



Experts opinion on indigenous child care practices followed by rural women of Kumaon region, Uttarakhand

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ABSTRACT

This paper examines experts opinion regarding child care practices (birth- two years) followed by rural women of Kumaon region. An exploratory study was conducted in Bageshwar district of Uttarakhand state. A sample of 120 rural women was selected randomly from two blocks i.e. Garur and Kapkot. Personal interview along with participatory rural appraisal techniques and discussion with rural women were used as a technique to collect the information. Apart from rural women, the indigenous knowledge was also documented from key informants, local health workers and aged women. For experts opinion a questionnaire was prepared for scientific validation and contemporary relevance of the documented indigenous practices on 3 point continuum as scientific, unscientific and uncertain.

Keywords: *Indigenous Knowledge, Child Care Practices and PRA Techniques*

INTRODUCTION

Women is the only who is blessed by god with capability to reproduce and carry out our generation. Motherhood is the basis of family life which in turn is a backbone of all the orders of society. Pregnancy is a process to continue our generation and with the birth of the baby her role as nurse and mother assumes primary importance in both her life and that of her offspring (Nirmale and Santosh, 2003). Child birth is a time of transition and social celebration in many societies, signalling an adjustment of cultural responsibilities. Indigenous practices related to child health care are an important aspect as infants are the valuable resources of the nation. Child care is the major responsibility of women and they are the reservoirs of many of the indigenous practices which they have been transmitted to them from generation to generation. There is an urgent need to identify

and document indigenous technical knowhow and make efforts to trace this valuable knowledge otherwise it will be lost soon and not to be regained in future at any cost. Several studies have revealed that traditional neonatal care practices which vary with culture may cause infections, anaemia, hypothermia and hypoglycemia and thus increase the risk for diseases among infants (Marsh et al., 2002 and Winch et al., 2005). Although they may vary from culture to culture, pregnancy, birth and child care related beliefs and practices appear in all communities and may play an important role in child health (Baser et al, 2010). Hence in this section an effort has made to judge scientifically the indigenous child care practices with special reference to child birth, child care, breast feeding, supplementary feeding practices and common child health problems and have contemporary relevance or not by a panel of experts.

MATERIALS AND METHODS

The present study has been carried out in Bageshwar district of Uttarakhand state and total four villages were selected from *Garur* and *Kapkot* blocks namely *Garkhet*, *Tilsari*, *Loharkhet* and *Ason*. From each village 25, well experienced rural women, above 45 years of age were selected purposively and the information was collected with the help of interview schedule and PRA techniques. Along with this, focused group discussions were organised to get the desired information from the respondents and key informants of the village. Thus, the total sample consisted of 100 farm women. For expert opinion a separate questionnaire was constructed after recording and compiling the documented indigenous child care practices. The expert's opinion regarding indigenous childcare practices was recorded on a three point continuum i.e. scientific, unscientific and unknown by the panel of 10 experts from the areas of Human development and Family Studies, Foods and Nutrition and Ayurvedic doctors.

RESULTS AND DISCUSSION

Socio-Economic Background Of Rural Hilly Women

Regarding socio-economic status of rural women more than half of the women (56%) belonged to the age group of 51-60 years and most of the women of the study area (71%) were illiterates but they are knowledgeable in their indigenous practices. Majority of the rural women (75%) had three or more surviving children at the time of survey and majority of the rural women (83%) were from middle socio-economic status and 12 per cent rural women had organizational membership. Study also reveals that more than half of the farm women (57%) took advice from old aged women regarding child and postpartum care as they were well experienced and knowledgeable.

Experts Opinion On Child Care Practices

In Kumaon region rearing of child is the major responsibility of women besides performing farm and household chores. As there is no health care facility in the remote areas of Kumaon

region, women are still practicing their old aged traditions of child rearing. Experts opinion on documented indigenous child care practices was recorded on a three point continuum i.e. scientific (those practices which are correct and can be trusted without fear and doubt), unscientific (indigenous practices which have no base and are incorrect) and uncertain (practices where experts have no idea and further more research is needed). **Table 1** shows that there are many practices which have scientific base, some are unscientific and some need further research and experts have reasons for these practices.

Scientific practices:

Experts reported that using new blade, clean bowl and clothes for delivery of child and mother and child rested in a room coated with cow dung and mud considered scientific; Regarding bathing of child on alternate days was considered scientific by majority of the experts (80%) and the practices related to massaging were considered scientific by majority of the experts; Majority of the experts (80%) considered the practice of breast feeding as per demand of baby and majority of the experts (90%) considered the rural women practice of feeding breast milk till 2 years as scientific. According to the report of Ministry of Human Resource Development (2004) highlighted that it is important to ensure exclusive breast feeding as it saves babies from diarrhoea and pneumonia and breastfeeding must be continued upto the age of two years or beyond. Continuing breastfeeding while giving adequate complementary foods to the baby provides all the benefits of breastfeeding to the baby. In other words, the child gets energy, high quality protein, vitamin A and anti-infective properties.

Most of the supplementary feed given to the infants was considered scientific by all the experts i.e. *dal* soup, cooked rice water, mashed rice and banana, mashed chapatti in *dal*, mashed green leafy vegetables, *khichdi* and *lapsi*. The findings are in conformity with Sinha (2004) and Udaya Lakshmi and Babitha (2014) who reported that most of the supplementary feed given by the respondents to the infant was considered scientific by all the experts.

Table-1. Experts opinion on indigenous child care practices followed by rural women

*Scientific; ** Unscientific; *** Uncertain

S.N.	Indigenous practices	Expert opinion (n=10)			Reason given by experts
		S*	US**	UC***	
DELIVERY OF CHILD					
1.	Delivery is performed at home with the help of traditional midwife (<i>Choi</i>)	-	10 (100)	-	It is unsafe and unhygienic which could leads to fatal results
2.	Use of clean bowl, clean clothes and new blade for delivery	10 (100)	-	-	Maintains hygienic conditions
3.	Women rested in a separate room coated with cow dung	8 (80)	-	-	Anti-bacterial, anti-septic properties and prevent from infection
4.	Child and mother rested in a separate room without proper ventilation and light	-	10 (100)	-	Proper light kills microorganisms and reduce the foul smell
CHILD CARE					
1.	Bath is given to newborn with luke warm water after 20-30 minutes of delivery	3(30)	7 (70)	-	Bathing a baby immediately after birth can lead to hypothermia
2.	Bath the new born on alternate days	8 (80)	2 (20)	-	Daily bath can cause cold and fever in the child's body
3.	Prelecteral feed i.e. honey is given to child after 1-2 hours of birth	2 (20)	8 (80)	-	Only colostrum feeding should be is given to newborn after delivery
4.	Massing is done with mustard oil thrice a day in early sunlight till one year	10 (100)	-	-	❖ Mustard oil is thermogenic in nature and tones the muscles ❖ Massaging the infant body under sunlight provides vitamin-D
5.	Massaging is done for 3 months with wheat dough dipped in mustard oil	8 (80)	-	2 (20)	It removes hair and smoothen the body
6.	Massaging is done with <i>bhangjeera</i> (<i>Perilla frutescens</i>) oil	2 (20)	-	8 (80)	Research is needed
7.	Make child sleep straight i.e. on back	3 (30)	7 (70)	-	Position should be change to avoid pressure on heart
BREAST FEEDING PRACTICES					
1.	New born is breast fed after 8-10 hours of birth	-	10 (100)	-	First milk i.e. colostrum is very essential as it contains antibodies and other substance which protect the baby against diseases
2.	New born is breast fed as per demand (8-10 times in a day)	8 (80)	-	2 (20)	Breast feed with the gap of 1- 2 hours fulfils the body requirements
3.	Breast feeding of baby in sitting position	7 (70)	-	3 (30)	There is less chances of child's throat choking
4.	Breast fed the infant till 2 years	9 (90)	1 (10)	-	Breast feeding along with complementary food reduces the chances of malnutrition and many diseases
5.	When mother's milk is insufficient cow's milk is given along with breast feeding (1:1 and 1:1.5)	8 (80)	-	2 (20)	Cow's milk is easy to digest

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SUPPLEMENTARY FEEDING PRACTICES					
	Supplementary feeding after 5 months for baby girl and 7 months for baby boy	-	10 (100)	-	Right time is after 6 months of birth as young child need more nutrients, energy and protein to grow normally
	<i>Dal</i> soup, cooked rice water, mashed rice and banana, mashed chapatti in <i>dal</i> , mashed green leafy vegetables , <i>khichdi</i> and <i>lapsi</i>	10 (100)			Rich in essential nutrients and easy to digest
	After one year all types of cooked foods are introduced with non-vegetarian food	9 (90)	-	10 (10)	Diversified diet will provide essential micro-nutrient to the body
	Giving supplementary food more than three times a day	10 (100)			Inadequate feeding of young children during the first two years is main cause of malnutrition
CHILD HEALTH CARE PRACTICES					
VOMITING					
	Mixing 1 drop honey with 4 drop mother' breast milk	4 (40)	-	6 (60)	Have anti-vomiting property
STOMACH PAIN AND CRAMPS					
	Making paste of 20 gm of <i>Hisalu</i> (<i>Rubus ellipticus</i>) roots	-	2 (20)	8 (80)	Research is needed
	Making paste of <i>Kaphlya</i> (<i>Geranium wallichianum</i>) roots		2 (20)	8 (80)	Research is needed
	Boiling carom seeds (<i>Trachyspermum ammi</i>) in water	8 (80)	-	2 (20)	Anti-spasmodic, anodyne and carminative in nature
	Making paste of 10 -15 seeds of ripen apricot (<i>Prunus armeniaca</i>) by adding water		-	10 (100)	Research is needed
	Making decoction of <i>Babansi</i> (<i>Valeriana jatamansi</i>) leaves and mixed with milk	1 (10)	-	9 (90)	Research is needed
	Consume half piece of <i>Harad</i> (<i>Terminalia chebula</i>)with lukewarm water	7 (70)	-	3 (30)	Anti-inflammatory, anodyne and carminative in nature
FEVER					
	Making decoction of aerial parts of <i>Tulsi</i> (<i>Ocimum sanctum</i>) and carom(<i>Ajwain</i>) seeds	8 (80)	-	2 (20)	❖ <i>Tulsi</i> -Anti-inflammatory, anti-bacterial and anti-microbial ❖ <i>Ajwain</i> - Anti- inflammatory and thermogenic and open the pores through which heat comes out
	Cold water sponging	8 (80)	2 (20)	-	Drops down the body temperature
ECZEMA					
	Grinding 5-6 leaves of <i>Paatee</i> (<i>Artemisia nilagirica</i>) and Peach (<i>Prunus persica</i>)	-	2 (20)	8 (80)	Research is needed
	Apply cow's urine on affected part of the body	8 (80)	-	2 (20)	❖ Excellent germicide and anti infectant ❖ Destroy the poisonous effect

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DIARRHOEA					
1.	Giving solution of salt and sugar(3-4 times a day)	10 (100)	-	-	It recovers the loss of water from the body
2.	Giving boiled water	10 (100)	-	-	It kills harmful micro-organisms
COUGH AND COLD					
1.	Making garland of garlic and put it around child neck	4 (40)	-	6 (60)	Have antioxidants, anti-inflammatory properties and boost immunity
2.	Grinding 5-6 leaves of <i>Tulsi</i> (<i>Ocimum Sanctum</i>) with 5 gm carom seeds and ginger	7 (70)	-	3 (30)	❖ <i>Tulsi</i> and carom seeds are anti-inflammatory in nature ❖ Ginger is hot in nature
3.	Giving paste of grinded bark of Pomegranate	-	2(20)	8 (80)	Research is needed
4.	Mother's milk	10 (100)	-	-	Contains immunoglobulin and antibodies
MEASLES					
1.	Spread over the bed and feed the child foxtail millet rice	-	-	10 (100)	Research is needed
2.	Restriction on fried foods	10 (100)	-	-	Aggravates the problem
3.	Restrict the bath till 22 days	8 (80)	-	2 (20)	Aggravates the problem and fever
JAUNDICE					
1.	Give mashed banana, buttermilk, reddish leaves and cooked black soybean	10 (100)	-	-	Helps to control the excess secretion of bilirubin content in the blood

Figures in parenthesis denote percentage

These were dal water, cooked rice water, soft rice, cooked banana, mashed potato, spinach (palak) juice, chapatti mashed in dal as these are rich in essential nutrient i.e. carbohydrate, protein, mineral, fat and vitamins.

The practice of giving all types of cooked food in diet after one year was considered scientific by 90 per cent experts; About giving *ajwain* (carom seed) decoction, majority of the experts (80%) considered it scientific for curing stomach pain and cramps, the practice of giving decoction of *tulsi* and *ajwain* to the child in fever was considered scientific by 80 per cent experts and majority of the experts (80%) validated the practice of applying cow urine in affected parts for solving the problem of eczema; For curing diarrhoea the practice of giving solution of sugar and salt to the child 3-4 times a day was

considered scientific by all the experts and all the practices related to cough and cold was considered scientific by majority of the experts; Avoiding fried and spicy foods and restrict bath till 22 days in measles considered majority of the experts; Giving mashed banana, buttermilk, reddish leaves and cooked black soybean in jaundice as it lowers the bilirubin level (Table 1).

Unscientific practices:

The practice of delivering baby at the home with the help of traditional midwife (*choi*) and child and mother resting in a separate room without proper ventilation and light were considered wrong practice by the experts; Practice of bathing and cleaning of child with luke warm water after 20-30 minutes of birth was considered unscientific by 70 per cent of the

experts. The present study is line with Romano (2005) who reported that bathing a baby immediately after birth removes the normal skin flora and exposes baby to infection. Infants should be bath after the vernix has absorbed into the skin i.e. after 24 hours as vernix has moisturizing and hydration factors, anti-infective and antioxidant qualities which prevents the infant from infection.

Majority of the experts considered wrong the practice of feeding preleteral feed i.e. *gutti* is given in form of honey; All the experts considered unscientific the practice of starting breast feeding 8-10 hours after birth and the practice of starting supplementary feeding after 5 months for baby girl and 7 months for baby boy; All the experts considered the practice of burying the placenta under green fruit bearing tree as unscientific.

Uncertain practices:

Experts reported that massaging infant's body with *bhangjeera* (*Perilla Frutescens*) oil and giving root decoction of *hisalu* (*Rubus ellipticus*), *babansi* (*Valeriana jatamansi*) and *kaphlya* (*Geranium wallichianum*) in curing stomach pain among children were found to be uncertain. Further experts were uncertain about the practice of rubbing the grinded leaves of *paatee* (*Artemisia nilagirica*) and peach (*Prunus persica*) in affected body parts of infant. So there is need of research to validate these uncertain practices for their wider applicability.

CONCLUSION

It can be concluded from the findings that many of the indigenous practices related to child health care were found to be scientific while some of them were unscientific and some were uncertain where more research is needed. There is a need to disseminate the scientific indigenous practice with the help of proper linkages with different private and public health organizations and warn the people regarding unscientific indigenous practices. It can be suggested that identified scientific indigenous knowledge should be integrated with the modern science to make it more acceptable in the society. The results of

this study can help all health professionals to recognize the role of traditions in child health. Some of these practices have no negative effect on their babies. The culturally specific knowledge obtained in this study should be disseminated among nurses to help them develop appropriate education programmes for postnatal care.

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