Chapter 7
Delivery
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DELIVERY

The pregnant woman first informs her avva (mother) or any other elderly women in the family about the pains that she is getting in her nada (waist) during the first delivery. Looking at the type of the byane (pain) the pregnant woman is undergoing and by their way of calculating the months and days of her pregnancy the elderly women recognize that the pregnant woman is having labour pains. The women keep track of the number of days and months of pregnancy by looking into the number of full-moon days and half-moon days elapsed after the cessation of menstrual cycle. For subsequent pregnancies the women themselves are capable of identifying their byane (labour pains) based on the previous experiences.

The women said that once the labour pain starts the elder women of the family ask the men in the house to call a soolgitti (traditional birth attendant) or any other women who is experienced in conducting the delivery. The soolgitti (traditional birth attendant) or the elderly woman examines the pregnant woman and tells whether the delivery can be conducted at home or she needs to be taken to hospital. If the pregnant woman’s naval protrudes out they say the margakke bandilla (fetus is not in the correct path for delivery), and therefore they believe that delivery may be complicated and send the woman to hospital. The people are aware of the fact that to which hospital they should take the woman in the case of difficulty. They choose a particular hospital, based on the previous experience of their relatives or that of the neighbours or of their own previous experience. But now-a-days the family of the women does not call the soolgitti (traditional birth attendant) to decide where to go for delivery. Usually women and the family decide where to go for delivery before hand. They are scared of the complications during delivery and they have seen and heard of woman dying during home deliveries. Most of the younger women prefer to go to hospital for delivery.
because they say if some complications occur the *soolgitti* (traditional birth attendant) cannot handle and by the time they reach hospital it becomes very late. Earlier the people were very poor that both men and women had to work to earn their living and agriculture was the only option but today the people have many options other than agriculture like service, non agricultural labour and therefore the living condition of the people have improved compared to earlier years (30 years back) and the type of family they live in are also undergoing change. Also people are open to mass media, bio medical ways of treatment, and education.

Once they decide to go to hospital they wait for two to three hours after the pain starts. They say, if the pain starts at the back side of the waist, then it will take more time for delivery and if the pain is in the front part of the waist then delivery will not take much time and therefore woman should be taken care of immediately. Before going to hospital the pregnant woman is given a cup of black tea because the woman should not sleep during delivery. The state transport buses are used to go to the hospital for delivery. If the pain starts in the night after ten o’ clock they wait till morning to go to hospital, as there are no bus services after ten at night. They call the *soolgitti* (traditional birth attendant) to see if the delivery can be conducted at home. If the delivery cannot be conducted at home, women say they sleep with pain, and go to hospital only in the morning. They don’t mind the delivery taking place at home by that time. For Lakshmi Khandoba Sugandhi, during her second delivery the labour pain started at night but she could not go to hospital as there was no bus service in the night. She slept that night with the labour pain. The *soolgitti* (Traditional Birth Attendant) and the other elder women staying in her neighbourhood tried if she could give birth at home by putting hot water on her back and making her drink *avadle yenne* (castor oil) but she did not deliver and later in the morning her *atti* (mother-in-law) and an elderly woman from the neighbourhood were taking her to civil
hospital in Dharwad by the State Transport Bus. On the way to hospital the labour pain became severe. The women who were accompanying her asked the driver to stop the bus. *Lakshmi* was later brought down from the bus and made to lie on the roadside where she gave birth to child. Later, they did not go to hospital and came back home. This explains difficulty a pregnant woman and her family faces when the labour pain begins in the night, and the problems involved in the accessibility of health facilities.

Once they go to the hospital they are taken to the labour room and the *byane injection* (pain inducing injections) are given to induce labour pains. If the delivery takes time they are made to walk around the hospital and only after the severe pain starts she is put in the labour room. The delivery in the hospital is conducted in the lying position. After half an hour of the delivery the woman is taken to the ward. The nurse then cleans the *koosu* (baby) by wiping it with a cloth and then gives it in the hands of delivered woman to breast feed. By then, the elders who accompany the woman during delivery give her a cup of tea and biscuit. If there are no sutures put on the vagina, and the woman does not have any other health problems like stomach pain, fever, convulsions and headache, she is allowed to go home on the same day after four to five hours of delivery. Otherwise, the woman is kept for five days in the hospital till her condition becomes stable. It is found that the woman’s mother, father and the other relatives or neighbours accompany the woman to the hospital during the delivery as the common practice is that woman is in her natal home during delivery and therefore husband do not accompany her to hospital. But in case if the woman stays back at her husband’s home for delivery it is the *atti* (husband’s mother), *mava* (husband’s father), *ganda* (husband), *mava* (husband’s brother) and *negenniyaru* (brother’s wives) accompany the women.

In case of home delivery, the elders in the house prepare hot water and *nadakke sudo sudo neeru haaktare* (pour it on the back portion waist). The woman is taken to
the bath room, made her to bend and then pour hot water on her back. It is believed that the woman’s nada (waist) will become lighter so that she can easily deliver. She is later given a cup of tuppa (ghee) or avadlee yenne (Castor oil) mixed in water to drink. She is also given jeerige kaadya (an extract made out of boiling jeera with water). The people believe that it will make the hotte (stomach) of the pregnant woman socha (clean) and kavu (warm) and will push the fetus down easily. By this time men in the house call the soolgitti (traditional birth attendant). She makes the pregnant woman to remove her gudadali (wedding chain), bali (bangles) and kaalungura (the toe ring) before the delivery. These ornaments are removed because during the child birth the women make lot movements and these ornaments may hurt the woman. The person who conducts delivery drops coconut oil on the woman’s naval and sees that how much time it will take for the woman to deliver. If the oil falls evenly around the lower abdomen then the delivery will occur soon and if the oil spreads unevenly then the delivery will take time and will be complicated. Then the soolgitti decides if she can conduct the delivery on her own or the women needs to be taken to hospital. And if she, the woman and the woman’s family members decide to conduct the delivery at home the soolgitti makes the pregnant woman take sitting position. Conducting the delivery in sitting position makes it easy for the soolgitti and for the woman.

Once the baby is delivered, they wait for maasa (placenta) to come out. If it does not come out easily they put hair of the woman into her mouth which will give the woman a sensation nausea which in turn will force the maasa (placenta) out. The huri (umbilical chord) is cut using a new blade. The elder women say, earlier they use to cut the huri (umbilical chord) using a kudgolu (sickle). And if the girl baby is born they apply maasa (placenta) on its face, hand and the legs so that hair will not grow on these parts later on. After this both the mother and child are given bath with hot water. The person who conducts delivery gives bath to the child and the delivered woman’s mother
gives her bath. It is the mother of the delivered woman who gives her bath after
delivery because the woman is not shy in front of her mother. After this the delivered
woman is given alavi (a kind of pulse which is boiled mixed with water) to drink. They
say the woman will have lost energy during the child birth and this juice will help her
regain the energy (kasu). Later on the woman and the child are made to sleep. A
separate place is given to both the mother and the child, around which a parji (screen)
is tied. This separate place is either a room or a part of the room. They make it sure that
the mother and child is not affected by cold breeze, because the villagers believe that
both the mother and child should be kept kavu (warm) or their body will become tampu
(cold) which will lead to kayi kaalu haryodu (body pain), hotte noisodu (stomach
pain). Both the mother and child are made to sleep on a cot made of jute fibers which
they call as horsu. This cot is prepared specially for the delivered woman and her child.

A new madike (earthen pot) is brought and the maasa (placenta) along with the
yelu tarada kaalu (seven types of pulses) and coins are put in it and its mouth is closed.
Later on an elderly male of the family digs a teggu (pit) at the backyard of the house
and burry the maasa (placenta) which is put in the earthen pot. The people of the
village believe that there is still life in the maasa (placenta), and this life does not come
to an end with the cutting of hurt (umbilical chord ) therefore it is given ritual
importance.

In return of the services rendered by her during the delivery the soolgitti
(traditional birth attendant) is made to take bath and removes all her bali (bangles) and
seeri (sari) that she wore while conducting the delivery. She is made to drape a new
saari given by the delivered woman’s family. Only then she can go home. This is
because child birth is considered to be polluting to the people who are conducting it, as
there is discharge of holi (blood) and perofmance of the ritual of giving the saari
purifies it.
For the first two deliveries the women go to her *tavru mane* (natal home) and therefore the husband’s are not present during the delivery as all the families of the village follow the rule virilocal residence. It is the head of the woman’s natal family bear the expenses of deliveries. However, the third delivery woman stays back in the husband’s house as it is said that three deliverie should not take place in the same home which will cause *kedu* (bad luck) on either of the families.

From the above discussion it is clear that the women of the village consider two options when it comes to deciding on the place of delivery. The villagers choose between these two options based on their economic condition, previous experience, accessibility of *soolgiitti* (traditional birth attendant) or health facilities. It also depends on other circumstances prevailing at home during the time of delivery that is people available to accompany the women to hospital, having money to spend in the hospital, place to conduct delivery at home that is discussed below.

Table 25: The place and person who conducted the last delivery

<table>
<thead>
<tr>
<th>Person who conducted delivery</th>
<th>Place of last delivery</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home</td>
<td>Public</td>
</tr>
<tr>
<td>ANM</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Doctor</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Nurse</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Traditional Birth Attendants</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>59</td>
</tr>
</tbody>
</table>

The Table 25 shows that 49(39.2%) of the women gave birth to their last child at home, 59(47.2%) of the women gave birth in public hospital, 16(12.8%) of the women gave birth in private hospitals and one of the women gave birth on the road when she was on her way to hospital. It is clear from the table that there is shift in the place of delivery that is from home to hospital as the data above shows more hospital
deliveries compared to home deliveries. The villagers have started living in nuclear family household in which the husband, wife and unmarried children live and therefore even if a woman decides to go in for home deliveries there are no elderly women in the house to help her. It is one of the reasons for shift in the place delivery from home delivery to hospital. People say that in earlier days the health facilities which are in Dharwad were not accessible as there were no transportation facilities. There is shift in place delivery also for the reason that people say compared to earlier days now the chances of difficulty and deaths during delivery is more in case of home deliveries as there are new kinds of diseases like BP (Variation in Blood Pressure), Pits (Convulsions) of which they had not even heard of during earlier days. The women today do not have kasu (energy) and therefore are not able to induce pain during delivery and in hospitals the doctors or nurse give byane injection (injections to induce pain).

People of the village even when they have shifted the place of delivery say if everything is sarala (goes on well), that is without any complications home delivery is the better option. If the delivery takes place at home the soolgitti do not scold the woman during delivery for not giving proper pain but in case of hospital deliveries the sisters (Nurse) scold them and sometimes beat them for not giving labour pains. Also in hospitals especially in public hospitals they do not get hot water. The care that a woman gets immediately after the delivery, villagers consider as most important and these kind of care is not given in hospitals. At home, hot water bath is given immediately after delivery by applying bevina tappla (neem leaves) and arshina (turmeric) paste mixed in kobbari oil (coconut oil) which helps reducing the body pain, the alavi that is given for drinking to delivered women soon after delivery. These care that the woman receive will keep the women healthy free from joint pains, body pains. In the hospitals they
give kavina injection (Injection given to keep the body warm) is they say it is only a temporary relief. But the neem, turmeric paste and hot water bath will keep the women strong for life time Therefore, if everything is fine women consider the option of giving birth in home.

Of the 49 home deliveries, 3 deliveries were conducted by ANM, and 46 of the deliveries were conducted by soolgitti (traditional birth attendants). Of the 59 deliveries in the public hospital, 50 of them were conducted by the nurses and 9 of the deliveries were conducted by the doctors.

Of the 75 hospital deliveries majority (59) of the people went to public hospital for delivery. Even when many of the villagers go to public hospital for delivery they do not appreciate the care given to patients in public hospital at Dharwad. The sistergalu (Nurses) in the hospital scold the women during delivery if they do not give byane kododu (pains that forces out). They ask the women to give proper pains as it pushes the baby out. In the public hospital proper care is not given.

Manjula Basavan Gowda Patil during her second delivery went to a public hospital in Dharwad for delivery at around 8 O’ clock in the evening. Since it was in the night time the doctors were not available. The sisters (nurses) checked her abdomen and told that she cannot have a normal delivery. They told her parents that the doctor will perform the caesarean in the next morning, therefore gave her a bed and asked her to stay back on that night in the hospital. The nurses later did not turn up to see her. In the mid night Manjula got severe labour pains. When her mother went to call the sister (Nurse) they said they will come in the morning to check Manjula. By looking at her pain and suffering one of the elderly women who had come to hospital for her daughter’s delivery came forward to help Manjula. The elderly woman conducted the delivery in the night and Manjula gave birth to a male child and only then the nurses
turned up. The elderly woman told *Manjula* that the baby had come out but the nurses did not notice that. This clearly indicates the quality of care that a pregnant woman gets in the public hospitals.

They say, with this kind of treatment they have to go to public hospital during delivery because they are not able to spend the money that the private hospitals ask them to pay for one delivery even when they know the quality of care and facilities that are available in private hospitals are better. They do not have any other option than going to public hospitals. The Table 25 shows that of the 75 women, who visited hospital for the last delivery, 16 of them visited private hospital for delivery and all the other gave birth in public hospital. They say even for a normal delivery they charge Rs.3,000/- to Rs.5,000/- and if the delivery is caesarean they charge minimum of Rs.10,000/-. The women visit private hospitals in case if the public hospitals do not attend the case due to complications like if the woman get *pits* (convulsion during the delivery), or *hurisuthkolodu* (the umbilical cord is twisted around the neck of the fetus) in such cases the public hospitals do not admit the woman because they say they do not have facilities to treat such cases and therefore refer them to go to Public Medical college hospital at Hubli, a city which is 30 kms away from Dharwad. But it becomes far for the people to reach therefore they decide to go to private hospitals in Dharwad.

The money spent on delivery depends on type of delivery. In case of *caesarian* (caesarian delivery) the amount incurred is more compared to *normal* (normal deliveries) and *thrass* (difficult deliveries). By Caesarian the villagers mean that the fetus is taken out by operation that is fetus is removed by cutting the abdomen. By *thrass* (difficult deliveries) villagers mean those deliveries where in women felt difficulty– The difficulty may be stopping of labour pain in between which makes the delivery delayed and also there are chances of the death of the fetus, or the fetus is too
large and it becomes difficult for delivery. These are considered as difficult deliveries as people believe that delivery should happen without any of these difficulties. The normal delivery is one where woman gets labour pain, and gives birth to a child with in two-three hours of the beginning of the labour pain. The common problems faced by the women during delivery are *koosu margakke bandilla* (no proper position of the fetus in the womb), *koosu doddadagittu* (large size of the fetus), *pits* (convulsions), *BP* (Blood Pressure), *arasakti* (anemia), due to these problems some of them had to undergo caesarean and for some of the women deliveries became complicated.

Two of the women in the village died during delivery. These deaths occurred within a span of two years.

*Mallavva*, who is resident of *Halivaldar oni* married off her elder daughter *Renuka* two years ago who conceived with in a year of marriage. She was in her husbands place during pregnancy. *Mallavva* and her husband went to bring their daughter home for delivery. She says, when they went to daughter’s place they found that their daughter was suffering from fever. *Mallvva* brought daughter along with her to *Nigadi*. After coming to the village she was taken to civil hospital for treatment and after the treatment she was fine. This happened in the eighth month of the pregnancy. The labour pain for *Renuka* began in the ninth month. She was taken to civil hospital in Dharwad for delivery and there she gave birth to a male child. But after delivery she could not pass *kaalmadi* (urine) for three days and they had put tubes for her to pass urine. On the third day doctors from the civil hospital told that they cannot handle the case and referred her to Medical College Hospital in Hubli. They took her to Medical College Hospital in Hubli on the same day and she was under treatment there. Next day in the early morning the sweepers of KIMS who came to sweep the room moved her a little from the bed, after that she started groaning and did not stop till evening and she
died in the evening at six o’ clock. Her child also died after two days of the death of the mother.

The people of the village say that it wouldn’t have happened if they had gone to a private hospital but because Mallavva could not afford going in for a private hospital she took her daughter to the public hospital. The Public hospital in Dharwad was not well equipped to treat the patient and also it reflects the lack responsibility of the staff in KIMS in Hubli. This incident throws light on the quality of care that the people receive in public hospitals either it is small hospital like Civil Hospital or the Medical College hospital at Hubli, a near by town.

Ningappa who belong to Dasankoppa lineage of the village was living with his wife and two children. His wife conceived for the third time and was going for ANC to civil hospital. She was fine through out her pregnancy. When the delivery pain started her husband and other relatives called a soolgitti (traditional birth attendant) from the village. But the delivery became complicated as the hurisuthkondithu (umbilical chord was around the child’s neck) and the woman got pits (convulsion). And at the end of delivery both mother and child died. Ningappa is now married to another woman and has a child.

This case has created a sense of fear among the villagers regarding the home deliveries. The people now say they are scared to go for home deliveries as they say soolgitti’s are not trained to handle complications.

Following are experiences of some women of the village regarding delivery which will give an overview of why people behave in a way they behave.
Case 1

Sunanda Badiger, who is 26 years of age, is mother of three children. She is illiterate and was married at the age of 12. Her husband has completed Primary level of education. She gave birth to all her children at home and all the deliveries were conducted by soolgitti (traditional birth attendant). The first delivery was conducted in her natal home, for other two children she was in her husband’s place. She says, that she did not have any problem during delivery. She used to do all the work during pregnancy till the day of delivery. Sunanda on the day of delivery went to the field for cutting the paddy plant at around ten o’clock in the morning and came back in the evening after work. Then she did all the household work. By then she felt byane (labour pain) in her hotte (stomach) but she did not inform anyone. After sleeping the byane (labour pain) increased. She felt shy to tell in front of her husband. Therefore went to kitchen kept water on the fire to make it hot and then informed her atti (husband’s mother). Atti (husband’s mother) asked her son to call the soolgitti (traditional birth attendant) who lives in the same street. By the time soolgitti (traditional birth attendant) came home her atti (husband’s mother) had kept the thread, soap, cloths ready. The soolgitti (traditional birth attendant) then took her to bathroom, made her bend and put two buckets of hot water on her back. Later she was given a cup of tuppa (ghee) to drink. By six o’clock in the morning she gave birth to her third child. After the maasa (placenta) came out of the hotte (stomach), the soolgitti (traditional birth attendant) applied it on the baby’s face. Later the maasa (placenta) along with seven types of pulses was put in the mud pot and burried in the backyard of the house. The soolgitti (traditional birth attendant) gave her and the new born baby hot water bath. Her mother–in-law prepared sajjaka (a kind of sweet dish prepared of wheat) and gave it to Sunanda. She says, she did not go to hospital for delivery because she was scared of
injections. Of all the three deliveries, she felt third delivery was more painful because by that time she had become weak and anemic (*arashakti*). After her delivery she says two to three women in the village died due to difficulties during delivery at home and therefore now she advises the pregnant women to go for hospital deliveries. She says, during earlier time there was no diseases like *BP* (Blood Pressure), *Pits* (Convulsions) and therefore did not face any kind of difficulty during delivery.

**Case 2**

*Susheela Mohite* is mother of three children. She is 30 years of age. She has completed primary level of education and her husband has completed secondary level of education. She went to a private hospital for her first delivery. Second delivery was conducted at home by the ANM of the village. And the last delivery was conducted in the Government hospital. For all the three deliveries she had been to her natal home as there was no one in her husband’s family to take care of her. She was living with her *atti* (husband’s mother) and she was old and therefore was not able to see properly.

In case of hospital deliveries, she went to hospital once the delivery pain began. During both the deliveries the labour pain started in the night. She had labour pain whole night. She was not able to go to hospital during the night as there was no bus service. In the morning she went to hospital along with her *vaini* (elder brother’s wife), an elderly woman from her village and her brother. Till then she said that she controlled the pain. By twelve o’clock in the night the pain started slowly and it increased as the time passed. The first birth happened at around eight o’clock in the evening, the second delivery happened at around eleven o’clock in the morning and last delivery occurred at eight o’clock in the morning. During the first delivery the doctor had put a bottle of drips because she was anemic and weak. All the three deliveries were normal. No one was allowed inside the labour room other than the nurses and the doctors. In case of
private hospital doctor conducted the delivery and in case of Public hospital it was the nurse who conducted the delivery as there are no doctors in that particular Public hospital. After first delivery the nurse gave her bath and she was given a separate room. And she had to stay in hospital for five days. But after the last delivery she was discharged on the same evening.

She did not go to hospital for the second delivery because there was no one to accompany and stay with her in the hospital. Her mother died when she was very young. During the *chochalu bananthana* (first delivery) an elderly woman from her neighbourhood had accompanied her but there was no one to accompany her for the next deliveries. She had told the ANM before hand to come to conduct the delivery and when the pain started her brother called the ANM over phone and she came. They paid money to her for conducting the delivery as much as they pay in the hospital.

She says, she conceived after four years of marriage after treatment. Since it was the first delivery and late conception everyone in the family was worried and scared and therefore she was taken to private hospital during first delivery. For the last delivery she went to hospital because along with the delivery she wanted to undergo sterilization operation. Otherwise if it is home delivery they will keep on postponing the date of going to sterilization. She says, for the last delivery she gave birth immediately after they put her on the bed. They did not give any injection or drips.

She did not feel any difference between one home delivery and two hospital deliveries because it was the nurse who conducted the delivery at home and was conducted in the same way as in hospital. Only difference was the placenta was given ritual importance at home. Her brother dug a pit behind the house and buried it in the backyard. In case of home deliveries *soolgitti* (traditional birth attendant) from her village was called and it was she who gave bath to her and her baby. She gave both of
them bath for thirteen days as she did not have any elderly woman in the house. In case of hospital delivery she herself took bath and gave bath to the children.

**Case 3**

*Basavannemma Shivayogi* was married to her *mava* (mother’s brother) at the age of fourteen and is mother of four children. She has completed secondary level of education and her husband has completed primary level of education. She was not aware anything about delivery, labour pain before her first delivery. And she did not ask any of the elders about their experience of delivery as she was feeling shy to talk about it but the elders asked her not to get scared. She says, she did not have any problem during delivery and therefore was aware that the delivery will be normal for it is believed that if the previous delivery is normal especially the first delivery the subsequent pregnancies will be normal. All her previous deliveries were normal and occurred without any complication that’s the reason she and her family decided to go to civil hospital for the last delivery. Also she says in private hospital delivery becomes expensive. Even for a normal delivery they take about Rs.3000/- to Rs.5000/-. If private hospital is chosen for delivery she says, they will have to stay in hospital for at least three days and then will have to pay for room, water, and medical services. Government hospital is affordable for she says her husband paid only Rs.20/- for staying in the hospital for one day. Her family had spent about Rs.250/- for the last delivery. But the nurses and other staff in the public hospital ask money even if there is a board kept saying that they do not have to pay for any kind of treatment. The nurse and other staff in the hospital ask money for conducting the delivery. If the baby born is boy then they ask for more money and a little less if the baby born is female. It was the nurses who conducted last delivery at civil hospital. Doctor was not available when they went to hospital as it was evening. The duty of the doctor in the hospital is over by evening and
they come in the night to hospital if there is any emergency cases that which the nurses cannot handle. The labour pain started at one o’ clock in the afternoon after that she prepared lunch, had lunch and then went to hospital at around four o’ clock along with her mother-in-law and husband by bus. She gave birth to her last child at 11 o’ clock in the night. It was five o’ clock when they reached the hospital. She says the doctor during ante natal check-up had not given her the due date of delivery, but in case of previous deliveries the doctor had given her the due date. The delivery took place according to that. For the last one she had still not given date. It was premature birth which occurred in the eighth month of pregnancy. All the other deliveries occurred in the ninth month i.e. after completion of the eighth month.

She says the last delivery was not painful when compared to all the other deliveries. For her the birth of her third child was more difficult and complicated. The child was not in proper position and the pain stopped in between for about an hour. Later the nurse gave four injections to induce the pain and only then the delivery took place.

The above mentioned three cases bring out individual variations in the experience of delivery and also give an idea of how a woman and her family decide to the place of delivery. The first case brings out detailed description about home delivery and the reason for her decision to go in for home delivery also her experience of giving birth. The second case clearly indicates deciding to go in for particular place of delivery depends on the individual and people around her who are responsible for her and also on the situations that exist at that particular point of time. Susheela therefore had to go for three different places for all three deliveries. The third case along with the experience of delivery and decision making also explains the quality of care that she received in a public hospital.
The role of men during delivery again is to arrange the money and material. They are also involved in the decision making regarding which hospital to go for delivery and deciding on means of transportation. But it is because delivery is a woman's matter that the women around her take the lead role than that of men on deciding as they are experienced. In case of home deliveries it is he who calls the TBAs or doctors when the elder women in the house ask him to do so. During delivery usually women are at their natal home and therefore it is the father and the woman's brother who involved in it and not the husband and father-in-law.

It is clear from the above discussion that pattern in the behaviour of the people regarding delivery is dependent on factors like, education, the type of family, economic condition, and her immediate others which in turn is determined by the position of the caste to which the women belong. The women and her families that are influenced by the changes around them, prefer hospital delivery. And the women and her families who are holding on to the traditional beliefs and practices prefer to give birth at home which is again situation specific. In the case of women who are economically poor and who want to go for hospital delivery do so as they cannot afford the cost and also are not able to reach the facility as they do not have anyone in the family to accompany them. It is to be noted that the majority of the women belonging to Madaru and Musalmanru caste live in the nuclear family households. At the same time it is also observed that delivery is an individual experience and therefore reproductive behaviour in this case depends on the situation of the women during that particular delivery. The concept of purity and pollution is observed by the Ainaru and the Badigeru families during and after delivery, as per the norm and when it comes to the Panchamsali, Hande Kurubaru and the Kurubru who are economically dominant than the Ainaru and Panchamsali have their own way of performing the rituals.