**Knife with Mother and Baby after Delivery: A Myth**

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**Abstract:** *Objective:* To record information from 200 mothers about keeping knife after delivery.*Study design:* It was a cross sectional observational study conducted in a tertiary care center. The information was collected from 200 admitted women who delivered in last 3 days. Information was collected with direct questions to mother. *Results:*Total 180 (90%) women were following the tradition. The mean age and mean parity was 30.1 years and 2.8 respectively. Sixty five percent women were belonging from rural background. Religion distribution was as follows 144 hindu, 40 muslim and 16 were others. The prevalence of the myth was 136 (94.4%), 32 (80%), 12 (75%) in Hindu, Muslim and others respectively. An inverse relation was observed between education level and following the myth. *Conclusion:*The keeping of knife after delivery to bed side is more prevalent in low literacy, rural background and Hindus.

**Key words:** Knife and Water, Delivery, Myth

**Introduction:** The development in science and technology has helped us overcome the fears and superstitions associated with pregnancy to some extent. But, a lot of pregnancy related superstitions are still around, and many of us follow them even though we realize that these lack scientific evidence.As in many other things in life numerous traditions have been created. They often have nothing to do with medicine. They are usually prejudices that became part of local culture.

**Methods:** It was a cross sectional observational study. It was conducted at a tertiary care hospital in Northern India. The study population was women who have delivered in last 3 days either by vaginally and by lower segment caesarian section. Information was collected by direct question from mother. The fixed numbers of question were asked. The language of communication was Hindi. Local language was used if the mothers had difficulty in communication through Hindi. Questions were open ended and responses falling into preset possible alternatives. All mothers were inquired by primary investigator (SG). The information sheet is preformed and the same sheet is used by all investigators. Subjects were enrolled from bed to bed after taking implied consent from mother. The question about keeping of knife were marked into 2 categories: yes or no. Additional details were noted if the answer is yes like maternal age, education, occupation, religion, rural residence, family history. Other myths in immediate post- partum period were noted.

**Ethical Approval:** Permission was obtained by unit Head of the postnatal ward and superintendent of the hospital for recruiting study population. Informed consent was obtained by all women enrolled in the study.

**Statistical Analysis:** Descriptive statistics included proportions for categorical variables; means and ranges for the continuous variables. We computed the prevalence of keeping knife in the population of 200 women who delivered in last 3 days and 95% confidence interval (CI) was calculated for all variables.

**Results:** The study included women (n=200) in the age range of 17 to 44 years with mean age of 30.1 years. The mean parity was 2.8 with a range of 1 to 7 births. The maternal literacy was 62% in the study population [Figure 1]. The educational level was range from illiterate to post graduation. An inverse relation was observed between education level and the myth. The knife keeping was more prevalent in illiterate mothers 76 (100%) than educated mothers 104 (83.8%). It was found equally common in working mothers (90%) and housewife (90%). The religion distribution among study population (n= 200) was 144 (72%), 40 (20%), 16 (8%) in Hindu, Muslims and others respectively [Figure 1]. Around 65% women were from rural background. The geographical distribution was Rajasthan188 (94%), Haryana 8 (4%), Gujarat 2 (1%) and Uttar-pradesh 2 (1%). The study population from Rajasthan comprised of 23 different districts with maximum being from Jaipur and Dausa. All mothers were agreed that maternal and paternal grandmother reinforced to do it. We also noted other myths for that the mothers were determined to follow (Table 2). Ninety five percent mothers had already observed this myth being practiced in their family or close relatives. All mothers were ready to follow at least 1 myth.

**Discussion:** India ranks second in word total population. It has higher birth rates as compared to developed countries. Every married couple wants a safe delivery and healthy baby. As in many other things in life numerous traditions have been created during delivery period. Findings revealed 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 [1]. They are usually prejudices that became part of local culture and have nothing to do with medicine [2]. We report a myth prevalent during and after delivery to keep knife below/ near bed. There was no scientific basis behind it and even the knife may cause injury to mother or baby. It is common in both major religions, Hindu and Muslims. However it is commoner in Hindus as compared to other religions. The question why it is more common in Hindus is remained partially unanswered.

The education level among study population was range from illiterate to post graduate. The illiterate women followed the myth more commonly than educated women. Possibly it was because of better knowledge of science and less beliefs on myths in educated mothers. Women had accepted that health personnel had explained about the myth. Family pressure or lack of confidence about wellbeing were remained the main cause among highly educated mothers. All women were accepted the reinforcement for the same by family members particularly paternal or maternal grandmother. The family history was found positive in 90% of study population. Women of rural background had higher prevalence than urban women. The possible reasons were low education, poor socio economic status and lack of awareness about health facilities. The most common belief of mothers was that knife wards off the evil spirit and protects the baby and mother. It was mentioned with most of the mothers that according to ancient beliefs the mother and baby should be kept safe from "trows" or supernatural creatures. To keep the unborn baby safe from them the pregnancy should be kept secret. The pregnant woman should sleep with knifes. The same objects are kept in baby's room when the baby is born. Women present during the birth of baby should stay at home for few days to scare away the evil trows. Water and Bible are also kept below her bed for the same purpose. In China there is a belief that knife and water ward off the evil spirits for the pregnancy.

Beverley Charmers et al studied the adherence of Indian women to traditional Indian customs during pregnancy, birth and early parenthood in 1993 [3]. He found 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. The majority of study population was Muslims (78.3%) in study by Beverley Charmers et al while majorities were Hindu (72%) in our study.

We also noted few other myths for that mother either followed or determined to follow. All mothers were following at least 1 myth in immediate postpartum period. Ghutti was a type of prelacteal feed offered to the baby at birth. It was given by a person who is oldest or has best high qualities in the family. It is believed that baby will get nature and character same to the person who has given the Ghutti. Around 82 (41%) women had either given Ghutti to the baby or decided to give. This practice is being continuous even it is harmful for the baby. Initiation of breastfeeding by Indian women is usually prolonged, and starts when colostrum is fully expressed [4]. Health professionals should inform women of the benefits of colostrum feeding and encourage them to feed their infant. The common items used as prelacteal feeds include boiled water, sugar-water, tea, honey, cow or goat milk and mustard seed oil. These foods are given to cleanse the infant’s digestive system from impurities of the womb that have been swallowed during birth, and to substitute breastfeeding before colostrum is completely expressed. These practices should be discouraged. Infants are usually fed when they cry at any time during the day or night.

We noted that baby weared a protective amulet Taweez/bangle/ kazal in 148 (74%) cases in our study population. Placing a black dot on forehead was most common. It is believed that the black dot will protect from bad eyes of strangers. Burial of placenta (but not possible) was desired by 54 (27%) study women. However it was not possible in hospital because in institutional deliveries placenta was not handed to parents. Most of such practices take place outside the hospital or clinic and are therefore not subject to pressure to change the practice. Cleansing ceremony was planned near day on 6-8th day in 158 (79%) cases while Naming ceremony was planned in 122 (61%) cases. Cleaning ceremony (jalwa) is limited to birth of a baby boy in some families. Removal of baby's hair ceremony (jadula) was planned in 148 (74%) cases, while plan to stay with own mother after delivery 36 (18%) cases. Avoidance of colostrum to baby was found in to baby 82 (41%) cases. Use of old generation cloths for receiving newborn after delivery was found in 56 (28%) cases. It was believed that use of weared old cloths of family member for baby makes longer life of newborn.

## Godh Bharai was prevalent in 106 (53%) women in the study population. Godh bharai is a North Indian Hindu ceremony in the 7th month of pregnancy. It is held with more often for the first child. The literal meaning is to fill the lap. The expecting mom is all decked up and the friends and family bless the new mom with gifts or cash money and saree or jewellery. Everyone puts tikka (vermilion) on the mom’s forehead, prays for her and the baby’s wellbeing, followed by the aarti and mehendi (henna), playful banter and singing and dancing. Indian Muslim celebration is somewhat similar to godh bharai.  In the 7th month of pregnancy parents go to their daughter’s home with lots of sweets, food, new clothes for their pregnant daughter and son in law.

Confinement foods were taken by 170 (85%) women in the study population. Each region of India has its favourite confinement foods or recipes.  Confinement foods are believed to speed up your recovery from childbirth. The common confinement foods are gourds such as lauki and tori, paan (betel leaves), ghee, fruits, fizzy drinks, juices, green and red chillies, black pepper and azvain.

There was a fall in such customs in last few years. As 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 and mothers are followed. Indian birth customs do not appear to have been influenced much by Western medicine [5]. Rather, the acculturation occurring as Western and Indian groups integrate appears to be diminishing adherence to many traditional rituals and customs surrounding birth.

Myths related to pregnancy are prevalent everywhere without any scientific evidence. Even few practices are harmful to mother and baby. It is particularly more important in developing countries like India where the birth rates are high. Causes remained majority of population confined to villages where coverage of health system are poor, home deliveries, untrained birth attendants, low literacy rates and lack of awareness.

As most of the customs are traditionally based, culture oriented and sensitive, a careful approach of health education of all reproductive women is needed to plan for without hurting their cultural feelings.

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**Table 1: Major characteristics of study population**

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| --- | --- | --- | --- | --- |
| **S. No** | **Characteristics** | **Total number** | **Prevalence (%)** | **95 % CI** |
| 1 | Rural residence | 200 | 130 (65%) | 0.59 to 0.71 |
| 2 | Hindu religion | 200 | 144 (72%) | 0.65 to 0.78 |
| 3 | Illiteracy | 200 | 76 (38%) | 0.32 to 0.45 |
| 4 | Primi mothers | 200 | 72 (36%) | 0.30 to 0.43 |
| 5 | Positive family history | 200 | 180 (90%) | .85 to 0.94) |
| 6 | Reinforcement by family members | 200 | 178 (89%) | 0.84 to 0.93 |
| 7 | Acceptability for at least 1 myth | 200 | 200 (100%) | 0.98 to 1.00 |

**CI= Confidence Interval**

**Table 2: Other myths inquired in the Study Populations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Feature** | **Total number** | **Prevalence (%)** | **95 % CI** |
| 1 | Ghutti given or want to give | 200 | 82 (41%) | 0.34 to 0.48 |
| 2 | Baby wears a protective amulet  Taweez/bangle/ kazal | 200 | 148 (74%) | 0.31 to 0.44 |
| 3 | Desire for burial of placenta but not possible | 200 | 54 (27%) | 0.09 to 0.19 |
| 4 | Planned Cleansing ceremony on 6-8th day | 200 | 158 (79%) | 0.73 to 0.84 |
| 5 | Planned Naming ceremony | 200 | 122 (61%) | 0.54 to 0.68 |
| 6 | Removal of baby's hair ceremony | 200 | 148 (74%) | 0.68 to 0.80 |
| 7 | Plan to stay with own mother after delivery | 200 | 36 (18%) | 0.13 to 0.24 |
| 8 | To not give breast colostrum to baby | 200 | 82 (41%) | 0.34 to 0.48 |
| 9 | Use of old generation cloths for the newborn | 200 | 56 (28%) | 0.22 to 0.35 |
| 10 | Godh bharai | 200 | 106 (53%) | 0.46 to 0.60 |
| 11 | Confinement foods | 200 | 170 (85%) | 0.79 to 0.89 |

**CI= Confidence Interval**