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'To weigh or not to weigh?' Socio-cultural practices affecting weighing at birth in Vidisha, India

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Abstract An estimated 40% of the annual global 20 million low birth weight infants are born in India. In India UNICEF reports that 71% of newborns are not weighed at birth. Literature cites 'socio-cultural reluctance' in India which has not been explored. We explored the socio-cultural practices affecting weighing at birth in the community in Vidisha district, Central India. Focus group discussions were held with mothers of infants, health workers and traditional birth attendants. Qualitative content analysis was used. Weighing at birth was perceived unimportant and shrouded in superstition. Immediate post-partum activities were entwined in pollution confinement rituals, which delayed opportunities for early weighing, Possibilities to promote the practice of weighing at birth respecting local traditions are discussed as is the cultural reluctance to weigh neonates. This study has implications for the delivery of maternal and child health services, in this setting with a high infant mortality.

Introduction

More than 20 million low birth weight (LBW) infants, (15.5% of all births), are born each year worldwide, 95.6% of them in low-income countries. India alone accounts for 40% of these

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LBW newborns (United Nations Children's Fund and World Health Organization, 2004). The reduction of LBW also forms an important contribution to the Millennium Development Goal (MDG) for reducing child mortality (United Nations, 2000).

From a public health perspective, LBW is an important multifaceted indicator of maternal nutrition, ill health, and access to good quality antenatal care. On an individual basis, LBW is associated with infant morbidity and mortality, and predicts long term outcomes in terms of cognitive development, growth and other sequelae. UNICEF advocates that efforts must therefore go into measuring weight as accurately as possible at birth and encourages member states to ensure this. Though the same report estimates LBW newborns in India at 8 million per year, it also mentions that birth weight is not recorded in 71% of births in India.

Birth weight is often not recorded when births occur at home (World Health Organisation, 1987) but more regularly measured for infants born in institutions (hospitals, health care centres etc). In India, 60% of all deliveries occur at home (70% in Madhya Pradesh) (International Institute of Population Sciences, 2007), though the Government of India has been actively trying to promote institutional delivery under the countrywide Reproductive and Child Health Programme (World Bank, 1997). Other studies (Kapoor et al., 2001a,b) have commented upon the challenge of weighing newborns soon after birth in the Indian context. This difficulty has been attributed to domiciliary delivery and 'socio-cultural reluctance', though the latter has never been explored.

In this study, we explored the socio-cutltural beliefs and practices around the weighing of newborns in Vidisha district, Central India. Vidisha lies in Madhya Pradesh (MP), the populous (Registrar General and Census Commissioner, 2001) socio-economically backward province which records India's highest infant mortality rate (IMR) of 79/1000 births (Sample Registration System Bulletin, Government of India, 2006). The district is adjacent to Bhopal, the location of the Gandhi Medical College which implemented this study. How these locally prevalent socio-cultural beliefs influence the recording of birth weight in these settings is discussed.

Materials and methods

Setting

Vidisha district lies in the geographic centre of India. It has a population of 1.2 million, 78.5% of which is rural, 19.8 of whom belong to scheduled castes[1] (Registrar General and Census Commissioner, 2001). The district has an unfavourable gender ratio of 1143 males to every 1000 females. Although corresponding figures for Vidisha are not available, for Madhya Pradesh province as a whole, 80% of deliveries occur at home, and 88.8% of newborns are not weighed in the province (International Institute of Population Sciences, 2000). Two adjoining sectors[2] in Vidisha district of MP, Barwai and Laira, were purposively chosen for the study. Barwai (24 villages) and Laira (32 villages) sectors each had populations of 30,000 and 38,000 respectively.

Methods

A qualitative study in the community was done to explore community perceptions on the practice of weighing newborns and socio-cultural beliefs around this. Focus group discussions were done with three groups of actors playing an important role in the antenatal and natal periods, and in the process of weighing a newborn in this setting. These included mothers living in the two sectors (women who had children under 2 years at the time of study), traditional birth attendants (TBAs) working in the study area and government health workers (male and female) serving the villages of these sectors.

The study was done between May and October 2004.

Focus Group Discussion (FGD) with mothers and TBAs

Before conducting the FGDs with the mothers and TBAs, two initial informal group discussions (IGD) were done with the local government health workers (6—8 per group, both sexes together). Based on the information generated from the IGDs, two different sets of foci were then developed for FGDs with the mothers and the TBAs respectively. The health workers also helped identify mothers and TBAs for the study, besides providing their own perspective of the topic under discussion.

Four FGDs, two from each sector, were done with the mothers (6—8 per group). Foci for

[1] Scheduled castes are those communities that were historically subject to social disadvantage. They are accorded special status by the Constitution of India (they are listed in a schedule) and are recipients of special social benefits.

[2] A sector comprises of approximately 30,000 people in 25—30 villages, which are served by one primary heath centre.