

## Review Article

# Traditional practices during pregnancy and childbirth among tribal women from Maharashtra: a review

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## ABSTRACT

There are various traditional beliefs and practices exist in relation to pregnancy and childbirth among various tribal communities in Maharashtra. A review of published literature has conducted and a total of 114 articles and reports were reviewed out of which 14 articles and reports were eligible for the final review. 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, and preference for home delivery for the requirement of some rituals performance. Unhygienic cord care practices, delay in initiation of breastfeeding, and no colostrum feeding practice were also observed. Culturally sensitive tailored interventions are required to influence the existing maternal and child health related traditional practices.

**Keywords:** Antenatal care, Breastfeeding, Home delivery, MCH services, Traditional birth attendants, Traditional birth practices, Tribal women

## INTRODUCTION

The total tribal population of the State of Maharashtra is 10.5 million, which constitutes 9.35% of the total population of the State.<sup>1</sup> Majority of them are inhabitants of the geographically difficult terrain of Sahyadri, Satpuda and Gondwan mountain ranges. Nearly 61.6% of them reportedly belong to below poverty line strata.<sup>2</sup> In spite of significant drop in infant mortality rate (IMR) from 24 in 2013 to 21 in 2015 and maternal mortality rate (MMR) from 87 in 2010-12 to 68 in 2011-13 (SRS) at state level, the same does not hold true for schedule tribe (STs) women due to nominal increase in the utilization of MCH services.<sup>3,4</sup> The rates of adverse birth outcomes like low birth weight babies, and infant mortality are higher among tribal population as compared with the overall rates of Maharashtra.<sup>5</sup> Hence, there is a need to know the role of traditional beliefs and practice during pregnancy, childbirth, and postnatal care and the pattern of utilization

of health services, which may help policy makers to improve MCH programme delivery.

## METHODS

Published articles/reports were identified through electronic searches of MEDLINE (Medical Literature Analysis)/ Pubmed, Google Scholar and Google. We searched the reference lists of retrieved studies and contacted authors to obtain the full articles. Tribal women in Maharashtra in conjunction with at least one of the following key words like antenatal care (ANC), postnatal care (PNC), breastfeeding, institutional delivery, home delivery, delivery care, natal care, childbirth, and traditional birth practices were used for searching the articles. The review was limited to articles/reports on studies reporting findings from tribal Maharashtra and published during 1990 to December 2015. Except applying the following methodological criteria for

inclusion: (a) Clearly specifying tribal sample/population (b) Data collection on antenatal, natal, postnatal and breastfeeding practices as main outcomes (c) clear analysis and findings and (d) English language. No restriction was applied in selecting study design due to the diversity of research methods in this domain. A total of 114 articles/reports were identified and 14 studies fulfilled the selection criteria. Further, articles/reports were categorized according to outcome of the study.

### **BELIEFS AND ATTITUDES DURING ANTENATAL PERIOD**

A qualitative study among 300 women in Gadchiroli, Nandurbar, and Thane revealed that women did not avail ANC services. In their opinion there was no need to visit primary health centre (PHC) regularly without any problem/complication. But they also gave reasons such as loss in households work as well as wage earning, financial constraints, unaware of service, no accompanying person, no transport facility, following tradition, fear of inappropriate advice from health workers.<sup>6</sup> The iron and folic acid tablets provided by the government were not consumed at all because they believed that iron tablets increase the weight of the foetus, thereby making natural delivery difficult. Some felt these tablets contain heat, which leads to abortions of the foetus.<sup>7</sup> The Integrated Child Development Services (ICDS) workers or auxiliary nurse and midwives (ANMs) were not allowed to conduct abdominal examination due to belief that their touch might lead to still birth or abortion. Only midwife was allowed to do abdominal examination. The similar belief persisted for tetanus toxoid (TT) injection also.<sup>8</sup>

Women underfed themselves during pregnancy to ensure small baby and easy delivery, and have fewer labour complications.<sup>9</sup> Pregnant women of Korgu tribe denied groups of food items which were considered to produce heat and therefore harm the foetus. These were papaya, banana, shevaga, til, masur dal.<sup>10</sup>

Tribal women believed that problems in pregnancy and childbirth were due to influence of evil demons living in forest and rivers or due to previous wrong deeds. Metallic wear, hooks, chillies and lemons etc. were generally used to deter evil spirits from the pregnant women.<sup>10</sup>

A qualitative study conducted among traditional birth attendants (TBAs) in Sakwar, Thane during 2010, reported that TBA were not in favour of ANC registration, iron and folic acid (IFA) distribution, and TT immunization. They did not have the knowledge about danger signs during pregnancy.<sup>11</sup>

### **BELIEFS AND ATTITUDES DURING DELIVERY PERIOD/ NATAL PERIOD**

Majority (99.3%) of the deliveries were conducted at home by TBAs/dai due to strong faith in them.<sup>7,8,10,12,13</sup>

Reasons for home delivery were reported as financial reasons, no transport facility, hospitals far away, want to bury the placenta inside the household boundary which symbolized survival of the new born and attachment of child to the house and family.<sup>6,7,10,13</sup>

Among the Thakars and Katkaris tribes from Karjat, if woman was in prolonged labour, TBA puts a root of *calotropis gigantean* (*Rui*) under the neck of the woman so as to accelerate the process of delivery or untwining a twisted thread before the eyes of the woman. Sometimes she was given water to drink in which either a gun-bared or a thunder bold had been bathed. It was believed that each one has the quality of direct and powerful expulsion and it would be transferred to woman and enable her to propel the child from her womb.<sup>7</sup>

### **CLEANLINESS AND HYGIENE PRACTICES DURING DELIVERY**

Usually umbilical cord of the child was cut with a sharp instrument or unsterilized blade. The umbilical cord was buried at the back courtyard of the house to ensure its safety from wild animals, birds, human beings to protect to device of witchcraft and any harm to the infant.<sup>8</sup>

An interventional study was conducted in 235 underserved and tribal villages of Ahmednagar district of Maharashtra during 2006-2009. About 265 female health volunteers and TBAs received training and were equipped with disposable delivery kits. Nine rural health centres and five mobile clinics were established in the project area. A referral linkage was developed between villages and a tertiary care centre. Percentage of home deliveries by TBA with '5 cleans' increased from 40 to 88% from 2006 to 2009. ANC registration before 16 weeks increased from 32 to 63% and at least 3 ANC visits increased from 51 to 78%.<sup>14</sup> This was achieved through quality reproductive and child health services at the doorsteps and timely referrals to higher level centres in all the 235 remote villages of the project area.

A study conducted among birth attendants at Dharni, Nagpur showed that 59.2% birth attendants were always using clean birth kit.<sup>15</sup> Similar safe delivery practices like usage of new bed sheet, new blade for cutting the cord, washing hands with soap, and using a private room for delivery was reported by TBAs of Sakwar, Thane district.<sup>11</sup> Another study conducted in Karjat block, Raigad showed that baby was received in newspaper after birth, and skin is rubbed for cleaning of vernix. Bidi ash, or kumkum was applied to umbilical cord.<sup>16, 17</sup> They believed that putting oil at the cord stump prevented early drying of cord and entry of air in the stomach.<sup>17</sup>

### **MAINTENANCE OF WARMTH FOR THE NEWBORN**

About 52.5% birth attendants dried the baby,<sup>15</sup> and baby boy was given bath three times a day as reported by

TBAs.<sup>11</sup> Another study showed that baby was immediately bathed after birth.<sup>16</sup>

A qualitative study conducted among 30 tribal women, two anganwadi workers, two Dais, two ANMs from two tribal villages at Ahmednagar showed that the newborns were wrapped in cotton cloth, and both baby and mother were kept near fireplace or dry cow-dung cakes were burnt in a container and kept under the mother's cot to maintain temperature. Oil massage was given to the baby twice a day from day two onwards.<sup>17</sup>

## **BELIEFS AND ATTITUDES TOWARDS BREAST FEEDING**

Babies were not breastfed on first three days in Gadchiroli district.<sup>12</sup>

A clinic based cross-sectional study among 994 tribal mothers during 1993-94 in Dharni, and Amravati showed that none of the mothers initiated breastfeeding within 2 hours. Pre-lacteal feeding like honey, jaggery, sugar water, honey, ghee, decoctions, cow milk were given by 91.2% mothers.<sup>18</sup> However, in Sakwar, Thane district, TBA reported that breastfeeding was initiated immediately after the bath of the baby. There was a practice of colostrum feeding to baby whereas, it was reported that women of Warli tribe were advised to eat only half of their appetite for three days after delivery of a male child assuming that they would secrete less colostrum. Also most of the mothers were of the opinion that colostrum is difficult to digest by male infant than female infant. Babies were exclusively breastfed and no pre-lacteal feed was given to baby up to five months.<sup>11</sup>

In the Jawahar taluka of Palghar district, it was observed that breastfeeding was initiated within 1-2 hrs of delivery or after cleaning and bathing the baby. However, they also gave water, jaggery/sugar water, honey, gripe water, cow milk. Post-delivery diet for mother was only plain rice for five days. They start going to work in the fields within five days of delivery.<sup>16</sup>

As per the beliefs of Warlis, Kokanas, Kolams, Korkus, and Bhils, colostrum milk was not given to the newborn especially among the illiterate women. They believe that during pregnancy woman does not menstruate, and this "spoiled blood" mixed up with breast milk and thickens it, and once fed to child it attached to the intestine of child and caused indigestion, pain in stomach and diarrhoea. Instead of colostrum, sugar water, jaggery water, or honey was given to the child. Furthermore, the tribal women believe that lactating mothers should not eat 'cold' foods because it makes then her blood and breast milk become cold, and the newborn gets cough and cold. Same belief exists regarding consumption of spicy hot food by the mother. It is believed that the spice was transferred from mother's blood to breast milk and into the child's stomach causing diarrhoea or dysentery. Breastfeeding was continued till the birth of the next

child. Rice and porridge are given to child when it starts sitting as reported by women.<sup>7</sup>

The women usually allowed to rest in the house for 15 days after delivery after which majority of them go back to work.<sup>8</sup>

## **DISCUSSION**

The present study reviewed articles published from year 1990 to 2015 on the childbirth practices among different tribes of Maharashtra. Very few studies explicitly described the traditional practices related to childbirth among of the tribals of Maharashtra. A strong presence of cultural practices influencing utilization of MCH services among tribal groups was reported. ANC registration was low upto 11%, though IFA was received by 70-99% of women and TT vaccination by 79% of women. ANC was low because of traditional beliefs such as touch by health providers might lead to still birth or abortions, IFA tablets increase the weight of the foetus that may lead to difficult delivery.

Majority of Maharashtra tribal women preferred home delivery (90%) conducted by TBAs (81%). 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 and for the safety of infant from wild animals, birds, human beings, and witchcraft. Similar findings have been reported from the tribes of Andhra Pradesh, Madhya Pradesh, Odisha and Gujarat who preferred home delivery conducted by Dai/TBAs.<sup>19-22</sup>

Babies were not breastfed on first day and generally were not given colostrum due to misconceptions. Practice of pre-lacteal feeding with honey, jaggery, sugar water, honey, ghee, decoctions, cow milk etc. was observed in Gujarat tribes.<sup>22</sup> The women usually take rest for 7-8 days post-delivery after which majority of them go back to work which also deprive children from exclusive breastfeeding for six months.<sup>8</sup>

## **CONCLUSION**

The traditional beliefs and practices of tribal communities of the Maharashtra influence the childbirth practices. It negatively influences the acceptance of availing antenatal care, institutional delivery, and good breast-feeding practices. As these beliefs and practises are integral part of their culture, culturally sensitive tailored interventions are required to improve MCH outcomes among tribal populations.

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