

Traditional Practices in Maternal and Infant Care Among Women in Rural Area: A Case Study in North 24 Parganas District of West Bengal

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Abstract— In many parts of the world, customs and beliefs from the past impact and encourage the behaviour of women during pregnancy and childbirth. In India, maternity experiences have been shaped by traditional practices.

The primary aim of the paper is to make an account of the practices in relation to recommendations made by contemporary healthcare professionals. The paper examines the level to which pregnant women in rural North 24 Parganas are still adhering to the traditional practices during pregnancy & maternity period.

The study sample included 100 mothers from 4 sub divisions of North 24 Parganas. Representative from each Gram Panchayat has been chosen using Random Sampling method to examine the influence of traditional practices on pregnancy and maternity period.

This study showed the traditional practices that were followed once and the degree to which the traditional practices are still followed keeping in mind harmful traditional practices that need to be avoided by healthcare workers.

Index Terms—Cultural belief, Childbirth, Healthcare professional, Postpartum, Traditional Practices.

I. INTRODUCTION

We have partially eradicated the superstitions surrounding pregnancy thanks to advances in science and technology. Despite the fact that there is no scientific backing for them, a lot of us yet adhere to them. Numerous customs have been established, just like in many other aspects of life. Often, they have contradicted with concept of modern healthcare strategies. These are typically biases ingrained in the community's culture (Gatrad, Ray, and Sheikh, 2004).

Maternal Mortality have always remained a matter of concern previously. WHO (2015) states that the Sustainable Development Goals (SDGs) of the United Nations (UN) have been endorsed by the Indian government. By 2030, the global maternal mortality ratio (MMR) is expected to drop to less than 70 deaths per 100,000 live births. From 398/100,000 live births in 1997–1998 to 99/100,000 live births in 1999–2000, the MMR fell by around 70% in India. The risk of mortality and morbidity is influenced by critical newborn care practices during delivery and the neonatal period. In Indian society, customs still play a significant role, with nearly every family adhering to its unique set of newborn care customs. In reality, the neonatal era in India is when the majority of traditional and cultural rituals are observed (Swain, 2010). In distant rural areas, challenging tribal terrain, and impoverished urban slums, the influence is comparatively greater. Even the educated and urban elite are not completely immune to the negative traditional cultural newborn care behaviours that are perpetrated by elderly women in the family and neighbourhoods (Madhu, Chowdary, and Ramesh, 2009).

Mothers in India tend to rely on traditional ways of child care since they lack adequate understanding about it. Women can obtain information from traditional birth attendants, elders, and family members (Reshma and Sujatha, 2014).

Maternal and infant care practices in rural areas often reflect a combination of traditional customs and cultural beliefs. In the rural areas of West Bengal, traditional maternal and infant care follows an

important role in the healthcare of women and their newborns. These practices are deeply rooted in the cultural beliefs and customs of the communities, shaping the way maternal and infant care is approached and managed. To gain a deeper understanding of these traditional practices, it is essential to explore the various aspects of maternal and infant care, including pre-natal care, post-natal care, breastfeeding practices, and the use of traditional remedies. By delving into these areas, we can appreciate the holistic approach to maternal and infant care that is intensely rooted in the traditional beliefs of rural communities in West Bengal.

Moreover, a healthy diet that meets the demands of the fetus as well as the mother throughout pregnancy must be balanced and have adequate proteins, vitamins, and minerals to offer energy. There are several taboos around pregnancy and the time right following childbirth. These are primarily dietary, but they also have an impact on a woman's rest, lifestyle, and personal cleanliness. Many people who accept these taboos related to pregnancy believe violating it could result in miscarriage or birth deformities for the unborn child (Kuzma et al., 2013)

Furthermore, traditional practices in maternal and infant care in rural areas of West Bengal often involve the use of herbal remedies and traditional medicines. Understanding and respecting these cultural beliefs is crucial when providing maternal and infant care, as adherence to these cultural norms is deeply entrenched in the traditional practices of the communities. Balancing modern healthcare practices with the cultural traditions and beliefs surrounding food can contribute to more effective maternal and infant care strategies in these rural areas.

II. REVIEW OF LITERATURE

To some extent, the advancements in science and technology have assisted us in dispelling the superstitions surrounding pregnancy. Even though we are aware that there isn't any scientific support for them, a lot of us nevertheless adhere to them. Like everything else in life, many customs have been established. Frequently, they are unrelated to science. Usually, they are biases that have permeated local culture (Gatrad, Ray, and Sheikh, 2004).

The experience of becoming a mother is primarily a social construct, influenced by cultural beliefs and

customs, whereas childbirth is a biological process. In addition to these, certain other factors like age of a woman, educational background, ethnicity, socioeconomic standing, religious beliefs and cultural beliefs all have a big impact in raising the children. Harmful postpartum practices have been documented in previously published literature from all over India. These practices include bathing newborns too soon, restricting the intake of nourishing food and water, delaying the start of breastfeeding, and performing pre-lacteal feedings. Although certain traditions and beliefs are proven to be detrimental to women's and children's health, others can have the opposite effect or be ineffective (Moola et al., 2020)

The experience of becoming a mother is primarily a social construct, influenced by cultural beliefs and customs, whereas childbirth is a biological process. In addition to these, a woman's age, literacy, socioeconomic standing, ethnic background, religion, and culture all have a big impact on raising children. harmful postpartum behaviours, such as delayed breastfeeding initiation, pre-lacteal feedings, limiting nutrient-dense food and water intake, bathing neonates too soon, and improper personal cleanliness and cord care practices. While certain traditions and beliefs are proven to be detrimental to women's and children's health, others might have positive impacts (Vernekar et al., 2021)

All societies, whether they are urban or rural, have their own taboos that are adhered to in nearly every area of daily life. In particular, a woman's life is governed by numerous taboos from birth to menstruation, wedding, pregnancy, being a parent and eventually becoming a widow. Of these, there are numerous taboos associated with pregnancy and the period right after giving birth. These are primarily dietary, but they also have an impact on a woman's rest, lifestyle, and personal cleanliness (Kuzma et al., 2013). There is a widespread perception that breaking pregnancy-related taboos could result in abortion or birth deformities for the unborn child. A mother during pregnancy requires a significant increase in calories and nutrients. In order to avoid "nutritional stress," it is crucial to eat a sufficient, well-balanced diet during pregnancy and nursing. Not only can dietary taboos associated with these periods be harmful to a mother's health, but they also have an impact on the foetus (Patil et al., 2010).

III. OBJECTIVES OF THE STUDY

The Primary objective of this paper is to observe traditional practices and cultural beliefs among the rural communities in the study areas of North 24 Pargana district of West Bengal. To obtain these pre-mentioned aims following objectives are considered for the study

- To explore the general traditional practices that were followed in the study area
- To find the degree to which the traditional practices are still followed
- To study the influence of urbanisation on the traditional practice and cultural beliefs

IV. RESEARCH METHODOLOGY

This paper aims to address the above-mentioned questions or objectives. The study has been conducted with help of primary sources; the study was carried out in the form of case study; primary data has been collected for this study.

The study sample included Hundred (100) mothers from four sub divisions namely Barackpore-I, Basirhat, Barasat Sadar and Bongaon Sub division of North 24 Pargana districts. Representative from each Gram Panchayet has been chosen using Random Sampling method. North 24 Parganas is a district very close to the state capital i.e. Kolkata so the influence of the urbanisation on the traditional practice were also studied based on that.

The methods used for the present study is in-depth interviews with semi structured questionnaire who have experienced pregnancy in the last 5 years, apart from that Focus Group Discussions (FGD) with checklist has been done with health volunteers, health workers and senior women member of the community.

With the support from ASHA workers and SHG members of the locality in-depth interviews were conducted individually at their home and Focus Group Discussions (FGDs) were conducted at common places. The mothers for the in-depth interviews were selected using Snowball sampling method. Those mothers who have children between the age of one to five years of age were chosen for the in-depth interview. For FGD aged women i.e. women who are above the age of sixty were included

along with ASHA, AWW and representative of SHG organisation. Around twelve to sixteen members participated in the FGD. Four FGDs have been conducted for different sub-divisions. Representative Gram panchayet has been selected using Random Sampling Method. The FGDs were used to understand the first objective i.e. the previous traditional practices that were followed in the study area and the in-depth interview with mothers helped to explore the degree to which the traditional practices and cultural beliefs are still followed. Various sources of secondary data sources, publication, articles were also reviewed for the study.

V. FINDINGS

To explore the general traditional practices that were followed in the study area and to explore this FGDs were conducted with the elderly women/mothers. From the FGDs the following information's were gathered. All these information is segregated based on pregnancy, labour and child birth, post-partum. All these practices vary with cast religion and community. The findings are as follows

A. *Traditional Practices during Pregnancy:*

1. The pregnant women were forbidden to go outside of their residence in the evening
2. Women were not allowed to reveal their pregnancy status to anyone outside their family members until five or six months of their pregnancy.
3. The Pregnant women were asked to have nutritious foods, there were certain taboos related to food intake, there was this concept of "Hot" and "Cold" foods, that is certain foods which are considered to bring heat in the body and certain foods which will keep the body cool and comfortable in pregnancy. Usually, "pregnancy is considered to be a hot state" thus, it is not good for the mother to eat hot foods during this time. Intake of vegetables like Gourd were highly encouraged on the contrary foods like banana, pineapple, papaya, brinjal, cabbage, coconut, jackfruit, red chilies, egg and meat were highly discouraged considering they will heat up the body and lead to miscarriage.
4. Mothers from Bongaon and Basirhat sub division shared that excessive eating were not encouraged earlier as the baby would grow large and delivery

would be challenging, nothing such were mentioned by the mothers of Barasat and Barackpore Sub-division

5. It was observed from the FGD that the restriction on foods were more common in financially well-off households, mostly the higher caste Hindu households and it less strictly observed among Muslim households. But in Bongaon sub division these restrictions were strictly followed among the SC communities just like the well-off families.
6. To protect oneself from the evil gaze, pregnant women used to wear a necklace made of crimson thread with a locket known as a "Tabij".
7. Pregnancy did not impose any limitations on physical activities. No matter what their financial status was, women carried heavy loads and went about their regular lives until labour begins.
8. The tradition of "Sadhbhokhon" or "Baby Shower" was practised only among economically affluent families in the 7 month and 9 months of pregnancy. But mostly this ritual was mainly performed once that is during 7 months of pregnancy in the in-law's house.
9. Pregnant women were sent to their maternal home during pregnancy on the belief that the maternal home will provide more supportive and nurturing environment.

B. Traditional Practices during labour and child birth:

1. The tradition of visiting doctors or any hospitals were not common at all, in fact home deliveries was mainly done with birth attendant or *Dai Ma*. No male members were allowed during the labour time.
2. After delivery, excessive bleeding may be seen as a positive indicator that the uterus is being cleansed. Some of the women said that the placenta used to be buried near the birthing room to keep off the evil eye or "Nazar".
3. Owing to belief over contamination and impurities associated with childbirth, the mother and the infant were typically segregated as soon as the baby was delivered. Different locations had different lengths of time for postpartum mothers to be alone and confined. Postpartum women may be confined for up to 21 or 41 days

varied with locations and religions, but for Muslim communities the duration was 41 days.

4. The mother and infant were placed in confinement to protect themselves from disease and evil spirits. After birth, it was believed that the mother and the child were both in a vulnerable position also the mother require sufficient rest to recover herself. Thus, the women of the family prayed to Gods to keep the mother and child safe from an evil spirit, and the entrance to the isolated room known as "*Atur Ghor*" was embellished with tiny mud dolls among Hindu communities. The practice of seclusion was common among Muslim communities too, but no such rituals were followed.

C. Traditional Practices during Post Partum and infant care:

1. It was believed that eating foods like milk, butter, ghee, and certain fish would improve the amount and quality of breast milk produced. It was recommended that postpartum women eat a lot of garlic in order to "dry the womb" or help the uterus contract.
2. Newborns were thought to be particularly vulnerable to "nazar" or the evil eye. To avoid the negative effects of the evil eye, several precautions were taken, such as applying *kohl* to an infant's forehead, eyes, palm, and feet; this was only for Hindus. Along with putting *kohl* in eyes, the habit of tying a black thread around the baby's waist was highly prevalent among Muslims.
3. Oil massages were typically given to infants on a daily basis. Also giving honey combined with ghee, would make the baby talk sweeter words as they grow up.
4. Extended breastfeeding, lactation, and nursing depended on the ideas of ceremonial purity, hot and cold meals, and a postpartum diet that was restricted. Colostrum was not given to the infant because it was considered impure.
5. In addition to their mothers' milk, babies received cow's milk for added nutrition. Although giving babies rice for the first time is part of the "*Annaprashana*" ritual, women from the Basirhat sub division claimed to have given their children soft foods like khichdi and boiled

rice well before the age of six months. Fewer women from other sub-divisions concurred with this assertion. Exclusive breast feeding was not practised till six months.

6. Babies were wrapped by clothes woven by the in laws or grandmothers commonly known as “*Kantha*” in local Bengali language and babies would be wrapped with small comfortable clothes to prevent urination, and they were changed regularly.
7. There was a unique food locally known as “*Pachat*”, this was given to the post-partum mother. “*Pachat*” is nothing but a soup filled with boiled vegetables and indigenous chicken commonly known as “*Deshi Murgi*”. It was believed that eating this will make the baby’s bone stronger and a new born baby’s neck is really brittle so eating this will help in the growth of strong bone structure. This is mainly a dish prepared by people of Muslim communities.
8. Male Circumcision or “*Khatna*” was practised among Muslim communities. “*Khatna*” can be done to babies from an early age of seven months, but most women preferred to do male circumcision for their children at the age of seven or eight.

Now to understand the degree to which the traditional practices are still followed by the Pregnant women, lactating mother and Post partum women the pregnant women were interviewed and the findings are as follows:

D. Traditional practices that are still followed during Pregnancy:

1. The custom of hiding pregnancy is still persistent but it is hardly till 3 months of pregnancy since the pregnant women now are aware that they will have to register themselves in Sub centres for all the benefits. They are also aware of the various government monetary benefit program during child birth.
2. Food restriction is still followed especially the custom of eating hot and cold foods are still followed in some orthodox Hindu families. But the pregnant mothers are now aware that eating of nutritious food is necessary during pregnancy and eating certain meat and fish will certainly won’t affect that much.

3. The custom of wearing black necklace or “*Tabij*” is still followed by few of the women especially women of Muslim communities to protect them from “evil eye”
4. The practice of seclusion is very rare since women nowadays prefer institutional delivery i.e. delivery at hospital and come home after 3 to 5 days so it is considered that all the impurities have gone and washed away in the hospital. But even if some women practice confinement, it is not that restricted and ritualistic anymore. Now the confinement is mainly for the safety of the infant and mother not because of evil spirit.
5. The tradition of “*Sadhbhokhon*” or “Baby Shower” is still practised among economically affluent Hindu families in the 7 months of pregnancy. Sending women to their maternal home has reduced a lot because women are getting all the facilities from sub centre and hospitals where they are already registered immediately after knowing they are pregnant.
6. The tradition of going to maternal house is still common among women from interior villages of Basirhat sub division, because of poor transport facilities and distance of government hospital the pregnant women prefer to stay in their maternal house during a huge part of their pregnancy

E. Traditional practices that are still followed during labour and child birth:

Even four or five years ago the practise of home delivery was common in Basirhat sub division and Bongaon sub division, but that was not because the women preferred to have home delivery it was because of lack of facilities like transport, distance of hospitals etc. Now many pregnant women who are residing in interior parts of the village prefer going to their maternal home for institutional delivery.

F. Traditional practices that are still followed during Post Partum and infant care

1. Foods like milk, butter, ghee, and certain fish are still eaten by the pregnant women for increasing quality of breast milk. Postpartum women still eat a lot of garlic in order to “dry the womb” or help the uterus contract.

2. One change that happened is most of the women prefer caesarean instead of normal delivery, this trait was mostly common among pregnant women of Barackpore-I and Barasatsadar sub division, many women in fact prefer private nursing home over government hospital.
3. Newborns are still provided “*nazar tika*” or “*Kala tika*” to protect them from the evil eye. Some families still apply Kohl on the back of feet and palm of children, applying of Kohl in eyes are very rare now owing to the fact that Kohl doesn’t give a pleasing look for their baby. The habit of tying a black thread around the baby’s waist is still prevalent among Muslims and some Hindus.
4. Although they prefer mixed feeding, or consuming both breast milk and formula, expectant women are now conscious of the idea of exclusive breastfeeding for the first six months of a child’s life. Some women from economically backward family also give goat and cow milk. They believe only breastmilk can’t meet the hunger of the child. Sometimes water mixed with honey is given to the babies to prevent them from cough and cold.
5. The ritual of “*Annaprashan*” or giving babies rice for the first time is still a practice, for male child the ritual is performed at six months and for female child the ritual is performed at five months.
6. Male Circumcision or Khatna is still practised among Muslim communities but it is not performed with infants, they wait for child to cross the age of seven or more.
7. Oil massages are still given to infants on a daily basis. Women from affluent families occasionally prefer giving lotion massages from reputed companies
8. Some women still prefer to wrap their child with clothes woven by the in laws or grandmothers commonly known as “*Kantha*”, for preventing babies from urination women from affluent families especially women of Barasat and Barackpore-I sub division said they prefer diaper over clothes.

To study the influence of urbanisation on the traditional practice and cultural beliefs, North 24 Parganas being a district very close to state capital i.e. Kolkata one of the major metro cities of the country, sub divisions like Barasat and Barackpore-I are very much close to Kolkata so a distinct difference have been found in the present practices of Bongaon and Basirhat sub division when compared to the other two sub divisions. The following things have been observed from Table 1:

- Women now prefer to show health professionals for any medical complications related to pregnancy, infant care irrespective of the health personnels gender, caste, religion. The women prefer to be treated by a licensed medical expert and do not often see quack doctors.
- ASHAs are instrumental in improving maternal and newborn health outcomes by providing essential services, education, and support to pregnant women and new mothers. They assure that all the deliveries are institutional deliveries, antenatal care, postnatal care, and immunization are done in proper time. The Pregnant women revealed they feel very comfortable around ASHA
- It is easier for the residents of the cities to access urban healthcare facilities along with convenient transport facilities and also proper transport facilities is an added advantage for them, also with introduction of Nischay Jaan or ambulance facility it has become even easier, also family’s willingness to institutional delivery has also increased and also impact of media plays a vital role.
- Many women are now members of Self-Help Groups, thus many outreach programs related to health are being attended by them.
- One of the main reasons why some women had to adhere to these traditional practices was because they were not decision maker and not financially independent. Being a member of a group made them a proper decision maker.

Table I: Practices that are still persisting in the GPs (data is not mutually exclusive)

Sl no.	Practices	Gram Panchayet			
		Bodai GP	Mohanpur GP	Shindrani GP	Shibdaspur GP
1	Custom of hiding pregnancy till 3-4 months	40%	64%	24%	60%
2	Food restriction	32%	32%	48%	28%
3	Custom of wearing Tabij	64%	36%	16%	52%
4	Practice of seclusion	56%	40%	64%	44%
5	Practice of "Sadhbhokhon"	32%	44%	60%	52%
6	Tradition of going to maternal house during Pregnancy	16%	72%	32%	24%
7	Home Delivery	0%	8%	0%	0%
8	Using Kalatika for children in eyes	36%	56%	48%	44%
9	Breast feeding exclusively for the first six months	16%	8%	12%	16%
10	Mixed feeding in the first six months	84%	92%	88%	84%
11	Annaprashan	36%	12%	36%	36%
12	Male Circucision or Khatna for infants below the age of one year	8%	4%	0	0
13	Oil Massage	28%	76%	48%	48%
14	Lotion Massage	72%	24%	52%	52%
15	Use of Diaper	36%	0%	52%	60%
16	Use of Kantha	64%	100%	48%	40%

Source: Field Survey

VI. SUGGESTIONS

Though many conventional postpartum and infant care practices still happen, they could be rather outdated or harmful. The following are some best practices that can be woven into problematic ones. Good practices that can be followed like eating nutrient-dense foods such as Milk, Ghee, certain fishes for nourishing the lactation and maternal health; providing oil massages using traditional oils like sesame or coconut in infants; performing cultural rituals like "Annaprashan", also providing kids with semi-solid foods which can eventually help them learn about taste. Practices that could be modified include the following practices, e.g. avoiding some nutritious foods like leafy greens (possible perceived effects), fruits and vegetables due to some

misconceptions, throwing out the first milk or colostrum provided to newborns, giving prelacteal feeds, restrictive diets of postpartum mothers.

By understanding and recognising traditional practices while also providing evidence-based guidance, healthcare professionals can help women have safe, healthy pregnancies and postpartum periods that will respect their cultural heritage.

VII. LIMITATION OF THE STUDY

Tribal communities were not included in the study. Due to lack of time the study is a representative one in comparison to the whole population.

VIII. CONCLUSION

In India traditional practices surrounding pregnancy, childbirth, and postpartum care are deeply rooted with cultural norms and have been conceded through generations after generations. This study is trying to pin point the importance of these customs and beliefs, and trying to show both their historical context and their current significance to maternal and infant health. While many traditional practices are compassionate or even beneficial, some can lead to risk to the health of mothers and newborns, requiring a careful assessment by healthcare providers.

The study reveals those certain customs, like "*Annaprashan*" or the child's "First Rice Ceremony," are celebrated as blissful occasions that strengthen bonds between families and promote optimistic relationships within the community. These ceremonies, while culturally significant, do not restrict with health and can be respected as part of the rich tapestry of Indian culture. Nevertheless, other practices, especially those aimed at warding off "Nazar" or evil spirits or safeguarding the child's future well-being, may unintentionally harm physical health and well-being. For example, the practice of mixing honey with water and providing it to infants, believed to improve their speech, but this theory lacks scientific explanation and could lead to health risks.

To deliver healthcare that is both traditionally sensitive and effective, it is essential for health workers to understand these traditional customs. This understanding permits them to direct the difficulties of maternal care in a way that compliments cultural and traditional beliefs while encouraging safe practices. For instance, while some traditional dietetic practices, such as the eating of "hot" and "cold" foods, may not align with contemporary dietary guidelines, they hold important social value. Health education should therefore be focused on amalgamating beneficial practices from traditional custom with evidence-based medicinal advice.

Furthermore, the study highlights the need for suitable health education at perilous times, such as during hospital discharge and postnatal visits. Community health workers play a vital role in this process, as they can help as a bonding bridge between traditional beliefs and modern healthcare practices. By providing information that recognizes cultural

practices while also tackling potentially damaging ones, health workers can empower mothers and families to make well-versed choices.

The results highlight the significance of identifying the dynamic interaction among cultural practices and health consequences. While some customs may need to be reviewed or restricted due to their detrimental effects, others should be conserved and maintained as they contribute to the emotive and social well-being of mothers and infants. For example, practices that highlight community support and maternal bonding need to be encouraged, as they forward a promotive environment for both mother and child.

In conclusion, the combination of traditional practices into contemporary healthcare requires a nuanced tactics that compliments cultural heritage while listing health and safety. By developing an understanding of these customs amongst healthcare providers and confirming that mothers receive suitable education and support, it is likely to improve maternal and infant health outcomes in India. This approach not only regards the rich social traditions of the community but also promotes a better future for mothers and their newborns.

India is a country profoundly ingrained with cultural norms in all spears of life. As a part of this traditional practices related to the care of pregnant mother, new born, and postpartum mothers are conceded from generation to generation. This study showed the traditional practices that were followed once, the degree to which the traditional practices are still followed by the pregnant women during pregnancy, child birth and post-partum care. While some customs, related to the protection of the baby and mother from evil spirit pose a risk to the baby and mothers physical health and proper scientific explanation of the practice to be given the healthcare providers, other customs, like "*Annaprashan*" or the child's "First Rice Ceremony,"

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