

Shameful practice of Breast ironing for Intra Uterine Death from India

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ABSTRACT

This is case report of breast ironing/branding seen in tertiary care hospital. This was done with perception of people that intra uterine deaths are due to poisonous snakes present in the breast, which can be treated by ironing the breast. Such shameful cultural practice to be condemned as this will cause discomfort and damage to the breast tissue. This can also lead to problems in future baby care.

Key words: breast ironing, Intra Uterine Death, harmful cultural practice

Introduction

Cultural practices are both good as well as harmful. These are especially more commonly seen in maternal health and child health care practices. Patients' health beliefs can have a profound impact on clinical care¹. They can impede preventive efforts, delay or complicate medical care and result in the use of folk remedies that can be beneficial or toxic. Culturally-based attitudes about seeking treatment and trusting traditional medicines and folk remedies are rooted in core belief systems about illness causation. In a personalistic system of belief, illness is believed to be caused by the intervention of a supernatural being or a human being with special powers².

Birth of child is considered is one of the most important events for the mother and the family. There are many myths related to infertility and other problems in antenatal, perinatal events around the

globe^{3,4}. When there is a death of the child all the blame will be put on the mother. In India there are many myths and conceptions regarding the Intra uterine Death especially in the rural areas of India like Gods curse, past sins etc. To combat this problems many villagers visit the temples, follow some irrational customs in the villages. When woman become pregnant for second time they will more eager and follow all the unscientific methods of treatment.

Case report:

There was a case reported in our maternity Hospital, Cheluvamba Hospital attached to Mysore Medical College and Research Institute, Mysore, Karnataka, India, where mother had scar of branding/ironing around the breasts. Reason for this was quoted as to prevent Intra uterine death for Second pregnancy. Initially this incidence was reported by our House Surgeon in August 13th 2013 . When the team from Community Medicine visited the family in the Hospital. She was aged around 23 years from Village near Arakalgud Hassan district of Karnataka. She had 6 years of married life and para two, living one with a history intra uterine death at seven and half months of first pregnancy. In first pregnancy after intra uterine

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death there was Breast engorgement and visible veins over the breast, due accumulation breast milk, as mother and family members thought that these engorged veins are snakes which killed the child by its poison, this was facilitated by previous experience of the their sister in law who also had similar episode of intra uterine death followed by venous engorgement on the breast. This sister in law case was approached to local traditional healers and they analyzed the problem as above and branding was done on the both breast when she was pregnant for the second time and fortunately she was delivered normally. The same message was transferred to this woman also and she also got branding/ironing on her breasts. The woman told us, like her many people who had intra uterine death in and around the village will have branding around the breasts.

Discussion:

The WHO defines fetal death as death prior to complete expulsion or extraction from the mother, regardless of the duration of pregnancy. Fetal death can occur before the onset or during labor (stillbirth). The rate of stillbirth varies in different countries from 5 to 44 per 1,000 of total births(5). There are many causes of fetal death among them Maternal conditions like Pregnancy induced hypertension, preeclampsia, eclampsia, Infectious diseases, Metabolic abnormalities (diabetes mellitus, thyroid dysfunction), Rh D isoimmunisation, Antiphospholipid syndrome, Oligohydramnios, polyhydramnios, Fetal conditions like Chromosomal and/or structural abnormalities, Intrauterine growth restriction, Asphyxia during delivery, Placental and umbilical cord conditions like Placental abruption Uteroplacental insufficiency Chorioamnionitis, Cord accidents (umbilical cord prolapse, thrombosis of umbilical vessels) Unexplained risk factors: increased maternal age, overweight, smoking, low education are more prone to Intra uterine deaths⁶.

Instead of understanding these causes and progressing, people apply all their misbeliefs and act accordingly. This phenomenon of breast

ironing results in intense pain and tissue damage of breast. This further hampers the breastfeeding ability of the lady. This can also cause benign breast lesions (cyst), breast cancer, infection, abscess and also depression.

This is an extensive, revealing and sometimes disturbing look at how patients often go astray and the hucksters who are ready to pounce on them and also the harm that can be done to themselves and others by well meaning people who let hopes, magic, and unproven, unscientific theories become almost a religion to them despite facts that point the other way.

Breast ironing is shameful act observed in Africa for suppressing the breast development and also to disfigure it, so that girl loses the attractiveness. This is usually done by mother of the girl, by massaging the heated metallic rod or stone on the breast. This is supposed to protect the girl from sexual assault. This is also supposed to protect girl from early pregnancy and in turn the family name⁷.

So, the intentions are very good, but the act is atrocious. The origin of this culture was cameroon. Now there are reports that it has spread to Zimbabwe, chad, Kenya, togo and UK also, due to migration. A survey shows that one in four females in Cameroon tribes have breast ironing⁷.

This is first reported case of breast ironing from india. practitioners of modern medicine think disease is a result of a natural phenomenon. it advocates medical treatments based on science and the use of sophisticated technology. these could be in conflict with culture-specific health beliefs about what causes illness, how it can be cured, or treated, and who should be involved in the process. in india with a population of 1.21 billion, there is an astounding diversity in terms of physical, religious, linguistic and racial characteristics. religion, culture and caste still play a central role in the life of its people.

A significant feature of the indian health system is the coexistence of multiple health traditions. there are organized systems in medicine such

as ayurveda, siddha, and unani or folk traditions (called lok parampara) consisting of traditions passed on by word of mouth in villages for generations. patients may attribute an illness to supernatural factors which causes fears that are often not vocalized but may cause a great deal of distress. these diverse cultural practices, and values, affect patients' attitudes about medical care and their ability to understand, manage, cope with illness, and deal with death, dying, bereavement and decision-making

Building cultural competencies in health care



Figure 1. Picture of Breast with Scar of Breast Ironing

Cultural competence may be defined as the ability to “perform and obtain positive clinical outcomes in cross-cultural encounters.” Respecting and being sensitive to people from diverse cultural and linguistic backgrounds is integral to the delivery of quality care. All health professionals must have a level of cultural competence when caring for people from different cultural backgrounds(8). However, at the same time, when such cultural beliefs are very harmful, must be opposed without hurting sentiments of the community and giving clarity of science in simple manner. Hence, it is imperative that in a country like India, cultural competency

is prioritized in medical and nursing education and health care. This case report unveils the community practice, which must be understood by health care workers, so that they can take appropriate preventive and promotive actions. Health workers typically live in the community in which they work and are effective because they use their cultural knowledge and social networks to effect change. Thus, this information will help them for appropriate preventive and promotive actions to be taken within the community.

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