

Head Molding Practice (HMP) Among Pakistani Women visiting SHL

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ABSTRACT

Background: Our research indicates that infant head molding, the application of pressure or bindings to cranial bones to alter their shapes, is prevalent among various Caribbean, Latino, European, African, American, Asian, and Native American groups. Intentional modification of the infant's head has been commonly practiced at all times and in virtually every region of the inhabited world. This practice is very common in Pakistan too. Objectives were to find out the prevalence of head molding and different socio- culture beliefs regarding this. The desired shape was achieved by repeated hand massage, or by using devices like cardboards, which were applied throughout infancy. **Methods:** This was an observation descriptive study, where 61 mothers were enrolled at SHL. The exclusion criteria contain females without informed consent and all unmarried women. Socio-demographic characteristics were statistically assessed with the prevalence of HMP. **Results:** The mean age of women was 31.6 ± 5.4 . The HMP prevalence was 80.3% of the women. 50.8% women belong to a separate family system and 49.2% were from middle class income families and 44.3% were with low class families. 41.2% of the women were doing HMP under the influence of her mother, where as 31.4% under other elders and 27.5% under the influence of mother in law. We observe the reasoning for MPH is to beautify the head of child (79.6%) and only 16.3% to maintain the shape of head. 70.5% of the women adopt this with their consent. **Conclusion:** The HMP is more prevalent in Pakistani mothers; moreover the Head molding methods, the socioeconomic status and family significantly influenced procedures and duration.

Keywords: Head Molding Practices, Socioeconomic status, Prevalence, Skull shaping

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INTRODUCTION

Skull shaping is one of the most common childcare practices of mothers and caregivers in Pakistan with the view to beautify their child's head. Skull shaping is not new to this present age. It is an old age practice that dates back to 4500 B.C.¹ Progressing through the era of Hippocrates, Alan Huns, Bahamas, and still running today in the people of South Asia, Middle East and North American natives. In most nations, skull- shaping practices are highly influenced by the traditional and cultural norms and values.² These values range from ethnic considerations, affiliation with particular group or social status as seen in the people of Egypt and for desirable attributes. For this purpose, the caregivers massage vigorously the skull and keep baby in tight mummy restrain for most of the time or tie the head of the baby with cloth or place it on something flat and hard to shape it round. Even in Northern areas of Pakistan, the practice of tying the head tightly with the piece of cloth is done to mold the newborn babies' head in round shape. Many illiterate peoples

are also doing this as a part of their religious beliefs.³ This generally is observed in people of Gujrat. Infertile women, come to saint Dollay Shah's shrine to get his blessing for the fulfillment of their wishes. In the result, the first-born baby donates to work as a servant in Shrine. They put an "iron cap"⁴ on the head of that baby to stop the growth of his head,⁵ which damages brain growth⁶ and later call it "Mouse of Dollay Shah".

Such a name then reinforces their reduction to 'animal status', with loss of human dignity, respect and rights.⁷ That's just a way to run begging business to earn money from people.⁸ No one knows what else they do with these children in the name of religion. This topic intrigues an observer to study the idea behind this child practice; with this context our research is an effort to assess the people coming to SHL regarding their beliefs in the type of head molding practice they adopt and its impact on child's health. The primary aim of this study was to find out prevalence of this practice in ladies coming to SHL

and to find out the socio cultural beliefs behind these practices.

METHODOLOGY

It was an observational descriptive study, conducted at Services hospital Lahore (SHL). The study period was of one month. A total of 61 patients were enrolled for this study. The exclusion criteria include all men, women who denied consent and unmarried women, whereas women visiting SHL for head molding were included in this study. Participants detailed medical history; physical examination and demographics were stored electronically. Ethical considerations taken were approved from the hospital ethical committee.

Statistical analysis: All the collected data was stored electronically & analyzed later by using SPSS version 20. Descriptive statistics were applied to calculate mean and standard deviation. Frequency distribution and percentages were calculated for qualitative variables like head molding practice, family influence, family type etc. Moreover the head molding practice was assessed with various demographic factors through cross tabulation by applying chi square testing. Over all a P values less than 0.05 was considered statistically significant.

RESULTS

The study constitutes 61 women with head molding practices. The mean age of women was 31.6 ± 5.4 . The HMP prevalence was 80.3% of the women. 50.8% women belong to a separate family system and 49.2% were from middle class income families and 44.3% were with low class families. 41.2% of the women were doing HMP under the influence of their mothers, whereas 31.4% under other elders and 27.5% under the influence of their mothers in law. We observe the reasoning for HMP is to beautify the head of child (79.6%) and only 16.3% to maintain the shape of head. 70.5% of the women adopt this with their consent. Time consumed to mold the head and the child age was given in table 1.

Table 1: Head molding age of child and total time consumed for the process

Characteristic	Frequency
Age to head molding	
1st Week	44(91.7%)
1st Month	4 (8.3%)
Duration of head molding	
6 months	45(91.8%)
12 months	4(8.2%)

68.9% of the head molding was with continuous procedures where as 8.2% were with interval. HMP

was 83.6% common among women friends and family. 73.8% of the women were guided with the positive effects of head molding. Table 2 contains the HMP with other demographic and social factors.

Table 2: Significance of various factors with HMP

Characteristic	Chi square value	Significance
Prevalence of HMP with socioeconomic status	17.1	0.000*
Women own views regarding HMP with socio economic status	15.7	0.015*
Social class effect on child health	12.67	0.002*
Family influence for HMP method selection	15.6	0.004*
Women own views regarding HMP with reasons	24.4	0.000*
Prevalence of HM with women own views	43.96	0.000*
Affect of women views upon procedure adapter for HM	49.96	0.000*

DISCUSSION

Our research was designed to collect information regarding knowledge about and attitude towards HMP in mothers visiting SHL. The main goal was to find out the prevalence of HMP and socio cultural beliefs regarding head shaping. Skull shaping is one of the most common child care practices of mothers all over the world with the view to beautify their child's head. This practice of modifying the shape of the human skull was present on every inhabited continent and at various periods in human history and pre history. Almost every woman in Pakistan has heard about head molding and is practicing it. To evaluate the present study aim, it was necessary to analyze the mother's perception about the reason behind this practice; influence of family and friends; their own view and effect of this practice on their child's health. This study might be the one of its kind as not much data were reported in Pakistan.

Our study findings report that the majority of women practice HMP and they belong to middle and lower class families. Similar findings were reported by other published studies.^{9,10,11} Another significant finding of our study was the continuous head molding method and it was under influence of family. This is consistent with another finding of the published studies in literature.^{12,13} Moreover our study reports significantly high prevalence of HMP among middle and low class families and this was with impact on child health. Similar findings were presented by Nusrat et al. Our research is a primary trial respect to calculate the prevalence of head molding. The sample size was limited and our result

may not be applicable to a bigger population across the region but still we hope this will be a vital step to open a new era to be researched in Pakistan.

CONCLUSION

The HMP is more prevalent in Pakistani mothers; moreover the Head molding methods, the socioeconomic status and family significantly influenced procedures and duration.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

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