Delhi University partners with UNICEF to promote research on local myths and beliefs around child health issues

By:
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Professor P C Joshi (Left) and Assistant Professor Avitoli Zhimo (Right) from the Department of Anthropology, Delhi University, participated in the workshop

The Department of Anthropology, Delhi University, partnered with UNICEF, to conduct a day-long capacity building workshop, in New Delhi, on 11 September 2019, to raise awareness on pneumonia, diarrhoea, anaemia, breastfeeding and nutrition.

The workshop was attended by more than 40 RJs and programming heads from All India Radio, private FM stations and community radio stations from Punjab, Himachal Pradesh, Uttar Pradesh, Bihar, Rajasthan, and Assam; academia from the Department of Anthropology, Delhi University, academia from IIMC and IGNOU; officials from Ministry of Health & Family Welfare (MoHFW) and Ministry of Women & Child Development; officials from UNICEF; and representatives of civil society organizations like Save the Children, the Clinton Health Access Initiative and YP Foundation.

The workshop aimed to highlight and bust myths associated with pneumonia, diarrhoea, anaemia and non-exclusive breastfeeding from a medical anthropological point of view and prioritize scientific medical knowledge over folk beliefs and factor in relationships between cosmopolitan and indigenous knowledges, right and wrong, science and magic, truth and myth.

As a part of the workshop, a group activity was conducted, encouraging the participants to develop radio content – jingles, talk-shows, Public Service Announcements (PSAs) and RJ Links – to address these critical issues. The participants were divided into eight groups. Each group took up one issue addressing either the rural audience or the urban audience.

Professor P C Joshi and Assistant Professor Avitoli Zhimo from the Department of Anthropology, Delhi University shared anthropological insights in the workshop.

India, which has over 26 million births a year, accounts for more than 20 per cent of child mortality worldwide. India’s under-five (U5) mortality rate though now matches

the global average (39 deaths per 1,000 live births), a lot more collaborative efforts needs to be done to bring these figures further down.

India continues to have the highest burden of pneumonia and diarrhoea child deaths in the world, with 158,176 pneumonia and 102,813 diarrhoea deaths in 2016[1]. Another major concern for India is the high number of anaemic children and women in the country. The prevalence is highest among women – with around 58 per cent of the lactating women, 53 per cent of reproductive age, and 50 per cent pregnant women having low haemoglobin levels. The prevalence is not just limited to women but children and adolescents too, with 58 per cent of the Indian children in the age group of six months to 59 months, 54 per cent of the adolescent girls and 29 per cent adolescent boys in the age group of 15-19 years respectively being anaemic[2].

Numerous studies suggest that poor eating habits (not eating enough fruits, vitamin C, and legumes) and lack of access to healthcare are the main causes for such a high prevalence of anaemia. These poor dietary habits coupled with lack of measles immunization, household indoor air pollution, overcrowding and non-exclusive breastfeeding, are also responsible for exacerbating the problem of childhood Pneumonia and Diarrhoea.

While over 79 per cent of women deliver in a health institution, less than half of these women (41.6 per cent) breastfeed within the first hour of life. This is a missed opportunity to ensure that all children benefit from early breastfeeding – a life-saving intervention. Children who are not breastfed within one of hour of birth have 33 per cent higher risk of neonatal mortality.

Pneumonia in the Indian cultural context

Looking at pneumonia from a Medical Anthropological point of view, various cross-cultural qualitative studies[3] in India, the Philippines and Malaysia cite similar understandings of the body, where Acute Respiratory Infections (ARI), including pneumonia conditions are primarily thought to be caused by the child's exposure to 'cold' (*thanda*), such as cold air, cold food and, water and a cold mud floor; or from a nursing mother's exposure to cold. Some mothers sight "negligent behaviours" including bathing children at the wrong time and washing with cold water. Some even attribute ARI to supernatural causes such as "pregnant mothers" being attacked by "evil spirits" and "evil winds."

None of the reasons cited above refer to viruses, bacteria, fungi, poor breastfeeding practices, under-immunization and malnourishment as the causes of ARI including pneumonia. Childhood pneumonia, if recognised early, is easily treatable through low-cost medicines. However, unable to recognize the severity of the situation, parents usually resort to delayed care and turning to Rural Medical Practitioners (RMPs) and Unregulated Care Practitioners (UCPs) with no formal medical training.

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1 Pneumonia and Diarrhoea Progress Report' by the International Vaccine Access Centre (IVAC)

2 AnaemiaMukt Bharat Website Dashboard

3 Acute respiratory infections in rural Bangladesh: cultural understandings, practices and the role of mothers and community health volunteers

Diarrhoea in the Indian cultural context

Besides cleanliness and hygiene being an issue, from an anthropological study point of view, multiple cross-cultural studies suggest common traditional beliefs as reasons for diarrhoea amongst U5 children in South Asia.

The beliefs attribute "witchcraft and teething" as leading causes of diarrhoea in villages, which the surveyed mothers believed require adopting of traditional and superstitious methods like exorcism and incantation to treat the diseases. These beliefs find no role of ORS and enough water in diarrhoea due to teething. A section of the mothers interviewed by a study believed, "some mothers' milk" to be "harmful by nature and it should be stopped during diarrhoea."[4]

Another study[5] notes "many wrong practices" when a child is hospitalized with diarrhoea. Some parents stop food, stop breastfeeding or reduce solid intake. Even though most of the mothers are aware of the benefits of Oral Rehydration Therapy (ORT), a section of mothers complained that their children did not like the taste of ORT and therefore did not use it. Knowledge about how much ORS is to be given is very important in the success of ORT. There was also general ignorance about the quantity of ORS to be given with each episode of diarrhoea, as 85 per cent of the mothers were unaware of it.

Anaemia in the Indian cultural context

In India, the prevalence of anaemia is high because of low dietary intake, poor iron (less than 20 mg /day) and folic acid intake (less than 70 micrograms/day); poor bio-availability of iron (3-4 percent only) in phytate fibre-rich Indian diet; and chronic blood loss due to infection such as malaria and hookworm infestations[6].

The study also factors in socio-cultural reasons for high anaemia in the country, which are more complex than the physical ailment. "Due to the patriarchal nature of our society, discrimination against girls results in inadequate nutrition right from childhood... After marriage, a woman's status in the family and society is determined by her reproductive functions and that too on the number of male children she bears. In the adolescent phase due to menstruation, the requirement of iron increases, which is not met due to discriminatory social beliefs and food restrictions... The lack of self esteem makes women offer their husbands the best of everything available in the household including food. She is supposed to eat last, never complain about getting less or not eating a rich diet."

A concerted effort required

Poor understanding of the causes and symptoms of killer diseases like pneumonia, diarrhoea and anaemia, coupled with traditional practices in supernatural beliefs and other socio-cultural-economic reasons demand a concerted effort to tackle malnutrition and under-immunization, which can be achieved through exclusive-breastfeeding, age-appropriate complimentary nutrition and routine immunization, particularly amongst marginalized populations.

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[4] Mothers' beliefs and barriers about childhood diarrhea and its management in Morang district, Nepal

[5] Knowledge attitude and practices of childhood diarrhea and ORS administration in diarrhea amongst mothers of children below age 5 years: A hospital based cross-sectional survey

[6] Anaemia 'a silent killer' among women in India: Present scenario

Need for research

The inequities demand strong commitment and accountability and greater levels of participation and partnerships from the academia and research, and media to understand the local beliefs and myths from a closer angle to counter these beliefs.

While the academia can feed the media with research on local myths and beliefs – which vary from community to community and region to region – along with data and facts, media can be an enabler in disseminating the accurate knowledge to fight pneumonia and diarrhoea, along with other healthcare challenges such as malnutrition and malnutrition induced anaemia, stunting and wasting; reluctance to early breastfeeding; and reluctance to Routine Immunization due to myths and negative reporting surrounding immunization programmes.

In this fight, radio particularity has a big role to play, considering its reach in terms of the number of languages of broadcast and the spectrum of socio-economic and cultural diversity it serves.

As a part of the partnership with UNICEF, Delhi University will conduct similar workshops in tandem with other departments of the University to promote research on the topics and also sensitize the youth on the issue.