CHAPTER V
CHAPTER V

CARE OF THE MOTHER

There are evidences about the crucial role of mother in bearing and rearing a baby. It has also been mentioned in previous chapters about the importance of the mother in child rearing. In real sense the kind of physical and emotional bonding, which can be seen between mother and child is rarely found in other cases. Even the baby in its young stage can understand the touch of its mother. It is a gift from the nature and there is no any artificiality in it. However, proper rearing of the child can be expected if the mother is physically and emotionally sound. Actually her pre-pregnancy health is also equally important to know whether she is able to bear a child or not. Whatsoever it is, when we talk about care of mother in child rearing, it includes three aspects, namely, antenatal care, natal care, and postnatal care.

Antenatal care includes regular health check ups by medical practitioner, proper diet, work and rest, exercises, etc. The natal care consists the process of delivery by trained birth attendant, use of safe equipments,
cleanliness, etc. and postnatal care refers to health check ups, diet, rest, etc. The care of the mothers in these three periods greatly influence on child survival, its growth and development and general well being. Thus, maternity care has a direct relation with the baby. It is necessary to everybody in the family, especially her husband, to ensure that the expectant and nursing woman receives all kind of health cares and maintains a sound physical and mental health. Besides these medical cares, in a society a pregnant or lactating woman with her baby has to follow some rules and regulations governed by the society in relation to child bearing and rearing. That type of social setting assumes importance because many a time these rules and regulations of the society often regulate the care to be received by the mother. Being an integral part of the society she is surrounded by a numerous traditional beliefs and superstitions with or without reason. Many times, the mother, without knowing any reason simply has to obey and follow these beliefs and restrictions prescribed by the society. Some of these are good and some are baseless. Most of these rules and regulations have a psychological impact on the expectant mother. Obeying these social rules and regulations, she and her family members feel strength and satisfaction and thus helpful to maintain a tension free sound mind by getting rid from fear and worries to a large extent. These are one kind of indispensable duties relating to the courses of child bearing and rearing necessary to perform by the expectant and nursing mother or her family. The way she or her family consider these social obligations with
importance, ensuring health care to the concerned woman should also get more importance.

In this chapter types of care received by the mothers of the study are presented under main heads of care at different stages as mentioned above. Data were gathered also on traditional beliefs; rites and rituals performed at various periods, and are also included in this chapter.

**CARE OF EXPECTANT WOMAN**

Care of expectant women or antenatal care constitutes a systematic and periodic medical supervision of the woman and supporting her at any time if problem arises. It helps to prevent maternal mortality and morbidity. These antenatal care includes regular physical check ups, immunization, nutrition, work and rest, etc. Such type of cares received by the study population are discussed below:

(a) **Visit to a Doctor/Health Centre**

Ideally the pregnant woman should attend the antenatal clinic once a month during first seven months, twice a month during the next two months and thereafter once a week if everything is normal. A large number of mothers in India are from lower socio-economic group and most of them have to work
Fig. 5.1: Graphic presentation of the respondents according to the antenatal health care received.
hard. Consequently, it is difficult for them to attend the antenatal clinic regularly. In these cases, a minimum of three visits covering the entire period of pregnancy should be the target (Park, 2000:355). These visits are necessary for regular health check ups. In addition, taking immunization against tetanus (TT) and consuming iron and folic acid (IFA) tablets to combat anaemia should also be ensured.

Among the studied sample, all the three major antenatal health cares mentioned above are found receiving by some of the mothers of all the tribes under study. Receiving TT vaccine is highest (76.67%) than the other two health cares. Tribe-wise variations show that (fig.5.1), it is the Deori community who occupied the first place than the other two tribes, where in both the tribes almost equal number of respondents received this vaccine. Likewise, consumption of IFA supplementation by the mothers to combat with iron deficiency anaemia is highest among the Deoris with 90 per cent respondents, out of 100 families surveyed than the Karbis and the Garos with 65 and 61 per cent respondents respectively. In both the cases, higher level of literacy and economic condition of the Deori community might have influenced the mothers to go for immunization and consumption of IFA supplementation. Among the study sample, only 27 per cent mothers visited a modern medical practitioner for regular health check ups. Out of them it was highest among the Garos than the other two tribes, where equal percentage of mothers received this care. Out of those 27 per cent respondents among all the three tribes, almost equal and
highest number of them received health check up between 4-6 times (45.68%) and 1-3 times (44.44%). Very few of the respondents received it seven times and more. Tribe-wise analysis shows that most of the Garo and the Karbi mothers availed this service for 4-6 times, whereas majority of the Deori mothers received it between 1-3 times. In this regard, the Garos being on the top may be because of the highest literacy rate than the other two communities. It was observed that, lack of easy accessibility to health facilities for most of the people of all the tribes often discourage them to go for regular health check up.

(b) Diet During Pregnancy

Diet of a pregnant mother is considered to be of great importance. The foetus inside the mother's womb is completely dependant on its mother. The growth and development of the foetus will be satisfactory if the expected woman is given proper dietary attention. Moreover, a well-nourished woman will be able to overcome the minor ailments of delivery if arises any. On the other hand, an undernourished woman may suffer from various infections and complications during pre-pertum period. In such cases, abortion, pre-mature birth or even death of the foetus may occur. Poor health of the mother affects the growth and development of the foetus and in such cases the newborn may be of low-birth-weight (LBW), anaemic and susceptible to various infections (Bhargava, 1987:67-68). In addition, the babies who survive remain small throughout childhood and never seem to catch up with normal babies (Ghose, 1985:2). The
birth weights of infants of well fed mothers in the upper socioeconomic classes are higher or average than those of poorer mothers during pregnancy. Maternal under-nutrition is one of the most several causes of LBW babies. In addition to those, poor maternal nutrition increases the risk of stillbirth and of death of baby within few weeks after birth and also causes some congenital deformities of the baby (Passmore and Eastwood, 1986:575-577).

Therefore, realising the close relationship between mother's diet and the baby in her womb, the expectant mother should take an extra amount daily in addition to her normal diet. Her diet should be balanced to meet the extra demand of the foetus as well as her own health. Such kind of diet should include cereal, pulses, milk, meat, fish, egg, green leafy vegetables, fruits, fats and oil, etc. However, mother's food habit should be taken into consideration in this regard. Moreover, it is essential to include all types of local and seasonal foods in her diet.

In this study, information was gathered to find out the kind of dietary attention given to the mothers of the three tribal communities. It is found that, out of 300 respondents only 27.33 per cent mothers received attention in their diet. Tribe-wise distribution of the mothers in this aspect is given at table 5.1.
Table 5.1

Distribution of mothers according to the dietary attention received during pregnancy

<table>
<thead>
<tr>
<th>Responses</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Receiving attention</td>
<td>63</td>
<td>75</td>
<td>80</td>
<td>218 (72.67)</td>
</tr>
<tr>
<td>Receiving attention</td>
<td>37</td>
<td>25</td>
<td>20</td>
<td>82 (27.33)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>300</td>
</tr>
</tbody>
</table>

The table 5.1 shows that, a majority of the studied population did not receive any dietary attention. However, among those who received attention the Deoris are in first position with 37 respondents followed by the Garos and the Karbis with 25 and 20 respondents respectively. Again, the higher level of literacy may be worth to mention in respect of the number of mother getting dietary attention. In addition to this, slightly better economic condition of the Deoris could be attributed to hold the first place. Among those with positive responses, 45.12 per cent of them reported of receiving dietary attention 'frequently', 32.97 per cent mentioned it 'everyday', 13.41 per cent of them received 'sometimes' and 8.53 per cent reported it 'occasionally'. Mothers who received special dietary attention 'sometimes' and 'occasionally' expressed their inability to afford because of poor economic status. The supplementary food items consumed by them are given at table 5.2.
Table 5.2

Distribution of mothers according to the additional food items taken during pregnancy

<table>
<thead>
<tr>
<th>Name of the food items</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>29</td>
<td>18</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Meat/Fish</td>
<td>21</td>
<td>4</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Milk/Horlicks</td>
<td>-</td>
<td>8</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>Vegetables</td>
<td>-</td>
<td>19</td>
<td>-</td>
<td>19</td>
</tr>
<tr>
<td>Pulses</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>All family foods</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Rice</td>
<td>4</td>
<td>-</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Biscuits/Sweets, etc.</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

It is obvious from the data presented in the table 5.2 that, fruit is most popular among all other food items. Here it would be worth mentioning that, people have weaknesses towards apple and grapes; and believe to be of most nutritious than other local fruits. They believe that, as these are highly nutritious, thus, are costlier than the locally available fruits, such as papaya, banana, gooseberry, guava, etc. Next largely preferred food items are meat and fish. Besides their daily consumption of fresh, dry or fermented fish and meats, the mothers also reported of having some supplementary foods during their pregnancy period. Among the different types of meat, they expressed their preference towards chicken. Some of them mentioned having hogfish and they believe it to be of ‘good food’ to increase the quality and quantity of blood. The Deoris and the Karbis have reported of consuming hogfish. Milk products are the third extensively used food item that the mother had consumed. Though drinking of milk is not very popular among the tribes of North-East India, but in their views, it has good food value and thus was taken by the mothers. Majority
of the mothers commented on the inclusion of these additional food items in their regular diet in order to maintain their good health and also to get rid of diseases or ailments during pregnancy. Some of them mentioned about the betterment of the baby inside the womb and few had taken only on the advices of others without any reason. The normal family foods of all the three tribes are almost same. It is also mentioned in chapter II that, rice is the staple food for all these three tribal groups. Along with rice any type of vegetable is almost an integral part of their diet. Use of pulses is occasional. Milk and milk products are very rarely taken. Likewise meat, chicken, etc. are also consumed occasionally. Fish, though taken everyday, quantity per serving is very less. Consumption of oil is also minimum. It is understood from this information that, their diet is mainly rich in carbohydrates, insufficient in protein, vitamins and minerals. Thus, if a pregnant woman continues in her normal family food habit, there is a great chance of suffering from malnourishment especially iron deficiency anaemia. It was also inquired from the mothers about increased intake of family food during pregnancy. None of them had given positive reply to the question. It is seen that, lack of awareness is the main reason for not taking a balanced diet. Though the doctors advised to some of them at the time of health check ups, they are not found to be serious in this aspect and reluctant to eat more. However, the husband or family members always try to satisfy the 'cravings'- the irresistible longing of the expectant mother. It is believed by the people that, unfulfillment of such desire is bad and may be harmful to the mother and the child. Few mothers of the Deori community reported of feeling
shy to eat more or frequently while staying with all other family members together. This type of response was not found in the other two communities. This may be because of more nuclear families in the Karbi society where mothers feel less inhibition staying away from her in-laws. Among the Garos, being matrilineal society, mothers need not have to hesitate under her mother or her own authority. Therefore, few mothers of these two tribes reported eating extra in addition to their normal meals, whenever they felt hungry. But nobody took food in increased amount regularly.

(c) Alcoholic Beverages and Tobacco Consumption

Consumption of alcohol in pregnancy may affect the baby leading to foetal alcohol syndrome. At birth the baby may be of underweight with delayed milestone of development and may even have some degree of mental retardation. Abuse of alcohol in pregnancy may also increase the chances of abortion (Derek, 1983:16). But alcoholic beverages constitute a part of life for many tribal communities in our country. These beverages are usually prepared at home for personal consumption and for entertaining guests. Most popular alcoholic beverage among the tribes of Assam is rice beer. It is taken liberally and not restricted during pregnancy too. It is 114 (38.0%) mothers of the study who have the habit of alcohol consumption and did not restrict during pregnancy. Out of them majority are from the Deori community followed by the Karbis. Among the Garos only one mother mentioned of having this habit.
Similar findings were also observed among the tribes of Bihar and Madhya Pradesh where more than 95 per cent mothers consumed alcoholic beverages in pregnancy (cited in Bhuyan, 1993:80). Table 5.3 illustrates the frequency of alcohol consumption by the mothers of the tribes during pregnancy.

Table 5.3

Distribution of mothers according to the frequency of alcohol consumption during pregnancy

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Deori (%)</th>
<th>Garo (%)</th>
<th>Karbi (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>26 (37.68)</td>
<td>-</td>
<td>4 (9.09)</td>
<td>30 (26.32)</td>
</tr>
<tr>
<td>Occasionally</td>
<td>10 (14.49)</td>
<td>1 (100)</td>
<td>17 (38.64)</td>
<td>28 (24.56)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>33 (47.83)</td>
<td>-</td>
<td>23 (52.27)</td>
<td>56 (49.12)</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>1</td>
<td>44</td>
<td>114</td>
</tr>
</tbody>
</table>

The data presented in the above table reveals that, among those who consumed alcohol, nearly 50 per cent of the respondents had alcohol sometimes during pregnancy. Second largest group consumed it everyday and in both the cases the Deoris scored highest than the other two communities. Around 25 per cent of them reported of having alcohol occasionally and in this category the Karbis scored highest than the other two. From this, it is understood that, the frequency of alcohol consumption is more among the Deori mothers than the Karbis and Garos. This may be because of more joint families where the respondents after their marriage enter into the already existing
environment of alcohol preparation, whereas in Karbi society, where the newly wed couple generally live in a neolocal residence and their earnings are mostly spent for food and to run the family which is more essential than rice beer. Thus the preparation of rice beer at home was restricted and so consumption was found less. Secondly paddy cultivation was more among the Deoris because of the highest land possession and production of both ahu and sali paddy. Thirdly, the left over of rice beer after extracting the brew constitute a major part of fodder for the pigs and as domesticating pigs are found more among them, this factor also sometimes insists them to prepare rice beer. Similarly, these factors also by and large are found among the Karbis especially in the joint families and families who have more cultivable land to grow paddy. The situation obtained among the Garos is totally different than that of the Deori and the Karbis. The main reason behind non-prevalence of preparation of rice beer is their religion. As the sample drawn from the Garo society are Christian and Christianity strongly prohibits alcohol or any kind of intoxication, therefore, nowhere in the Garo villages visited found preparing rice beer at home. However, only one respondent reported of consumption of rice beer occasionally with her husband. Further, it may be mentioned that though some of the husbands of the respondents might occasionally be drinking with their friends but rice beer is never prepared at home.

Women who are pregnant should try to stop smoking or to reduce the number of cigarettes they smoke. This is because, women who smoke are more
likely to abort and to have a baby weighs less at birth than the baby of a non-smoker and runs a greater risk of dying in the perinatal period. It has also been found that children from households where one or both the parents smoke suffer more from respiratory illnesses than children who come from non-smoking households (Derek, 1983:174). In this study, the percentage of mothers with the habit of smoking or chewing tobacco is little more than 6 per cent. It is slightly less than the national figure of 7 per cent of women consuming tobacco (Sharma, 2000:4). The habit is generally found among the hill tribes of the study. Out of hundred respondents each of the Garo and the Karbi community, the number of women smokers is 9 and 10 respectively. Except one Karbi mother no one reported restricting this habit during pregnancy. The one, who restricted, mentioned the reason of unable to bear the smell of smoke during pregnancy. Among them who gave positive response, 4 are bidi smokers and rest 15 are comprised with both chewing with betel nut and sucking by keeping in between the lip folds. All of them are reported to be of regular tobacco consumers. This habit is not found among the mothers of the Deori community.

(d) Taboos During Pregnancy

Various taboos relating to pregnancy are prevailing in many societies. These are mainly of food, movement and certain acts. The tribal communities of Assam are also governed by their own customs concerning pregnancies of the
women. According to their customs many a time a pregnant mother's food and movements are restricted. There are not enough scientific evidences to support these taboos, but these are very rigidly followed. Avoidance of some foods during pregnancy is common in all over the world. The pregnant women of Nigeria (cited in Rajyalakshmi, 1991:19-20) are restricted to take pork due to a belief that children born might get spotted skins. In Gujarat, consumption of salt, chilly, black gram, maize, jowar, ghee, milk and new rice are considered to be injurious to the foetus (Gopaldas, et al., 1983:1-18). Flesh of any animal killed by predatory animal, eel, fish caught by a line or rod, tortoise, certain vegetables, etc. are forbidden for some of the tribes of Assam (Bhuyan, 1993:83). In addition to the food taboos, some tribal mothers avoid to go to funeral ground, forest, house of a deceased person, etc. (ibid, 1993:83). Killing of a snake or any living object, telling lies, etc. are tabooed by some of the tribes of Assam and Manipur (NIPCCD, 1998:27-28).

In this study, restriction of food by the expectant mothers is not found much. In all, only 7 informants mentioned of restricting some foods during pregnancy. Among them, 5 are from the Karbis and only 2 are from the Deoris. Details about the restrictions are gathered from the respondents by asking the name of the items, duration of restriction and reason for restricting these foods. It is found that, altogether 6 food items were restricted by the mothers of the study. These are given at table 5.4.
Table 5.4

Distribution of mothers according to the restricted food items during pregnancy

<table>
<thead>
<tr>
<th>Food items</th>
<th>No. of mothers</th>
<th>Reason of avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head region of any animal</td>
<td>4</td>
<td>Prolonged labour</td>
</tr>
<tr>
<td>Banana of a broken tree</td>
<td>3</td>
<td>Abortion</td>
</tr>
<tr>
<td>Star fruit</td>
<td>2</td>
<td>Abortion</td>
</tr>
<tr>
<td>Papaya</td>
<td>1</td>
<td>Abortion</td>
</tr>
<tr>
<td>Rozelle</td>
<td>1</td>
<td>Because of religion</td>
</tr>
<tr>
<td>Pork</td>
<td>1</td>
<td>Because of religion</td>
</tr>
</tbody>
</table>

Most of them observed these restrictions throughout pregnancy. It is only the Deori respondents who followed these restrictions only in first trimester of pregnancy. Papaya and kordoi or star fruit (Averrhoa carimbola) a kind of acid fruit, are the only two items restricted by the two Deori respondents. When asked, it was informed by one of them that, as she has a history of abortion, her friends from the Assamese caste suggested avoiding papaya and kordoi and thus she avoided. Another respondent who restricted kordoi also mentioned the same reason. From the statements it is understood that as such restriction of food items during pregnancy in general Deori population is not common, these two are the only cases influenced by the neighbouring caste people. Avoiding papaya during pregnancy was also observed among the Sugalis of Chittor district of Andhra Pradesh (Kusuma, 1997:42-43). It was also reported by the south Indians (Rajlakshmi, 1979:38-44). Food taboos are reported by a few more respondents of the Karbis. The study included two Karbi families where the parturient mothers avoided pork and rozelle (Hibiscus sabdariffa), though they do not have the transparent idea about these taboos. Food restriction
during pregnancy is a common trait in all by the tribal cultures of Assam. Taboo in taking fish without scale and tortoise by pregnant mother among the Dimasas is observed by Danda; bombay duck and crab among the Tai Phakes, observed by Sharma Thakur; restriction on taking egg among the Mishings observed by Pamegam, etc. (cited in Bhuyan, 1993:84). Food taboos among the Garos under study are not found.

The finding of this study shows a positive trend among the tribes studied in relation to food taboo. Majority of the respondents had no any food restriction as such during pregnancy. As mentioned earlier, their diet is mainly rice based along with some seasonal vegetables. Though they relish meat and fish with rice, consumption of these generally depends on the availability. Besides, preparation of pulses and legumes is also very rare in the menu of the tribes studied. Therefore, have they been restricted foods which are rich in protein, vitamins and minerals, there would have been a great chance of malnourishment specially anaemia of the mother and in turn may affect the baby.

Like restriction on food during pregnancy, movement and certain acts during pre-pertum period are also governed by the society’s certain rules and regulations in many of the societies. Type of restrictions and reasons of restriction for these varies from society to society. Kusuma (1997:43) observed in her study that, visiting burial ground, temple uphill, doing strenuous work,
traveling after dark, etc. was tabooed by the expectant mother among the Sugalis of Andhra Pradesh. If these are not followed, they believe that the mother may have complicated delivery and it may also harm the baby. Such kinds of restriction are also in vogue among some of the tribal societies of North-East India. Funeral ground, a house where someone died recently, forests, deserted places, etc. are avoided by the expectant mothers of some tribal groups of Assam (Bhuyan, 1993:92). Prohibition to visit funeral ground by the Sugalis was also observed by Kusuma (1997:43). In addition, stealing, telling lies, killing of snake, bird, insect, etc. are some of the prohibitory acts for some of the tribes of Assam and Manipur (NIPCCD, 1998:27-28).

In this present study, only 21 mothers reported following such kinds of restriction. All these respondents are from the Karbi community. Forest is the prime place where these respondents were not allowed to go. To a particular place in the forest, where the rite relating to pregnancy is generally performed, is restricted to visit by expectant mothers. Women folk, both married and unmarried, should not even turn their faces to see that place. It is believed that, the forest god, who is appeased during pregnancy, may get angry and cause harm to the woman and her unborn child. They are also tabooed to visit burrial ground and deserted places. The main reason behind these restrictions was mainly for the fear of evil spirits. It would be noteworthy that, besides these 21 women whose movements were restricted, other 48 informants, though they did not follow such taboos, also believed the same. This is so because, those
mothers did not face such situation to visit those places and thus the question of restriction did not arise. Besides the above, they also believe that some acts like telling lie, showing any cruelty to any living object, doing anything harmful to others, etc. may harm the unborn child. These types of beliefs are reported more or less in all the villages under study. Similar kind of beliefs also exist among the Jaintias of Meghalaya and they believe that any misconduct of the expectant mother may result in difficult and prolonged labour and the woman is asked to confess for guilt. This is believed to ease the labour (Goswami, 1988:4).

On the whole, it is observed that, by any means whether these taboos exist and follow or not, they put importance to live a simple, clean and tension free life. The tribes, who have the pregnancy taboos, are not to strain the women but to support them emotionally throughout the pregnancy and delivery. Obeying and following the taboos, the mothers reported a kind of feeling of satisfaction and mental peace, which are scientifically very important during childbearing period. Though certain restrictions on foods and movements, such as avoidance of certain fruits and vegetables, meat, visiting forest, burial ground, etc. do not seem to be based on any scientific ground, but its psychological effect on the expectant women is quite influential to maintain a good health. Besides, it also shows the degree of concern by the mother or the family or the society to the expectant woman or the unborn child.
(e) Rites Performed During Pregnancy

In many societies performance of rites for the welfare of the unborn child and for safe delivery, is very common. Danda (cited in Bhuyan, 1993:86-87) observed worshipping of the goddess of child welfare by the husband of pregnant Dimasa woman by sacrificing a hen for safe childbirth. Goswami (1988:4) reports Jingknia-tap-kpoh, an important pregnancy related ritual, among the Hindu Jaintias of Meghalaya. Bhuyan (1993:87-88) found such ceremony among the Karbis. The Sugalis of Andhra Pradesh perform two ceremonies in connection to pregnancy (Kusuma, 1997:45).

In this study too performance of rites was reported among the tribes. In all, 31.67 per cent respondents informed of performing ceremonies in connection to pregnancy. It was reported highest among the Karbis with 89.47 per cent, lowest among the Deoris with 10.53 per cent and it was nil among the Garos. No definite time was reported for performing the rites. In both the communities, as reported, it was performed at any time during pregnancy. The rite performed during pregnancy by the Deoris is known as Lohit deo. However, it was performed only when they suffer from any complication during pre-pertum period. Among the interviewed Deori respondents who performed the rite had suffered from one or the other complication during pregnancy. Few of them performed it as they had abortions earlier cases. This rite is generally performed by the bar deori (the principal priest) near a riverbank along with
others and the husband of the pregnant woman, by sacrificing either a fowl or a duck along. The other materials required for the rite are betel nut and betel vine, banana, earthen lamp, an egg of hen, some herbs and rice beer. The group headed by the bar deori sacrifice the bird near the riverbank and the purpose of this rite is to protect the mothers from abortion and also for well being of the unborn baby. The following case studies will give a better idea about the performance of rite during pregnancy in the Deori society.

Case 1

Mrs. Charu Deori of Nam Deori gaon of Jorhat district, Assam, is 35 years old. Her husband Mr. Mrigen Deori, aged 40 years, is an agriculturist. They have 15 bighas of cultivable land. Altogether they have 4 living children. Mrs. Charu’s third issue was an unsuccessful one and she had abortion at her third month of pregnancy. Both Mrs. Charu and her husband are illiterates. No rite was performed during her pregnancy for the first two issues. As she had abortion in her third case, one rite called Lohit deo was performed at the fourth month of pregnancies for her last two issues. The elderly persons, both males and females of the village and her husband, performed this rite near the riverbank. Materials required for the rite were-fowl, betel nut, betel vine leaf, rice beer, earthen lamp, mustard oil, incense sticks, rice beer, etc. Her husband sacrificed the fowl and spells were chanted by the group present there. After that, they immersed all the materials used in the rite in the nearby river. However, she did not see the performance of the rite but came to know from her husband and elderly ladies of the village.

Case 2

Mrs. Krishna Deori of village Chamaguri, Sivasagar district, Assam, is a 32 years old housewife. Both she and her husband (35 years) Mr. Prabin Deori, studied up to class V. Mr. Prabin is a cultivator and they possess only 4 bighas of cultivable land. They have 1 son and 3 daughters. Mrs. Krishna conceived first when she was 17 years old. She mentioned of performing the rite Lohit deo at that time at her sixth month of pregnancy, because she had bleeding at that stage. The priest of the village
performed it near the riverbank with other elderly persons of the village along with her husband. She could not exactly tell how the rite was performed. But, she told that one fowl would have sacrificed, spells were chanted by pouring rice beer. She was also ignorant about the other materials used in the rite. As she did not have any complication in her subsequent pregnancies, the rite was not performed in any of the later cases.

Therefore, it is seen that, in Deori society there is no such rite, which is must during pregnancy, if there is no any known complication. Therefore, the above-mentioned rite is performed only when there is any problem during pregnancy. There is no such performance of rite that was reported among the Garos under study. However, most of them mentioned of having prayer meetings on or before the delivery day at home and at church.

The Karbis basically perform three ceremonies during pregnancy. The first one is usually performed before sixth month of pregnancy and known as *Hee-ee-phuri*. This is mainly performed to protect the perturient mother from any evil spirit. For this, sacrificing of either a pig or goat or a fowl or a duck is a must. It is performed in the forest under a particular tree called *kali tree* and to appease goddess *Kali*. There, the animal or bird or the both are sacrificed and all the persons present worship the goddess offering all the materials. Later, they organize a feast with the sacrificed animal and everybody present relish that feast. The second rite, known as *Hemphu avoor*, is performed at the time of delivery. For this a mature red male fowl is required. This is performed at home for safe delivery. Another rite called *Oti rongpang* is also performed at the time of delivery for which, an egg of a hen is required along with other materials. The
purpose of *Oti rongpang* is to see whether the baby will be normal or not. This is confirmed by breaking the egg. If the egg yolk is intact then it is assumed that the newborn will be normal and if the egg yolk is broken then the baby will be born with some abnormalities. Both the rites are performed for appeasing Lord Shiva. The materials required besides egg or bird or animal, for all the rites are- rice, wine or rice beer, *chaki* (a small earthen lamp), mustard oil, betel nut and betel vine leaf, green gram, bengal gram, incense sticks, a red lead (vermilion), etc. All the rites are usually performed by the village headman who is also a priest (the Karbis called him *Deuri*) in the village along with some other elderly persons and the husband of the pregnant woman. Sometimes, if the village headman does not know how to perform the rites, people take help from other who has perfect knowledge on these.

Though these three are different rites and should be performed at different stages of pregnancy, even then in practice it was not found following accordingly. Most of the Karbi respondents informed of observing such rites only at one time. Due to their poor economic condition, they are unable to conduct three rites and hence these are performed in two ways. In one practice, they vow for performing the first rite afterwards by tying betel nut and betel vine leaf in a piece of banana leaf and keep safely inside the house and perform later along with other rite. In the other practice they perform all the rites together at the time of first rite that is before sixth month of pregnancy. It was found that, in both the practices the performance of rite was done at home as
well as at forest and they performed the rites in all subsequent cases of pregnancy. Women are debarred from such rites. A section of the Karbis were not found following these rites. Although they knew about such ceremonies, yet, may be because of the influences of modernization/urbanization and for the impact of Christianity, were not found performing such rites. The following case studies will help to understand the situation of performing the rites in the Karbi society:

Case 3

Mrs. Kase Rongpipi (30 years), wife of Mr. Sarat Bey (35 years) is a permanent resident of Srikangnep village, district Karbi Anglong, Assam. She read up to class VII. She is the mother of 3 sons-Chandrasing (5 years 6 months), Motising (2 years 4 months) and Lakhising (1 day). Mr. Sarat Bey is an agriculturist and possesses 6 bighas of cultivable land. Mrs. Kase had performed pre-birth ritual in all of her pregnancies. In the first two cases the ritual was performed in the sixth month of her pregnancy, while in the last case of the pregnancy, it was performed in fifth month of her pregnancy. This ritual is performed in the nearby forest in which participation of females is strictly tabooed. This ritual is performed to propitiate the malevolent spirits to abstain from doing harm to the parturient mother and the unborn. To appease the spirits a fowl was sacrificed. Earthen lamps are fitted with mustard oil and cotton wick and the incense sticks are burnt in the ritual site where soaked gram, betel nut, betel vine leaf, rice beer, etc. are also offered to the deities. Mrs. Kase does not know the name of that particular ritual, but she sincerely believes that such ritual helps in safe and comfortable delivery.

Case 4

Mrs. Rina Singnerpi, aged 25 years is the wife of Mr. Jogen Enghi (28 Years) a Village Level Worker (VLW), residing at Rongchinbar village of Karbi Anglong district, Assam. She had studied up to class IX and her husband passed Higher Secondary Examination. They have 4 children and 28 bighas of cultivable
land. Mrs. Rina's first pregnancy was an unsuccessful one. In the
third month of the pregnancy it was aborted. Her family members
believe that as the pre-birth ritual was not performed, therefore,
the evil spirits destroyed the unborn in her womb. In her
subsequent pregnancies they made it a point to perform that
ritual in the sixth month of pregnancy without fail. In her last
pregnancy, she and her husband tied an areca nut along with a
betel leaf in a piece of banana leaf and vowed to perform the rite
as soon as possible. Afterwards in the eighth month of her
pregnancy, the ritual was performed. The ritual known as Hee-ee-
phuri, was performed in the nearby jungle to appease the sprits
who stealthily seek the opportunity to do harm to the parturient
mother and the child in the womb. In all her pregnancies, they
have sacrificed fowls and pigs; and broke eggs of hen to propitiate
the deities. She sincerely believe that due to the performance of
that ritual, she had easy deliveries and now she is the proud
mother of 4 children.

Case 5

Her name is Mrs. Kamala Ronghangpi. She is 28 years old
and a mother of 5 children. She is illiterate. Her husband Mr. Lalit
Timung is 40 years old and working as a fourth grade employee in
a government farm. His educational qualification is class IX pass.
They have 2 ¼ bighas of cultivable land. They are residing at
Sonarsing Teron village of Karbi Anglong district, Assam. They
performed the per-birth rite in all the pregnancy cases of Mrs.
Kamala. At third month in all her of pregnancy they took a vow to
appease the spirits by tying betel nut and betel vine leaf in a piece
of banana leaf and performed the rites between sixth to eighth
month of pregnancy. As she had complication at the time of
delivery for her fourth child, hence another rite was performed just
before the delivery of her fifth child. She mentioned the name of
the rite as Hemphu auoor, for which divination was performed by
breaking an egg of a hen. Just before the delivery the village
headman in the presence of other village elderly persons and her
husband broke the egg. It was done so, just to see whether the
baby is in normal form or not. After breaking, if the yolk of the egg
remains intact, it indicates that the baby is normal. In her case it
was intact. This rite was performed at home. However, she did not
see the performance of the rite, because the women are debarred
from such ritual. Besides the egg, other materials used for this as
well as the previous rite, which was performed in forest were-fowl,
rice, flower, vermilion, rice beer, earthen lamp, incense powder,
mustard oil, incense sticks, salt, firewood, etc. She also told that, instead of fowl, pig or goat also could be sacrificed according to the economic condition of the family. Her family sacrificed a goat in the ritual relevant to her last pregnancy. However, she could not tell the name of the first rite. She only knows that, the first rite is performed to protect the mother from the evil eyes and the malevolent evil spirits. While asking, she told that, later, the elderly persons of the village who participated in the rite, had a feast in the forest after finishing the rituals. Mrs. Kamala Ronghangpi came to know all these only from her husband, because ladies are not allowed to attend the rite.

Case 6

Mrs. Nirupa Timungpi of Sanmari gaon, district Karbi Anglong, Assam, is the wife of Mr. Dhirensing Rongpi. They belong to a joint family of 7 family members. She is 22 years old and studied up to class IX. Her husband is a businessman. They have only one son aged 2 years and 2 months. Mrs. Nirupa performed only one rite, that too after fourth month of her delivery. However the family members kept the offering at her third month of pregnancy and was performed at the fifth month after delivery along with the rite performed with the baby known as Amam Pharnavoor. In this rite they gave 2 fowls, one of which was taken to the forest by the village headman with 3 elderly village men and her husband for sacrificing it in the Kali temple located under the Kali tree. Other materials required for the rite were same as in the other two case studies mentioned above.

The above case studies show that the Karbis perform some rites during pregnancy. However, performance of such rites are not constant everywhere. In case of Mrs. Kase Rongpipi (case-3), they performed only one rite before the sixth month of pregnancy. Whereas, in Mrs. Rina Singnerpi’s case (case-4), offering was kept beforehand for the rite and was performed at eighth month of pregnancy. In case of Mrs. Kamala Ronghangpi (case-5), family members performed two different rites during pregnancy and in case of Mrs. Nirupa
Timungpi (case-6), offering was kept at third month of her pregnancy, but was performed after delivery.

(f) Work Load During Pregnancy

Adequate rest and sleep are very important for maintaining a good health, whereas excessive rest and work are harmful for the expectant mother. She should perform some amount of light exercises in the form of daily household works. But, lifting things, mopping floors, washing heavy cloths, etc. should be avoided. However, women who do not perform any household work, especially in urban areas are advised to perform some amount of light exercises under the supervision of medical personnel. Likewise, adequate rest in a well-ventilated room is very important for the pregnant woman. In this study, most of the mothers reported of performing their daily routine work throughout the pregnancy. Table 5.5 shows the distribution of mothers according to the extent of performance during pregnancy.

Table 5.5

<table>
<thead>
<tr>
<th>Extent of work</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost all</td>
<td>97</td>
<td>68</td>
<td>88</td>
<td>253 (84.33)</td>
</tr>
<tr>
<td>To some extent</td>
<td>3</td>
<td>31</td>
<td>12</td>
<td>46 (15.33)</td>
</tr>
<tr>
<td>Not at all</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1 (0.33)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>300</td>
</tr>
</tbody>
</table>
The percentage of respondents performing almost all the normal routine work till the time of delivery was highest among the Deoris and lowest among the Garos. It is clear from the above table that, work relaxation was little more among the hill tribes than the plains. Again between the two hill tribes, relaxation was seen more among the Garos. In most of the cases they tried to continue their routine work till delivery and help was sought only when they found difficulties to carry out certain tasks. However, their routine responsibilities whenever needed were shared by the family members, mainly the husbands in nuclear families and the female members in joint families. They believe that hard physical work is helpful to ease the delivery. In most of the cases they were burdened with more work than their husbands. The normal routine work for the respondents are such as cooking, washing utensils and clothes, sweeping and mopping, weaving, looking after children, agricultural activities, carrying water, rearing domestic animals and birds, collecting fire woods, pounding rice, preparing rice beer, etc.

It was seen that the people in all the tribes do not know the importance of rest and relaxations during pregnancy. For them it is a natural phenomenon and would go on naturally. Therefore, no one mentioned about extra relaxation and performing any exercise too. They took a nap at daytime only when they feel little tired and are unwell. As a whole, a pleasing and strong family cohesion was observed with fewer conflicts in helping the pre-parturient mothers.
Fig. 5.2: Graphic presentation of the sample according to the place of delivery
PROCESS OF DELIVERY

Like pregnancy, delivery is also a natural process and generally there should not be any problem if everything is normal. But certain difficulties or complications may arise during the process and, therefore, precautions should be taken beforehand. A successful delivery reduces the mortality and morbidity of both mother and child. As mentioned earlier, the maternal mortality rate of our country is very high. Many women die due to various causes relating to child bearing. Complicated delivery is one of the causes among these. It can be minimized if delivery is conducted by and under the supervision of trained and skilled medical personnel. Generally, institutional delivery reduces the danger of delivery arises if any to great extent than domiciliary delivery. Thus an attempt was made in this study to understand the particulars of delivery of the respondents.

(a) Place of Delivery

Information regarding places of deliveries was collected only for the children below 4 years at the time of data collection. Fig. 5.2 shows that more than three fourth deliveries of the respondents took place at home. The tribe-wise distribution of places of delivery cases (below 4 years) of the respondents is shown at table 5.6.
Table 5.6

Tribe-wise distribution of cases (below 4 years) according to the place of delivery

<table>
<thead>
<tr>
<th>Place</th>
<th>Deori (%)</th>
<th>Garo (%)</th>
<th>Karbi (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>112 (70.89)</td>
<td>118 (86.76)</td>
<td>100 (72.46)</td>
<td>330 (76.39)</td>
</tr>
<tr>
<td>Hospital</td>
<td>46 (29.11)</td>
<td>18 (13.24)</td>
<td>38 (27.54)</td>
<td>102 (23.61)</td>
</tr>
</tbody>
</table>

Total (%) 158 (36.57) 136 (31.48) 138 (31.94) 432

It is obvious from the above table that home deliveries were highest among the Garos and lowest among the Karbis. Again among the hospital deliveries the Deoris were in first place with maximum number of cases. In all, less than 20 per cent respondents had admitted in hospital for one or more deliveries. Interestingly, the Karbis were in first place with 24 informants followed by the Deoris and the Garos with 21 and 14 mothers respectively. In this regard it was observed that respondents near to the Diphu town of Karbi Anglong mostly had undergone hospital deliveries and thus the percentage is more than the Garos. Besides, higher percentage of nuclear families and lack of experienced lady family members among the Karbi households surveyed would have forced them to avail medical help.
On a whole, reason for majority of the respondents for not going for hospital deliveries were - it is a natural and normal phenomenon and therefore, they did not feel necessary to go to the hospital, seeing other home deliveries they were reluctant to go to the distant hospital and lack of conveyance facilities also restricted them to go for hospital delivery. Besides, the respondents, mainly the Karbis, who performed per-birth rites were a bit confident about normal and safe deliveries and thus did not go for hospital deliveries. Lack of awareness about the importance of hospital deliveries and in addition to all many of the respondents expressed their poor economic conditions to go for hospital delivery.

(b) Birth Attendant

A birth attendant is considered the most important person at the time of delivery. Usually, in normal cases an experienced birth attendant (though not trained) can tackle the delivery safely, if there is no any complication. But, necessity of a trained birth attendant sought to a great extent if any complicacy arises. Out of 330 home born children (below 4 years) covered for the study, only 68 (20.61%) cases were attended by trained medical/paramedical practitioner. It was highest among the Deoris with 49 cases followed by the Garos and the Karbis with 10 and 9 cases respectively. Table 5.7 reveals the various birth attendants attending deliveries among the tribes.
Table 5.7

Tribe-wise distribution according to various birth attendants attending deliveries

<table>
<thead>
<tr>
<th>Birth attendant</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village women</td>
<td>24</td>
<td>47</td>
<td>54</td>
<td>125 (37.88)</td>
</tr>
<tr>
<td>Traditional dai</td>
<td>5</td>
<td>42</td>
<td>8</td>
<td>55 (16.67)</td>
</tr>
<tr>
<td>Family member</td>
<td>29</td>
<td>7</td>
<td>17</td>
<td>53 (16.06)</td>
</tr>
<tr>
<td>Nurse</td>
<td>39</td>
<td>4</td>
<td>7</td>
<td>50 (15.15)</td>
</tr>
<tr>
<td>Village women and family member</td>
<td>5</td>
<td>12</td>
<td>9</td>
<td>26 (7.88)</td>
</tr>
<tr>
<td>Doctor</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>11 (3.33)</td>
</tr>
<tr>
<td>Trained dai</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>7 (2.12)</td>
</tr>
<tr>
<td>Husband</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3 (0.9)</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>118</td>
<td>100</td>
<td>300</td>
</tr>
</tbody>
</table>

From the table 5.7, it is evident that majority of the Deoris availed medical facilities in connection to childbirth, than the other two hill tribes. A remarkable difference is noticed in this aspect between the plain and hill tribes. There is not much difference between the hill tribes as far as place of delivery is concerned. Again, it would be noteworthy that higher level of literacy among the Deoris might have influenced in understanding and availing help from medical personnel. Although, the total number of institutional deliveries among the Deoris was less than the Karbis, yet deliveries attended by the medical personnel were more than the Karbis. However, literacy is not the only cause responsible for this. As mentioned earlier, distance to the health center and medical personnel, poor economic condition of the family and lack of experienced family members also influenced greatly in this aspect. This is also supported by the fact of husbands as birth attendants among the Karbis in
three delivery cases which was nil in the other two tribes. Such type of incidence among the Karbis was also observed by Bhuyan (1993:98).

More or less in all the tribes, birth attendants (only in case of home deliveries) possess a special status in the society. They, mainly in the Deori and Karbi communities are often treated with clothes, money, betel nut and betel vine leaf on the occasion of purification ceremony after childbirth. No such ceremony was reported among the Garo community, but the birth attendants were given clothes and money according to their capacity. However, such kind of formalities were not much reported in case of birth attendants who were family members.

(c) Instrument Used for Cutting Umbilical Cord

Using a clean and sterile instrument for cutting the umbilical cord is a must to avoid infections. Now a days, new blades are easily available almost in every market or shop, thus people often use this instrument for cutting umbilical cord. However, uses of certain traditionally used instruments are also prevailing among the people in various places. Among the studied tribes, the most common instruments and devices used for this are new blade followed by bamboo splinter and scissor. Besides, old blade and Knife were also reported by some of the respondents. These information were collected only in case of home
deliveries. The tribe-wise distribution of mothers in accordance to the instrument used for cutting umbilical cord is given at table 5.8.

Table 5.8

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New blade</td>
<td>37</td>
<td>101</td>
<td>28</td>
<td>166 (50.3)</td>
</tr>
<tr>
<td>Bamboo splinter</td>
<td>41</td>
<td>7</td>
<td>62</td>
<td>110 (33.33)</td>
</tr>
<tr>
<td>Scissor</td>
<td>34</td>
<td>5</td>
<td>5</td>
<td>44 (13.33)</td>
</tr>
<tr>
<td>Old blade</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>8 (2.42)</td>
</tr>
<tr>
<td>Knife</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2 (0.62)</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>118</td>
<td>100</td>
<td>330</td>
</tr>
</tbody>
</table>

The use of blade was highest among the Garos, whereas majority of the Deori and the Karbi mothers mentioned bamboo splinter. Again between the Deoris and the Karbis, the use of bamboo splinter was highest among the Karbis with 56.36 per cent than the Deoris with 37.27 per cent. Only 7 Garo mothers reported using this device. The third extensively used instrument was scissor and its use was reported more by the Deoris (77.27%) than the other two hill tribes (11.36% each). Five Garo and 3 Karbi mothers used old blade which was nil among the Deoris. Use of knife was found only in two cases of the Garos. Nobody mentioned about proper sterilization of these instruments.
(d) Disposal of After Birth

All the respondents who delivered their babies at home reported of disposing the placenta with great care. They reported of burying the placenta in a secured place away from the reach of animals and birds. The Deoris mostly informed of burying it under the house and exactly below the bed of couple. They usually tie it with a piece of white new cloth and bury. The pit is generally dug by the husband of the respondent and he only buries the after birth product. In some cases the birth attendant and the village ladies used to bury it. Some of the respondents, mainly from Kakapathar block, informed of burying it after placing on a piece of banana leaf facing towards east. They also litted an earthen lamp facing east. However, it was not found in other areas inhabited by the Deori community. They believe that closer the burying place sooner the next child, or if they want one more child the pit is made near to the house. On the other hand if they want to increase the spacing between two children they bury the placenta far away from the house. Few of them also mentioned that, further the placenta is disposed from the house, longer the child lives in his life.

Among the Karbis it was found that the responsibility of disposing this after birth product mainly lay with the ladies who helped in childbirth or the mother of the respondent. In some cases the husbands dug the pit inside residing campus, but it was burried either by the mother of the newborn herself or by the village ladies. They believed that if any animal or bird or any ghost or
evil spirit reaches the placenta, it is bad for the baby and may cause illnesses and disturbed life. Such kind of beliefs was also prevalent among the tribes of Bihar, Madhya Pradesh and Assam (Bhuyan, 1993:103).

Christianity kept the Garos and the two Karbi families away from all such kinds of beliefs and rituals. They organized prayer meetings either at home or at Church for the blessings of the God almighty and gave feast to the relatives and the community members. However, it was buried mostly by the ladies in the villages of Kamrup district and husbands in Goalpara district.

**CARE DURING POSTNATAL PERIOD**

Care of post parturient mother should be of great concern. Personal and environmental cleanliness are very essential to keep the mother away from any infection. Likewise, nutritious and balanced diet helps the mother to regain strength and re-establish maternal depletion at the earliest. Therefore, realizing these factors family members should take interest in these matters along with providing adequate rest to the parturient mother until and unless she becomes normal to carry on her normal routine work. Data was collected in respect of kinds of care received by the mothers of the three tribal communities and are narrated below:
(a) Food after Delivery

Usually, during early period soon after labour the mother should not be given a large amount of meal. Instead, she should be fed with a soft and easily digestible mixed diet. Giving a special diet to the mother immediately after delivery is very common in many societies. In this study too majority of the mothers received a special curry known as jal. It is a kind of soup and generally prepared with either chicken or fish or colocacia or papaya or combination of the vegetables with meat or fish. Whatever it is, addition of black pepper powder is must. It is believed that, because of some medicinal value of black pepper it heals the internal organs of the mothers that had ruptured during delivery and provide strength to the mother. Most of the respondents under study reported of having such kind of preparations just after delivery. Chicken jal was the most common for more than 62 per cent mothers. Next highest group (8.67%) received fish jal followed by vegetable jal (8.33%) and milk/viva, etc. (4.33%). Most of them prepared chicken or fish jal either with papaya or with colocacia. These two vegetables are believed to increase the milk production of the mother. Receiving chicken jal was highest among the Garos (70.0%) followed by the Deoris (60.0%) and the Karbis (32.0%). Use of fish was reported more among the Deoris than the other two and majority of the Karbi respondents used vegetable jal than others. Respondents of all the three tribes believe that jal prepared with magur fish and hogfish are better than the other non-vegetarian
items, but since these two are not easily available they had chicken **jal**. However, people who could not afford chicken or fish, they had vegetable **jal**. Receiving items of milk category was found only among the Karbis. Most of them reported of having these **jals** or milk with or without rice. Although, the period of receiving these special foods ranged between one day to one month, yet most of the respondents received it for 2-3 days and then for one week depending upon their economic conditions. In addition, 6 Deori mothers had the leaves of sweet potato and leaves of a kind of local plant known among them as *gakhirati bon*. These two items are believed to be beneficial for milk production. In all, more than 16 per cent respondents did not receive any such kind of dietary attention and they were mostly the Karbi mothers.

**(b) Post-Delivery Food Restriction**

In many societies certain foods are restricted by the post-parturient mothers. Some of the food fads and fallacies of Gujarat tribes are reported as follows. Some tribal women believe that consumption of alcohol by the women causes diarrhoea in infants and hence the lactating women taboo it. Consumption of salt, chillies, wheat, black gram dhal, jawar, new maize and moth beans is believed to make the breast milk indigestible to the child and hence these are restricted by the mother (Gopaldas, et al., 1983:1-18). A wide range of items like mutton, pork, duck, dry fish, pumpkin, bottle gourd, ash gourd, brinjal, ladies finger, etc. are avoided by some of the tribal communities of
Assam (Bhuyan, 1993:106-107). In this study too nearly 30 per cent of the mothers avoided a number of foodstuff after delivery. Among those, most commonly avoided foods are pork, mutton, black gram dhal, pumpkin, jackfruit, spices, chillies, bora rice (a kind of sticky rice) and pine apple. These are believed to be of ‘hot foods’, which may cause stomach trouble in babies. Bottle gourd, curd, previous day’s left over rice, citrus foods, etc. are believed to be ‘cold foods’ that may cause cold, cough and fever to the newborn and thus avoided. Avoidance of such food items was mostly found among the Deoris and the Karbis. However, variation between these two tribes was not much apparent. Among the Garos, only 8 mothers reported of such food taboos.

(c) Rest and Seclusion Period

Adequate rest after delivery is necessary for the post-parturient mother to restore her energy and to return to her normal routine work. Most of the respondents of all the three tribes did not receive any rest as such except the first 1-3 days of delivery. They are mostly the nuclear families where the mothers are bound to return to their normal routine work. Mothers in joint families are relaxed to some extent as their duties are shared by the other family members. However, mothers, especially the Deoris and the Karbis, who observed seclusion period after delivery, were exempted from doing certain activities mainly entering into the kitchen for cooking and serving food. The Garos, being Christians do not observe such kind of seclusion and thus there is
no such restriction for any work. The Garo mothers, hence returned to their normal routine sooner than the mothers of the other two tribal communities. Therefore, out of all 300 mothers, for majority of them (78.0%), there was no rest, 15 per cent of them took rest for 1-7 days and 7 per cent mothers reported of taking rest for one month. Observing seclusion period after childbirth is found in many societies. In Assam it is common among the Assamese caste population. It was also found among the non-Christian Garos, Karbis, Mishings and the Dimasas (Bhuyan, 1993:108-109).

The period of seclusion after childbirth reported among the Deoris and the Karbis is generally till the time of falling off of the umbilical cord. However, some of them, mainly the Karbis who are economically little sound, observed seclusion period till one month. Distribution of mothers according to the seclusion period is given at table 5.9.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Deori</th>
<th>Garo</th>
<th>Karbi</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7 days</td>
<td>90</td>
<td>0</td>
<td>47</td>
<td>137 (45.67)</td>
</tr>
<tr>
<td>8-18 days</td>
<td>9</td>
<td>0</td>
<td>17</td>
<td>26 (8.67)</td>
</tr>
<tr>
<td>19-21 days</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3 (1.0)</td>
</tr>
<tr>
<td>22-30 days</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>32 (10.67)</td>
</tr>
<tr>
<td>Nil</td>
<td>0</td>
<td>100</td>
<td>2</td>
<td>102 (34.0)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>300</td>
</tr>
</tbody>
</table>
For majority of them, seclusion period was within the range of 1-7 days. It was mostly the Deoris who observed seclusion period from 1-7 days. Among them, the longest duration for seclusion period was three weeks and that too only by 1 mother, whereas, longest duration among the Karbis was one month and it is the second largest group of mothers of this tribe observing seclusion period. All the Garos and the 2 Karbi mothers, because of Christianity did not observe any seclusion.

The mothers of the Deori and the Karbi communities who observed seclusion period had also performed some purification ceremonies and they were allowed to cook and serve food only after lifting up all the restrictions relating to childbirth. The purification ceremony among the Deoris is performed by sacrificing fowl or pig on or after the day of falling off the umbilical cord. Extensiveness of the ceremony occurs according to the economic condition of the family. The day of purificatory ceremony should be of odd numbered, such as on third, fifth, seventh, etc. and it should not be the day of birth of the baby. Presence of minimum three elderly ladies from three different clans is a must for the ceremony. The number of such ladies may be more, but again it also should be of odd numbered. The family may also invite other community members for the feast, depending upon how elaborately and extensively they are performing it. But those odd numbered ladies are given special importance. They mainly perform the rite and bless the mother and the child. The birth attendant is also honoured in this function, mainly with clothes, betel nut and
betel vine leaf, money and rice beer. Generally the birth attendant (in case of home delivery) comprises one of the ladies of different clans invited. In case of hospital deliveries and deliveries conducted by medical staff, only the village elderly ladies are invited. In the Karbi society, it is generally performed by the village headman who also has a priestly status in the society along with the other elderly men of the community and the newborn's father. Like the Deoris, the Karbis also sacrifice an animal or bird for that occasion and after the rite, a feast is given with rice and rice beer to the group. Other community members both men and women and relatives of the family are also invited for the feast. In that ceremony, the birth attendant is also honoured with money, clothes, rice beer, etc.

From the foregoing description, it can be commented that all the particulars relating to pregnancy and the childbirth are culture specific. The Deori and the Karbi people are still tradition bound and except few cases, changes due to modernization in relation to pregnancy and childbirth is very slow. But, Christianity has succeeded to some extent to bring the changes among the Garos. However, detailed and separate investigation is necessary to find out such changes in this regard. It is mentioned so, because in most of the cases such as beliefs, rites, taboo, etc. the informants answered negative referring to their religion.
It is not an easy task to change the societies from the non-beneficial practices, such as avoidance of nutritious food items during pregnancy and after delivery, delivery attended by untrained persons, use of unsterilised instrument for cutting umbilical cord, etc. specially if these are culturally deep rooted. But, appropriate education, proper and timely implementation of different governmental and non-governmental organisation's schemes and programmes, may be able to eradicate such practices.