HEALTH PROGRAMMES FOR MOTHER AND CHILD

Though the people of Myadpur follow indigenous practice of maternity and childcare for the purpose of health care, they have health problems due to certain socio-economic conditions. Considering these conditions and for the betterment of mother and child through which population growth can be controlled, Government of India has implemented various health programmes in this regard. Since the women in rural areas are basically agriculturists and laborers, they do not find time to visit health centers. Therefore, these programmes are implemented at the community level, where in health providers go to the doorsteps of the people and provide treatment.

The Health Ministry of Government of India has implemented the following three-tier system on the basis of population.

i) Sub-Centre (SC)- for a population of 5,000

ii) Primary Health Centre (PHC)- for a population of 30,000 and

iii) Community Health Centre (CHC)- for a population of 1,20,000

Since the population of Myadpur is below 5,000, it comes under the CHC of Unkur. The CHC for its operational purpose covers eleven surrounding villages. Along with four Medical Officers (MOs) and two staff nurses, four Auxiliary Nurse Midwives (ANM) of the CHC provide health care to mother and child in all these eleven villages. Each ANM covers an area with population of
5,000 approximately. She visits each village twice in a week. Along with her, the indigenous midwife sülagitti of the village, who has undergone the training of dāi (about which it has been explained later in this chapter), also visits the households in the village. Midwife is also recognized as the Village Health Worker (VHW) since she has undergone the training of VHW.

The ANM nārsabāyi and dāi are responsible for the mother and child care services. The nārsā Bullamma, who comes to Myadpur, resides in the residential quarters of CHC in Unkur. She visits the pregnant women and delivered women, distributes Iron-Folic Acid tablets, immunizes the pregnant women and creates awareness about health and nutrition of mother and child and provides referrals to hospitals. She also creates awareness with regard to family planning and spacing.

Anganawāḍi: In addition to the ANM and dāi, the anganwāḍi, which is a part of the Integrated Child Development Services (ICDS) and which became functional in the year 1982 in Myadpur, also provides the mother and child health care. ICDS is a national level programme focusing on improvement of the health of mother and child by integrating health care with non-formal education, analyzes its activities through the anganawāḍi. It is a non-formal educational institution, where a teacher-cum-supervisor selected from the village, works with a helper. Children in the age group of three to six years attend the anganawāḍi, which works six days a week. The children receive basic education and supplementary food, ūta by the villagers. Yamunavva from Mādaru caste is the teacher and
Manjula from Lingayataru caste is her helper in the anganawadi. The teacher registers and maintains a record of the names of the pregnant women in the village, from the fifth month of pregnancy onwards. The information such as, name, parity, month of pregnancy and date of birth of the child are recorded by the teacher. This information is used to identify women at risk, and health condition of mother and child.

There are thirty-two children in the anganawadi. The teacher supplies food cooked by the helper to the children and pregnant women in the village. She serves the villagers during programmes like Pulse Polio, immunization of mother and child, health checkups of children, referral services, and provides nutrition and health education to mothers. When the health providers come to the village to immunize the children and health checkups, she goes around the village and informs the villagers to avail the benefit of the programme. She tries to create awareness about the health programmes and their benefits. Children are weighed and are recorded every month in the anganawadi. This record is used by the MO of the CHC to monitor the growth of the child according to the age. The MO of the CHC visits the anganawadi every month and verifies the records and checks the health of the children. The health department provides a chart containing age-wise ideal height and weight for the healthy babies. He compares the records with the standard chart and takes necessary steps wherever needed.
But the work of the *anganawadi* teacher is not up to the mark. She misappropriates or utilizes part of the ration supplied by the Government of India provided to the *anganawadi*, for herself and she does not weigh the children every month. Whenever she skips it, she makes a false entry for the purpose of records but never accepts it. She gives reasons like either she was too busy or she has done it. The helper does not properly cook the food and sometimes she supplies improperly boiled rice.

The villagers of Myadpur know inefficiencies of the *anganawadi* teacher, but they remain quite. They are content that at least she does some work, gives food to the children and helps in health care of mother and child. Since the teacher is from *Mādaru*, a lower caste, though *Lingāyataru* caste an upper caste helper who cooks the food, the pregnant women of upper caste do not consume the food supplied in the *anganawadi*. Hence the pregnant women of only *Mādaru* caste consume the food. But, they complain that, the food is not properly cooked, hence it spoils the health instead of improving it. The people in the village who are educated and who have realized the situation know that, she has the influence of higher officials. Nothing changes just by their complaints, as she can somehow manage to escape the punishment by giving bribe *lancā* to the concerned officers.

India Development Service (IDS) a rural development organization established by the Government of India in 1974 focuses on grass-root level development by organizing programmes, which meet the needs and priorities
indicated by the economically poor people themselves. Its programmes concentrate on improvement of economic condition of people by stimulating income-generating activities and on issues like health, dairy rising and on environment. The health programmes emphasize preventive aspects such as the mobilization of people for immunization and health education aimed at prevention of the most common diseases like cold, cough, fever and anemia. Training is given to a male and a female person of the community who wish to undergo training as Village Health Worker (VHW) or Community Health Worker (CHW). The Government of India implemented this scheme in the year 1977. The VHWs create awareness about healthcare and dispense medicines for ailments like cold, cough and fever and ointments for injuries on skin. The VHW visits economically backward families in the villages on a regular basis (IDS: 1981). The VHWs have a basic health kit containing medicines for common diseases like diarrhea, fever, cold and cough. For treatment of major problems they refer the patients to the CHCs or health centers. Chandramma of Marāṭharu caste has undergone the training of dāi and VHW in the CHC of Unkur and working as both VHW and dāi in Myadpur.

The Ministry of Health and Family Welfare, Government of India, has implemented various programmes for mother and child health under Reproductive and Child Health (RCH) programme in the year 1996. The programmes available for mother and child health at Myadpur are:
6.1 Antenatal Care

6.1.1 Supply of Iron-Folic Acid tablets

6.1.2 Immunization of Pregnant Women

6.1.3 Nutritional Programme

6.2 Postnatal Care

6.2.1 Immunization of Children

6.2.2 Healthy Baby Show

6.2.3 Creating awareness about Family Planning

6.3 Training of dāi

6.4 Training of Village Health Worker

6.1 Antenatal Care

The purpose of antenatal care is to ensure the well being of both the pregnant woman and the fetus, to enhance safe birth and to identify and manage complications. Such care can be provided at relatively low cost through CHC channels. Prenatal checkups include the management of pregnancy-induced hypertension, recognition of abnormal tie, tetanus toxoid immunization, nutrition management including prevention and treatment of anemia and health and nutrition education including promotion of breast-feeding. Prenatal care also provides links to delivery care.
The pregnant women of Myadpur rarely receive the antenatal check-ups. The difference in parity and size of the family, however, are significant in going for checkups. The women who are pregnant for the first time (zero parity or primiparous women) attends the health services more frequently than the women who are pregnant second time onwards (multiparous women). The multiparous women remark that they already have enough experience of pregnancy and childbirth. Hence they do not feel it necessary to go for check-ups. The pregnant women of nuclear families feel necessary to go for check-up as there is no elderly woman in the family to guide them, whereas, women of extended families and joint families do not feel the need to go for check-up and they do not go.

But such difference of opinion does not arise in case of women who are educated up to high school and college level and who have the awareness about modern health care system. Such women receive antenatal check-ups and they take prescribed medicines. The former do not believe in confirmation of pregnancy because for them the feeling of fetus is important which is possible three months after the cessation of monthly menstruation. Where as, latter ones have the idea that, pregnancy can be confirmed 45 days after conception and they go for this type of confirmation. This has helped them to prevent miscarriages, which may occur within three-months (first trimester), and on the other hand the former have experienced miscarriages, but relate them to as delay in menstruation or magico religious reasons.
6.1.1 Supply of Iron-Folic Acid Tablets

Anemia

Anemia is a deficiency of iron component in the blood of a person. In pregnancy, the woman’s body must work to provide nutrition for both mother and child. If the mother’s diet lacks Vitamin 'C', anemia develops. This is referred to as iron deficiency anemia. It has detrimental effect on the health of women and children and may become an underlying cause of maternal death, antenatal loss and postnatal loss. Anemia among children is associated with impaired cognitive performance, scholastic achievement, as well as increased morbidity due to infectious diseases.

Early detection of anemia can help to prevent complications of pregnancy and delivery as well as problems with child development. Measurement of prevalence of anemia can provide important information for development of health interventions such as iron fortification to prevent anemia among women and children.

The Iron-Folic Acid (IFA) tablets are given by the ANM to all the pregnant women because the women are anemic. According to the health providers the women in rural areas are anemic due to malnutrition. To strike the balance of this malnutrition, Iron-folic Acid tablets, which are necessary for pregnant women, are supplied. The tablets are to be taken for the period of three months each day from the day the ANM comes to know about pregnancy of the women.
6.1.2 Immunization of Pregnant Women

Tetanus

It is a bacterial disease. It is extremely widespread, particularly around farms, manure fertilized gardens and even in dusty, dry desert areas. It results in neonatal mortality. Exposure to tetanus is closely related to the living conditions of the household like the above-mentioned places, prevention of tetanus can be achieved by antenatal immunization and by sanitary handling of the umbilical cord immediately after birth.

The health department provides tetanus injections and Iron-Folic Acid tablets to the pregnant women. The first injection is given either by the ANM in the village itself or by the doctor in the CHC of Unkur, when the women go for check-up, the first injection is given in the fifth month by the ANM to those women who do not go for check-up to the health centre. Both the injections are given at the gap of one month.

Compliance of village women with Iron-Folic Acid tablets and tetanus injections

The villagers have the idea that, a pregnant woman has to take care of two lives, for which she should eat, more than the normal food. She needs more energy to care of the fetus, otherwise she becomes physically weak asakta. Hence she has to eat green leafy vegetables tappala pallevu, germinated seeds malaki kalu, milk halu and fruits hannu, which give energy to the body. There is no
necessity of any kind of tablets to gain energy during pregnancy. But for majority of the women who are economically poor belonging to labor class and people who are economically in the middle class cannot afford all these kinds of foods. Their food is normal as that of any adult in the family, which consists of rotti, pallevu, anna and sāru. Some times they consume only rotti and pallevu. Hence they are asakta and children born to such women are small in size. These children need lot of care than normal children. These children are bodily weak and fall sick now and then and quite often such women get body pain mai kai nōvu, loin ache ōnka byāni and general body weakness asaktana. The villagers' concept of this asakta can be equated to the concept of anemia in modern health care system. Because the symptoms of both the concepts that is, not having energy, paleness and small size of the abdomen, are more or less same and remedies for both the problems are same, that is, kinds of foods. There are no remedies other than food in the indigenous practice, where as, in modern system there are Iron-Folic Acid tablets. Keeping in mind the poor economic condition of the people in rural areas, these tablets are distributed free of cost. But, as the villagers do not think there are remedies other than food for asaktana and symptoms of anemia the disease, which they do not know, is same as that of asakta, the pregnant women in Myadpur reject the tablets. Another important reason for rejection is that, all modern medicines are considered as 'heat' creative. In case of pregnancy this heat results in miscarriage within five months of pregnancy, as there are increased possibilities of miscarriage in this period. And the message of health providers that Iron-Folic
Acid tablets are energetic tablets which give energy to the fetus has lead the people to think that the same tablets lead to over growth of the fetus in the later period. Hence the problem of anemia, which is considered as the most severe health problem of pregnant women, has remained a problem.

The women who are aware of modern health care system have accepted the partial course of Iron-folic Acid tablets as they also consider the tablets as creating excess of heat in the body up to five months and over growth of the fetus in the later period. But partial course does not harm them. The same belief holds good with regards to tetanus injections and only one injection suji or injection is taken out of two, as one injection does not cause any health problem. The non-compliance is also related to their economic status, that is, these tablets after five months lead to over growth of the fetus, and cause difficulties in childbirth, for which they have to undergo operation for delivery, which would require expenses. The operation needs money, which they cannot afford.

To hide their partial acceptance, the women in Myadpur lie to the ANM that, they have taken the tablets and injections or they will take them later from the health centre. Some women disappear from the locality, when ANM visits the village, they do not reveal their notions to the ANM, since does not believe. They also do not want to displease her by telling the reality that they are not going to take the tablets, as they need her help in their health problems.
The pregnant women who visit the private doctor, take Iron-Folic Acid tablets prescribed by the private doctor as they do not know that both tablets given by the ANM and though prescribed by the doctors are same Iron-Folic Acid tablets.

According to the doctors of CHC and ANM, the pregnant women in Myadpur are very anemic. But the uneducated, unaware rural women are not realizing it and are facing the problems like miscarriage, low birth weight babies and premature deliveries.

6.1.3 Nutritional Programme

Under the same ICDS programme, food is supplied to the pregnant women who are at risk and to the children who come to the anganawadi. According to the health planners, the women in rural areas, urban slums and tribal areas are economically poor and rate of mother and child mortality and morbidity is more in these areas than in the urban areas. Therefore food is supplied to the pregnant women through anganawadi. The food contains, spicy rice citranna and nutritious food shaktiyuta āhāra which villagers call undi. The nutritious food contains the mixture of flour of wheat, Bengal gram and maize, which are rich in proteins, vitamins and carbohydrates. This food is given on alternative days, as it is very much needed for pregnant women and children. Spicy rice and uppiṭṭu are given once or twice in a week. The nutritious food is mixed with jaggery and made into ball like form undi. In the anganawadi, teacher who does the census of
the village collects information about the economic conditions and composition of
the family. On the basis of this information she recognizes women who are at risk
and need supplementary food. The women belonging to labor class and the
families which own agricultural land below five acres and have a family with
more than six to eight members are considered as women who are at risk as they
cannot afford two meals per day and nutritious food in case of the pregnant
women. Though the food has to be supplied to all the pregnant women and
children in the village, the women who are economically rich and who can afford
food do not want to eat it. The parents of the children who can give nutritious food
to their children tell the teacher to give the anganawādi food to those children who
are in need.

The women who belong to upper castes do not take the anganawādi food,
as a lower caste Mādaru teacher supplies it and eating food from her hands leads
to pollution. Hence, it is only Mādaru women who take the food. But as the
Mādaru women say the food is not of good quality and instead of giving energy to
their body, it spoils their health like causing stomachache or indigestion ajīrṇa,
they also do not take the food.

6.2 Postnatal Care

The postnatal care provides an opportunity to reduce reproductive
morbidity, as well as to promote breast-feeding and family planning. The
nursabāyi and the sūlāgitti give advices to bānanti about warmth of the body,
controlling infection, nutrition of the puerperal woman and breast-feeding of the newborn, immunization of the child, spacing and family planning. The postnatal care, which is practiced by the villagers, covers all these factors.

6.2.1 Immunization of Children

The WHO which was giving due attention to the causes for child mortality found that, the infants and children are affected by six deadly diseases viz., diphtheria, pertusis, tetanus, tuberculosis, measles and poliomyelitis. To overcome these diseases, the vaccines were discovered in the year 1974. These vaccines were given to the children at different ages of life right from birth to the child becomes five years of age. The programme of immunization was called Expanded Programme of Immunization (EPI). The programme gained momentum in the year 1985 in India. In the initial stage of the programme, the vaccines were given at different times, but in the year 1992 the programme was changed as Universal Immunization Programme (UPI) where in all the vaccines are given in a package, from birth to five years of age (see the table below). They are made available in all the government hospitals, free of cost to enable even the economically backward people to get the medical benefit.
NATIONAL IMMUNIZATION PROGRAMME FOR CHILDREN

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Period / Age</th>
<th>Dose</th>
<th>Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. C. G.</td>
<td>Soon after birth or at 6 weeks</td>
<td>1, intra-dermal</td>
<td>--</td>
</tr>
<tr>
<td>DTP</td>
<td>6 weeks – 9 months</td>
<td>3, intramuscular at monthly interval</td>
<td>First booster 18-24 months (1 dose)</td>
</tr>
<tr>
<td>Polio</td>
<td>6 weeks – 9 months</td>
<td>3, oral at monthly interval</td>
<td>First booster 18-24 months (1 dose)</td>
</tr>
<tr>
<td>Measles</td>
<td>9 months – 15 months</td>
<td>1, Subcutaneous</td>
<td>--</td>
</tr>
<tr>
<td>D. T.</td>
<td>5 – 6 years</td>
<td>1, Intra-muscular</td>
<td>--</td>
</tr>
<tr>
<td>Typhoid</td>
<td>5 – 6 years</td>
<td>2, subcutaneous, six weeks interval</td>
<td>10 years</td>
</tr>
<tr>
<td>T. T.</td>
<td>10 years</td>
<td>1, intramuscular</td>
<td>Every 5 – 10 years</td>
</tr>
</tbody>
</table>

B. C. G. - Tuberculosis  
D. P. T. - Diphtheria, pertusis (whooping cough), tetanus  
D. T. - Diphtheria, tetanus  
T. T. - Tetanus

In Myadpur the immunization programme was launched in the year 1985. The ANM and health worker come to the village to immunize the children every month. This is to facilitate the villagers since they go to work early in the morning and come back late in the evening and do not find time to go to health centre to immunize their children. The health providers sit in the Kallappana Guḍi as it is in the centre of the village, to immunize the children. The anganawāḍi teacher and sūlagitti inform the villagers by going from street to street. The villagers bring their children to get them immunized.
DELIVERED WOMAN RESTING ON A MAT WITH HER INFANT
COMMUNITY HEALTH CENTER OF UNKUR

ANGANAWADI TEACHER WITH HELPER
CRADLE DECORATED FOR NAMING CEREMONY
B.C.G. IMMUNIZATION TO THE NEW BORN

POLIO VACCINATION TO THE BABY BY THE ANM
PULSE POLIO PROGRAMME AT THE ANGANAWADI

LOCALITY VISIT FOR THE PULSE POLIO PROGRAMME
TRAINED DĀI
PIERCING THE EAR AS A TREATMENT FOR MUṬṬADŌSHA
BURNING THE LEFT HAND AS A TREATMENT FOR JAUNDICE

BURNING THE RIGHT HAND AS A TREATMENT FOR JAUNDICE
BURNING THE CAPUT AS A TREATMENT FOR JAUNDICE
APPLICATION OF COLLYRUM AND TYING OF BLACK THREAD TO THE ANKLE AND WRIST TO PREVENT EVIL-EYE
WARDING OFF OF EVIL-EYE WITH SALT

WARDING OFF OF EVIL-EYE WITH FOOT WEAR
WARDING OFF OF EVIL-EYE WITH BROOMSTICK
Except three families, out of 311 families children in Myadpur are partially immunized. The villagers call these vaccines altogether as pōli injection or paili as they regard them all to be for a single disease, that is polio. This is a new disease for them as the consequence of polio that is, lameness can be easily recognized by a layperson. Where as the symptoms of other five diseases are related to reasons like magico-religious, climate and habits of the person.

According to people measles is caused due to wrath of deity and there cannot be any medicine to cool down this wrath. Tuberculosis is caused due to bad habits like smoking cuṭṭā sēdadu, chewing of tobacco tambāka tinnadu and drinking arrack kuḍiyadu and is not found among children. The symptoms of diphtheria and pertusis, which are cough kemmu cold negaḍi running nose mūganyāga nīrīliyadu and fever jarā, are associated with climatic conditions like cold climate thanḍi. Tetanus is caused only when a person gets injured and does not apply turmeric powder arishina puḍi or coffee powder kāpi puḍi on the injury. Polio is a new disease, which was not present earlier. Therefore all the vaccines are called pōli injeshan.

Since they know about other five diseases, which are quite common, according to villagers there cannot be any medicine to prevent them. They consider all the vaccines to be for polio and there is no necessity of taking so many medicines for a single disease. Hence they take about five to six vaccines from
childbirth to six or seven months, which they consider as sufficient as revealed in the Table No. 14.

The people who are educated and who are aware about modern health care system have immunized their children completely as they think that the vaccines protect the children from six deadly diseases.

The people who have not immunized their children say that, by taking these vaccines the child becomes lame kunṭā. They further say that, they have heard, seen children who are suffering after getting immunized. Their children are quite healthy without any vaccines. And they do not wish to take any risk. Nobody in those three families has gotten immunized. On citing the examples of the immunized healthy children, they respond that, it all depends on the fate of the children.

According to doctors, the child who is suffering from fever during vaccination gets affected. The nerve cells, which are weak during ill health, get infected and become inactive after the injection of vaccine. Therefore, the health worker has to check the health of the child before immunization.

Though the vaccines are given to eradicate all the six deadly diseases, still cases of polio were more in India. Hence WHO thought of launching Pulse Polio Programme throughout the world wherever the problem is severe. The programme was launched in the year 1996. Under the Pulse Polio programme polio drops are given to children in the first week of December and third week of
Table No. 14 Vaccination of the Children in Myadpur

<table>
<thead>
<tr>
<th>Caste</th>
<th>Total No. Of Children</th>
<th>B.C.G.</th>
<th>DPT</th>
<th>Polio</th>
<th>Measles</th>
<th>Completely Vaccinated Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lingayataru</td>
<td>365 (36.90)</td>
<td>365</td>
<td>365</td>
<td>365</td>
<td>163</td>
<td>74 (7.48)</td>
</tr>
<tr>
<td>Kurubaru</td>
<td>305 (30.83)</td>
<td>305</td>
<td>305</td>
<td>305</td>
<td>108</td>
<td>62 (6.26)</td>
</tr>
<tr>
<td>Madararu</td>
<td>154 (15.57)</td>
<td>154</td>
<td>154</td>
<td>133</td>
<td>63</td>
<td>23 (2.32)</td>
</tr>
<tr>
<td>Maratharu</td>
<td>91 (9.20)</td>
<td>91</td>
<td>91</td>
<td>85</td>
<td>51</td>
<td>21 (2.12)</td>
</tr>
<tr>
<td>Talwâru</td>
<td>48 (4.85)</td>
<td>48</td>
<td>48</td>
<td>44</td>
<td>21</td>
<td>10 (1.01)</td>
</tr>
<tr>
<td>Pancâlru</td>
<td>15 (1.51)</td>
<td>15</td>
<td>15</td>
<td>13</td>
<td>8</td>
<td>2 (0.20)</td>
</tr>
<tr>
<td>Brâhmanaru</td>
<td>7 (0.70)</td>
<td>7</td>
<td>7</td>
<td></td>
<td>--</td>
<td>7 (0.70)</td>
</tr>
<tr>
<td>Musalru</td>
<td>4 (0.40)</td>
<td>4</td>
<td>4</td>
<td></td>
<td>--</td>
<td>4 (0.40)</td>
</tr>
<tr>
<td>Total</td>
<td>989 (100.0)</td>
<td>989</td>
<td>989</td>
<td>929</td>
<td>414</td>
<td>203 (20.26)</td>
</tr>
</tbody>
</table>
January every year. Because during these months, the viruses causing polio are more active and they can be killed easily by medicine. Two drops of polio vaccine is put in to the mouth of the children below five years of age. *Anganawāḍi* is the center for pulse polio in Myadpur. All mothers have utilized this facility. The villagers who have not immunized their children earlier have also given these drops to their children, as it is a oral drop.

### 6.2.2 Healthy Baby Show

The health centre in Unkur organizes a ‘Healthy Baby Show’ every six months. In this show, the health, height and weight of the child are checked. The baby has to be compulsorily immunized. The baby who is considered as healthy and has the proportionate height and weight according to its age receives a cash prize. Depending on the age of the babies, the show is conducted in three groups: First group is for babies between six months to one year of age, second group is for babies between one year to two years of age and the third group is for babies between two years to three years of age.

Through this show the health of the children is checked. The villagers do not bring their children to the health centre regularly for general check up. They are unaware of the heart problems, mental disorders, skin problems and ailments of malnutrition among children in the early stage, which are not overtly expressed. For many diseases they depend on the indigenous practices, which are not
effective and come to the hospital in critical condition. Hence through the show such diseases are found out and required measures are taken.

The women of Myadpur have different opinions about the show. The women who are educated or who are aware of about the show participate with interest. But there are women who have negative opinion about the show. According to them, since children are exhibited in public, they get affected by evil-eye nedaru, which eventually causes illness to the children. It is the visions of those, whose children are, lean, not good looking and do not get the prize which causes health problems to the children.

6.2.3 Awareness about Family Planning

To control the population growth, the Government of India has launched Family Planning Programme, in the year 1921. There are various types of family planning methods like, I) Tubectomy, where the fallopian tube of the uterus of the woman is cut to discontinue the flow of sperms, and there is a necessity of rest for one to two months after the operation, II) Vasectomy is a type of operation where the vas tube of the man is cut, and here also there is a necessity of rest III) Intra Uterine Device (IUD): It is a temporary contraceptive method. Here a loop is introduced into the uterus of a woman, which presses the fallopian tube. The loop has to be changed for every three years. This method is locally called as ‘vanki háksadu’ because the loop is like ‘vanki’ type of an ornament, IV) temporary contraceptives are pills for women and condoms for men, V) Laparoscopy is
another method in which the fallopian tube is permanently pressed by an injection. These types are undergoing changes with the improvement in science and technology. The ANM and village health workers in Myadpur give awareness about family planning. They advice about the methods and the advantages of family planning. The doctors in the health centre also advice about the family planning. The women in the village follow only permanent methods. Because, when the IUD was introduced in the village, the women who had fear about operation, as they believed it leads to weakness in the body, and went for IUD. After undergoing this method, some of them had pain in the abdomen and others experienced burning and itching sensations in the abdomen. This made all the villagers to think that IUD causes health problems. The pills are to be taken regularly without fail. Since modern medicines are considered as heat creators leading to health problems such as mouth ulcers *hugulu* and they may forget to take the pills regularly, where there is a possibility of conception, women do not accept the pills. Therefore, they would like to go for permanent method. They were going for tubectomy. When Laparoscopy was introduced in which the fallopian tube is pressed with the help of a needle, villagers came to know that it is not an operation. Therefore there is neither loss of body energy nor necessity of rest for a longer period, which they had to take after tubectomy. Even ten days of post-operation rest is sufficient. This made them to shift from tubectomy to Laparoscopy.
Nobody has accepted the condoms or vasectomy in Myadpur so far. It is believed in the village that after undergoing vasectomy, the person becomes bodily weak, and he cannot do hard physical work, which is required in agricultural fields. Since most of the villagers depend on agriculture and laboring they reject this operation, as they are the main earners in the family. Hence it will have an adverse effect on the income of the family. Another reason is, it is believed in the village that operations related to reproduction are concerned to women, not for men and if a man undergoes the operation, he is looked down upon in the society.

Though many women have undergone the family planning operation in Myadpur, there are few women who have refused. These are the women from nuclear families. According to these women, after operation the women become bodily weak and they have to take a prolonged rest. They are the persons in the family who have to look after the household work along with agricultural works. If they take rest for a long duration, it creates problems with regard to household work and as they become bodily weak, they cannot perform their tasks. The women who have given birth to more than eight children also would not go for operation. They think that and they have lost energy by giving birth to more children. They do not have energy to under go operation,

Illustration: Gouravva and Gangavva are two married sisters in Myadpur. Gangavva the elder sister works in a Brāhmaṅaru family with her husband and children. She has five children, four girls and a boy. Gangavva underwent family
planning operation when the members in the *Brāhmaṇaru* family advised her and her husband. Gouravva her younger sister has seven children, among which, four are daughters and three are sons. She has experienced four miscarriages in between. Gangavva has a nuclear family where as Gouravva lives in extended family. Gouravva does not want to undergo the operation because of the fear of body weakness and her husband also agrees with her. Gangavva tried to convince her and her husband, but they did not agree.

**Illustration:** Gangamma a woman of around 45 years of age. She is married to her father’s sister’s son *swādaratti magā*. She experienced two stillbirths with first and second pregnancy. Third she got a girl child. After the girl child again she experienced four neonatal deaths one after another. Now she has three male and three female children. She does not want to undergo operation because she has become bodily weak after giving birth to these many children. She does not have any energy to get operated. Her husband also says the same thing that she would become bodily weaker after undergoing operation.

### 6.3 Training of *Dāi*

The *dāi* (*sūlagitti*) play a very important role, the village community as they are intimately connected with the childbirth and taking care of both mother and child. Though she is an expert, the rate of maternal mortality, still birth and infant mortality was very high in India. Lack of knowledge about hygiene during childbirth, using any sharp material to cut the umbilical chord *huri* and unclean
thread to tie it are found to be some of the reasons for this high rate. To overcome these problems, Government of India decided to train the sūlagitti since she handles the deliveries. A scheme was introduced so that she can be properly involved in the mother and child health and family planning programme. It resulted in the programme of 'Training of dāi' in the year 1974. The training is given with regard to deliveries, immunization and family planning. The training is given for one sūlagitti from each village.

Chandramma is the local midwife sūlagitti in Myadpur who has undergone the ‘Training of dāi’ and Village Health Worker (VHW). Earlier she was a local midwife and when the health department in Unkur implemented the training she was selected from this village. Earlier she used to go to upper caste families to conduct the childbirth, but after undergoing the training she is ready to go to the families of lower caste also. But the Mādaru caste people do not avail her services as they have the midwife of their own caste. They say that since she is from the upper caste and nobody from the upper castes comes in to their kēri she also would not come. And calling an upper caste person to their house leads to sin and this in turn has adverse effect on family including the health problems to mother and child. When midwife says that she has got the awareness in the training that it is her duty to help all the people in the village, and that she is ready to come, they adhere to their belief and do not call her.
Chandramma has a medical kit supplied by the health department. It contains gloves, scissors, cotton, plastic sheet, enamel bowl, enamel kidney tray, hand brush, foetoscope, spring balance, mucous suction trap, enema can, spool white, bag and thread. She advises the villagers about the health facilities, which are meant for mother and child.

The villagers know that, the treatments given in the government hospitals are of free of cost. But this is not so in case of the government hospital of Unkur. The doctor in the health centre asks money. He treats the patients who give money with care where as for others he gives some medicine without checking. The doctor has a private clinic where he practices in the evening. For the sake of getting more money from the patients he refers them to visit his hospital in the evening. The doctor prescribes medicines to take from the pharmacy instead of supplying them free. The doctor, remains absent most of the times from the hospital. Hence people believe it is better to go to private hospitals where patients are treated with care. The people who are economically poor and cannot afford the fee of the private doctors go to government hospitals.

The ANM, who visits, Myadpur, is said to be not doing her work properly. She is irregular and does not visit all the streets in the village, especially the economically poor families. People expect her to come and convey the message but ANM says she does not get time to visit all the houses in the village. She supplies and explains Iron-Folic acid tablets as energy tablets तानिक गुलिगी, which
help in the better growth of the fetus. But this has leaded the people to think or that these tablets lead to over growth of the fetus. She never tells which vaccine is given for which ailment at which time. She says that, the illiterate village people cannot understand anything. So whatever she tells they have to follow. The people in Myadpur have negative opinion about the work of the Government Health Department.

The health department has its explanations for all these complaints of the villagers. The doctor about whom they have complained says that he never voluntarily asks for money from the people, yet people try to give money to him thinking that only then he treats them properly. The staff in the hospital say that the medicines which are supplied by the government are given to the people, but some of the people throw them away as they think that these medicines are not effective and they expect all medicines to be given including the medicines which are not supplied by the government. Since the medicines are given free they do not know the price and throw out precious medicines. The doctors have to attend many meetings of the department, which are compulsory, like, monthly meeting and taluka level meetings and hence have to remain absent. The ANM says since she has to visit many villages, she cannot visit each and every house in the village. Hence she visits the houses, which come on the way and tell those people to inform others. If she has time she visits all the houses. Because of this uncertainty she asks the VHW to inform every body in the village.
Thus there are different programmes and facilities for the health of mother and child in Myadpur among which some are rejected and some are partially accepted due to indigenous notions and beliefs about the modern medicines, and due to lack of proper communication between people and health providers. Though the educated people and people who have idea about modern health care system have accepted most of the programmes, they are also guided by indigenous health care system and notions about modern medicines being influenced by their co residents and have taken some of the programmes partially.