



Review article

Childbearing traditions of Indian women at home and abroad: An integrative literature review



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ABSTRACT

Background: The percentage of overseas-born mothers giving birth in Australia has increased to 31.5% in 2012 and Indian women represent 10% (the highest proportion). It is important for midwives in Australia to be aware of the childbearing traditions of Indian women and how these influence Indian women birthing in Australia.

Aim: To explore childbearing practices in India and Indian women's experience of giving birth abroad; and to discuss the relevant findings for midwives working with Indian women in Australia.

Method: An integrative literature review was employed. 32 items, including 18 original research articles were thematically reviewed to identify commonly occurring themes relating to Indian women's childbearing traditions.

Findings: Five themes relating to traditional childbearing practices of women birthing in India were identified. These themes included diversity and disparity; social context of childbirth and marriage; diet based on Ayurveda; pollution theory and confinement; and finally, rituals and customs.

Conclusion: Indian women giving birth abroad and by implication in Australia experience a transition to motherhood in a new culture. While adjusting to motherhood, they are also negotiating between their old and new cultural identities. To provide culturally safe care, it is essential that midwives reflect on their own culture while exploring what traditions are important for Indian women.

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1. Introduction

This integrative literature review reports on childbearing traditions in India and the effect such traditions may have on Indian women's birthing experience abroad. The review was guided by two research questions: 'What does the literature report about childbearing traditions in India?' and 'What does the literature report about Indian women's experiences giving birth abroad?' with the aim of discussing the findings that are relevant to midwives working with Indian women in Australia.

It is becoming increasingly common for people to settle temporarily or permanently in a foreign country. They may do so out of choice, to further their education or careers or to immigrate. In some cases, it involves a forced displacement due to natural disaster, a war or political oppression. Whatever the

reason, their first health encounter is often with the maternity service.¹

In 2012, 31.5% of birthing women in Australia were born overseas, and of these the highest percentage (10.7%) were from India, surpassing those from New Zealand (10%) and the United Kingdom (UK) (9.7%).² This is an increase in Indian women from 5% in 2007.³ The largest number of permanent migrants in 2012 also came from India, ahead of China and the UK.⁴ When midwives working in Australia provide care for these women, it is important that their practice is culturally safe.⁵

Cultural awareness and cultural sensitivity are two important steps towards cultural safety.⁶ Cultural awareness means that one becomes aware of differences between one's own culture and that of others. Cultural sensitivity is demonstrated by the action of respecting the other person's cultural values. Cultural safety in midwifery practice thus means that a midwife should assess and incorporate the woman's specific cultural requirements in her care.⁶ Having an in-depth knowledge and personal experience of being with women from culturally and linguistically different backgrounds will help midwives provide culturally competent care.⁷

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2. Methodology

This study employed an integrative literature review methodology. The five stages expounded by Whittemore and Knaf⁸ were utilised, namely, problem identification, literature search, data evaluation, data analysis and presentation.

The CINAHL, EBSCOhost, ProQuest, OVID and SAGE Journals Online databases were utilised to search for journal articles. Key words used with Boolean operator included: India, childbirth, cultural practices, tradition, rituals, Indian women giving birth in Australia. However, when the last key phrase failed to source any article on Indian women's birthing experiences in Australia, it was changed to 'giving birth in a foreign country'.

Inclusion criteria were: research articles, both experimental and non-experimental, from peer-reviewed journals as well as books, policies and other relevant literature, which is in line with Whittemore's rich sampling frame principle.⁹ The parameter was set for English language publications of the last ten years to ensure currency for practicing midwives. A total of 339 articles were accessed. After reading the abstracts, 45 articles were selected. Selection of the literature was guided by the two research questions cited above.

A Data Management Form was utilised to store the details of each article, while simultaneously evaluating the article's validity and relevance to this review. As a result, a further 13 articles were excluded due to lack of relevance or data saturation, leaving 32 articles to be analysed and synthesised.

Various practices of childbearing traditions of Indian women were noted from each article. These practices were analysed, compared, combined or categorised in relation to the following points: How frequently does it get mentioned? What is the belief

behind it? Is it unique to India? How does it affect the women? Is it relevant for midwives to be aware of? In accordance with the final step recommended by Whittemore and Knaf⁸, the salient findings were thereupon synthesised under broad, overarching themes.⁸

3. Literature search results

Among the 32 reviewed articles, 12 were from India (Table 1) and 20 from outside India. The 12 articles from India were all original research articles and eight were carried out predominantly among rural populations,^{10–17} two related to urban settings^{18,19} and two analysed national data.^{20,21} This high proportion of studies on the rural population might be related to the facts that in India 74% of the population resides in rural areas and 70% of rural births are at home, assisted by family members or traditional birth helpers. With one exception,¹⁷ all 12 articles mention, if not focus on, the high maternal and neonatal mortality rates in India. This may reflect the Indian Government's campaign to medicalise birthing: the government argues that home births are a major cause of the high maternal and neonatal mortality rate.²²

The remaining 20 articles from outside India include six original research studies (Table 2), with one each from New Zealand,²³ Canada,²⁴ Singapore,²⁵ and the USA²⁶ that explored Indian women's childbearing experiences in relation to the acculturation process. A UK study²⁷ examined the effect of caseload midwifery practices on a culturally diverse group and one Australian study⁴ compared the obstetric intervention rates and birth outcomes between Australian and overseas born. Also included in the review were ten literature reviews^{6,7,27–34} (Table 3), one book chapter,²² and three scholarly, but non-research articles; a clinical paper on the Migrant Health Guide in UK,³⁵ a report from the Lancet³⁶ and

Table 1
12 original research studies conducted within India.

| Ref. # | Author(s) | Topic | Research type | Aim |
|--------|-----------------------|--|---|--|
| 10 | Singh et al. | Determinants of maternity care services utilization among married adolescents in rural India | Quantitative (analysis of national survey 2005–6) | To assess the factors associated with selected maternal healthcare indicators with reference to adolescent mothers in the age group 15–19 years living in rural India. |
| 11 | Corbett and Callister | Giving birth: the voices of women in Tamil Nadu, India | Qualitative (descriptive study) <i>n</i> = 22 | To describe the perceptions of childbearing women living in Tamil Nadu, India |
| 12 | Bandyopadhyay | Impact of ritual pollution on lactation and breastfeeding practices in rural W Bengal, India | Mixed; 402 questionnaire and 30 interviewees | To explore how the concept of ritual pollution influenced practices after delivery, including during lactation and breastfeeding. |
| 13 | Bhattacharya et al. | 'To weigh or not to weigh?' Socio-cultural practice affecting weighing at birth in Vidisha | Qualitative (4 FGD's, 6–8 in each group) | To explore the socio-cultural beliefs and practices around the weighing of newborns in Vidisha district, Central India. |
| 14 | Iyengar et al. | Childbirth practices in rural Rajasthan, India: Implications for neonatal health and survival | Qualitative (10 FGDs, 39 interviews, 8 observations) | To explore family, community and provider practice during labour and birth focusing on neonatal outcome |
| 15 | Darmstadt et al. | Introduction of community-based skin-to-skin care in rural Uttar Pradesh, India | Quantitative <i>n</i> = 1732 mother–baby pairs | To describe the acceptability of STSC (skin to skin care) in rural Uttar Pradesh |
| 16 | Bang et al. | Methods and the baseline situation in the field trial of home-based neonatal care in Gadchiroli, India | Quantitative Intervention: 39 villages. Control: 47 | To develop a home-based neonatal care package, using the human resources available in villages in order to reduce neonatal mortality |
| 17 | Pradhan et al. | Perceived gender role that shape youth sexual behaviour: evidence from rural Orissa, India | Qualitative (cross sectional) <i>n</i> = 20 men, 22 women | To understand the association of perceived gender role with youth sexual behaviour |
| 18 | Singh et al. | Role of TBAs in provision of antenatal & perinatal care at home amongst the urban poor in Delhi, India | Qualitative (cross sectional) <i>n</i> = 29 TBAs | To find out the effect of training of TBAs on maternal and infant mortality |
| 19 | Darmstadt et al. | Traditional practice of oil massage of neonates in Bangladesh | Quantitative <i>n</i> = 322 questionnaire | To find out epidemiology, practice and perceptions regarding traditional oil massage of Bangladeshi babies |
| 20 | Mohanty | Multiple deprivations and maternal care in India | Quantitative (analysis of national survey 2005–6) | To explore the links between multiple deprivations and use of maternal services |
| 21 | Singh et al. | Socio-economic inequalities in the use of postnatal care in India | Quantitative (analysis of national survey 2007–8) | To compare inequalities in the use of postnatal care between facility births and home births |

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