

Adherence to traditional Indian customs surrounding birth

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Abstract Customs traditionally followed by Indian women during pregnancy, birth and early parenthood have been documented. An exploratory investigation of the extent to which some of these traditional beliefs, customs and practices are currently adhered to was undertaken by interviewing Indian mothers living in Johannesburg and its environs about 3 months after delivery.

Results indicate that while some traditional customs are still adhered to by most Indian women, others are not so strictly followed. Since most customs relate to activities conducted at home rather than while in hospital for delivery, medical care would not be expected to influence their practice.

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Indian women have traditionally followed a number of practices relating to the periods of pregnancy, birth and the months after birth.¹⁻³ Many of these are directed towards protecting the woman and her unborn or newborn baby from harm. Others are concerned with cleansing the pollution associated with birth. Some are spiritual in nature, others involve behavioural restrictions. To what extent these practices are adhered to as Indian and Western cultures mingle is investigated in this study.

The distinctions that can be drawn between peoples commonly termed as 'Indian' are many. On the basis of religious, language and other distinctions there are groups variously termed Hindu, Moslem and Christian in terms of religion, speaking Hindustani, Tamil, Gujarati, Urdu, Telugu and other languages.^{3,4} According to Rosenthal,⁴ approximately half of the Indian population living in the area of the present study are Moslems and a third are Hindu; the remainder follow other religions such as the Christian belief. The bulk of the Moslems speak Gujarati and some Urdu. Most Hindus speak Tamil, Hindustani and Telugu, with a smaller proportion speaking Gujarati. The majority of Christians are converts from the Tamil Hindu group.

Despite the apparent diversity inherent in these groupings, inter-religious and inter-linguistic marriages, as well as the fact that English is the official medium of school instruction, have led to a decline in traditional language usage and a mingling of customs.^{3,4} Chetty,⁵ in fact, notes that in sociocultural spheres there are practically no differences between Moslems and Hindus.

From an academic perspective this wide variety of peoples raises the problem of generalisability. Most groups, however, practise rituals to mark or celebrate similar events occurring throughout life. Ceremonies surrounding infancy, puberty, marriage, childbirth, the

menopause and death — to name only the major life events — are commonly practised in most groups and are, in fact, universal ceremonies. It is these with which this project is concerned. Variation in how these events are acknowledged is, however, evident.

Cross-cultural comparisons of birthing practices are fraught with problems. The cultural boundaries that limit the insight of the investigator are perhaps the most difficult of all to overcome. In reality it is probably not possible to cross into another's culture. At best momentary insights can be gained, but these are almost always re-evaluated from the viewer's perspective. The following discussion is therefore offered within this cautionary framework.

Subjects

Sampling

Details of the procedures followed and the rationale behind them have been reported elsewhere.⁶ Only methodological information necessary for an understanding of the study is given here.

Women were randomly selected from Indian birth registers during the period September 1987 — December 1988. They were visited at home by public health nurses and asked to take part in the project. Participation involved a lengthy interview at about the time the baby was 3 months old.

Difficulties in tracing subjects were experienced. City Health authorities selected 153 women from the birth registers. At the time of the health worker's visit 30 of them had moved, 39 refused to participate in the study, 1 was experiencing psychological distress and 1 woman's baby had died. At the time of the interviewer's visit later, 40 additional women could not be interviewed; 4 declined because they were working and could not make time available, 5 declined on the grounds of no interest in the study, 5 women's husbands refused to allow them to participate, 3 lived in areas that proved to be dangerous for the interviewer to visit during evening hours, a further 21 were untraceable, and 2 became so emotional during the interview that it could not be completed. A total of 42 of the original randomly selected sample were interviewed.

Additional Indian women were recruited into the sample through community postnatal clinics. Women attending the clinic with 2 - 3-month-old babies were asked to participate, and in all 38 women were recruited in this manner, yielding a total sample of 80.

This method of obtaining additional subjects could well have incurred bias, because they were all clinic attenders. However, the high refusal rate among the original randomly selected subjects suggests that the women who did ultimately take part in the study were also a biased sample — it is probable that only women less bound by traditional customs of privacy surrounding birthing experiences and, in particular, family affairs, would have agreed to participate.

In addition, many Indian women follow the traditional custom of remaining with their mother in the months after birth and would thus have been excluded from the sample and recorded as 'moved' by the City Health visitors. It is probable that this source of bias

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would also have led to the study of a sample of Indian women relatively less traditionally bound than the general population.

Biographical characteristics

The mean age of the sample (\pm SD) was 29.4 ± 7.79 years. Most of the sample (87.3%) were married, by Western (13.9%), by traditional custom (13.9%) or by a combination of both (59.5%). Few were unmarried and living alone (7.7%) or with their parents (3.8%) or with their partner (1.2%).

Few women (17.7%) had completed 12 years of schooling, with only a further 3.8% attaining a university degree. Most (30.3%) had completed between 8 and 10 years at school.

Most of the women (78.3%) were Moslem, only 21.7% being Hindu. This proportion of Moslems is greater than that in the general population,⁴ confirming that some bias is evident in the sample. Data reported are, therefore, more representative of Moslem women than of Indian women in general.

Methods

Questionnaire development

Customs pertaining to Indian women's birth experiences were obtained through in-depth discussions with pregnant or Indian women or those who had recently given birth, childbirth educators and obstetricians.

The questionnaire, containing 32 items, was piloted before use for clarity of questions and ease of administration. Few items were open-ended, almost all subjects' responses falling into preset possible alternatives. Where subjects' responses differed these were recorded as close to verbatim as possible and later coded.

The questionnaire was in English only, owing to the high cost of its back-translation variety of Indian languages. Instead, interviewers were asked to ensure that the meaning or intention of each question was clearly understood by interviewees. All interviewers were required to be bilingual at least. The method of interviewing followed closely resembled that adopted by Craig and Albino.⁷

Interviewers

The majority of the interviews were conducted by two Indian midwives. A few were conducted by an additional two midwives. Interviewers were trained in interviewing techniques and in the details of the interview schedule itself.

Ethical approval

The study was approved by the Committee for Research on Human Subjects of the University of the Witwatersrand before commencement.

Permission was obtained from City Health authorities for access to birth registers and for recruiting Indian subjects through postnatal clinics.

Statistical analyses

Most data recorded were categorical in nature: some information yielded continuous data. Information has been reported as percentages or as means for the whole sample.

Subgroup comparisons of the sample, for example in terms of religious differences, proved to be infeasible. Of the 136 variables examined for religious (Hindu v.

Moslem) influence, approximately 7% yielded significant differences. Given the number of statistical tests performed it is possible that these findings are due to chance and do not necessarily reflect real differences between the subgroups. These analyses are therefore not reported here.

Small subgroup sample sizes, which resulted in χ^2 cells with frequencies of less than 5, occurred frequently, lending support to the decision not to develop analyses of subgroup comparisons further or to report them here.

Results

Since the majority of the women studied (78.3%) were Moslem, with few Hindu women (21.7%) participating, the information reported in this section predominantly reflects the views of Moslem women. Comparisons of Moslem and Hindu women in other research⁶ reveals that Hindus may be more conservative and less subject to westernised views and practices regarding childbirth than Moslem women. For instance, pregnant Hindu women are reported to have fewer concerns relating to possible miscarriage, labour, hospital, vaginal examinations and not being a good enough mother than Moslem women. They are also less likely to have ambiguous feelings about pregnancy. Hindu women are more dependent during pregnancy, less likely to attend antenatal classes, and more likely to deliver in state hospitals than in private hospitals.

This pattern of behaviour appears to reflect a relatively conservative, traditional group, and, together with the lower representation of Hindu women in the sample than in the community being studied,⁴ lends support to the suggestion that the sample is biased towards less traditionally bound Moslem women. Adherence to customs reported here therefore probably reflects practice among women who are already less constrained by traditional custom.

Traditional customs relating to protecting the mother during delivery are still followed by most women (Table I). These include the mother wearing a black dot, a protective string around her thigh or abdomen, a cent wrapped in cloth or a knife. In all cases, traditional ceremonies were performed if the baby was born with the cord around its neck.

TABLE I.
Protective customs followed for delivery

Customs	No.	%
Mother wears		
A black dot	68	85
A protective string around her thigh	65	81
A cent wrapped in cloth	64	80
A 'knife'	64	80
A protective string around her abdomen	63	79

Protective and purification customs relating to the baby are reported in Table II. Most couples follow the tradition of removing the baby's hair at some time after birth and many recite an *azaan* to the baby and perform a sacrificial slaughter. Half of the couples did bury the placenta or would have liked to have done so. A third of the couples in the sample wanted to bury the placenta, but this was not permitted by the hospital or clinic where the birth took place.

Babies usually wear some kind of protective amulet. Many of the traditional ceremonies were followed by less than a quarter of the sample studied, those customs relating to naming the baby being almost totally discarded.

TABLE II.
Protective and purification customs relating to the baby

Customs	No.	%
Burial of umbilical cord	36	45
Burial of placenta	26	33
Desired but not possible	15	19
Recite an <i>azaan</i> at birth	45	56
Perform a sacrificial slaughter	40	50
Baby held over a herbal fire	12	15
Baby wears a protective amulet		
A taweez	38	48
A bangle	23	29
A kargal	19	24
A knife	14	18
Ceremonies		
Cleansing ceremony on 6th day	14	18
Naming ceremony	18	23
Circumcision	19	24
Removal of baby's hair	62	78
Baby's name chosen by		
Couple together	37	46
Mother	15	19
Father	12	15
Others	6	8
Unsure	10	13

Customs followed by women are shown in Table III. Most mothers wear warm socks, warm clothes and flat heels during pregnancy and after birth, primarily 'to keep the baby warm' and 'to strengthen the womb'. After delivery some mothers wear a flannel around their abdomen or a two-way.

A third to half of the women in the sample stayed with their mother for some time before and/or after the baby was born.

TABLE III
Customs affecting mother's behaviour

Customs	No.	%
Stayed with own mother before delivery	24	30
Stayed with own mother after delivery	34	43
During pregnancy, wears		
Flat shoes	48	60
Warm socks	32	40
Warm clothes	27	34
After delivery wears		
Warm socks	48	60
Flat shoes	32	40
Warm clothes	40	50
A two-way	23	29
A flannel abdominal wrapping	19	24

Arranged marriages still occur in a small percentage of cases (11%) and are generally not disliked by those involved.

TABLE IV
Traditional foods consumed during pregnancy

Foods	No.	%	Remedy for
Soowa water	27	34	Wind in mother
Ginger sooy	22	28	Backache, tiredness, cleansing
<i>Bhor</i>	24	30	Backache
<i>Laai</i>	18	23	Increase milk supply
Ginger <i>paak</i>	17	21	—
<i>Methi paak</i>	14	18	—
<i>Kous kous</i>	11	14	Increase milk supply
Green coconut	8	10	Increase milk supply
Dill water	7	9	Wind in baby
Skim milk	5	6	—
Essence of life	2	3	Tiredness
Garlic bread	1	1	Cleansing

Traditional foods are still frequently taken by many women during pregnancy and after birth (Table IV). Some of these are believed to have specific beneficial effects, including cleansing, increasing the milk supply and relieving backache, tiredness and both maternal and infant wind.

Discussion

Sampling difficulties appeared to result in a bias in favour of including Moslem rather than Hindu women in the study. While Hindu women's views are reported to be somewhat more conservative than those of Moslem women, many of the predominantly Moslem sample still adhered to traditional practices surrounding birth.

Findings reveal that some traditional customs, and particularly those relating to protection of the mother during delivery, are still adhered to by most Indian women. Customs relating to the well-being of the mother and protection of the baby during pregnancy are also followed by many women.

It is still customary for some women to stay with their mothers in the weeks before birth and after delivery, rather than in their own home. Fewer marriages are arranged today than in previous years. Social ties to parental influences appear to be lessened.

Only a few customs regarding the baby are commonly followed. With the exception of burial of the placenta, which is frequently prohibited through hospital restrictions on its release, most such practices take place outside the hospital or clinic environment and are therefore not subject to pressure to change from Western birthing procedures. Unlike birth customs among black people, which often involve the actual procedures adopted for delivery and have had to adjust to Western technology,⁸ Indian birth customs do not appear to have been influenced much by Western medicine. Rather, the acculturation occurring as Western and Indian groups integrate appears to be diminishing adherence to many traditional rituals and customs surrounding birth.

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