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TRADITIONAL BELIEFS AND PRACTICES AMONG WOMEN REGARDING CHICKENPOX IN THE ERA OF VACCINATION: A SOCIAL SCENARIO IN ROHIALKHAND REGION (BAREILLY) OF UTTAR PRADESH, INDIA.

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Abstract

Background: Most of the population strongly believed that chickenpox can be cured with home remedies only and their child has to be treated at home. They believed the superstitions that chickenpox was due to their past evils against the spirit of devi and as the deity is the guardian of the locality, this disease can be cured by Goddess only.

Objective: To study beliefs and practices regarding Chickenpox and effect of sociodemogrphic variables. **Materials and Methods:** A cross sectional study was carried out in the field practise area of community medicine among women in reproductive age group(15-45years), whose children already suffered from Chickenpox were chosen for study. Total 400 women were interviewed by using pretested semi structured questionnaire which was designed by obtaining the information by women of the villages, ASHA & AWW. Data were analysed using SPSS version 20.

Results: Most of the women, 314(78.5%) believed that chickenpox is supernatural disease. Out of 400 women, 346(86.5%) believed that chickenpox is a supernatural disease and performing the rituals would solace the deity and the child will not suffer again.

Conclusion: As per study findings we concluded that in era of advanced medical research and vaccination, still people are using different practices to avoid angriness of deity. They still live in the dilemma that disease can be cured by Goddess only.

Keywords: Chickenpox, Beliefs, Practices

Background

The child born ever where is at the mercy of two external forces, one that of physical environment and second one is of interconnected system of customs, habits and superstitious beliefs. These developed and interconnected systems of customs and beliefs predominate as therapeutic interventions in the management of diseases in paediatric patient.¹ There are many communicable diseases which are prevalent in India. In temperate countries, chickenpox is

primarily a disease of children, with most cases occurring during the winter and spring, most likely due to school contact. It is one of the classic diseases of childhood, with the highest prevalence in 4–10 year old age group. Varicella is highly communicable, with an infection rate of 90% in close contacts. In temperate countries, most people become infected before adulthood, and 10% of young adults remain susceptible.²

Cultural beliefs regarding causes of diseases and practices related to treatment vary from one area to another area and from one community to another community. Culture is that complex whole which includes knowledge, belief, art, morals, law, custom & any other capabilities acquired by man as a member of society Culture is combination of custom and practice which are influenced by standard of living, occupation, literacy, faith and reverence towards deity, manifesting healing power by divine inspiration and contemplate and content with divine blessings and so on. Culture pattern are formed when traits and complexes become related to each other subconsciously in functional role.3 Most of population strongly believed that chickenpox can be cured with home remedies only and their child has to be treated at home. They believed the superstitions that chickenpox was due to their past evils against the spirit of Devi and as the deity is the guardian of the locality, this disease can be cured by Goddess only. There is a greater incidence of mortality rate of chicken pox due to the negligence in caring the patient.

The present study was undertaken to obtain information regarding various traditional beliefs and practices regarding chicken pox.

Objective:

- To study beliefs and practices regarding Chickenpox
- To study the effect of socio demographic variables on the practices performed by women

Material and Methods:

The present cross sectional study was carried out in district Bareilly of Uttar-Pradesh which consists of 15 blocks. One of the block Bhojipura, is the rural field practice area of Department of Community Medicine, SRMSIMS. Villages of Bhojipura block were chosen purposively for the study for a period of four month i.e. January to April 2013.

Study Procedure

In house hold survey, randomly selected women of age group (15-45 years) whose children or anyone of the family member who already suffered from chickenpox was chosen for study .Total 400 women were interviewed. They were interviewed on the basis of on predesigned & pretested questionnaire. The questionnaire included biosocial profile of family, beliefs regarding chickenpox & different practices for curing the disease.

Statistical Analysis

Data were analysed using SPSS version 20. A p value less than 0.05 was considered significant while applying multiple logistic regression

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Results

Table 1: Biosocial characteristics of Respondent

Biosocial characteristics	Number (%)		
Age (years)			
<20	44(11.0)		
21-25	147(36.8)		
26-30	133(33.3)		
31-35	56(14.0)		
36-40	20(5.0)		
Education			
Illiterate	163(40.8)		
Primary	172(43.0)		
Middle	54(13.5)		
High-school	11(2.7)		
Religion			
Hindu	350(87.5)		
Muslim	50(12.5)		
Family			
Joint	224(56.0)		
Nuclear	176(44.0)		
Socioeconomic Status (Modified B.G.Prasad classification)			
Class IV (Upper lower)	265(66.3)		
Class V (Lower)	135(33.7)		

The table 1 represents the baseline characteristics of study women. Out of 400 women, 147 (36.8%) respondent belong to age-group 21-35 years. The education was maximum 172(43%) with primary level and

majority 350(87.5%) of them belong to Hindu religion. Respondents belonging to Joint family superceded with 224 (56%) and 265(66.3%) belong to upper lower socioeconomic status.

Table 2: Beliefs regarding Chickenpox

Beliefs regarding Chickenpox	Yes	No
	Number(%)	Number(%)
Chickenpox is "supernatural disease"	314(78.5)	86 (21.5)
Chickenpox deity's anger will go in 3 or 5 days	310 (77.5)	90 (22.5)
Bathing the child will lead to air entering the child's body and causing arthritis in old age	208 (52.0)	192 (48.0)
Chickenpox will disappear on its own on Wednesday or Saturday	260 (65.0)	140 (35.0)
Performing the rituals would solace the deity and the child will not suffer again	346 (86.5)	54 (13.5)

The table 2 represents various beliefs of women regarding chickenpox. A large number of women 314(78.5%) respondents believed that chickenpox is supernatural disease and 310(77.5%) women also believed that chickenpox deity's anger will go in 3 or 5 days. Out of 400 women, 208 (52.0%) women believed that bathing the child will

lead to air entering the child's body and causing arthritis in old age. More than half of the women 260 (65.0%) believed that chickenpox will disappear on its own on Wednesday or Saturday. Mostly 346(86.5%) women believed that performing the rituals would solace the deity and the child will not suffer again.

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Table 3:
Different Practices regarding Chickenpox

Practices regarding Chickenpox	Yes	No
	Number(%)	Number(%)
Keeping the child in separate room	284 (71.0)	116 (29.0)
Allow other children to play with sick child	110 (27.5)	290 (72.5)
Don't you bathe sick child	204 (51.0)	196(49.0)
Keeping Neem leaves besides the sick child's bed	362 (90.5)	38 (9.5)
Keeping iron knife beside the sick child's bed	334 (83.5)	66 (16.5)
Recite holy enchantments to the sick child	188 (47.0)	212 (53.0)
Offer basil decoction to the sick child	224 (56.0)	176 (44.0)
Offer blend diet to the sick child	240 (60.0)	160 (40.0)
Offer food which is not cooked with oil to the sick child	280 (70.0)	120 (30.0)
Offer cold food to the sick child	262 (65.5)	138 (34.5)
Change the sick child's clothing's daily	256 (64.0)	144 (36.0)
Perform rituals to free the sick child of bad omen	234 (58.5)	166 (41.5)
Discharge bad omen water from sick child at cross road	288(72.0)	112(28.0)
Attend festivals & functions while your child is suffering from Chickenpox	118(29.5)	282 (70.5)
Pray to God in morning and evening to get rid of Chicken pox	316 (79.0)	84 (21.0)
Took their child to temple to offer sweets to God, after the chickenpox disappeared,	236 (59.0)	164 (41.0)

The table 3 shows different practices regarding chickenpox. Out of 400 women, 284(71.0%) women kept the child in A large number separate room. women,290(72.5%) denied their children to play with sick child and 204(51.0%) didn't bathe their sick child. Majority of the respondents, 362(90.5%) women kept neem leaves besides the sick child's bed and 334(83.5%) women believed in keeping iron knife beside the sick child's bed so as to prevent their child to evil eye. While only 188 (47%) women recited holy enchantments to the sick child. Around 224(56.0%) women offered basil decoction to the sick child. When these women were interviewed regarding the diet being offered to the sick

child, around 240(60.0%) offered blend diet, 280(70.0%) gave food which was not cooked with oil and 262 (65.5%) offered cold food to Out of 400 women, the sick child. 144(36.0%) women did not change the clothes of sick child daily. A large number 234(58.5%) of women were practicing some rituals to free the sick child of bad omen and 288(72.0%) women discharged bad omen water from sick child at cross road. Majority of women 282 (70.5%) did not attend festivals & functions when the child was suffering from chickenpox. From a total of 400 women enrolled, 316(79.0%) women prayed to God in morning and evening to get rid of Chicken pox and 236(59.0%) women took their child to temple to offer sweets to God, after the chickenpox disappeared.

Table 4:
Effect of socio demographic variable on beliefs & superstitious
Practices of Chicken pox

	Frequency	В	Sig.	Exp (B)	95% C.I. f	95% C.I. for EXP(B)	
					Lower	Upper	
Age(years)					•		
36-40*	20						
<20	44	137	0.689	0.872	0.446	1.706	
21-25	147	601	0.032	1.462	0.142	2.109	
26-30	133	773	0.027	1.548	0.202	1.954	
31-35	56	1.059	0.002	2.883	1.490	5.579	
Religion							
Muslim*	50						
Hindu	350	980	0.003	1.375	0.197	1.714	
Education							
Illiterate*	163						
Primary	172	430	0.038	1.651	0.285	1.486	
Middle	54	.235	0.051	1.265	0.648	2.472	
High-school	11	-1.729	0.008	0.177	0.050	0.633	
Type of family							
Nuclear*	176						
Joint	224	310	0.039	1.734	0.389	1.985	
Socioeconomic							
status							
Class V (Lower	135						
Class)*							
Class IV(Upper	265	0.022	0.054	1.022	0.556	1.877	
Lower)		0.022	0.054	1.022	0.550	1.077	

^{*}Reference class

Table 4 shows that on applying multiple logistic regression analysis to the sample of 400 women for their beliefs regarding chickenpox, it was seen that chickenpox is a supernatural disease and performing the rituals would solace the deity and the child will not suffer again which was found to be significantly associated with age, religion, education, type of family and socioeconomic status of women while age group <20 years and high-school educated women found to be insignificant in this regard.

Discussion

The traditional beliefs and practices still form a major constituent of the therapeutic modalities employed as primary healing practices and seem to be very common, which more so are seen among the people living in the joint families and the probable reason attributed to this fact is the influence of the elders. 1,4,5 Any type of erythematous eruptions/rash associated with fever or not was believed to be a "curse of goddess" by 11% mothers as observed in other studies. Chicken-pox is regarded as

"curse of goddess" or "wrath of god" in our study.8

Amulets for warding off evil spirits during disease advocating rapid recovery from illness is a therapeutic modality being practised all over the country. 1,5,8 A fascinating yet interesting observation among these women was noticed that they used to keep iron item, especially small knife/big key beside the bed of sick child. This was believed to save their child from evil eye. Jhar Phoonk was used as a therapeutic modality especially in treatment of seizures, poor appetite/weight gain and prolonged pyrexia as seen in other parts of the country. 9

The educated women despite educational status are still influenced by elders, associates, religious people and quacks. Many tele-serials, magazines and newspapers also highlight traditional beliefs and practices in management of various illnesses. Infact elders believe that most outer manifestations of disease are nature's cleaning processes and ways to remove the

poisonous morbid matter accumulated in the system. They still believe in self-curing and avoiding drugs as far as possible. Hence the mothers out of anxiety and in patience are vulnerable to influencing factors and apply these beliefs.

Irrespective of their educational status the graduate mothers also believe in superstitious beliefs and practices in management of paediatric ailments. The present practices, by and large harmless, mostly leads to unnecessary delay in seeking medical attention. ¹⁰

Conclusion

As per study findings we concluded that in era of advanced medical research and vaccination, still people are using different practices to avoid angriness of deity. Most of the population strongly believed that chickenpox can be cured with home remedies only and their child has to be treated at home. They still live in the dilemma that disease can be cured by Goddess only.

Recommendations

Aggressive Behaviour Change and Communication (BCC) activities should be addressed towards modifying the health seeking behaviour among future mothers. It has to be targeted and boosted for cultural and social behavioural change rather than informing the community. The responsibility has to be shared both by health providers, health seekers and community. A need

arises for eradication of such unscrupulous and unrecognised interventions and this target can be achieved by appropriate health education.

Limitations of the Study

Recall bias while interviewing the women and sample size was small; it will not represent the whole population.

Author's Contributions

Dr. Sumit Saxena has collected the data, analysis of the data and formatted the manuscript.

Dr. S.B. Gupta has provided the necessary research articles and helped in editing of the manuscript.

Dr Peeyush Kariwal has helped in analysis of the data and formatted the manuscript.

Dr V.P. Shrotriya has provided the necessary research articles and helped in editing of the manuscript.

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Conflict of Interest: There is no conflict of interest.

Reference

- 1. Mathur GP, Kushwaha KP. Superstitions in pediatric practice. Indian Pediatr 1986; 23: 159-60.
- 2. Wharton M (1996). "The epidemiology of varicella-zoster virus infections". Infect Dis Clin North Am 10 (3): 571–8.
- 3. Nayak.K.Asha, Shailini. Chickenpox- Customs, Beliefs and Traditional Practices in Udupi District: A Case Study. NUJHS; 2013; 3(2):102-04.
- 4. Jellife DB, Cultural variations and practical pediatrics. J Pedialr 1956; 49:667-669.
- 5. George B, Sathy N. Saguna Bai NS. Atmar ME. Superstitions. Beliefs and practices during childhood illnesses. Indian Pediatr 1989; 26: 936-38.
- 6. Tomar, Balvir S.Superstitions and child health. Indiatn Pediatr 1980; 17: 883-.885.
- 7. Gupta S. Viral infections. In: Gupta S (Ed.), Short textbook of pediatrics. 9th Edn. Jaypec Brothers, New Delhi 200 I: 165.
- 8. Gupta RK, Gupta R. First action management of acute diarrhoea in children by rural mothers. JK Science 2000:2: 96-98.
- 9. Taneja OK. Superstitions in pediatric illnesses among rural mothers. Indian PediaIr 1988; 25: 447-452.
- 10. Gupta Ritu, Gupta Ravinder K. Traditional Beliefs & Practices among Graduate Mothers Regarding Various Pediatric Ailments. J, K Science 2001; 3(3):123-125.