

Some Aspects of Maternal and Child Health Care among Khairwars of Madhya Pradesh

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ABSTRACT Maternal and child health care services in tribal areas, remained largely unsuccessful due to their prevailing beliefs, practices towards modern health system. Studies of factors associated with MCH initiated to take up a study on in-depth information of Khairwars of Sidhi district of Madhya Pradesh. In-depth information obtained from RMRCT (ICMR) survey on pregnancy, antenatal care, delivery and postnatal care collected from 44 pregnant and lactating tribal women showed that most of them were illiterate, engaged in agriculture. Sex-ratio was not in favour of females. Low mean age at marriage, early Infant Mortality Rate and Maternal Mortality Rate levels are likely to be higher in the population. Women do not go for antenatal checkup, work hard in advanced stage of pregnancy and do not consume any special food. Traditional birth attendants mostly conduct delivery in lying condition at home and cut umbilical cord by unsterilized sickle. Water and food are not given to recently delivered mothers for initial three days. Breast-feeding starts from third day. Colostrum preferred to be discarded. Harmful practices should be discouraged and healthy practices needs to be encouraged among Khairwars through implementation of IEC by educating them to promote MCH including child immunization.

INTRODUCTION

Maternal and child health services in tribal areas have remained largely neglected (Basu et al. 1984). Nevertheless, the consistent plea of health planners for improving health services for tribal mothers and children has resulted in several programmes which however, have been implemented with varying degrees of success due to traditional practices, taboos and other barriers (Pandey et al. 1988; Derapallu 1992; Pandey et al. 1993; Kar 1993; Pandey et al. 1996; Pandey et al. 1998). Therefore, studies of the factors associated with the MCH care practices becomes an important part of tribal health studies. Anthropological studies can help identify ways to bridge the gap in our understanding of what may otherwise be explained as irrational health behaviour and can provide useful information for formulating health policies and planning effective approaches to meet the health needs of these communities.

Khairwars are one of the sub groups of Gond tribe and are found in Surguja, Sidhi, Shahdol, Chhattarpur, Satna Rewa, Bilaspur and Raigarh

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district of Madhya Pradesh. The traditional occupation of making Kattha, from Catechu tree (*Acacia catechu*) might have given the same "Khairwar" to the tribe. Now-a-days they are largely dependent on agriculture and forest produces (Raijada 1984; Shukla 1986; Roy 1999). Very few researchers have studied this tribe and fewer still have examined maternal and child health care among them.

THE DATA

The paper is the outcome of a study carried out in Sidhi district by the Regional Medical Research Centre for Tribals (ICMR), Jabalpur, Madhya Pradesh, on the socio-demographic characteristics on Khairwar tribe. Overall, the study covered 2813 Khairwars, living in 555 households spread over in four blocks- Devsar, Singrauli, Chitrangi and Kusmi of the district. This paper is largely based on the indepth information on various aspects of maternal and child health care, collected from 44 pregnant and lactating Khairwar women in the above study.

Socio-economic Profile

Two-third of the Khairwar households were of nuclear type, with a mean household size of 4.9 persons. The annual average household

income was estimated at Rs.9628. About 84 percent of the population were illiterate (7+ years age group) and over three-fifth (62 %) was engaged in own agriculture. The sex ratio appeared to be not in favour of women (949 per 1000 males). About 42 percent of the Khairwar population was below 15 years of age and 48 percent population was in the age 60 + years. The mean age of marriage for females is 14-23 years and therefore a significant number of women became pregnant at younger ages (<20 years). The infant mortality rate and maternal mortality levels are likely to be higher in the population.

RESULTS AND DISCUSSION

Pregnancy and Antenatal Care

Khairwars consider pregnancy as a natural phenomenon and a gift of God. When a married woman misses her menstrual cycle for a month or two, she is considered to be pregnant. Though fertility is a desired quality among women, a barren Khairwar woman is not looked down by the members of the society. The pregnant woman first reveals that she has conceived, to her husband, whereas in joint family to her mother-in-law. They believe that the pregnant women must not see an eclipse as she may give birth to a crippled child. Thus visiting a Samshan (Burning ground) or crossing a river is avoided with the fear that they may lead to death of the child in the womb and lead to abortion respectively.

Khairwar women work hard to meet the day-to-day needs of the family and continue to do so, without any restriction even during pregnancy, like fetching of drinking water from distant source, collection of firewood from jungle and carrying of load on their heads. They do not feel any necessity for antenatal care. Nobody is consulted or contacted during pregnancy. They do not avail the PHC services due to misconception. The pregnant Khairwar women do not receive any special food and there is no restriction on food taboos also.

The Khairwar women guess the month of delivery by adding nine months to their last menstruation period. They also believe that if the foetus starts moving from the fifth months, then it is supposed to be a girl child and if the foetus starts movement from sixth months then it is supposed to be male child.

Delivery

After completion of 9 months of pregnancy, the proposed place of delivery is cleaned and pasted with cow-dung and items to be required during delivery like *hasia* (sickle), knife and white thread are kept ready in advance. Before delivery the pregnant woman consumes warm water or milk or khicheri to ease the delivery process. When labour pain starts, she informs her husband/mother-in-law and immediately the *Chamarin* or traditional mid-wife is called for. Delivery is conducted with the help of *Chamarin* or elderly ladies but the cord is cut by the *Chamarin* only. In case if a child is delivered during the odd hours and the *Chamarin* is not available, she is called in the next morning to cut the umbilical cord. Deliveries are mostly conducted in lying condition on a cot. The cord is tied with white thread, before cutting. *Hasia* (sickle) is widely used for cutting the umbilical cord, though some use old/new blade, whichever is readily available. Hingh (*Asafoetida*) mixed with *Chunkat* (dried soil in the lower part of the open hearth) along with mustard oil, Mahua (*Madhuca longfolia*) oil or tili oil (*Sesamum indicum*) oil is applied to stump of the cord for early drying. In case of any complication during delivery, "*Joshi Phanda*" (a kind of sorcery) is done by magico-religious person, Dewar. If it does not work, she is left to the mercy of God.

After 3-4 hours of delivery the baby is given bath with warm water and soap (if available) by *Chamarin*. Oil is applied on the entire body of the new born followed by hot fomentation to keep the baby away from the attack of cough and cold. The mother is also given bath with warm water and soap. After this bath upto "*Chatti*" ceremony, she is not allowed to take bath. The umbilical cord is buried in the backyard of the house and one big stone is placed on it to prevent it from taking away by animals/beasts. A few hours after delivery, the baby is fed with goat's milk and it is continued up to two days in general. Breast feeding starts from third day. Colostrum is discarded by many with the belief that intake of Colostrum may attract evil eye of Dyn (witch).

Post-natal Care

After delivery the woman is allowed to eat food items like rice, wheat or kulthi dal from fourth day and drink water on third day. They believe

that intake of food and water just after delivery and following next three days are considered to be harmful for the health of the mother. Medicinal water mixed with Supari and Kattha are fed to prevent any kind of infection. Urad dal (Blackgram dal) is considered to be cold food and is harmful for the health of the mother and child and is therefore not given to the lactating mother. Till "Chatti" ceremony (nine days after delivery) mother and child are kept separately. Body massaging of mother and the new born is done by Chamarin everyday up to "Chatti" ceremony. Roti made of maize/wheat flour, green vegetables and sour foods are not given up to "Chatti" ceremony as these are believed to cause complications to the new born. After Chatti, the mother takes a purificatory bath, after which she is permitted to work in the kitchen and perform her routine household activities of cooking, cleaning and fetching water and so on. The mother is given roti / chapattis made of wheat flour only after 'Pasni' ceremony (5th – 6th months of delivery). Cohabitation is avoided till Pasni ceremony, which takes place in case of a girl child at the age of fifth months and for boy at the age of sixth months. They believe that a girl child gets 'pran' (life) one month prior to boy in the womb. Breast feeding is continued up to three years. Immunization of pre-school age children in the studied area is not very common.

CONCLUSION

Maternal and child health care practices of Khairwars studied in this paper revealed that utilization of antenatal and post-natal care services from government health posts was almost nil due to traditional beliefs and practices prevalent among the community. They have their own perception regarding different components of antenatal and post-natal care. Nearly absence/low coverage of these services indicate a need for improving their health care during pregnancy. There is a need for strengthening immunization services as well. Most of the deliveries were conducted at home by untrained Dais. Proper use of Health and Family Welfare Programmes can reduce mortalities on births attended by these untrained dais. It was found that although people are aware about the importance of breast feeding but still there is a great need for intensive nutrition education programme. Certain practices like considering pregnancy as natural pheno-

menon, avoidance of cohabitation for few months after delivery till the child is solely dependent on breast feeding etc. are good habits and should be encouraged. Harmful practices like cutting of umbilical cord by sickle, application of unhygienic items to cut cord, avoidance of feeding breast milk to the new born for first few days and thereby avoidance of feeding colostrum, avoidance of giving water and food to the recently delivered mother for first few days are harmful practices and are not conducive to maternal and child health. Such practices are required to be discouraged. The use of easily available sources can be further enhanced through strengthening of indigenous information and knowledge dissemination mechanism. It may be attributed to the fact that proper use of Health and Family Welfare Programmes, suitable health education programmes should be implemented in the area to reduce infant and maternal mortality and improve the reproductive health of the tribe in general.

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