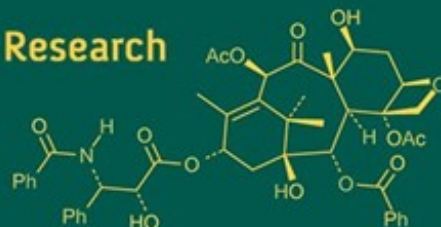


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Dr. Chamandeep Kaur
 SMS (Home Science), KVK,
 Sawai Madhopur, Rajasthan,
 India

Dr. BL Meena
 Senior Scientist & Head, KVK,
 Sawai Madhopur, Rajasthan,
 India

Impact analysis of conventional practices of reproductive health management practices followed by pregnant and lactating women's of NARI village of Sawai Madhopur district of Rajasthan

Dr. Chamandeep Kaur¹, Dr. BL Meena²

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ABSTRACT

Pregnancy and the postnatal period are accompanied by a range of family customs and community beliefs that may influence women's food choices, daily activities, childbirth arrangements and infant-care practices. Documenting these practices can help health and extension workers understand local experiences and communicate evidence-based maternal and newborn care in a culturally respectful manner. This study documented reproductive-health-related practices among 120 pregnant and lactating women from Nari, Padli and Kushtala villages in Sawai Madhopur district, Rajasthan, during 2023–2025. The findings indicate that 95 per cent of respondents reported following traditional practices during pregnancy or after childbirth. In the sample, 45 per cent had 1–2 living children, 31.67 per cent had 3–4, 17.50 per cent were expecting their first child, and 5.83 per cent had five or more living children. Normal delivery was reported by 83.33 per cent of respondents and caesarean delivery by 16.67 per cent. The study also recorded practices relating to pregnancy, delivery, postnatal care, breastfeeding and complementary feeding. These findings describe reported customs in the study area; they do not establish the medical safety or effectiveness of individual practices. first trimester fertilized egg fallopian tube uterus embryo placenta multiple pregnancy twins

Keywords: Reproductive health management, Traditional practices, Pregnant and lactating women, Sawai Madhopur, Maternal and newborn care

Introduction

Women's health and well-being are important components of family and community development. Pregnancy, childbirth and the period after delivery can be influenced not only by access to health services but also by social expectations, family advice and customary beliefs. In many communities, older female relatives—particularly mothers and mothers-in-law—share guidance about diet, rest, work, birth preparation and care of the newborn. Such guidance can provide emotional and practical support, but some customs may also restrict food choices or delay the use of professional care. Traditional beliefs reported in relation to pregnancy and childbirth include preferences for particular foods, avoidance of certain activities, the use of home remedies, family ceremonies, delivery arrangements and practices intended to protect the mother and infant. The specific customs followed can vary between households and communities. Recording these practices is useful for understanding women's experiences and for planning respectful health education. However, customary explanations should not be treated as medical evidence: pregnancy-related symptoms, labour complications and newborn-care concerns require advice from qualified health professionals. Against this background, the present study documented reproductive-health and caregiving practices reported by pregnant and lactating women in selected villages of Sawai Madhopur district, Rajasthan. [miscarriage](#) (Dudi *et al.*, 2007) ^[2] [complications of pregnancy, maternal deaths](#) (Laddha *et al.*, 2010) ^[9] [bleeding infections hypertensive diseases of pregnancy, obstructed labour ectopic pregnancy](#). (Laddha *et al.*, 2010) ^[9] [unplanned \[27\]\[27\] abortion is prohibited aborted illegally](#).

Corresponding Author:
Dr. Chamandeep Kaur
 SMS (Home Science), KVK,
 Sawai Madhopur,
 Rajasthan, India



The study was carried out in Sawai Madhopur district, Rajasthan, which comprises five blocks: Sawai Madhopur, Chauth ka Barwara, Khanda, Bonli and Malarna. The study focused on Nari, Padli and Kushtala villages in Sawai Madhopur block. A total of 120 pregnant and lactating women were selected randomly for participation. Information was gathered through a structured interview schedule covering respondents' profiles and reported practices related to pregnancy, childbirth, postnatal care, breastfeeding and weaning. The manuscript also refers to a preliminary survey and a subsequent survey; however, the available description does not clearly specify the timing and design of these survey stages. The findings below are therefore presented as reported responses from the selected sample. Any interpretation should be limited to the study population and should not be assumed to represent all women in the district.

Result and discussion

Reproductive profile of the respondents

This section summarises selected characteristics of the respondents, including reproductive stage, age at first delivery, type of delivery and number of living children. The distributions are presented in the accompanying tables.

Reproductive stage

As shown in Table 1, 55 per cent of the respondents were pregnant at the time of the survey, while 45 per cent were lactating women.

Table 1. Distribution of the Respondents according to Reproductive stage ($N = 120$)

S.No.	Reproductive Stage	f	%
1	Pregnant	66	55
2	Lactating	54	45

Age of 1st delivery

Table 2 indicates that 66.67 per cent of respondents reported their first delivery between 22 and 30 years of age. A further 17.50 per cent reported a first delivery between 18 and 22 years, while 15.83 per cent reported it after the age of 30. The age categories as recorded in the original table should be checked for any overlap at the 22-year boundary.

Table 2. Distribution of the Respondents according to Age of 1st Delivery ($N = 120$)

S.No.	Age of 1 st Delivery	f	%
1	18-22 years	21	17.50
2	22-30 years	80	66.67
3	30 above years	19	15.83

Type of delivery

According to Table 3, 83.33 per cent of respondents reported a normal delivery and 16.67 per cent reported a caesarean delivery.

Table 3. Distribution of the Respondents according to Type of delivery ($N = 120$)

S.No.	Type of Delivery	f	%
1	Cesarean	20	16.67
2	Normal	100	83.33

Distribution of respondents according to infant mortality and miscarriage

The following subsection presents the information recorded about respondents' living children and pregnancy outcomes. The figures should be interpreted according to the categories and definitions used in the survey tables.

Number of alive children

Table 4 shows that 45 per cent of respondents had 1–2 living children, while 31.67 per cent had 3–4 living children. A further 17.50 per cent had no living children and were reported as being in their first pregnancy; 5.83 per cent had five or more living children.

Table 4. Distribution of the Respondents according to Number of Alive children ($N = 120$)

S.No.	Number of alive children	f	%
1	None/First Pregnancy	21	17.50
2	1-2 Children	54	45.00
3	3-4 Children	38	31.67
4	5 and above	7	5.83

Traditional practices of reproductive health care management followed by respondents of nari village padli kushtala Sawai Madhopur district of Rajasthan

The survey documented customs and beliefs reported by respondents before pregnancy, during pregnancy, at childbirth and during the post-natal period. The practices described below reflect respondents' accounts and should not be interpreted as evidence that a custom determines pregnancy outcomes or is medically effective.

A. Preparation for pregnancy

Particular period to conceive

About 66.67 per cent of respondents reportedly believed that conceiving during a particular moon phase was associated with the birth of a male child. This is a recorded cultural belief; the phase of the moon does not determine a baby's sex.

Ceremonies to be performed during pregnancy

During pregnancy, 95.83 per cent of respondents reported participating in prayers, visits to a family deity or visits to a family spiritual adviser.

Prenatal phase

Practices adopted for common problems of pregnancy

Approximately 58.33 per cent of respondents reported using home remedies for common discomforts such as constipation. Remedies mentioned included warm milk with jaggery and mixtures containing cardamom, haritaki and black salt. For morning sickness, respondents described using fennel, rock sugar and cardamom or eating a biscuit early in the morning. Milk, ghee and a sesame-and-ghee mixture were also mentioned in connection with cramps. These are descriptions of reported practices, not recommendations; pregnant women should consult a qualified health professional before using herbal mixtures or other remedies.

Compulsory items to be taken during pregnancy

Around 58.33 per cent of respondents identified more than one food item as important during pregnancy. Items mentioned included fresh coconut, coconut kernels, milk, ghee, fenugreek seeds and cucumber; some respondents also referred to sona bhasm. The survey records these preferences but does not assess their nutritional value or safety. Any mineral or traditional medicinal preparation should be used only after consultation with a qualified healthcare professional.

Food items restricted during pregnancy

Respondents reported avoiding several foods because of customary beliefs. Jaggery and sesame were described by some as 'heating' foods, and papaya was avoided by respondents who believed it could cause miscarriage. Okra was linked by some respondents with the birth of a girl, while chickpeas were avoided because of concerns about indigestion. Brinjal was avoided by 90.83 per cent of respondents, with some associating it with a baby's complexion or temperament. These reported beliefs are not evidence that such foods deter-

mine a baby's sex, complexion or personality. Dietary restrictions during pregnancy should be discussed with a qualified health professional to help maintain adequate nutrition.

Activity to be avoided during pregnancy

Respondents also described restrictions on activities during pregnancy. Some avoided travel because they associated it with discomfort, and some avoided heavy work because they feared it could cause pregnancy loss. Attendance at mourning events was described as a family taboo. A total of 91.67 per cent reportedly believed that viewing a solar or lunar eclipse could cause harm to the unborn child. These are customary beliefs recorded by the study and should not be taken as medical explanations of pregnancy outcomes. Advice about activity, travel and work should be individualised with a healthcare professional.

Special prayers to be performed during pregnancy

Respondents reported praying during pregnancy with the hope that the child would develop desirable values or behaviour. Some described praying specifically to God rather than a goddess because they wished for a male child. These responses reflect social and religious beliefs within the community; prayer does not determine a child's sex.

Ceremony in 8th month (Godh Bharai)

The Godh Bharai ceremony was reported by 98.33 per cent of respondents. Participants described it as a family or community occasion intended to welcome the expected baby and offer blessings and support to the pregnant woman.

Table 5. Traditional beliefs and practices adopted by rural women before and during pregnancy periods documented from respondents ($N = 120$)

S. No.	Practices	F	%
(A)	Before conception		
1.	Preparation of pregnancy		
	• Moon light (Birth of male child)	80	66.67
	• Did not know	40	33.33
2.	Ceremony before pregnancy		
	• Prayers	110	91.67
	• Visit to family <i>Devta</i> (temple)	115	95.83
	• Visit to family <i>Guru</i> (Ashram)	50	41.67
(B)	Treatments During Pregnancy constipation		
a)	Constipation		
	• Mixture of <i>Elaichi</i> , <i>Harar</i> , <i>Kala Namak</i> with luke warm water	50	41.67
	• Hot milk with <i>gur</i>	70	58.33
b)	Morning sickness		
	• Mixture of <i>saunf</i> + <i>mishri</i> + <i>elaichi</i>	70	58.33
	• Biscuits in early morning	50	41.67
c)	Cramps		
	• Milk with Ghee	116	96.67
	• <i>Til</i> + <i>ghee</i>	100	83.33
2.	Compulsory foods taken during pregnancy		
	• Coconut seed	55	45.83
	• Sora bhasm	45	37.5
	• <i>Methi</i> seeds	62	51.67
	• Milk	39	32.5
	• Cucumber	80	66.67
	• Fresh coconut		

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S. No.	Practices	F	%
3.	Restricted foods during pregnancy		
	• Til	90	75
	• Bajra	80	66.67
	• Gur	95	79.16
	• Channa	110	91.67
	• Papaya	100	83.33
	• Ladyfinger	103	85.83
	• Brinjal	109	90.83
	• Non –vegetarian	115	95.83
4.	Activities to be avoided during pregnancy		
	• Healthy work	96	80
	• Traveling	99	82.5
	• Looking at Solar / Lunar Eclipse	110	91.67
	• Going for Mourning	90	75
5.	Special prayers to be performed during pregnancy		
	• Daily prayers	96	80
	• Pray to God and not goodness	99	82.5
	• Ceremony in 8 th month (<i>Godh Bharai</i>)	118	98.33

Traditional beliefs and practices adopted by rural women during pregnancy

Table 6 summarises traditional beliefs and practices that respondents reported in relation to the period of childbirth. The descriptions are based on survey responses and should not be interpreted as clinical guidance.

Place of Delivery

Seventy-five per cent of respondents reported that delivery at their parental home was preferred by some women because they expected greater comfort or freedom there. Other respondents described delivery at the in-laws' home as a family responsibility. The place of birth should be chosen with consideration for the woman's preference, access to skilled birth care and the availability of emergency referral services.

Food grain during labour pain

Respondents mentioned several foods and herbal preparations that they believed could make labour easier, including decoctions made with clove and nutmeg, fenugreek and ajwain, cotton bolls, bajra roots, and saffron with milk. These practices were recorded as local beliefs only. The safety and effectiveness of these preparations were not assessed in this study, and they should not be used to induce or manage labour without guidance from a qualified healthcare professional.

Methods to be adopted in case of difficult delivery

Respondents described various rituals used when labour was considered difficult. These included placing grains near the mother's cot for later distribution, removing a nose pin, and reciting prayers or carrying out other religious customs. The report also records potentially unsafe practices, such as giving the mother cow dung or ash mixed with water to drink, or placing her hair in her mouth. Such actions can cause harm and must not be used. Difficult or prolonged labour is an emergency requiring immediate skilled medical care; rituals should never delay transport to a health facility.

Food avoided during delivery

The survey records that 93.33 per cent of respondents reported avoiding water during delivery, based on the belief that drinking water could cause uterine swelling. This is a reported belief rather than a medically established effect. Dehydration can be harmful; fluid intake

during labour should follow advice from the attending maternity-care team. The study also notes avoidance of a full meal during labour, but it does not evaluate the reasons or health effects of this practice.

Food items to be given just after delivery

Foods and preparations given to women after delivery reportedly included jaggery with roasted wheat flour and cumin, ghee with milk, ajwain decoction, gola kutti, and jaggery with kamarkas. Respondents associated these items with milk production, recovery, strength or relief from pain. The study did not test these claimed effects. Postnatal diets should support recovery and breastfeeding, and any herbal or medicinal preparation should be discussed with a qualified healthcare professional.

First food items given to infant after delivery

The report describes several items traditionally given to newborns, including colostrum, honey, commercially prepared ghutti and soft jaggery. These practices were recorded as respondents' accounts, not endorsed as infant-feeding advice. Newborns should be breastfed early, and honey, jaggery, ghutti and other prelacteal feeds should not be given to infants. Colostrum is valuable and should not be discarded; families should seek guidance from skilled newborn-care providers.

Giving bath to mother

A total of 91.67 per cent of respondents reported that bathing the mother was delayed until around the sixth day after delivery, citing family custom and beliefs about protection. The study documents the timing of bathing but does not establish a protective effect. Postnatal hygiene and bathing should be guided by the mother's comfort, clinical condition and advice from health professionals.

Time for clothing of infant after birth

Some respondents reported dressing the newborn on the sixth day after birth, while others described dressing the baby soon after birth or during a Hawan ceremony. The timing was linked to family customs and beliefs about the infant's adjustment to the environment. Regardless of ceremonial practice, newborns need prompt drying, warmth and appropriate clothing after birth.

Type of clothes used for the 1st time for baby

All respondents were reported to use an older person's used clothes as the newborn's first clothing, based on the belief that this would promote a long life. The study records this custom but does not establish the claimed outcome. Any clothing used for a newborn should be clean, dry and suitable for keeping the baby warm.

Miscellaneous

Other practices reported by respondents included keeping a lamp burning overnight, placing iron objects or water beneath the mother's or infant's cot, and ensuring that the mother and baby were not left alone. Some participants associated these actions with protection from evil spirits, while others linked staying close to the baby with affection and safety. These accounts describe local customs and beliefs; they do not establish supernatural effects or replace evidence-based maternal and newborn care.

Table 6. Traditional beliefs and practices adopted by rural women during delivery period documented from respondents *N* = 120

S.No.	Practices	F	%
1	Place of delivery		
	In-laws	30	25
	Parents	90	75
2	Food given during labour pains (for safe and easy delivery)		
	Kadha of long + jaiphal	80	66.67
	Kada of methi + ajwain	20	16.67
	Kapas ke dode	10	8.33
	Roots of bajra	10	8.33
	Kesar with milk	50	41.67

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3	Initiatives taken in difficult delivery		
	Grains kept near the cot of mother which are later given to Brahmin or Harijans	90	75
	Take out / keep aside cloths or cash in the name of God and Goddesses	10	8.33
	Putting expectant mothers hair in her mouth	10	8.33
	Giving ash with water to the mother to drink	10	8.33
	Giving cow dung with water to the Mother to drink	10	8.33
	Nose pin of mother is removed	10	8.33
4	Food avoided during delivery period		
	Water	112	93.33
	Full meal	55	45.83
5	Food given just after delivery		
	Gur + roasted wheat flour + jeera	80	66.67
	Gola Kutti	90	75
	Ajwain ka kadha	80	66.67
	Gur and Kamar Kas	80	66.67
	Ghee with milk	70	58.33
6	First food items to be given to infant just after delivery		
	Soft gur	10	8.33
	Honey	70	58.33
	Ghutti (readymade)	116	96.67
	Colostrum	110	91.67
7.	Giving Bath to mother from 6th Day of Delivery		
	After 6th day	110	91.67
	To protect genital organ from water	25	20.83
8.	Time for clothing of infant after birth		
	Just after birth	105	87.5
	On 6th day of birth	110	91.67
	At the time of Hawan	0	0
9.	Time for clothing of infant for 1 st time		
	Old clothes of elderly person	120	100
10.	Others (Miscellaneous)		
	Lighting lamp for whole night	90	75
	Mother will not have her back towards baby while sleeping	110	91.67
	Keeping some items	115	95.83
	Mother and child will not left alone	115	95.83

This section presents customs reported for the post-natal period, including bedding choices, activities avoided by mothers and foods restricted after delivery

Bedding material used by mother

Respondents described using old clothes as bedding because they absorb moisture and can be discarded after use. Sand, straw and ash were also mentioned as bedding materials for similar reasons. These materials may create hygiene or infection risks if not clean and appropriately managed; clean, dry bedding is preferable for postnatal recovery.

Activities avoided by mother

The report states that 83.33 per cent of respondents avoided activities such as sewing, reading and watching television because they believed these could affect eyesight. Some also avoided sitting for long

periods because of concerns about backache and limited activities requiring concentration due to fears of headaches or eye problems. These are reported beliefs, not demonstrated effects of normal reading or screen use. Postpartum activity should be adjusted to recovery needs and clinical advice.

Food items restricted during postnatal period

Respondents reported restricting a number of foods during the postnatal period. Seventy-five per cent reportedly avoided spicy foods and citrus fruits due to concerns about acidity, digestive problems or discomfort. Some avoided water, curd, lassi, radish, potatoes and whole grains because of beliefs about swelling, cold symptoms or gas. The study documents these restrictions but does not verify the stated effects. Excessive dietary restriction or inadequate fluid intake may compromise recovery and breastfeeding; mothers should seek individual advice from a qualified health professional.

Table 7. Traditional beliefs and practices adopted by rural women during postnatal period documented from respondents $N = 120$

S.No.	Practices	F	%
1.	Bedding material use for mother		
	a) Straw	20	16.67
	b) Ash	10	8.33
	c) Sand	10	8.33
	d) Old clothes	80	66.67
2.	Activities avoided by mother		
	a) Watching T.V.	100	83.33
	b) Reading	5	4.16
	c) Needle work	5	4.16
	d) Long sitting	5	4.16
	e) Work requiring concentration	5	4.16
3.	Restricted food items		
	a) Spicy food	20	16.67
	b) Radish	35	29.16
	c) Curd, lassi	70	58.33
	d) Whole grams	20	16.67
	e) Citrus fruits	90	75
	f) Potato	10	8.33
	g) Water	0	0

Practices adopted by rural women for lactation and weaning

1. Period for breast feeding

The report indicates that 95 per cent of respondents breastfed for one to two years, for more than two years, until milk secretion stopped or until the next conception. The original categories are not fully separated in the narrative, so the corresponding table should be consulted for the exact distribution.

Age to start weaning

For the start of complementary feeding, the narrative reports that 50 per cent of respondents began at 6–7 months and also mentions other age ranges. It additionally gives a figure of 45.83 per cent in connection with the 4–5-year category, which appears inconsistent with the surrounding context and should be checked against the original data table before publication.

Material used for weaning

The report notes that 45.83 per cent of respondents used liquid, semi-solid or solid foods as complementary foods during weaning. The exact categories and their respective percentages should be verified against Table 8.

Table 8. Practices adopted by rural women for lactation and weaning period documented from respondents (N = 120)

S. No.	Practices	F	%
1.	Period for breast feeding		
	a) 1-2 years	114	95
	b) More than 2 years	2	1.67
	c) Till secretion	3	2.5
	d) Till next conception	1	0.83
2.	Age to start weaning		
	a) Between 4-5 months	55	45.83
	b) Between 6-7 months	60	50
	c) Between 8-10 months	2	1.67
	d) After 10 months	3	2.5
3.	Materials to be adopted for weaning		
	a) Liquids	55	45.83
	b) Semi solids	55	45.83
	c) Solids	10	8.33

Conclusion

The study documented a range of customary beliefs and practices among 120 pregnant and lactating women from selected villages in Sawai Madhopur district. Respondents described practices relating to pregnancy preparation, prayer and ceremonies, food choices, daily activities, childbirth, postnatal recovery, breastfeeding and complementary feeding. Reported customs included the Godh Bharai ceremony, preferences for certain foods and home remedies, restrictions linked to family beliefs, and different arrangements for the place of delivery. Some practices were associated with perceived benefits such as easier labour, maternal strength or infant protection, but these effects were not tested by the study. The report also identified practices that may pose health risks, including withholding water during labour and giving honey, jaggery, ghutti, cow dung or ash preparations to newborns or mothers. Such practices should not be followed as substitutes for evidence-based care. The findings are descriptive and apply to the respondents included in this survey. Before publication, the authors should verify the age and weaning categories, clarify the survey design and timing, and ensure that all percentages match the tables. Culturally sensitive counselling by qualified health professionals can help families retain supportive traditions while avoiding practices that may endanger maternal or newborn health.

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