



SKIN BRANDING IN CHILDREN: A BARBARIC PRACTICE STILL EXISTING IN KARNATAKA

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ABSTRACT **Background:** Skin branding is a barbaric socio-cultural practice most commonly practiced to treat various disorders in neonates and children in certain communities in India. Human branding is the process in which a mark is burnt into the skin of a living person resulting in permanent scarification. This is done either with consent as a form of body modification or as a punishment or even therapeutic treatment unfortunately. Branding is a criminal offence under Indian penal code 324. **Objective:** to assess the prevalence of branding in and around Davangere and not to ascertain the cultural and behavioural factors behind branding. **Materials and Methods:** Here is a study involving 75 cases of branding in children (neonates to 18 years) over a period of 1 year (2018 June to 2019 June) seen in day today practice mostly encountered with therapeutic skin branding for various conditions viz., long duration fever, headache, febrile seizures, pneumonia, abdominal pain etc. **Results:** Among the 75 cases of Branding included in the study, 25 febrile seizures (33%), 10 seizures (13%), 14 long duration fever (18%), 5 respiratory infections (6%), 4 mumps (5%), 3 headache (4%), 4 abdominal pain (4%) and 10 other causes (13%). Among the districts in and around Davangere, the maximum cases were seen from Davangere (24 from Harappanahalli, 12 from Channagiri and 6 from Ranebannur, 5 from Harihara) 15 from Bellary, 6 from Shimoga and 5 from Haveri. 3 out of these cases expired directly related to branding or due to delay in reaching hospital. **Conclusion:** Skin branding which still has therapeutic uses in some cultural societies have severe medical complications. Belief in this method leads to inevitable delays in seeking qualified medical care. Hence extensive education programs explaining its harmful effects aimed at rural illiterate masses including people involved in carrying out branding are required.

KEYWORDS : Skin branding, Scarification, Medical complications

Introduction

Skin branding is a barbaric socio-cultural practice most commonly practiced to treat various disorders in neonates and children in certain communities in India. 1 Human branding is the process in which a mark is burnt into the skin of a living person resulting in permanent scarification. This is done either with consent as a form of body modification or as a punishment or even therapeutic treatment unfortunately.²

The etymology of the word brand is traced back to 12th century Norse brenna-which meant to burn to light.³ "Brand" originally means anything hot/burning such as fire brand, a burning stick.⁴ Belief in this method of treatment leads to inevitable delays in seeking qualified medical care.⁵ Branding is a criminal offence under Indian penal code 324.

This article deals to assess the prevalence of branding in and around Davangere and not to ascertain the cultural and behavioural factors behind branding.

Materials and methods

With a level IV evidence, a descriptive observational study was performed from June 2018 to June 2019 in the department of Paediatrics, BCH & RI and CGH attached to JJM Medical College, Davangere, Karnataka, India. The cases for this study were recruited by continuous sampling technique as when the patient reaches the hospital. A total of 75 patients of 1 - 18 years of age with branding in children were enrolled for the study. The most encountered branding practises observed were long duration fever, headache, febrile seizures, pneumonia, abdominal pain etc.

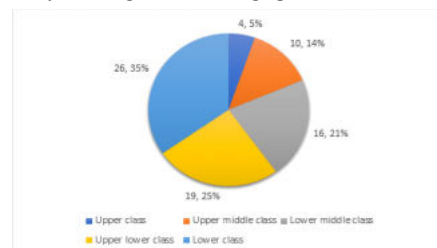
All children between the age group of 1 – 18 years of age admitted with skin branding were included in the study. Children with known dermatological disorders other than branding were excluded from the study.

All children from 1 to 18 years age group admitted with skin branding history were evaluated at the time of admission with appropriate history, socio-epidemiological data, nature of branding and the clinical presentation. All necessary investigations were taken to know the course and seriousness of the underlying disease pathology. A pre structured proforma will be used to record the relevant information from individual case selected for the study.

All cases were taken into consideration for statistical analysis (IBM SPSS Statistics for Windows, Version 24.0, IBM Corp, Chicago, IL). The qualitative data was represented in the form of frequency and percentage.

Results

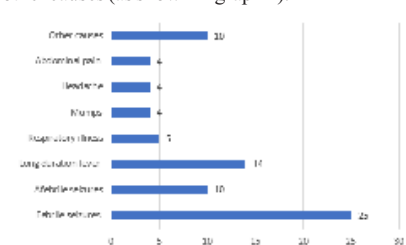
Out of 75 cases of branding, 53.3% males (n=40) outnumbered 46.6% females (n=35). There were 6.6% neonates (n=5), 53.3% between 1 month to 5 years (n=40) and 40% between > 5 years to 18 years (n=30) in the study. The distribution of cases according to modified Kuppussamy scale is given below in graph 1.



Graph 1: Distribution of cases according to modified Kuppussamy scale

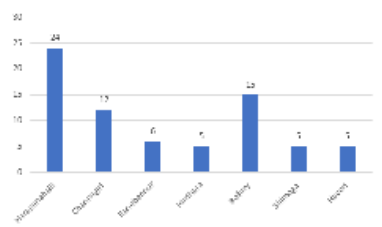
Taking the educational status of the parents (taking 10th standard as the cut-off for one of the parents), 45% of the parents have completed 10th standard and 55% of the parents have not completed 10th standard.

Among the 75 cases of skin branding included in the study, 33% febrile seizures, 13% afebrile seizures, 18% long duration fever, 6% respiratory infections, 5% mumps, 4% headache, 4% abdominal pain and 13% other causes (as shown in graph 2).



Graph 2: Distribution of cases according to the causes of branding

Among the districts in and around Davangere, the maximum cases were seen from Davangere (24 from Harappanahalli, 12 from Channagiri, 6 from Ranabennur & 5 from Harihara), 15 from Bellary, 5 from Shimoga and 5 from Haveri (as shown in graph 3).

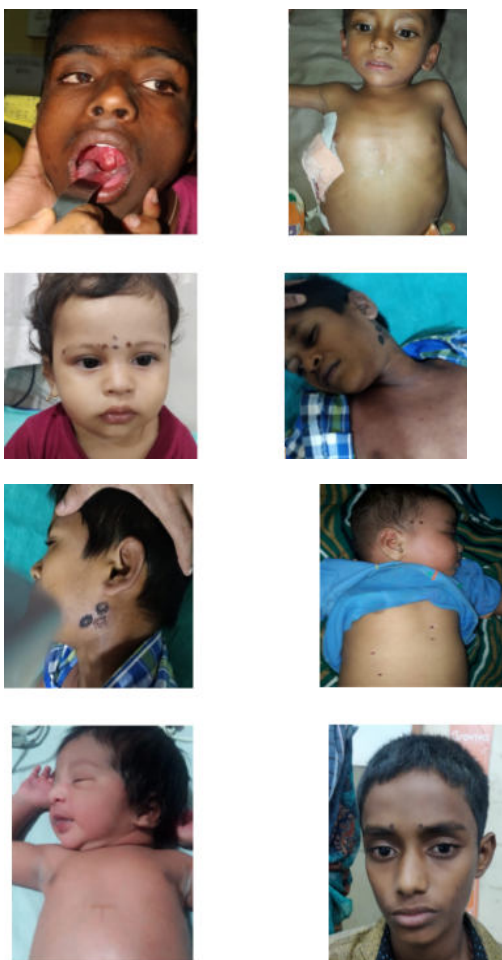


Graph 3: Distribution of cases in and around Davangere district

Out of 75 cases, 20 cases (26.6%) were treated as in-patients and 55 cases (73.3%) as out-patients. A total of 3 cases (15%) out of 20 in-patient cases expired directly related to branding or due to delay in reaching hospital.

Belief of branding: 24 cases (32%) got branded due to tradition in the family, 29 cases (38.6%) due to village customs and 22 cases (29.3%) due to personal belief & other causes.

Instruments used for branding: 40 cases (53.3%) of agarbathi marks, 25 cases (33.3%) of iron rod marks and 10 cases (13.3%) of miscellaneous materials marks were found for branding in our study.



Discussion

Currently WHO defines child abuse as, “All behaviours practiced on purpose or inadvertently by an adult, community or government resulting in harm for the child’s health and physical and psychosocial development”.⁶ Based on the child abuse definition by WHO, skin branding may also be considered as child abuse.

Child branding is a process by which a symbol or mark is burned into the skin of a living person either by hot iron rod or nails.^{1,2} In medieval era, branding was being used as punishment or identified an enslaved or oppressed person. Branding in India has remained mostly as a traditional practice for various disease conditions in children.³ Though the incidence of branding is now rare in developed nation, this practice is yet to be abolished from our country. The most commonly seen brand marks in a pediatric practice is because the family members believe that it helps in evading or treating the offending agent.⁴

Branding as a prevention or treatment for many diseases is a still prevalent superstitious practice in many rural areas of India. The family members and religious taboos with superstitious beliefs usually believe that the offending agent comes out of the brand site thus by ridding offending agent or the disease out of the body.⁴ Such practice starts from the neonatal period of child and proceeds to late adolescence or even into adulthood. The child is taken to a local traditional healer who administers the brand mark on different parts of the body based on where he thinks is the place where the disease lurks.

The most commonly used instrument is the tip of a hot metal rod. Other objects like heated nails, wires, incense sticks, agarbathis and hot bangles can also be used to brand the child.^{7,8} The different materials like honey, dung or even ash is applied to the burnt area which might lead to infections and fatal sepsis in infants, younger children and children with dysregulated immunity.⁹ Some children who have a genetic tendency for scarification present with extremely large keloids. There is a significant chance of the child being getting infected by hepatitis B or C or HIV if the instruments are not sterilized properly.^{10, 11} The most common sites are forehead, face, chest wall and abdomen for branding.

The root cause of the persistence of this barbarian practice is illiteracy, superstition, religious taboos and lack of access to standard health care.³⁻⁵ It is a criminal offense under Indian Penal code 324 and paediatrician should be aware that this can be a form of severe child abuse. This inhumane practice should be condemned by all society. It is also essential to provide mass education to the community where this harmful practice is prevailing most, then only can it be abolished.

Recently in Western countries, Branding has become more fashionable in the form of body art and tattoos, where it is performed in safe conditions, with more precautions against serious infection, and is not used for counter irritation as it is in people whose health is immunocompromised.^{12,13} Branding is considered as an abusive behaviour which is associated with a high level of substance use, sexual intercourse and multiple partners, high risk sexual activity, smoking, marijuana use, suicidal ideation and suicidal and homicidal attempts.^{14, 15}

In our study with 75 cases of branding, males outnumbered females which prevailed more common in lower class according to modified Kuppuswamy scale. Branding was found to be more common in and around Davangere district of Karnataka for seizure disorder. The most common reason for branding was age old village customs with agarbathi burnt marks on the forehead surfaces. Hence, branding is a type of child abuse and should be condemned by every society. Every measure should be taken to educate the rural families against this inhumane, medieval custom and beliefs.

CONCLUSION

Skin branding which still has therapeutic uses in some cultural societies have severe medical complications. Belief in this method leads to inevitable delays in seeking qualified medical care. Consulting traditional practitioners as initial help is related to lower cost and more trust in this form of treatment in lower education societies.

Hence extensive education programs explaining its harmful effects aimed at rural illiterate masses including people involved in carrying out branding are required. All physicians need to be aware of the possibility while seeing a child with inexplicable burns scars, let it might be labelled as physical abuse.

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