socio-economic class where as 44% urban women are in middle socio-economic class. Maximum numbers of rural and urban postnatal women had their duration of marriage between 1-5 years(R-75% and U- 54%).

**Figure 2: Bar diagram showing the percentage distribution of nature of beliefs. n=280 (R-120, U-160)**



Data presented in figure 2, depict that beneficial belief is present more (93%) among rural postnatal women than urban postnatal women 83%.But it is almost same in number in case of harmless beliefs i.e. (R-83%, U-86%) .Harmful beliefs are also same in rural area (79%) and in urban area it is 74%.

**Table 1: Area wise percentage distribution according to presence of beneficial, harmless and harmful beliefs during pregnancy period. n=280 (R-120, U-160)**

Aspect	Statement of beliefs	Rural (%)	Urban (%)
<b><u>Beneficial beliefs</u></b>			
Cultural	Coconut water is given to the pregnant women for cooling effect on mother.	84	63
Cultural	Green leafy vegetables (e.g. spinach, letus, cabbage leaves, kulekhara etc.) should be given to the pregnant women for good hair of the baby	100	98
Religious	Religious traditional belief like Sadvakhan rituals performed by family members for fulfilment of all wish of the mother and it also prevents salivation of baby.	100	100

Aspect	Statement of beliefs	Rural (%)	Urban (%)
<b><u>Beneficial beliefs contd.</u></b>			
Cultural	If a pregnant women do regular usual works during pregnancy period then it is good for both the mother and the baby.	89	69
<b><u>Harmless beliefs</u></b>			
Social	Pregnant women are usually like to avoid to go outside in evening time with their hair open because the effect of evil eye & ghosts on baby.	99	95
Social	During taking rest pregnant mothers are forbidden to sit in the door because it have a negative effect on the baby & baby may be born with blunt nose.	96	95
Social	During pregnancy it is believed that if mother looks beautiful , nice face, & abdomen is round shaped then the baby will girl.	48	73
Social	During pregnancy it is believed that if mother looks ugly & abdomen is pointed then the baby will boy.	45	73
Religious	Women believe that pregnancy brings completeness of a women.	97	99
Religious	Pregnant women should wear amulet by uttering hymns for exorcising of evil spirit by worshipping in accordance with tantras.	97	91
Religious	Prior to delivery, baby things, toys or useable equipment are forbidden from buying to prevent still birth.	97	98
Religious	During eclipse pregnant mothers are asked not to take food or cut anything with sharp instrument as because the baby born with cleft lip.	91	66
<b><u>Harmful beliefs</u></b>			
Cultural	During pregnancy papaya should be avoided because it causes miscarriage.	34	59
Cultural	During pregnancy pineapple should be avoided because it causes miscarriage & night blindness.	63	79
Cultural	Hot foods like fish, meat, egg should be avoided & cold foods like low spicy , light food should be given to the pregnant mother as pregnancy considered as a hot state.	79	79
Cultural	Variety of things (bricks, mud, wood, ash etc) given to the pregnant women whatever she had cravings because it helps for normal development of foetus.	88	86
Cultural	Pregnant women should avoid full stomach diet (eating extra food, restriction of fruits &fluid intake) because it may hamper normal delivery as it enlarge the size of baby.	84	81

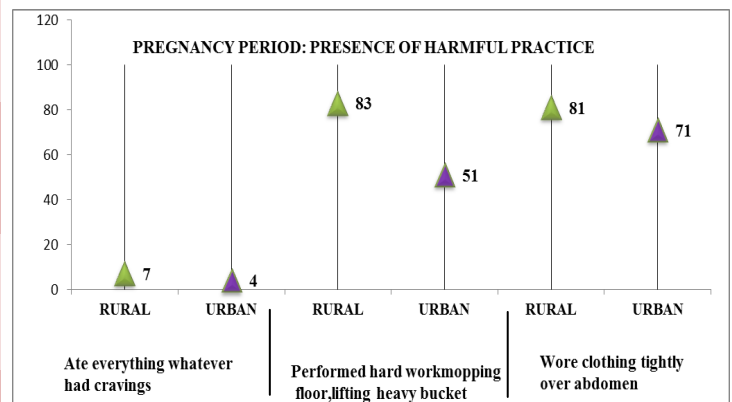
Table 1 Contd...

Aspect	Statement of beliefs	Rural (%)	Urban (%)
	<b>Harmful beliefs contd.</b>		
Cultural	During pregnancy pregnant women are said to do hard work like moping floor, lifting water bucket for the ease of the normal delivery process.	81	45
Cultural	The nail cutting should be avoided in full moon, Tuesday, Thursday, Saturday & older child's birthday though nails are long and unclean.	97	61
Cultural	Sexual relationship should be avoided during mid pregnancy period also because it may cause injury to the foetus.	97	91
Social	Pregnant mother want to wear tight clothing or bandaging over the abdomen for keeping the baby in lower abdomen for normal delivery.	100	66
Social	In pregnancy period, if mother feels movement of the foetus more then it is suspected that the baby may be boy & no need to seek medical care..	88	89
Religious	It is widely believed that pregnancy takes place if flowers and holly water offered to God is consumed regularly.	83	79

Data presented in table 1, depict that the beneficial beliefs regarding - "coconut water for cooling effect on mother is mostly present 84% in rural population where as in urban it is only (63%). The belief "sadhvakhan rituals prevents salivation of baby" is present more among rural women (89%) but in urban it is only 69%. Regarding the harmless beliefs the very much interesting belief "good looking, rounded abdomen brings girl child" is present among 48% rural & 73% urban women. The belief "ugly looking & pointed abdomen brings boy child" is more among urban women (73%) than rural women 45%. "During eclipse eating of food & cutting anything causes cleft lip of the baby"-this belief is more in rural (91%) where as in urban 66%. Regarding the Harmful beliefs- "Nail cutting avoided in full moon, Thursday, Saturday though it is big & unclean" is more among rural women (97%) than the urban women 61%. Another belief "papaya causes miscarriage" is present among 24% rural population & 59% urban women. The belief "pineapple causes

miscarriage & night blindness" is present among (63%) rural & (79%) urban women. Another belief "hard work ease out delivery process" is more among rural 81% whereas it is half in urban 45%. The belief "wearing tight clothing over abdomen to keep baby in lower abdomen for ND" is present among 100% rural women but in urban it is only 66%.

Figure 3 : Stock diagram showing the percentage distribution of rural & urban postnatal women according to the presence of harmful practices.



Data presented in figure 3, depict that harmful practices are existing more in rural than urban population. A practice of "Ate everything whatever had cravings" is present in less number (7%) among rural women & 4% among urban women. Another practice of "Performing hard work like mopping floor, lifting heavy bucket" is more among rural women (83%) than the urban women 51%. "Wore clothing tightly over abdomen"-this practice is almost equal among rural (81%) & urban (71%) women.

Table2: Difference in beliefs and practices between rural & urban postnatal women on cultural, social & religious aspect..

n=280 (R-120, U-160)

Cultural, social Religious beliefs And practices	Mean	MD	SD <sub>D</sub>	SE <sub>MD</sub>	"t" -value	p<0.05
Beneficial beliefs	Rural 11.42	0.19	±0.68	0.082	2.36*	1.97
	Urban 11.23					
Harmless beliefs	Rural 20.30	0.48	±1.88	0.22	2.18*	1.97
	Urban 20.78					
Harmful beliefs	Rural 26.22	3.62	±2.73	0.32	11.32*	1.97
	Urban 29.85					
Harmful practices	Rural 14.98	1.98	±1.60	0.19	10.42*	1.97
	Urban 16.96					

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

## Discussion

The present study was supported by the so many other studies. Parmar A, Khanpara H, Kartha G,<sup>5</sup> conducted a cross sectional study is aimed explore some of the taboos and misconceptions associated with pregnancy among the rural women of rural area Khodu of Surendranagar. Simple random sampling selected 100 households (women above 18 years )using Pre – tested questionnaire to collect information. 198 women were interviewed. About 77.0% women had some kind of taboos/misconceptions associated with pregnancy. Most common taboos/misconceptions seen were avoidance of some food/fruit during pregnancy (48.1%). About 31.7% said consumption of saffron results in fair skin of the child and 20.2% women had multiple other misconceptions. Most common food avoided were Papaya (53.5%), Ground nut (13.6%) and citrus food (24.7%). Reasons given for not consuming these foods were many. About 52.1% said abortion as a reason, 26.0% said it causes placental disruption and 21.9% gave multiple answers like hot food, cold food, seizures, difficult labour etc. Study concluded that larger proportion of women still believes in old unscientific tales. With increase in literacy status such taboos/misconceptions can be removed. There is a need for nutrition education and awareness generation among women.

In the study the result supports in this belief that “papaya causing miscarriage” it is present among 39% rural and 54% urban women. The another beliefs also supported that is “ hot foods avoided and cold foods consumed”. It is present 79% of postnatal women in both settings.

Engelin Kristina,<sup>6</sup> conducted a study to find out harmful cultural traditions which could put the woman and her baby at a risk during pregnancy, child birth and postpartum. 37 individual and 4focus group interviews, in 6 rural villages and 2 small towns in rural areas of Kancheepuram , Tamil Nadu, India were carried

Data presented in table 2 shows that regarding the beneficial beliefs, the mean score 11.42 in rural area and 11.23 in urban area with the mean difference 0.19.Unpaired t test is calculated. The obtained t value is 2.36. Regarding the harmless beliefs the mean score 20.30 in rural area and 20.78 in urban area with the mean difference 0.48.Unpaired t test is calculated. The obtained t value is 2.18.Regarding the harmful beliefs the mean score 26.22 in rural area and 29.85 in urban area with the mean difference 3.62.Unpaired t test is calculated. The obtained t value is 11.32. In case of harmful practices the mean score 14.98 in rural area and 16.96 in urban area with the mean difference 1.98.Unpaired t test is calculated. The obtained t value is 10.42.In all the above mentioned ‘t’ value , which is higher than the table value (1.97) at df (278) 0.05 level. So it is statistically significant at 0.05 level of significance at df (278). Hence the obtained mean difference is not by chance, it is true difference. Therefore inference can be drawn that there is significant difference is present on cultural, social & religious beliefs in beneficial, harmless, harmful aspect and practices between rural & urban postnatal women.

**Table 3: Relationship of beliefs with practices among rural and urban postnatal women. n=280 (R-120, U-160)**

Variables	Rural			Urban		
	Mean score	“r” value	df	Mean score	“r” value	df
Beliefs	26.22			29.85		
		0.72*	118		0.50*	158
Practice	14.98			16.96		

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 the mean score of beliefs is 26.22, mean score of practice is 14.98 and ‘r’ value 0.72 among rural postnatal women. Among urban postnatal mean score of beliefs is 29.85 , mean score of practice is 16.96 and ‘r’ value 0.50. It shows that there is a positive relationship between beliefs and practices in both rural & urban area. The relationship is statistically significant at 0.05 level. That means study subject have beliefs as well as practices.

out among (15-49 year) women who had given birth in the past 5 years, had given birth to at least one child & residing in the study area. Result showed that the hot and cold theory is still very important. Avoidance of hot food in pregnancy because heat was believed to stimulate uterine contractions and result in a miscarriage.

The present study supports in this belief that 'hot foods avoided & cold foods consumed'. It is present among 79% of postnatal women in both rural and urban setting.

Subbiah Nanthini, Jeganathan<sup>7</sup> 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 & analyzed by using SPSS package. The study result revealed that 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 study supports in the belief 'extra food hamper ND as it increases the baby size'. Because in this study almost (84%) women believe it.

## Conclusion

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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. So, concerning about the women in rural and urban population where harmful reproductive health care beliefs are existing inadequacy, a concerned matter of issue can be raised to prevent the practices contrary with harmful beliefs by proper counselling and evaluation of views of the mothers coming during antenatal period. By exploring their existing harmful beliefs, we can strike off the practices if present, by proper health awareness and by adequate health teaching. However, it is also seen that the aspect of beneficial & harmless beliefs are also present in both population ,provided that it does not create an advantageous impact on the mothers. 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.

## Recommendations

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On the basis of the findings the following recommendation can be offered for further research.

- The study can be replicated on large sample.
- A study may be conducted to assess the effects of interventional package on harmful beliefs & practices during reproductive period.
- A comparative study may be conducted on cultural beliefs among Hindu and Muslim religion.
- A study may be conducted to assess the harmful practices through direct observation method.
- A study can be conducted as a qualitative method through focus group discussion.

## Acknowledgement

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### Ethical Consideration

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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.

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