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Antenatal Care and Birth Related Practices among the Tribal Population of Mysore, Karnataka

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Introduction

Antenatal care refers to pregnancy-related care provided by a health worker either in a medical facility or at home. In theory, antenatal care should address both the psychosocial and medical needs of the woman in the context of the health care delivery system and the surrounding culture (WHO, 1996).

In any study of child development, particularly child rearing, the mother's role is crucial. Every society sets some rules for the pregnant and nursing mothers. They have their traditional beliefs and customs to deal with various problems and situations. Since the time immemorial the diet of pregnant women has been considered to be important. The food eaten by pregnant women is believed to influence the unborn child to a great extent. Based on these beliefs, various societies have prescribed rules for pregnant women as to what food they might eat. The causes for the avoiding, majority of the foods are observed to be wrong concepts and beliefs among the tribal mothers. From the nutritional point of view avoidance of foods during pregnancy can cause more damage to the nutritional status of the mother which may in turn affect the child's health.

The present work is an attempt to add some more knowledge about care during pregnancy and birth related practices among the tribal mothers of Karnataka.

The Population

Hakkipikki

The Hakkipikkis, a tribal population of Mysore district are known by different names in different regions; in their own dialect the Hakkipikkis call themselves as Raj Pardhi. In Kannada speaking areas of Mysore they are named as Hakkipikkis, people in Nilgiris call them Guddi Bethe. In the Hindi speaking regions this tribe is known as Mel Shikari. They speak a dialect known as Vaghri, which is a mixture of Gujarati, Hindi, Marathi and Rajasthani languages (Mann, 1980). It is originated from Indo-Aryan languages.

They are multi-occupational. It is difficult to categorize, in absolute terms, the occupation as the main and subsidiary ones. The main occupation of the Hakkipikki is flower making, doll making, those owing lands as well as bullocks, switch on to agriculture in the season and then primarily may appeal to an outsider

only as cultivators. Occasionally and partly they go in for trapping of birds and animals and selling of combs, safety pins, hair remover and the indigenous medicines.

Iruliga

The Iruligas are a Jungle tribe, speaking a mixture of Kannada and Tamil. They are found in the districts of Mysore and Bangalore as also on the slopes of the Mysore side of the Nilgiris. The Irulas, as their name indicates (Irul-black) is the darkest of the hill tribes of southern India. They possess the Negroid traits (short stature, flat nose, and prominent cheekbones, curly or wavy hair, and narrow foreheads).

Jenu Kuruba

The Jenu Kuruba is one of the major tribal groups of Karnataka. The Kuruba is the name of a large shepherd community of Karnataka Plateau (Aiyappan, 1948). As the name suggests Jenu Kurubas are honey gatherers. Jenu Kurubas main concentration is in Mysore and Kodagu districts. In Mysore district they are mainly concentrated in Hunsur, H.D. Kote and Periyapatna taluks. They have their own dialect known as "Jenuudi" and follow the Kannada script. They speak with outsiders in Kannada.

Kadu Kuruba

The Kadu Kuruba is one of the subgroups of the Kuruba, inhabiting the area of Waynad, Nilgiris and the Mysore district. Kadu Kuruba are also called Betta Kuruba. Ethnically Jenu Kurubas and Kadu Kurubas are the same. But their profession over centuries, unnoticed, has brought in the rift, after their contact with so called civilized society. They are concentrated in the Mysore district and also in Kodagu, Dakshina Kannada and Hassan district within the Mysore district; they are settled in H. D. Kote, Hunsur, Periyapatna and Nanjangud taluks. They are dark or dark brown in colour, and a short stature with wooly hair, brownish black in complexion. They speak a dialect of their own among themselves, which is a mixture of Tamil, Malayalam and Kannada. They also speak Kannada among themselves and with outsiders. Most of them are illiterate, only a few are educated among them.

Methodology

The current study was undertaken among four considerable sized tribal populations; Hakkipikki, Iruliga, Jenu Kuruba and Kadu Kuruba of Hunsur, Heggada Devana Kote and Nanjanagud taluks of Mysore district, Karnataka state. In the study, purposive sampling technique was followed by keeping clearly defined objectives, the sample comprised of 800 families. Eight hundred mothers who are having children below the age of 6 years were the main respondents of the study. Mothers of the children (0-60 months) were interviewed using a pre-designed, structured questionnaire on various aspects of antenatal care and

birth related practices among the tribal women of Mysore district of Karnataka state. Data were entered in Microsoft excel 2007 and was analyzed using SPSS 19.0.

Result and Discussion

Food Prohibition during Pregnancy

In the present study only 5.60% of the mothers followed certain dietary restrictions during pregnancy and were mostly from the Iruliga tribe (11.00%) followed by Jenu Kuruba (8.00%), Kadu Kuruba (3.00%) and Hakkipikkis (0.50%). Some of the foods prohibited during pregnancy were found to be chicken, egg, bamboo shoot, cabbage, cauliflower, brinjal, cowpea, potato, drumstick leaves, papaya, oily, spicy foods etc. A strict restriction was followed by three to six months of their pregnancy period.

It is hearting to find that food taboos are not widely prevalent in the studied population. The dietary restrictions during pregnancy are rarely prescribed in other tribes also. Absence of food taboo is indeed a boon. As their diet does not appear to be adequate in terms of proteins, minerals and vitamins, further restriction would have been dangerous.

Devadas and Easwaran (1986) conducted a study of food consumption pattern of pregnant mothers in the rural areas of Madhurai. The foods like papaya and drumstick leaves were tabooed for the fear of causing abortion and indigestion respectively. The pregnant mother did not receive any priority in food intake.

Table 1 (a): Type of Food Items Prohibited During pregnancy

Population		Brinjal & Cow pea	Cabbage, Bamboo Shoot, Cauliflower & Drumstick leaves	Chicken, Egg & Papaya	Brinjal, Potato, Oily & Spicy foods	No
Hakkipikki	No.	00	00	01	00	199
	%	0.00	0.00	0.50	0.00	99.50
Iruliga	No.	03	10	04	05	178
	%	1.50	5.00	2.00	2.50	89.00
Jenu Kuruba	No.	09	05	00	02	184
	%	4.50	2.50	0.00	1.00	92.00
Kadu Kuruba	No.	00	00	06	00	194
	%	0.00	0.00	3.00	0.00	97.00
Total	No.	12	15	11	07	755
	%	1.50	1.90	1.40	0.90	94.40

Table 1 (b): Period of Pregnancy the Food is Prohibited

Population		3 months	6 months	No	Total
Hakkipikki	No.	00	01	199	200
	%	0.00	0.50	99.50	100.00
Iruliga	No.	06	16	178	200
	%	3.00	8.00	89.00	100.00
Jenu Kuruba	No.	02	14	184	200
	%	1.00	7.00	92.00	100.00
Kadu Kuruba	No.	00	06	194	200
	%	0.00	3.00	97.00	100.00
Total	No.	08	37	755	800
	%	1.00	4.60	94.40	100.00

Movement Restricted during Pregnancy

In most of the society, an expectant woman is governed by certain regulations in terms of her movement. In the present study, though majority of the mothers mentioned of carrying out their normal work schedule, yet they have to follow certain restrictions on their movements. It was found that the funeral ground was the most commonly tabooed place during pregnancy. In addition, houses of deceased person, cremation ground, forest, desert and river are a few of the restricted places. The reason associated with avoidance of these places is mainly fear of ghosts, evil spirits, etc. which may harm the unborn child. In Hakkipikki and Kadu Kuruba population, the restrictions followed were found to be 22.50% and 22.00% respectively. Where as in Iruligas, it was found to be 17.50% and in Jenu Kurubas it was only 7.00%.

Special Attention to Diet during Pregnancy

Data on the special foods taken and avoided during pregnancy revealed that, the mothers were most conscious of foods to be avoided, namely cold, spicy and sweet foods and the foods included by them were green leafy vegetables, greens, sprouted cereals, fruits, Horlicks, mutton and fish. It was found that out of 800 samples; only 5.60% of the respondents had received some special attention during pregnancy. From the obtained result, Iruligas, Jenu Kurubas, Kadu Kurubas and Hakkipikkis have received special dietary attention of 9.50%, 8.00%, 3.00% and 2.00% respectively. Regarding increased intake of food during pregnancy almost all the respondents gave a negative reply. For the majority, it was the same food

both in quantity and quality during pregnancy as at normal times. The immediate reason of the people was that their economic condition did not permit them to add any special food to their normal diet.

Table 2: Movement Restricted During Pregnancy

Population		Yes	No
Hakkipikki	No.	44	156
	%	22.50	77.50
Iruliga	No.	35	165
	%	17.50	82.50
Jenu Kuruba	No.	14	186
	%	7.00	93.00
Kadu Kuruba	No.	44	156
	%	22.00	78.00
Total	No.	138	662
	%	17.30	82.80

Table 3 (a): Special Attention for Diet during Pregnancy

Population		Avoid cold, Spicy & Sweet Foods	Green leafy Vegetables, Sprouted cereals	Greens & Vegetables	Mutton, Fish, Vegetables, Fruits (apple)	Vegetables (carrot, beet root) & Horlicks	No
Hakkipikki	No.	00	00	00	00	04	196
	%	0.00	0.00	0.00	0.00	2.00	98.00
Iruliga	No.	03	02	06	04	04	181
	%	1.50	1.00	3.00	2.00	2.00	90.50
Jenu Kuruba	No.	00	12	04	00	00	184
	%	0.00	6.00	2.00	0.00	0.00	92.00
Kadu Kuruba	No.	06	00	00	00	00	194
	%	3.00	0.00	0.00	0.00	0.00	97.00
Total	No.	09	14	10	04	08	755
	%	1.12	1.80	1.30	0.50	1.00	94.40

Table 3 (b): Duration of Diet

Population		2 nd month	3 rd month	4 th month
Hakkipikki	No.	00	00	00
	%	0.00	0.00	0.00
Iruliga	No.	16	00	03
	%	8.00	0.00	1.50
Jenu Kuruba	No.	05	11	00
	%	2.50	5.50	0.00
Kadu Kuruba	No.	00	06	00
	%	0.00	3.00	0.00
Total	No.	21	17	03
	%	2.60	2.10	0.40

Work Load during Pregnancy

Heavy workload puts an extra burden on pregnant women's physical strength, especially when she is on an inadequate diet. In the study areas, the tribal women lead a very hard and busy life. They were always busy with some work which includes cooking, cleaning utensils, washing clothes, fetching water, looking after children, collecting and cutting firewood, working in the field, attending domestic animals etc. Most of these tasks are carried out by them even in advance stage of pregnancy. The majority of the mothers (71.62%) stated that they carried out their normal work throughout their pregnancy. The maximum work load was found to be in Kadu Kurubas (84.00%) and it was lowest in Hakkipikkis (55.00%), showing a marked difference between the two tribes. It is obvious from the data that in the tribal societies, no consideration is given to rest for expectant mothers. People consider pregnancy as a natural phenomenon and do not see any special need of rest or relaxation. The data also indicated that, because of nuclear type of families, which is the common feature in the study areas there is no choice for a woman to relax during pregnancy. The economic condition of the families is, also another factor that compels the mothers to keep working and does not allow them to sit and rest even in the later stage of pregnancy.

Health Care

It was found that 304 (38.00%) mothers received some prenatal care such as health check up, iron and folic acid tablets and vaccination against tetanus. The Hakkipikkis received the highest percentage of (97.50%) of health care facilities, could be due to their economic condition and distance to the primary health center / hospital. The lowest percentage was observed in Jenu Kurubas (6.00%) and in Iruliga

mother (15.50%). The Kadu Kuruba mothers (33.00%) have reported that they receive health care facility only in a few issues.

Table 4: workload during Pregnancy

Population		No	Yes
Hakkipikki	No.	110	90
	%	55.00	45.00
Iruliga	No.	135	65
	%	67.50	32.50
Jenu Kuruba	No.	160	40
	%	80.00	20.00
Kadu Kuruba	No.	168	32
	%	84.00	16.00
Total	No.	573	227
	%	71.62	28.38

Table 5: Health Care Received During Pregnancy

Population		No	Yes
Hakkipikki	No.	05	195
	%	2.50	97.50
Iruliga	No.	169	31
	%	84.50	15.50
Jenu Kuruba	No.	188	12
	%	94.00	6.00
Kadu Kuruba	No.	134	66
	%	67.00	33.00
Total	No.	496	304
	%	62.00	38.00

Place of Delivery

In the present study, the majority of the mother was found to have delivered their children at home [own house 331 (41.40 %), parental house 165 (20.60 %)] and the rest of them in the hospital 304 (38%). The majority of the Hakkipikki women have delivered their children in hospital (97.50%) and only 2.50% women have delivered their children at home. Iruligas (84.50%), Jenu Kurubas (94.00%), and Kadu Kurubas (67.00%) preferred to deliver their children at home. From the result, it was found that the majority of the tribal mothers delivered their children at home except the Hakkipikkis.

Birth Attendant

The majority of the mothers were found to have undergone delivery, which was attended by the Doctor/Nurse 304 (38.00 %), village women (35.50%), mother-in-law (10.00%), mother (8.60 %), grandmother (6.10 %) and aunty (1.80 %). In all the four tribes under study, women who help in the delivery are honoured in a simple function usually on the purificatory day. These women are often treated with sweet foods, betel leaf, nut, fruits, coconut blouse piece and money.

Table 6: Place of Delivery

Population		Hospital	Own house	Parental house
Hakkipikki	No.	195	02	03
	%	97.50	1.00	1.50
Iruliga	No.	31	153	16
	%	15.50	76.50	8.00
Jenu Kuruba	No.	12	153	35
	%	6.00	76.50	17.50
Kadu Kuruba	No.	66	23	111
	%	33.00	11.50	55.50
Total	No.	304	331	165
	%	38.00	41.40	20.60

Table 7: Birth Attended

Population		Aunty	Grand mother	Mother	Mother in law	Nurse	Village women
Hakkipikki	No.	00	02	00	00	195	03
	%	0.00	1.00	0.00	0.00	97.50	1.50
Iruliga	No.	04	19	14	31	31	101
	%	2.00	9.50	7.00	15.50	15.50	50.50
Jenu Kuruba	No.	10.00	17	25	49	12	87
	%	5.00	8.50	12.50	24.50	6.00	43.50
Kadu Kuruba	No.	00	11	30	00	66	93
	%	0.00	5.50	15.00	0.00	33.00	46.50
Total	No.	14	49	69	80	304	284
	%	1.80	6.10	8.60	10.00	38.00	35.50

Instrument Used for Cutting the Umbilical Cord

The majority of the informants used (62.30%) blade for cutting the umbilical cord. Hakkipikkis (97.50%) used scissors to cut the cord, followed by blade (2.50%). The majority of the Iruliga individuals used blade (84.50%) followed by scissor (15.50%), and 93.00% of the Jenu Kurubas used blade, scissor 6.00% and bamboo splinter 1.00%, whereas in Kadu Kurubas, 69.00% used blade, 30.50% scissor and only 0.50% used bamboo splinter to cut the umbilical cord.

Jyotirmoy Roy (2004), studied the birth related practices of Khairwars revealed that they have their own perceptions regarding marriage, pregnancy, ante-natal and post-natal care etc. Some of the practices like pre-pubertal marriages, lack of awareness regarding ante-natal and post-natal care practice like cutting of umbilical cord by sickle, application of unhygienic items to cut the cord, avoidance of feeding breast milk to the new born for first few days and avoidance of giving water and food to the recently delivered mothers for first few days etc, are harmful practices and are not conducive to maternal and child health. These cultural practices are likely to enhance infant and maternal mortality. Such practices are required to be discouraged. Practices like, considering pregnancy a natural phenomenon, avoidance of cohabitation for a few months after the delivery till the child is totally dependent on breastfeeding etc., should be encouraged.

Disposing of Placenta

The placenta was disposed off with great care and in a definite place. All the tribes bury it near the house, and some of the Iruligas (8.00%) wrapped it with plastic or a piece of cloth and buried. According to the tribal groups, it should be out of reach of animals, especially a dog or any bad thing.

Indira Barua and Promanita Bora (1999), discuss various dimensions of child-rearing practices among the Sonowal Kacharis of Assam. The study reveals the characteristics of a simple society. Neither special care nor extra stress is given at any stage of child-rearing process. No special diet is given during pregnancy mainly due to poor economic conditions. As there is no midwife, the elderly women of the community help in delivery. Adequate safeguards are taken to protect the infant against evil eyes. The wearing of amulets and copper coins are popular among the Sonowal Kacharis. They also preserve the dried naval and it is believed, that the water extracted from this cord is useful in diseases like dysentery and fever.

Period of Seclusion after Child Birth

Seclusion is the period which starts just after the delivery and continuous up to the falling of umbilicus, usually within 5-7 days. Till this period family members remain out from the rest of the society. No social and religious activity can be organized or participated by the family members. In both the tribes, seclusion period was observed for 5 days to 3 months. Many mothers said that though they were not supposed to cook, very often circumstances were in such a way that they could not avoid cooking. In such a case, only husband and children could eat that food, but elder could not be served such food.

Purification Ceremony Performed after Child Birth

A purification ceremony is performed on 7th to 12th day after childbirth. They would start their routine work such as sweeping, mopping, washing clothes, etc., however; they would never enter the kitchen for three months. The house is thoroughly cleaned and painted with whitewash, mopped, clothes and utensils were washed and whole family members including parturient mother take a purificatory bath. On that day, women who helped in delivery were honoured with sweets, betel leaves, betel nuts, money and blouse piece. Later, women can do the whole thing except cooking. In the studied population, almost all (98.75%) performed the purification ceremony.

Conclusion

The tribal women have their own perception regarding the different components of antenatal care practices. Most of the deliveries were conducted at home by untrained village women. Application of

unhygienic items to cut cord avoidance of giving food to the recently delivered mother for the first few days are harmful practices and are not conducive to maternal and child health. It may be attributed to the fact that proper use of Health and Family Welfare Programs, suitable health education programs should be implemented.

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