

Prevalence of Ghutti and Breastfeeding: An Ethnographic Study of Lactating Women of Khewayaali, Wazirabad

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ABSTRACT

Objective: The objective of present study was to investigate level of interdependence between prevalence of Ghutti and education of newborn's mothers.

Study Design: Cross-sectional

Place and Duration of the Study: This study was carried out at Village Khewayaali, Tehsil Wazirabad, District Gujranwala from Aug-2013 to Oct-2013.

Materials and Methods: Data was collected while administering a fully structured questionnaire. Tool was implemented with the help of women enumerator after improving the areas highlighted during the pre testing. A sample of 324 lactating women was randomly selected out of total population of lactating mothers. SPSS was used for data analysis.

Results: As 95 % of lactating women respondent of this research confirmed that they had given their child Ghutti prior to the breastfeed. But on the other side, 80% of the total respondents also confirmed that they had fed their child in first 04 hours after birth and did not waste the highly nutritive Colostrum. Whereas, comparison of mothers' education with the use of Ghutti delineated that the practice is equally common among illiterate and educated mothers both. Illiterate mothers were 21% of the total respondents and use of Ghutti was equally present in rest 79% educated mothers as well thus the practice was found among 100% respondents.

Conclusion: Current study explored that education has no influence over this deeply rooted a cultural practices and norms. As mothers despite being educated and much aware with the benefits of breastfeed performed this tradition under the persuasions of adult relatives especially mother in law.

Key Words: Ghutti, lactating mothers, breastfeeding, newborn, prelacteal feed.

INTRODUCTION

Pakistan is among the list of developing countries, where situation of health and education is not satisfactory. If we express anthropologically, cultural values and their practitioners founds very rigid and majority of the population feels proud to follow the practices of forefathers. Concepts in health domains such as breastfeeding, Ghutti, supported liquids have their own cultural importance within Pakistan and also people belongs to Pakistani culture practice this while living in other countries.

In Pakistani society, on average 72 newborns were expired out of 1000 live births each year. But from those 72 deaths, 53 are those who died earlier before attaining the age of 1 month because of different diseases like pneumonia, diarrhea, respiratory infections and malnutrition. Commonly found/recorded starting place of these diseases is being absence of exclusive breastfeeding, use of formula milk, supported liquids and unhygienic bottles. These births can be secured if they are protected through natural defense of mother's milk without use of any other food item like

Ghutti, honey, rose subtract or water for the first six months¹.

Variations among breastfeeding practices are normally based on educational status, socioeconomic rank, cultural concerns, and other factors. These factors are associated with the general decline in breastfeeding comprising on socio-cultural factors, values & traditions practice in health care services, marketing and promotion of newborn feeding items^{2,3}.

For a reference to cope the knowledge medical students on breastfeeding practices in Pakistan a study was conducted, in which 14% of students were of the view that the colostrums should be discarded and in 12% cases they said that it is harmful for the baby's health, so one can say that these are the strong traditional believes still exist even in educated families through their grand parents⁴. And in Pakistani society families are more motivated to use the Ghutti as first intake for baby after birth. This also presents some cultural myths passed from generation to generation where Ghutti is taken as source of family's traits transfusion to the newborns. And, parents request their family elders to

perform this tradition in order to get their traits into their children through Ghutti.

In countries of the Indian subcontinent, breast feeding is usually started 2 to 3 days after delivery. During the interim, babies in South India are usually given water, diluted cow's milk, honey, or dates followed by Ghutti⁵.

The prevalence of pre-lacteal feeds was more commonly found (79%) in an existing study conducted in Hyderabad Pakistan, by Memon et al., in 2006⁶. The practices of pre-lacteal feed are not only common in Pakistan but are frequently observed in many other Asian countries. In rural India as WHO reported, nearly 93% of the surveyed infants were given pre-lacteal feeds in first two days of their life. Situation is not too different in Bangladesh where Infants are reported to be fed honey or mustard oil for three days in blend with or followed by breastfeeding for a month⁷⁻¹⁰.

Existing studies explains the situation quite clearly in the Asian sub-continent that majority of the population used to practice pre-lacteal feeds. Normally they welcome newborn by giving him/her a traditional recipe that is commonly known as Ghutti, and they had strong beliefs that through this Ghutti the cultural and social traits of one's transferred to the young one. This study tries to find that relationship between the education of respondents and prevalence of Ghutti among lactating mothers and cultural importance of Ghutti.

MATERIALS AND METHODS

The present research was conducted in village Khewayaali in Tehsil Wazirabad of Gujranwala district. Out of 1700 lactating mothers Khewayaali, 234 were randomly selected at 90% confidence interval by using an online sample calculating formula. A structured questionnaire was implemented for data collection from the randomly selected women. The said questionnaire was comprised of questions regarding women's demographics, knowledge, attitude and practice of Ghutti and breastfeeding. The questionnaire was improved after piloting under similar rural settings of Gujranwala. Women enumerators took interviews after briefing the subjects about purpose of study. Data was punched into EPiData and SPSS was utilized to draw tables, graphs and charts.

RESULTS

Table 1 shows the age distribution of respondents. Majority of the respondents were in the category of 27-30 years (42.90%) that shows the participation of age-wise mature females in the data collection phase. 29.23% of the respondents belonged to the age category of 31 and above.

Table No. 1: Age of the respondents

Age	Frequency	Percent
15-18	5	1.55
19-22	19	5.87
23-26	64	19.75
27-30	139	42.90
31 and above	97	29.93
Total	324	100.00

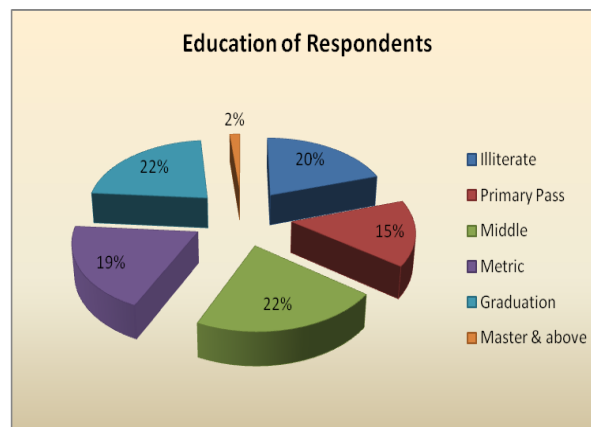


Chart 1: of respondents Education

Education seemed to play a vital role in every domain of life. The above results above show that 20.06% respondents lacked formal education, 15.12% received 1-5 years of schooling, 21.61% were in the category of 6-8 years of schooling. In the category of 9-10 years the percentile remained 19.44%. The largest fraction that was 22.22% constituted the category of 11-14 years of education.

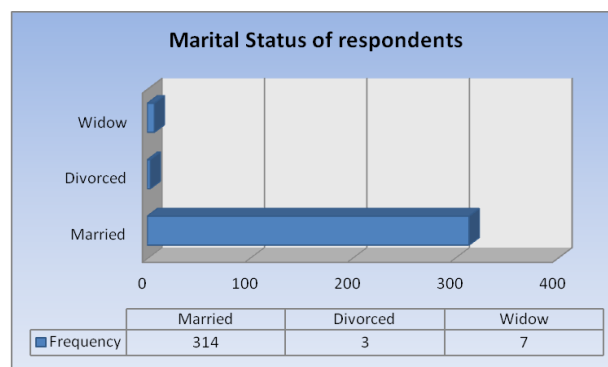


Chart 2: of respondents Marital Status

Chart 2 shows the current marital status of the respondents. Among 324 respondents 96.92% were married at the time of study following 2.16% widows and 0.92% was divorced.

Table 3 shows that 94.14% of women breastfed their child whereas 5.86% could not do that however they did not share any particular reason of the same with the researcher.

Table No.3: Breastfed to youngest child

Response	Frequency	Percent
Yes	305	94.14
No	19	5.86
Total	324	100.0

Table No.4: Initiation of breastfeeding of Infant after Delivery

Hours	Frequency	Percent
Within 1 hour	135	44.26
Within 2 hours	69	22.62
Within 3 hours	41	13.44
Within 4 hours	5	1.64
5 hours and above	55	18.03
Total	305	100.00

Above given table number 4 specifies the time duration in which mother fed their child after the birth and out of total, 82 percent fed the child within first 04 hours after birth while majority (44%) lying in the category of within 01 hour. Results demonstrate a very positive trend as colostrums encompassing all essential nutrients stays for up to 05 hours maximum after delivery of baby. And only 18% mother took more than 5 hours to feed the child.

Table No.5: Did you use Ghutti for your newborn

Response	Frequency	Percent
Yes	307	94.75
No	17	5.25
Total	1324	100.00

At the same time, table 5 highlights significant aspect of cultural practices concerning newborns immediate intake after delivery e.g., use of any other ingredients like water, honey, rose extract and most commonly Ghutti. Above table confirms the strong cultural tradition of presence of Ghutti to the newborns right after birth as 94.75% women reported that they had given Ghutti to their child.

Table No.6: Family Member Advice for Ghutti

Family Member	Frequency	Percent
Husband	68	20.98
Mother-in-law	134	41.37
Father-in-law	66	20.37
Mother	41	12.65
Others	15	4.63
Total	324	100.00

Table 6 depicts the degree of social, cultural and family pressure even over the diet of a newborn. As in all cases some close relative has suggested the use of Ghutti right after birth and mother in law comes forward as the most influential figure in this regard. Overall, none of the family adult is ready to leave this cultural practice and playing a substantial role in keeping this tradition alive regardless of the facts about its no benefit for the newborn's health.

Table No.7: Care Provider advised Breastfeeding

Care Provider	Frequency	Percent
Doctor	262	80.86
LHV	19	5.86
LHW	14	4.32
Others	29	8.96
Total	324	100.00

The role of health care providers is always very significant to create awareness about innumerable salubrious effects of child immediate and long term health and life. Surprisingly, all of the respondents' confirmed that their health service providers sensitized them about the breastfeeding and among them 80% mentioned the name of doctor.

Table No.8: Comparison; Education of Respondents and use of Ghutti

Education	Use of Ghutti	Percentage
Illiterate	65	21
Primary	48	15
Middle	68	22
Higher Secondary Education	58	19
Intermediate and Bachelors	69	22
Masters and Above	4	1
Total	312	100

Above table presents the findings which revealed that education of respondents had no impact on use of Ghutti, and it's equally common among both respondents educated and illiterate. This confirms that this practice of using Ghutti is purely influenced by culture and traditions and has no relationship with the literacy or educational status of the mother. And educated women too gave Ghutti to their children regardless of their educational level.

DISCUSSION

Around the world lactating women adapt feeding practices to their own circumstances and the socio-cultural setting they live in. Women adapt to their infant's needs, and infants adapt to their mothers' availability. In every culture, it is important to note that there are circumstances where a mother avoids breastfeed, and also, mothers who choose not to breastfeed for multiple reasons¹¹. Start and continuity of breastfeeding is influenced by a complex relationship of tradition, culture, social support and socio-economic status¹².

The findings of the earlier studies clearly reveal that due to various cultural beliefs and taboos, initiation of breastfeeding right after delivery gets delayed for many days. Aged female member of the family plays imperative function in initiation of breastfeeding and giving of prelacteal feed (*Ghutti*). Cases were in record

when giving colostrum to the infant was avoided, from other studies from South Asian Countries. A study from Turkey have also depicted that only 9.9% of the mothers had initiated breastfeeding within 4-hour after birth and 68.8% started colostrum in relation to characteristics related to delivery breastfeeding after 2 day¹³⁻¹⁷.

The training of health workers in breast feeding and lactation management enhances professional recommendations on breast feeding. Important components of breast feeding promotion include prenatal support, hospital management and subsequent pediatric and maternal visits¹⁸⁻²⁰.

CONCLUSION

Findings of present study demonstrate and verify the presence of multiple factors which effect breastfeeding practices and are strongly influenced by the culture, norms and local traditions.

This study shows that mothers confirmed that their health service providers have orientated them about the strength of breast milk but still they gave their children *Ghutti*. However, the number of women who fed the child in first hours of after birth is also very encouraging but still the roots of *Ghutti* use are quite deep. Doctor's advice and mother's education both have not played the desired role in eradicating this useless practice so far.

To address this issue, health services providers should not only approach the mothers but as well as their family members including mother in laws and husband. In our strongly patriarchal society women has no say in decision making particularly in rural settings, thus, for effective results, decision makers should be taken into confidence first. Health service providers must have separate sessions with husband and mother of law to sensitize them about the health benefits of breast feed compare to *Ghutti*. Based on a particular beliefs system, final eradication of this futile exercise will take concerted and incessant efforts by the media, health department, and educated mothers too.

Results of study confirm the findings of previously conducted researches that show this practice relates more to culture than to health. Major factor of persistent use of *Ghutti* as prelacteal diet is persistent pressure by the family elders and highly patriarchal society where women cannot exercise their will despite being educated.

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