

Antenatal Care and Birth Related Practices Among the Baigas

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INTRODUCTION

Worldwide about 500,000 women die every year from pregnancy and childbirth related causes. Often the death of a woman in childbirth signifies far more than the tragic loss of a single life. Most of these deaths take place in developing countries, including the countries of South Asia. The majority of deaths due to maternal causes are avoidable if pregnant women receive adequate antenatal care during pregnancies, having deliveries in hygienic conditions and with the assistance of trained medical practitioners, and receive appropriate and timely postpartum care (WHO, 1981). The infant mortality is largely affected by antenatal care. Children of mothers who had received antenatal care had observed lower mortality than other children who did not receive any antenatal care (Munshi Rakesh, 2000; Sandhya, 1991).

In the developing country like India, where on one hand Government is trying to reduce the infant and maternal mortality rate, through the National Population Policy, 2000. Maternal and Child Health Care services among the tribal areas has remained largely neglected among the tribals of Madhya Pradesh (Basu et al., 1984), and the condition is more worse in primitive tribes. Among the Baigas of Baigachak, Distt. Dindori of Madhya Pradesh, which is one of the most primitive, aboriginal tribe of Madhya Pradesh. The infant mortality among the Baigas is reported as 134.4 which is higher than the levels prevalent in the state (92.9), as well as other primitive tribal population of Madhya Pradesh (103.1) (Verma, 1999). This high mortality rate among the Baigas is sad tale of woes. The reason for this is the denial of adequate public health care, malnutrition of expectant and lactating mothers. The local *Dai* is supposed to be skilled enough to ensure safe birth of a child (Tewari, 1984).

An attempt has been made to understand the antenatal care and the birth related practices among the Baigas of Baigachak, a primitive tribe

of Madhya Pradesh.

DATA AND METHODOLOGY

The study has been carried in two blocks of Dindori district, namely Bajag and Samnapur. The data was collected in 1997-98, in a cross-sectional Survey for Doctoral dissertation work entitled: *A Study of Socio-cultural Determinants of Population Growth in a Primitive Tribe- The Baigas of Mandla District*. Following simple random cluster sampling, eleven villages were selected and surveyed. Rapport was established with the inhabitants of the villages, with the help of school teachers and forest workers. Information was collected from the eligible women by interviewing, regarding their fertility, mortality schedule from 475 eligible women among 480 households. Besides this a few in-depth information was also undertaken from the recently delivered females, indigenous *Dais* and lactating mothers to substantiate the observations.

A woman has been considered as eligible, where husband and wife both living together and wife has not obtained the age of 50 years/menopause and she has not undergone the sterilization (Barclay, 1958).

Respondents were interviewed and detailed information on various aspects of Maternal and Child Health Care from recently delivered mothers pregnant, lactating mothers and indigenous *dais* were collected by using Anthropological techniques. A few in-depth verbatim were also undertaken to substantiate the observations.

AREA AND PEOPLE

Dindori tahsil, the heart of the Baiga region, is a cow-web of peaks of the Maikal hill. Since the Baiga region is a hilly tract, its elevation is very irregular. These irregular range is best known for its magnificent forests of Sal (*Shorea robusta*) which clothe its heights in many places. Due to undulating terrain, physical barriers like thick forest patches, rivulets and hillocks, the Baiga

region is wild and hilly. In the year 1890, the area known as *Baigachak*, was earmarked by a forest officer (Elwin, 1986).

The Baigas continued to enjoy the freedom of shifting cultivation till 1935. Recently the Baigachak villages were converted into the forest villages under the Indian Forest Act. Forest department has given heritable but inalienable rights on the land under cultivation to Baiga families for 15 years period. The Baiga economy mainly depends on agricultural pursuits and collection of minor forest produce. But the Baigas lead the life of subsistence economy. Improved methods of cultivation have not yet been extended to them. Their agriculture still depend upon primitive technology (Tewari, 1984).

Baigas are near animists. They believe in a theory which regards the belief in separate spiritual existence as the germ of religious ideas. They worship Thakur Deo as the god of the village. Dulha Deo is the god who averts disease and accident.

Birth of a child is a travail for the mother. The Baigas believe it to be a re-birth of an ancestor. The *Gunia* (a traditional healer) is called to find out who this ancestor is (Elwin, 1986).

The Baiga seem to be more afraid of the cause of death than of death itself because he regards death as unnatural. Witchcraft, ghosts and spirits or the breach of tribal taboos-are regarded as the real cause of death. Various methods of divination are used by the *Gunia* to find out the cause of death. The Baiga people are gay people. Though apparently cut off from the outside world, they have a world of their own (Tewari, 1984).

RESULTS AND DISCUSSION

NFHS-1 reports that mothers of only 20% of live births received all the required components of ante-natal care. At least three ante-natal check-ups, two doses of tetanus toxoid vaccine, and iron and folic acid supplementation during pregnancy for at least three months, to ensure the health of the mother and child is aimed in India through the Reproductive and Health Programme. In addition, the programme encourages institutional deliveries or home deliveries attended by a trained medical professional along with three postpartum visits. Culture is so embedded in to the lifestyle of the people that it is reflected in

each and every activity of their functioning. The customs and beliefs which the Baiga people follow during child bearing and rearing are described in following section.

The Baiga people considers the pregnancy as a natural phenomenon and a gift of God. Stoppage of the menstrual cycle for two continuous months indicates the pregnancy. A pregnant woman does not receive any special care. She is not given any special food. The lady work hard to meet the economic needs of the family and are continues to do so till delivery.

She carries her routine work like wood cutting, cooking, fetching the water as usual for the first trimester. In the third trimester the wood cutting is restricted, though there is no restriction/taboo on any food. She is advised not to see the eclipse during the pregnancy period because it may lead to crippled child.

The Baiga people are aware about the antenatal care provided by the Government, but due to misconception, they do not avail its benefits. For antenatal care, neither ANM/Nurse is contacted and consulted, nor these people go to additional public health center. ANM/Nurse visits their house and after confirmation of pregnancy, she gives the iron and folic acid tablets and ask them to take tetanus toxoid. But the Baiga ladies do not accept tetanus toxoid or any injection, because they have a belief that any of the injections during pregnancy will harm the foetus and the child born will be crippled. For iron and folic acid tablets they do not refuse to take it, but these ladies do not consume it, because of their strong belief in *Soonmai* (a traditional dai) and *Gunia* (a traditional healer). In the study area, only 12.4% of the ladies accepted the iron and folic acid tablets (Table 1). Following verbatim will give a clear picture regarding their attitude and the practice about the antenatal care.

Tilko aged 31 years, having two living children narrates her attitude and practice about immunization for pregnant woman as:

I had four children, two of them died just after delivery, for these two. I did not take any injection or tablets during my pregnancies, because as per my mother-in-law told that these are harmful for the child (in the womb). My husband also refused and threw the tablets in the bari, and conveyed that by taking it, the Bada

Table 1: Delivery characteristics and antenatal care

S.No.	Characteristics	%
1.	<i>Place of Delivery</i>	
	Home	99.5
	Sub-Centre/PHC	0.5
2.	<i>Personel Attending Delivery</i>	
	Old Ladies	92.5
	Ind. dai	4.3
	ANM/Nurse	2.3
	Mother herself	0.9
3.	<i>Instrument Used to Cut the Cord</i>	
	Sickle	8.0
	Khapra(an earthen pot)	83.9
	Stone	3.0
	Blade	5.1
4.	<i>Immunization</i>	
	Yes	12.4
	No	87.6
5.	<i>Colostrum</i>	
	Yes	2.2
	No	97.8

Mahadev would be annoyed.

Studies have reported that the proportion infant deaths, maternal deaths are lesser in institutional deliveries as compared to others which are conducted at home. In the Baiga tribe it is an important variable which is influenced by their cultural values, norms and belief. With a few exception, almost all the deliveries were conducted at home. In the extra complicated cases, in which Indigenous Dai or old ladies becomes helpless were referred to sub-center or additional public health center.

In the first trimester, a temporary hut is made by the couple for delivery purpose where the lady lives for six days after the delivery. This ceremony is called Chhati. This room is kept clean by cow-dung and fly ash along with husk of grain. Since the Baigas feel that the privacy and hygienic place required for delivery will not be available inside the main house, moreover these Baigas have a belief that if the delivery is conducted inside main house or place of habitat, their god Bada Mahadev will be annoyed and his curse will destroy his family.

Similar findings were observed in the rural areas of Jammu and Kashmir (Sharma, 1977) the study revealed that 91% of the rural deliveries were conducted at home.

In most of the societies, cultural and spiritual aspect have a strong influence on the various

aspects of pregnancy and childbirth. The health, care providers are aware of these aspects and in the last 15-20 years a great deal of collaborative effort between national government and WHO, UNICEF has gone in to the training of Trained Birth Attendants (Royston et al.,1989).

Unlike other societies, the Baigas have strong bounds and faith in their culture, which restrict them to take benefits of the safe delivery system.

92.5 percent of the deliveries were attended by old ladies, 4.3% by Indigenous dais. Only 2.3% of the total deliveries were attended by ANM/Nurse. A point may be noted that 0.9% of the deliveries were attended by mother herself (Table 1).

A verbatism with a recently delivered lady will shade light on their attitude and practices.

Ratia bai aged 24 years of Dhurkuta village told about her experience during her last delivery that:

I was working in the bari (a kitchen garden attached to the house) of the house when I felt labour pain. I sent my young child of 4 years to call the neighborhood ladies and sent a call to *soonmai* (an indigenous dai) after 4-5 minutes two ladies from neighbor came to my house, then one lady squatted behind me and gripped my shoulders, other lady sat in front and put her legs against my thighs. On presentation of vertex, immediately she made a gudhri out of my clothes and place it under me, and let the child fall on the floor, no one caught the child. After half an hour soonmai reached and she put the turmeric powder dipped in mustard oil to the umbilical cord of the child. The child died at the age of four months of the delivery after a long unknown illness.

The use of unscientific instruments for clamping the umbilical cord and practice of treating the umbilical stump with non-conventional substance is main cause of tetanus (Simmons and Snucker, 1978; Sharma, 1977).

In the Baiga tribe among the 95% deliveries, the cord was cut by sickle, Khapra (an earthen pot) or stone. Only in 5% of the total deliveries the blade was used.

A verbatism with a recently delivered mother gave a clear picture about their attitude and practices of cutting the cord. Kli bai, aged 17 years of Chhada village narrates her first delivery experience as follows:

Due to heavy rains, the village roads were not walkable, the soonmai (an indigenous dai) could not be contacted, old ladies from the neighboring house helped me in carrying out the delivery, then I myself cut the umbilical cord by the sickle, as my mother-in-law told me that the Baigas are the son of the land, hence the sickle, khapra or stone will not harm to any Baiga. But after a few days, the child died and the Gunia (a problem healer) described the death as annoyance of Bada Mahadev.

Infant Feeding Practices is an important component of the Maternal and Child Health Care (MCH). The recommended feeding practices for infants include initiation of breastfeeding immediately after childbirth without squeezing out the first milk (*colostrum*). A report by Hofvander in 1981 revealed that the colostrum contains less fat but is richer in protein, and has a higher concentration of antibiotics which protect against infections.

In the Baiga tribe the child is not introduced to breast milk for the first three days. These people have a strong belief that the colostrum or the first milk remains in the breast for nine months during pregnancy and therefore is harmful and moreover a newly born baby would not be able to swallow it. These mothers squeeze the semi-liquid milk and throw it. These practices are widespread across all women of the society. The child is introduced to breast milk on or after third day, when semi-liquid milk turns in to complete flowing milk. A Verbatim with a lactating mother, will substantiate the observations.

Phulso bai, 54 years, an indigenous dai of Dhaba village narrates her experiences as:

I have to take care of almost all the deliveries of the four villages excepting a few complicated cases, for which I send them to the ANM/Nurse or to the Public Health Center at Chhada. Last week, I went to the nearby village Jeelang for attending the delivery. After the child was born, mother herself gave a bath to the child after cleaning herself. Then a few drops of honey was given to the baby for licking, but no breast milk was given. Further she explained the reason of not giving the breast milk on the same day as, the real milk comes to the mother's breast on third day. Before that a semi-liquid type of liquid flows out of the breasts, the new born child can't

swallow it. If it is given to the child, he/she will definitely die, and the responsibilities will be of the mother or the family members.

The breastfeeding however, continues for a long period. The use of feeding bottles with nipples (a practice which is not recommended for children's health at any age) is not observed in the Baiga community.

Venkatachalam and Rebellow (1978) and Banik Datta (1979) also arrived at similar conclusion in the other rural areas of the country.

After delivery, the mother cleans the place herself, then mother takes her child to the Nala or the well, which is away from the habitat area, and returns to the hut after cleaning herself and the child.

As she returns, she is given *madia chapati*, *kodo bhat*, *jangli jadi*, *urad dal* for eating. They feel that these things are important for health and are warm in nature. The child is given a bit of warmth by a cloth, duly warmed from *chulha/anagar*.

After delivery, mother and child lives in the hut up to the *chhati* (a religious function held after six days of delivery, after this mother and the child are allowed to enter the house) ceremony. Except *khatai* (sour fruit) for which they think that it may harm to the child through lactating mother.

They are not aware about the postnatal care. Rarely they immunize their child. In case if ANM/Nurse reaches their house and provides polio drops/BCG, then these people do not deny for it. But they do not take any pains to go to the ANM/Nurse for immunization.

In nutshell the Baiga women's perceptions determining the use of MCH services identified the following typical reasons for non-use/underutilization of MCH services.

- * Home is the best place for delivery;
- * Unfavorable attitude of husband/relatives to delivery at the health center;
- * Healthy women and healthy babies need not to be taken to the centers or Doctors;
- * MCH centers are seen as places to which one goes only if one has problems;
- * Inadequate supply of medicines;
- * Long distance and lack of company for visiting the clinic;
- * Strong belief in primitive way of conducting delivery;

- * Delivery at the MCH/Sub center is a matter of shame and the clinical environment is not congenial.

SUMMARY AND CONCLUSION

The observations presented in the paper reveals that unhealthy, unhygienic and unethical birth related practices are prevailing in the society. Non-acceptance of antenatal care are also observed in the Baiga population. Some intervention studies should be formulated to have in-depth view of their various customs, belief, norms and their values. Besides this the nutritive and medicinal values of various uncommon food should be analyzed.

To improve Maternal and Child Health Care services, the stress should be made for safe delivery through ANM/Nurse, which would help them in attaining safe motherhood. Hygienic practices of delivery and MCH care can be encouraged. A system of continuous monitoring of various programmes should be developed, without disturbing their socio-cultural norms and values.

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KEY WORDS Baigachak. Ante-natal Care. Maternal and Child Health Care (MCH). Colostrum. Umbilical Cord.

ABSTRACT The paper attempts to study the antenatal care and birth related practices among the Baiga tribe, which is one of the most primitive, aboriginal tribal group of central India. The findings are based on 475 eligible women of two tehsils i.e. Bajag and Samnapur

block of Dindori district. The findings indicated that non-acceptance of immunization, antenatal care along with unhygienic/unhealthy birth related practices are still prevalent in the society.

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