

# TRADITIONAL PRACTICES AND BELIEF IN PRENATAL AND POSTNATAL CARE OF TRIBAL WOMEN: A STUDY FROM THE TRIBAL AREA OF JAJPUR DISTRICT

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**Abstract :** Antenatal care and Postnatal care in every community is inextricably woven into its socio-cultural fabrics. There are various traditional beliefs and practices exist in relation to pregnancy and childbirth among various tribal communities in Jajpur District. Utilization of maternal and child health (MCH) services during pregnancy and delivery period was reportedly poor among tribal communities due to strong traditional beliefs and trust in Dai budhi. The purpose of this study is to determine the traditional practices of women during pregnancy, birth and after birth. In this present study to uncover local beliefs regarding pregnancy and birth in remote mountainous villages of Sukinda block of Jajpur district in order to understand the factors which impact on women's experiences of pregnancy and childbirth and the related interplay of tradition, spiritual beliefs, risk and safety which impact on those experiences. A household survey was conducted in Sukinda block to identify pregnant women and recently delivered in last three months. Objective of the study to assess the health status of prenatal and postnatal stages of mother. A total of 58 mothers were selected for study. Mothers were interviewed using structured questionnaire after obtaining informed consent. The study attempts to explore the traditional practices of women during pregnancy, birth and after birth and to uncover local beliefs regarding pregnancy and birth in remote mountainous villages of Jajpur district in order to understand the factor which impact on women's experiences of pregnancy and childbirth and the related interplay of tradition, spiritual beliefs, risk and safety which impact on those experiences and finally suggest some valuable information to help ensure that all women have a safe and healthy pregnancy.

**Index Terms - Antenatal care, Postnatal care, Tribal, Mother, Traditional practices.**

## I. INTRODUCTION

Health important for the tribal and their delivery system cannot be the same because of traditional and cultural pattern, life style and health seeking behavior of tribal population. Maternal and child health care practices observed to be poor among particularly vulnerable tribal groups (PVTGs) in India.

Maternal health refers to the health of women during pregnancy, child birth and the post partum period, which motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill health and even death. Most maternal death and pregnancy complications can be prevented by quality ante-natal, care during delivery period and post natal care.

Antenatal care is the 'care before birth' to promote the well being of mother and fetus and mortality, low-weight births and prenatal mortality. However, the content and quality of antenatal care and the availability care to be effective. Ante-natal care is generally aimed at producing healthy mother and baby at the end of any pregnancy. It presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their infant. The antenatal care period also provides a forum to supply information may positively influence maternal and child outcomes. Thus, it has been suggested that the antenatal care could play a role in reducing maternal mortality rate and that it could ensure that pregnant woman deliver with the assistance of a skilled attendant. Most maternal death and pregnancy complication can be prevented by quality antenatal, natal and postnatal care. Maternal and child health care practices were found to be largely neglected in various tribal.

Maternal and child health care practices were found to be largely neglected in various tribal groups, namely, Baster tribal groups, Kutia Kondhos of Odisha, Santals, Juansaris, Kharias, etc, Expectant mothers to a large extent were not inoculated against tetanus. From the inception of pregnancy to its termination, women consumed no specific nutritious diet. On the other hand, some pregnant tribal women (i.e. Dudh Kharioas, Santals) reduced their food intake because of the fear of recurrent vomiting and also to ensure that the baby remains small, so that the delivery may be easier. The consumption of iron, calcium and vitamins during pregnancy was poor. The habit of taking alcohol during pregnancy was found to be common among the tribal women and almost all of them continued their regular activities, including hard labour, even during advanced pregnancy. More than 90 percent of the deliveries were conducted at home attended by elderly ladies of the household. No specific precautions were observed at the time of conducting deliveries, which resulted in increased mortality.

Maternal health refers to the state of complete physical, mental and social well being and the post partum period. It encompasses the health care dimensions of family planning pre conception, prenatal and postnatal care in order to reduce maternal morbidity and mortality while motherhood is often a positive and fulfilling experience for many women it is associated with suffering ill health and even death. According to World Health Organization (WHO) approximately 800 women die from preventable causes related to pregnancy and child birth every day. Out of all maternal death, 99 percent occur in developing countries. Further, maternal mortality is higher among women living in rural and tribal areas, among poorer communities and

among those with low literacy. Pregnant women of the tribal community are keeping themselves at a distance from health center. They are less likely to avail proper prenatal and postnatal care facilities delivered through the health center.

Prenatal care, also known as antenatal care, is a type of preventive healthcare Antenatal care (ANC) is one of the crucial factors in ensuring healthy outcomes in women and newborns. nutrition education and counseling is an integral part of ANC that influences maternal and child health outcomes. A cross sectional study was conducted in pregnant women and mother who had delivered in the past three month.. Its goal is to provide regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy and to promote healthy lifestyles that benefit both mother and child. During check-ups, pregnant women receive medical information over maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins. Recommendations on management and healthy lifestyle changes are also made during regular check-ups. The availability of routine prenatal care, including prenatal screening and diagnosis, has played a part in reducing the frequency of maternal death, miscarriages, birth defects, low birth weight, neonatal infections and other preventable health problems. Sathiya Susuman (2012) has attempted to find out the correlates of Antenatal and postnatal care among Tribal Women in India, Data for this study were taken from District level Household survey on Reproduce and Child Health, a representative sample of 1569 Scheduled Tribes currently married women aged 15-44, residing in eight districts of Chhatisgarh. Adjusted effects (odds ratio) analysis has been used to find out the effects of antenatal and postnatal care on institutional delivery in Chhatisgarh. It is observed that majority of the Scheduled tribes 'women, about 84 percent, have a low standard of living. Also, 74 per cent of the Scheduled Tribes women are illiterate. The finding the adjusted effects (odds ratio) shows that giving birth in the medical institution for the scheduled Tribes' women who did not receive any antenatal check-up. It suggests that majority of the currently married Scheduled Tribe women have low standard of living there is a need to improve their economic standard so that they can fulfill their needs. Lakhwinder Singh and Gupta (2000) attempted to investigate health seeking behavior and health care services in Rajasthan. The study revealed that tribal people did not pay much attention to the routine problems during ante-natal, natal and post natal periods. In the case of reproductive health problems and general health problems, at the first stage, some treatment was administered at home, followed by a visit to the local faith healer and a herbalist. In this present study, women were asked where their children were born, who assisted during delivery and many other characteristics of delivery. This information was collected from women aged 16-25 years and their birth order. Safe delivery is defined as the delivery conducted either in medical institutions or at home with skilled doctor/Nurse/Lady Health Worker/Auxiliary Nurse Midwife. In this study, women were asked about their birth/still birth and check up within 48 hours after delivery. How many check up made after delivery. The women who went for check-up to any health facilities/doctors within two weeks of delivery are considered to have used postnatal care services

#### OBJECTIVES

- To determine the traditional practices of women during pregnancy, birth and afterbirth.
- To understand the demographic features a socio economic status of the respondents.

## 2.MATERIALS AND METHODS

The Jajpur district has selected as the study area as predominantly populated by scheduled tribes (Santal, Bhuyan, Kolho and Mankedia). Jajpur district is located on the east coast of Odisha Literacy rate are below the state and national coverage. Female literacy is only 25 per cent. PDs and other social security schemes are defunct. The Panchayat Raj Institutions in the region are not active well. Operational area Sukinda block has 60 per cent of tribal population as this is Integrated Tribal Development agency (ITDA) blocks. This study was conducted from the mothers who had babies aged less than 90 days at the time of data collection, and traditional birth attendants (TBAs) who had conducted at least one delivery were the study participants. 58 mothers of four village such as : aradapal , chingudipal, deogan and nagada from sukinda block constitute as our sample.

### 2.1 DATA COLLECTION TOOLS

Data collection was carried out using both qualitative and quantitative approach, interview guides were prepared and pretested and comprised predecided themes on prenatal and postnatal

care practices to collect information from mothers as well as from TBAs. The questionnaire consisted of various items on various aspect of the study including the place of delivery, birth attendant, types of deliveries, pregnancy related, complication among the tribal mother. In addition to the above tools, the demographic details of the respondents have taken the viable of the study.

## 3. RESULT AND DISCUSSION

The demographic characteristic of all participants of the study ( in-depth interviews and key informative interviews) are presented in table 3.1 .

**TABLE-3.1 DISTRIBUTION OF MOTHER RESPONDENTS ACCORDING TO AGE, EDUCATION AND OCCUPATION, TYPES OF FAMILY, FAMILY INCOME/ MONTH, MAIN SOURCE OF INCOME**

Variable	frequency	percentage
<b>Age</b>		
16 to 18 years	22	37.9
19 to 25 years	36	62.0
<b>Education</b>		
Illiterates	0	0
Standard 1 to 5 <sup>th</sup>	24	41.3
6 <sup>th</sup> to 10 <sup>th</sup>	18	31.0

+ 2 & above	16	27.5
<b>Occupation</b>		
House wife	4	6.8
Daily Labourer	16	27.5
Selling of leaf /vegetable/ Mahuli/ Handia	28	48.2
<b>Types of family</b>		
Joint family	50	86.2
Nuclear family	8	13.7
<b>Family income/ month</b>		
≤ Rs2000/-	14	24.1
Rs.2000- 3000	18	31.0
Rs.≥ 3000	26	44.8
<b>Main source of income</b>		
Agriculture	32	55.1
Business	11	18.9
Job	6	10.3
Labourer	9	15.5

A total of 58 pregnant women were participate in the study out of which 22 women were belongs to age groups between 16 to 18 years and 36 women belongs to age groups 19to 25 years. It observed that ( 37.9 %) mothers marry before they attain 15 years of their life. As a result of early marriages there is experience more frequent reproductive health complications, have higher fertility and lower level of gender equality. It is really pathetic that in this small age physical and mental growth of girls is yet to achieve in such immaturity condition burden of marriage creates vulnerable condition for girl. Such adolescent girls become mother, most of them are not physically ready for motherhood and so newborn babies are undernourished. In tribal areas mothers marry between 15 and 17 years of their age. On the basic of data majority of women having education below 5th standard (41.3%) where as only 27.5 % women have education above 12th standard. The table reviles that tribal women are economically independent to the great extend as we find only 6.8 % as house wife. Tribal community as a live in forest area so they mainly depend on forest and forest food livelihood. For smooth work down they lives in joint family. Here we found 86.2% women live in joint family where as 13.7 % women live in nuclear family. This table also show 55.1% family mainly depends on agriculture as main source of income where as only 10.3% having jobs.

**TABLE 3.2 THE PLACE OF DELIVERY, BIRTH ATTENDANT AND TYPE OF DELIVERIES AMONG THE TRIBAL MOTHER**

Characteristics	Total	
	Number	Percentage %
<b>Place of Delivery</b>		
Home	22	37.9
Private Health Center	12	20.69
Govt. Health facility	18	31.0
<b>Birth attendant</b>		
ANM	25	43.1
Elders	18	31.0
Doctors	15	25.8
<b>Types of delivery</b>		
Normal	46	79.3
C- Section	8	13.7
Episiotomy	4	6.8

As shown in Table 3.2 majority of tribal mothers preferred home delivery (37.9) conducted by TBAs ( Traditional Birth Attendances ). This was because of the strong faith in Dai and to practice rituals such as burying placenta near home for the survival of the newborn; burying umbilical cord next to house for strengthening the attachment of child to the house and family. Whereas 31.0% and 20.6 % have their delivery at Government health facility and Private health center. The table also shows the result of type of delivery as normal delivery 79.3% C-Section 13.7% and Episiotomy 6.8%. With regard to Birth attendant ANM has attend 43.1%, Elders 31.0% and doctor have attend 25.8% case. In this way majority child birth in tribal area are done by unskilled relatives in hygienic environment which could lead to infection to baby and mother. This risk ever increases and results in to infant mortality and maternal mortality. Child birth is very complicated and complex process; therefore it should be done in

proper monitoring and by experts but tribal minds are not easily ready to deliver their babies in hygienic environment of health care centers.

**TABLE 3.3 PREGNANCY RELATED HEALTH COMPLICATION AMONG MOTHER**

Complication	Total			
	16-18 years	Percentage %	19-25years	Percentage %
Vomiting	3	13.6	6	16.6
Blood pressure	4	18.1	5	13.8
Infection	4	18.1	6	16.6
Miscarriage	2	9.0	7	19.4
Still birth	5	22.7	6	16.6
Anemia	2	9.0	2	3.4
Low birth weight of body	2	9.0	4	11.1
<b>Total</b>	22	-	36	-

The above table shows the result of the different health problem during pregnancy of different age groups. On basic of data the percentage of Vomiting, Blood pressure, infection, miscarriage, still birth, anemia, low birth weight of body on comparing the percentage, in the age group of 19 to 25 years are more prone to vomiting and still birth. The findings of present study shows that low birth weight baby generally find in 19 to 25 age groups. The problems such as blood pressure, infection anemia, still birth are found in age group of 16 to 18 years.

**TABLE NO3.4 POST NATAL HEALTH COMPLICATIONS AND HEALTH SEEKING BEHAVIOR OF TRIBAL MOTHER**

Postnatal complication	Total	
	number	%
<b>Postnatal care</b>		
Received	<b>38</b>	<b>65%</b>
Not recived	<b>20</b>	<b>34%</b>
<b>Types of PNCtaken</b>		
Advice on BF, baby care	<b>18</b>	<b>47%</b>
Advice on baby care	<b>10</b>	<b>26%</b>
Advice on breastfeeding	<b>8</b>	<b>21%</b>

The tribal mothers were enquired about the reasons which forced them to visit the health centers for postnatal check –ups and also for other health services and the details are presented in table 4.

During the post partum period, ANM, have visited homes of respondent mother quite frequently ( 1 – 2 times ) to supervise their health. In table no. 4 shows 65% % of mother received postnatal care after delivery. Mostly they received postnatal care on breast feeding and baby care and care of the new born 47% .

TABLE NO.3.5 START OF BREAST FEEDING

Variable	Total	
	number	%
Initiation of BF		
Within 1 hour after birth	28	48%
Immediately after birth	16	27%
After 12 to 24 hour	14	24%

According to WHO (2006) breast milk provides optimal nutrition and promotes the child's growth and development and is associated with improved growth during the first month of life. Breast feeding has unique anti-infective properties. Breast feeding should be initiated to the newborn without delay after birth. In table 3.5 shows most of mother's breast feed their immediately after birth. The 48% mothers were breast feed after 1 hour birth, 27% mothers gives milk to baby immediately after birth and 24% mothers give milk to babies after 12 to 24 hours.

### CONCLUSION:

The present study throws light on prenatal and postnatal care practices of the tribal mothers of sukinda block of jajpur district. The traditional beliefs and practices of tribal communities of this area influence the childbirth practices. It negatively influences the acceptance of availing antenatal care, institutional delivery and good breast feeding practices. As these beliefs and practices are integral part of their culture, culturally sensitive tailored interventions are required to improve MCH outcomes among tribal populations.

Pregnancy and child birth have an enormous impact on the physical, mental, emotional and socio economic health of women and their families. In collaboration with partners, centers for disease control and prevention CDC conducts Research and Support programs to improve women's health before, during and after pregnancy and to reduce both short and long term complications. Our goal is to help ensure that all women have a safe and healthy pregnancy.

#### Suggestion:

- Appropriate education at the village level and community mobilization by health workers like ASHA, ANM can be useful for improving health of tribal mother and newborn childs.
- Need to teach young mothers and their families about the importance of correct breast feeding techniques, a diverse and nutritious diet and maintaining proper hygiene.
- Proper awareness on mother should be created and its importance to be explained both in health and disease condition.
- The pregnant women is identified withhaving complications to deliver a baby, then she should be advised and bring to have safe delivery in hospitals, instead of home.

### REFERENCES

- [1] Begun S, Sebasting A, Kulkarni R, Singh S, Donta B. Traditional practices during pregnancy and childbirth among tribal women from Maharashtra; a review. *Int J Community Med Public Health* 2017; 4:882-5.
- [2] Pandey G.D., & Lakra, V.R. (2000). Maternal and child health care among Bihors of Madhya Pradesh. *Tribal health Bulletin*, 6 (1), 16-18.
- [3] Choudhry, UK. Traditional practices of women from India: pregnancy, childbirth, newborn care . *J obstet Gynecol Neonatal Nurse* 1997; 26:533-9.
- [4] Ravishankar , a.K., Ramachandra, S., & Subbiah, A. (2008). Trends and issues in tribal studies. In S.R. Padhi 7 B. Padhy (Eds) *Safe Motherhood Practices among Indian Tribal Communities (1-26)*. New Delhi: Abjhijeet Publications. Retrieved April 10, 2014 from <http://medind.nic.in/jah/t12/i1p34.pdf>
- [5] Article, O. (2013). Food Preferences and taboos during ante-natal period among the tribal Liamputtong, P., Yimyam, S., Parisunyakal, S., Baosoung, C., saniriphun, N., 2005. Traditional beliefs about pregnancy and child birth among women from Chaing Mai Northern Thailand. *Mid Wifery* 21,139-155.
- [6] Thatte N, Mullany LC, Khatry SK, et al. Traditional birth attendants in rural Nepal: Knowledge, attitude, and practices about maternal and new born health, *Glop Public Health* 2009, Vol.4 (pg 600-17)
- [7] Sharma , B. (2003). Traditional practices followed during pregnancy and lactation by Gaddi tribe in Kangra district (H.P.), M.Sc. Thesis, Maharana Pratap University of Agriculture and Technology Udaipur, RAJASTHAN, INDIA.
- [8] Mum bare S, Rege R. Antenatal care services utilization, delivery practices and factor affecting them in tribal area of north Maharashtra. *India J Comm Med.* 2011; 36 (4): 287-90.