Original Article

Impacts of socio-cultural values on children health: a systematic literature review

Muhammad Asim, Yasir Nawaz, Nazia Malik, Naeema Nawaz, Farah Riaz

Department of Sociology, University of Sargodha, Sargodha, Department of Sociology, GC University F aisalabad, Department of Rural Sociology, University of Agriculture, Faisalabad Division of Education & Extension, Department of Rural Home Economics

Objective: To explore and know about the socio-cultural values that cause high morbidity and mortality rate among children.

Methods: The literature was searched in different online data base through different key words related to cultural values and child health, rearing caring practices of child health, nutrition and child health in Pakistan. All the online research articles, published reports and documents related to child health are the part of this review article.

Results: Thirty research articles were reviewed and it was found that socio-cultural values have significant impacts on children's health. Maternal activities, bone modeling, child feeding practices, nutrition weaning and rearing caring practices are highly influenced by the cultural practices that cause high morbidity and mortality in children.

Conclusion: Due to the lack of appropriate child health care practices, Pakistan is facing high child mortality rate and poor child health indicators as compared to neighboring countries. It is suggested that standard child rearing caring practices should be disseminated to the mothers in both rural and urban areas. (Rawal Med J 201;42:554-558)

Keywords: Socio cultural values, feeding practices, nutrition, Child morbidity and mortality

INTRODUCTION

Social and cultural values play dynamically important role in every human society. Cultural diversity is found among the societies, which have significant influence on human health especially on child health.[1] Local cultural values and mind-sets control the child rearing and caring practices. Child health outcome in Pakistan is the significant public issues and is a grave concern. Child death is an important social development indicator, as one out of ten children are dying before reaching at fifth birthday and one child is dying among thirty just after their birth. Every year almost 0.4 million infants die within their first birth day.[2]

Newborn deaths rated Pakistan the world's third effected country having 194,000 child deaths in 2010.[3] One child death after every minute is reported in Pakistan due to transmittable diseases. Thus, Pakistan is facing highest child mortality rate among developing countries. Some developing nations have superstitious myths that diseases are the result of mystical phenomena and due to the spiritual spells and spiritual interventions eradicate the powerful evil forces.[4]

In traditional Pakistani families, the influence of cultural beliefs and values on the child rearing practices is highly visible. Effective child rearing and caring traditions play an important role in children's physical and social advancement, i.e. physical growth, mentality, personality development, and health promotion. Various customs and traditions have also sound impact on the health seeking behavior of a nation.[5] In this study, factors such as impact of cultural values on child health, child nutrition, and rearing and caring practices of children and impact of religious values on child health were examined

METHODOLOGY

The present study was explanatory systematic literature review that focusing on impacts of socio cultural values on child health with the ultimate objective to access the traditional cultural values that negatively impacts on children health. The study focused on maternal diet during pregnancy and lactating period, newborn nutritional and rearing caring practices i.e., feeding

practices, prelectal feeding, and weaning diet introduction. For the purpose of the study, we reviewed the potential 165 research articles and after the careful review, 30 relevant articles between the time periods of 2000 to 2016 were included. There was no secondary data analysis (meta-analysis and other statistical analysis). The methodology was followed as research design for assessing the infant health status.[6,7]

The Publications were considered relevant, if they contained literature regarding impacts of cultural values on child. The unpublished reports and literature are not the part of the present study. The list of reference of the published papers was also assessed to find out the supplementary data. At the first stage, all articles were reviewed on the bases of their relevant titles. The screening of the abstracts was done at the second stage and in third stage the final decision was made for exclusion or inclusion of article.

Search Method for Potential Literature

Electronic libraries of indexed medical journals, official and non-officials research reports were used for the collection of the potential literature. United Nations Children's Fund (UNICEF), World Health Organization (WHO), National Nutrition Survey, Pakistan Demographic and Health Survey, research reports of INGOs and NGOs were searched through different key words via Google and Google Scholar. Various search engines and databases were employed for the data research strategies i.e. ("impacts of cultural values on child health in Pak. *" OR "pre-lacteal feeding*" OR "rearing caring practice of children" OR "weaning diet of children*" OR "religion and child health*").

DISCUSSION

Nutrition and Rearing Caring Practices of children

Most of the mothers hold the belief that baby should be fed only when he/she start crying and awake from sleep.[5] Even lay people hold the strong belief on giving pre-lacteal feed to the newborn baby regardless of baby's health status or any associated health risk. For that purpose, use of honey and other substances are quite common in many Pakistani families.[8,9] The family's belief about the use of honey as a pre-lacteal feed is that it would enhance the bonding of baby with their caregivers, would instill desired characteristics of the person who offered honey, which in turn, would add sweetness to the life of the child.[10] Few families hold the belief that the mother's first milk i.e. colostrum must be discarded and should not be offered to the baby as it is unhealthy. This practice deprives the newborn from immunological benefits of breastfeeding. A respected or elder family member give the pre-lacteal to the newborn baby after immediate birth, which may include honey, *Aab Zamzam*, traditional *safof* and cow/goat milk.[11] The type of pre-lacteal feeds depends on the cultural traditions. The objective of this practice is that encouraging intrinsic worth of the feeders would transfer to neonates. McKenna and Shankar pointed out that the pre-lacteal feeding is performed soon after the birth of baby before initiation of lactation in Muslim community.[12]

In low income nations like Pakistan, the practice of pre-lacteal feedings are very familiar and cause the delaying the initiation of first lactation. A number of studies have pointed out that pre-lacteal feedings are widely acceptable practice in all over Pakistan. A study form Faisalabad found that every three among four mothers agreed that pre-lacteal is necessary practice for child after birth and half of the mothers were in the opinion that *Ghutti* is essential to transmit the characteristics of the feeders in child.[13] Gul et al pointed out that in Karachi almost two third of caretakers gave pre-lacteal feeds to newborns.[8] Iqbal et al found that mostly the mothers gave the pre-lacteal to their children such as honey, formula milk, Araq, ghutti, sugar, desi ghee, animal milk and fruit juices.[9] In district Nowshera, KPK, Nawaz et al reported that 41% mothers gave pre-lacteal feeding to neonates.[14] Mothers gave pre-lacteal feedings in the form of honey, Ghutti, glucose saline, glucose water and Arq-e-Gulab as pre-lacteal feeding. In district Haripur, KPK, Khadduri et al found that most caregivers delayed breastfeeding up to 72 hours during which a pious elderly person gives the baby pre-lacteal feeds.[15] In Hyderabad, Sindh, Memon et al pointed out that the predominated pre-lacteal feeding were honey, tea and water for new born.[10]

Cord Care Practices

In Pakistan, especially in countryside areas, due to a lack of required health care facilities, house deliveries are common.[16] The traditional customs are performed on baby's birth such as cord is cut with sharp instruments and rural rustic caretakers

applied the cow dung or ash on the baby's cord for therapeutic purpose.[17] Tetanus and infections are the primary causes of mortality among new born babies. Each year 0.5 million infants die of neonatal tetanus and a further 0.46 million die as a consequence of severe bacterial infection. A substantial proportion of deaths from infection are due to cord infections. Mothers apply substance to the cord for several reasons, including to "help the cord heal fast."[18] Ayaz and Saleem found that in Karachi 58% mothers applied the substances on umbilical cord of neonates.[19] A study from Karachi by Raza et al pointed that the subsequent applications of substances like mustard oil, Surma and ghee on the umbilical cord.[20] Khadduri et al found that few families provided a new blade to Dai; most provide a used blade, knife or scissors and some care takers applied fried onions or mustard oil, on the cord stump with the help of chicken feather.[15]

Weaning Diet Introduction

In this modern era, various areas in Pakistan the prelude of a weaning diet are either too late or too early, which strongly holds the hazardous implications on child health and nutrition. One of the Pakistani studies by Memon et al revealed that cultural taboos and superstitious beliefs affect the weaning diet of children.[10] Early weaning is one of the most important conditions responsible for child morbidity. In Pakistan, only 16% of mothers exclusively breast-feed for a period of three months. Early weaning is common among mothers who are educated, younger, employed and have better socio-economic status.[21] Knowledge, attitude and practices of mothers regarding weaning diet is poor in terms of quality and quantity. Common age of introduction of complementary feeding was before 6 months with readymade items as their first choice.[22] It is also found that 34.8% parents who introduced complementary foods to their infants at six months age belonged to educated class.[6] Most mothers believed that Hot or Cold foods were badly affecting the child health. Foods like eggs and meats etc. were viewed as HOT food that could cause allergy and foods like rice and citrus are viewed COLD foods that hold quality of causing pneumonia and flu. Even breastfeeding mothers restrict various foods that are considered as HOT or COLD, which further effect negatively on breast milk production and maternal nutrition. Consequently, children in early growth period are underprivileged of healthy foods that are necessary for better growth and mental development.[5]

Growth Monitoring Practices

The common socio cultural reasons for uncommon practice are the cultural beliefs that babies would come under the influence of 'Evil-Eye' if they would be weighed on the scale.

Most of the Muslim mothers had belief that child health badly affects due to the evil eye, and Dam and Taweez may cure the bad impact of evil eye. It was also widely accepted that cleft lip and cleft palate are viewed to be caused by the effect of solar and lunar eclipse.[5]

Bone Moulding and Skull Shaping Practices

Bone moulding and skull shaping of newborns is one of the most common practices of caregivers in many Pakistani families. The idea behind this cultural practice is to beautify and shape the newborn's body. For this purpose, the caregivers massage vigorously the skull and extremities, also, keep the baby in tight mummy restrain for most of the time or tie the extremities of the newborn with cloth or attach strong support with the bone to straighten them.

Maternal activity

After the forty days of delivery most mothers did not move freely. Her social interaction is being limited.[15] Lot of women believed in the *cheela* period, such as, if women in postpartum periods hears the tone of voice of another mother who are breastfeeding, her milk will dehydrated, or if she hears the tone of another women whose child has recently died, her own newborn baby will be in threat. In the *Cheela* period, mothers dependent on the elder ladies of the household for protection from evils. She cannot move alone even for her medical treatment.[5]

Religion and Child Health

The health in religious perspective account that an ill person should keep in mind that his illness is a trial from God. Therefore, he/she should avoid bad-

temper and complain about his/her suffering; accepts it with fortitude and patience and asking God to decrease or eliminate his/her suffering. The diseased person may have believed that illness as punishment for their bad deeds, and fatality is a passage to meet their beloved Allah. Illness is considered a mental thought which accelerate the closeness towards the God.[23] Muslims may put on the *Taaweez*, and spiritual spells having different types of verses from the Quran, Holy book of the Muslims, when they got ill. The *Taawaezs* are considered the best symbols of Islamic reliance, given by the Mullah (Muslim religious leader) and worn by children as well as adults to treat and avert sickness caused by the ghosts, sprits and evil eye. Meetings with the Peer or *Fakeer* and visit to holy place (shrines) and tomb (*Peer's Ziarat gaha*) are assumed to avert and treat many mental and physical illnesses, including those originated by spirits and ghosts. Holy water from Peers and Mullah's tombs can be drunk or wipe on the body or different parts of the sick children or person.[24]

Adhan

The wise male elder or religious leader says in the new born baby's right ear call Adhan, so that the baby hears the first word GOD followed by *Shahadat* (There is no Allah except Allah, and Muhammad is Allah's last messenger). Several studies have reported that mothers do not feed their babies until they hear the Azan, some parents give sugar water to their babies after birth.[25,26] In another study, it was found that 7.2% mothers did not breastfeed their babies until they heard the azan three to five times and gave sugar water to their babies instead of breast milk. In another Islamic country Turkey, 7.2% mothers did not give the breastfed to the baby during one hour due to waiting the Azan and 9.9% waited for three azan calls before commencing their first breast feeding.[27] Different reports from India,[28,29] Tanzania[30] and Pakistan[8] also reported that mothers breastfeed after call for prayer "Adhan" which was almost 2 hours to 24 hours after delivery.

CONCLUSION

Maternal activities, bone modeling, child feeding practices, nutrition weaning and rearing caring practices are highly influenced by the cultural practices It is suggested that standard child rearing caring practices should be disseminated to the mothers in both rural and urban areas.

Author contributions:
Conception and design: Muhammad Asim
Collection and assembly of data: Imran Khalid
Analysis and interpretation of the data: Quratul Ain
Drafting of the article: Malik Sohail
Critical revision of the article for important intellectual content: Yasir Nawaz
Statistical expertise: Fazal Karim Faisal
Corresponding author email: Muhammad Asim: masim202@gmail.com
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