

PATTERN OF HARMFUL PRACTICES TOWARDS THE NEWBORN IN A PAKISTANI COMMUNITY

Tasneem Affzal, Afzal Saeed*, Maqsood Ul Hassan**

AFPGMI, Rawalpindi, *Classified Pediatrician, PNS Shifa, Karchi, ** Army Medical College, Rawalpindi

ABSTRACT

Objectives: To assess the pattern of harmful practices which can affect the neonatal mortality in our community.

Study design: It was a cross-sectional study based on recall of child birth and rearing events by the respondents.

Place and Duration of the Study : The study was carried out in Union Council 45 (UC 45) of Rawalpindi District, which had a population of 25000 people with mostly low income families living on either side of Nalla Lai. The survey was carried out 20th July to 20th September 2006.

Material and Method: One hundred mothers were interviewed. A questionnaire was used to identify these practices in an urban setting.

Results: It was found that many harmful neonatal practices were prevalent in the study population most common being the powder sprinkling on the baby (94%), removal of vernix caseosa (81%), pre-lacteal feeding (79%), unhygienic cord practices (74%), and application of contaminated Surma (73%). Moreover mothers are mostly unaware of the consequences of their practices, however, they were found receptive and eager to know whether their practices were beneficial or not.

Conclusion: The study highlights that many harmful neonatal practices are prevalent in the society. Larger study is required to determine the quantum effect of traditional harmful neonatal practices to the newborn mortality in order to prioritize our actions and develop strategies.

Keywords: Baby Oil Massage, Neonatal Care; Surma;

INTRODUCTION

Newborn mortality is one of the world's neglected health problems. It is estimated that globally, four million newborns die before they reach one month of age. Deaths during the neonatal period (the first 28 days of life) account for almost two-thirds of all deaths in the first year of life and 40 percent of deaths before the age of five¹. Although death rates among all children under age 5 years have declined in recent decades, there is little change in newborn death rates. Yet little attention has been focused on this vulnerable age group². Nearly all of these deaths occur in developing countries, and most newborns die at home without receiving even the most basic health care¹.

In Pakistan the infant mortality rate is high, higher than its neighboring countries and any attempt to reduce it cannot ignore the importance of neonatal practices. In our

community women receive information from family members, elders and traditional birth attendants. Hence, these groups and expectant mothers and mothers of newborns should be targeted with educational messages. A study carried out in Pakistan illustrated the fundamental role that traditional beliefs and practices play in the health seeking and care giving behaviors of mothers. The study recommended that care givers should help mothers differentiate between benign and harmful practices³.

Promoting evidence-based practices for newborn caregivers and modifying practices that are harmful will improve newborn health and reduce morbidity and mortality. Traditional and cultural practices must be identified and the extent of their impact on newborn health evaluated before global standard guidelines are adapted to the local situation⁴.

Identifying current newborn care practices is the first step in preparing a foundation for the design and development of a behavior change communication (BCC) program.

Correspondence: Surg Captain Afzal Saeed, Classified Pediatrics, PNS Shifa Karachi
Email: pak77asd@yahoo.com

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Understanding the degree to which women and their families would be willing to accept new practices and change their current behavior—that is, what changes they would make and under what conditions they would make them—is essential to crafting realistic, relevant behavior change messages.

The objective of the study was to identify the harmful practices currently in vogue in our society and to determine the pattern of their occurrence in the study population.

MATERIAL AND METHODS

This cross sectional study was carried out in Union Council (UC) 45 of Rawalpindi District. It had a population of 25000 people with mostly low income families living on either side of Nalla Lai. It included: Chamanzar Colony, Arya mohallah, Kashmir Chaman Colony, Javed Colony, Jinnah Colony, Civil line. Chamanzar colony and Arya Mohallah were where the low-middle socioeconomic class lived while the other colonies were a blend of the different income groups. The duration of the study was two months from 20th July to 20th September 2006.

A house to house survey was carried out starting with the births that were registered at the UC 45 office during the last six months followed by interviews of the mothers who then guided us to other households in the area where there had been births within last six months. We were also guided to the private clinics in the area which enjoyed good clientele and where deliveries were carried out. Questionnaires were administered to mothers in the clinics as well. Access to other mothers was obtained through the UC 45 office and mothers were then interviewed.

All the participants were informed regarding the purpose of the study and their consent was obtained for data collection. The identity of the participants was kept confidential. An interviewer administered questionnaire with close-ended structured-questions was used. A total of 100 recent mothers of infants were interviewed. Convenience sampling technique was used for population sampling.

Only those mothers were included who were healthy and who gave birth to full term babies through spontaneous vaginal delivery (SVD). Mothers of premature and low birth weight babies and mothers of newborns that needed any intervention were excluded. Recall of events by respondents subsequent to birth of depended upon their own inferences.

Statistical Data Analyses: Data was recorded and analyzed using SPSS version 14. Descriptive statistics were used to describe the data.

RESULTS

The study was carried out in a densely populated, urban setting of Rawalpindi

One hundred women interviewed the demographic data is given in (Table 1).

Immediate washing of the newborn was a common practice for 56% (Table 2). Immediate washing was a common practice with GPs (82%) (n=52) and dais (76%) (n=13) while infrequent with hospital deliveries (n=35). Immediate feeding of the baby was initiated in 39% mostly hospital delivered babies and in 2-3 hours in another 40% of babies while it was delayed for more than 4 hours in 21% (Table 2). Immediate feeding was common in hospital deliveries with specialist care (65%) but was lesser with G.P.s (25%) and dais (23%). Oil massage was a frequent practice (61%) (Table2).

Other harmful practices are given in (Table2)

It was encouraging to note that exclusive breast feeding was practiced by 78%, while 22% gave infant formula, cows' milk or supplemented mother feed with top feed (Table 2). Income also did not significantly influence the practices of exclusive breast feeding. As regards the practice of giving colostrum 63% answered in an affirmative (Table 2). Pacifier was not in vogue and only 18% gave pacifiers to their newborns (Table 2). Babies were washed with lukewarm water irrespective of the season ethnicity or education and were immediately wrapped after delivery by 98% (Table 2). Vernix caseosa was considered unclean and washed away by 81%. A few were not aware of it and said that the baby was born clean without any vernix on it. Hence they did

not bother about removing it during bathing (Table 2).

Surma the traditional cosmetic for centuries was used by most of the mothers but it was of low quality and contaminated 73% (Table 2). Similarly talcum powder was a common application by 94% (Table 2). Most of the babies were placed supine (95%). The rest were usually placed prone or on their side (Table 2). Babies were usually placed supine at all three places, 91% at specialists 96% at G.Ps and 100% at dais. Water was also not given to the newborns by 71% (Table 2).

Table-1: demographic data of the subjects (n=100)

		Percentage
Education	Illiterate	22.0
	Primary	29.0
	Matric	29.0
	Above matric	20.0
Religion	Muslim	95.0
	Christian	5.0
Ethnicity	Punjabi	83.0
	Urdu speaking	7.0
	Pathan	9.0
	Kashmiri	1.0
Monthly Income (Pak Rs)	< 5,000	27.0
	5,000-10,000	39.0
	>10,000	34.0
Place of Delivery	Specialist	35.0
	General Practitioners	52.0
	Dai	13.0

DISCUSSION

Before we embark upon any intervention we must understand what people are currently doing, why they are doing it, what changes might be feasible within the existing constraints and how communication might effectively address these changes. All societies have their own culture and traditions which guide the behavior of their people^{5,6}.

The present study was a community based-survey, aimed at identifying the harmful neonatal practices prevalent in our society. It was found that practices highlighted by media have gained acceptance such as exclusive breast

Table-2: Harmful practices in the new born (n=100)

Practice	Behavior	%age
Immediate washing of baby	Yes	56.0
	No	44.0
Feeding initiated	Feeding in an hour	39.0
	Feeding in two hours	40.0
	Feeding in four hours	21.0
Oil Massage	Yes	61.0
	No	39.0
Prelacteal Feeding	Ghutti	18.0
	Honey	24.0
	Both	35.0
	Others	2.0
	None	21.0
Cord Practice	Nothing	18.0
	Ghee or oil	46.0
	Spirit	16.0
	Medication	7.0
	Multiple	13.0
Exclusive Breast feeding	Exclusive breastfeeding	78.0
	Supplemented feeding	22.0
Practice of giving colostrums	Yes	63.0
	No	37.0
Use of a Pacifier	Given	18
	Not given	82
Wrapping of baby	Immediate	98.0
	Delayed	2.0
Removal of vernix	Yes	81.0
	No	19.0
Application of surma	Yes	73.0
	No	27.0
Powder sprinkling	Yes	94.0
	No	6.0
Laying of baby	Supine	95.0
	Prone	5.0
Giving water to the baby	Yes	29.0
	No	71.0

feeding, but others such as prelacteal practices still remain rampant in our society.

Some current practices are beneficial for newborns, but many others are harmful or potentially harmful. Among the harmful practices in handling of the baby are immediate

washing of baby after birth, as early bathing is a major cold stress⁸ and incomplete wrapping of baby, failure to wrap or cover the head, and delay in drying, warming and wrapping. Harmful practices in feeding of the baby include delay in feeding initiation since immediate breast feeding within one hour of birth is recommended², mixed feeding after initiation of breastfeeding^{9,10}, practice of not giving colostrum because of misconceptions⁹ and almost universal administration of prelacteal feeds^{2,7}. Harmful cord practices¹⁰, vigorous application of mustard oil to the skin of the newborn¹², use of a pacifier¹³, removal of vernix caseosa at the time of birth¹⁴, application of surma¹⁵, powder sprinkling¹⁶, laying of baby¹⁷, and giving water to the baby¹⁰ are some of the other harmful or potentially harmful practices found in the present study.

Immediate washing which can lead to hypothermia is almost a routine in private clinics and home deliveries. Highlighting these practices as harmful should bring reduction if not elimination of such practices. However, washing with lukewarm water and immediate wrapping was a universal approach which is beneficial for the baby, but benefits could be enhanced if it is delayed for up to 24 hours.

Although the prelacteal practice was lower in hospital deliveries, hospital deliveries were not the norm and delivery in private clinics was the trend. Ghutti was not as popular as honey but many mothers gave both particularly where mothers-in-law were taking care of newborns. As regards cord practices, cow dung mud or ashes were not applied by any of the mothers. Perhaps the reason was the urban location of the population and the access to knowledge that changed the behavior. Ghee application was very common most mothers burned onion in desi ghee. The reason given was that as the cord dried up it bled, & ghee acted as an emollient.

Oil massage and the application of surma were almost a routine with the majority, though a small proportion did not indulge in it routinely. Most of the mothers found no harm in it. Perhaps the reason is that they give no immediate ill effects. Also surma is believed to

clear the eyes of secretions besides serving the cosmetic purpose. Talcum powder was used primarily for cosmetic reasons. Usually babies burp up milk, which makes them smelly and powder is used generously and routinely to camouflage the smell. However, mothers were ignorant of this fact that inhaled talc can lead to aspiration pneumonia of the lungs¹⁵.

In the present study people knew nothing of the beneficial effects of vernix¹³ and removed it perceiving it to be unclean. Many were not aware of the vernix but believed that washing should be stringent enough to remove any traces of uterine 'dirt'. Of the few that did not bother to clean it, said the baby had no vernix caseosa on it and was born clean.

Exclusive breast feeding, however, has gained popularity perhaps due to the influence of media although supplementation with top feed was also seen. The reason cited in most cases was inadequacy of mothers' milk particularly in the lower socioeconomic group. This was probably because of malnourishment of the mothers due to repeated pregnancies or their domestic commitment or perhaps ill health led to inadequacy of mothers' milk. As regards colostrum, most of the mothers had no knowledge about it. Those who discarded it did so under the influence of the elders. However many who gave it did not know the difference between milk and colostrum.

Pacifier was not preferred by most mothers and likewise it was encouraging to know that water was also not given commonly, a factor leading to inadequate calories for the baby¹⁰. Expanded Programme of Immunization (EPI) vaccination was considered essential by all, but people were generally ignorant of other vaccines for the baby. Many thought hepatitis vaccine was not a part of EPI.

Some years back it was advisable to lay the babies prone so as to avoid abdominal colic and aspiration. Now studies have shown it is an important cause of high incidence of sudden infant death syndrome (SIDS)¹⁶, now it is recommended that babies should be laid in supine. The few, who were laid prone or on their side, were medically advised in order to avoid aspiration.

CONCLUSION

This study highlights that many harmful neonatal practices like powder sprinkling, removal of vernix caseosa, prelactial feeding, unhygienic cord practices and application of contaminated suroma are prevalent in the society. There is a need to determine the effect of traditional harmful neonatal practices on the newborn mortality in order to develop strategies against them.

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