HEALTH SEEKING BEHAVIOR IN TWO VILLAGES

The Central and State Governments in India have designed and implemented various programmes under the RCH services covering antenatal care, natal care, postnatal care, child-care and family planning. Under these programmes the health services have to be rendered at the doorsteps of the people in the rural areas by the staff of the Government health centers. The effectiveness of the programmes at the grass root level depends to a great extent on the level of awareness of the people about the modern health care system, its affordability and accessibility. In the contemporary rural societies, the health-seeking behavior especially with regard to mother and child health comprises indigenous as well as modern components. The awareness about modern health care system is gained through sources like, education, media, and contact with the health providers and accessibility of the health facilities (Reddy, 1986).

Though the media like television, radio, newspapers and magazines serves as sources to acquire knowledge about modern health care system they have helped only the educated people who posses the basic modern ideas about health care. For them, it is enrichment of their idea as well adding to their existing knowledge. The illiterates gain very less awareness through television and radio because, the messages, which are passed through radio or in television by portraying the stories and pictures, are the information which are given by the health providers like ANM. Sometimes it reinforces their beliefs and notions
through the pictures that are displayed on the television screen. A woman who gets a big size baby, for instance, after consuming the complete course of Iron-Folic Acid tablets make the people to continue to carry the notion that the Iron tablets leads to overgrowth of the fetus. In this way media have helped either to continue their notions or not helped at all in providing awareness about modern health care system.

In literacy poor rural settings, the availability and accessibility of health and education facilities constitute critical factor in creating awareness about modern health care. Since, majority of the rural areas in India are deprived of health facilities and higher-level educational institutions, the level of awareness is less in such areas. In this background an attempt has been made to discuss the health seeking behaviour of the people of Myadpur with those of Unkur a neighboring bigger village. While Myadpur is bereft of modern health and higher educational facilities, Unkur has three high schools, two colleges and modern health care facilities like a CHC and private doctors.

Unkur is the biggest village in the Yelburga taluk with a population of 19,836 and is at the south of Myadpur. It is a stratified multi-caste village, comprising 12 castes. This village has a Mandal Panchayat pancāyti, Police Station, 9 groundnut and cotton Gin jīn, 3 banks and 20 granite quarries kwārry. It is because of these facilities that more number of highly educated and economically well-off people are found in Unkur than the other surrounding villages.
The farmers of the nearby villages who grow groundnut and cotton sell their crops in these Gins. People get employment in these Gins, which fetch them, more wages than the agriculture work. The stone quarries have helped not only the people of this village but also the people of surrounding villages. The labor work and higher wages has attracted the male population in Unkur as well as in surrounding villages to the quarry work. There is a virtual shift from agriculture labor to quarry labor in this region. It is not only the illiterates but also the educated get employed in these stone quarries.

There are several shops, like stationary, grocery, cloth and pharmacy shops, which provide employment as well as business opportunities to enhance their financial position to some of the people in Unkur.

As regards the educational facilities we find more educational institutions in Unkur compared to the surrounding villages including Myadpur. Because of the easy accessibility of these facilities, many of the villagers in Unkur are benefited with formal education. But this is not the case with other villages in this area where such educational facilities are nonexistence. Though the other villagers depend on Unkur for higher education, very few are seen utilizing these facilities because of the constraints in transportation. Especially, the females have been affected by this lack of proper transport facility. The parents are apprehensive of sending their daughters and female wards as against their sons and male wards, to a different village for education when they reach puberty. Because, they are fearful of possible sexual harassment while traveling in a bus or going on
foot which might thwart the chances of their marriage affecting their future life. That is the reason why females in the rural areas are educated to the extent it becomes possible in the same village and hence, very few girls gain higher level of formal education. Thus the girls of Myadpur compared to those of Unkur, get the formal education up to the level of fifth standard or seventh standard, as there is no higher-level educational institution at Myadpur. However, some of the boys from this village are sent to the school and colleges in Unkur for higher-level education. Thus, the lack of higher-level education which forms one of the sources to acquire knowledge about modern health care system related to mother and child care, constitute a barrier to create awareness among the people of Myadpur.

The government CHC in Unkur is a hospital with 30 beds. As per the ideal requirements of health department of government of India a CHC should have four Medical Officers (MO) with specialization in surgery, obstetrics, pediatrics with a physician or a general practitioner and four Auxiliary Nurse Midwives (ANM), three Staff Nurses and seven paramedical staff (Pharmacist, class D workers, Clerk, Sweeper and Peon). But in the CHC of Unkur, there are only two MOs both of who are physicians (general practitioners) with no specialists. Since the population under a CHC cannot be catered by only two MOs the District Health Office has made an alternate arrangement of two visiting MOs. These two visiting MOs come twice in a week from taluk head quarter, and they are also physicians. The two MOs are regular as they live nearby and belong to the same region. The specialists from other regions are reluctant to come to this CHC as the village
is situated in a region, which is considered to be backward in terms of literacy and economic prosperity. In addition there is vacancy of one Staff Nurse, two Class D workers and in the infrastructure there is a necessity of X-ray room and departmental vehicle. The ANMs who are supposed to cater the needs of 5000 population are covering more than 8000 population because of the scarcity of the ANMs and hence it is difficult for them to pay due attention to all the people who come under the CHC. The ANM who is catering to the people of Kolipyathi and Keri localities in Unkur give frequent visit to these localities and very rarely to other villages as they are far away. In this way the people of smaller villages are deprived of the services of ANM frequently. However, the ANM of Myadpur visits the village twice in a week as it is nearer to Unkur compared to other surrounding villages. In spite of all these lacunae in the CHC the people of Unkur have gained knowledge about modern health care system with this kind of facilities and it is lacking among the smaller villages like Myadpur.

Despite the differences in economic condition employment opportunities, educational and medical facilities and awareness of modern health care system, the socio-cultural profile of both these villages is same. The similarities are marked in the climatic condition in which they live, the crops grown in their lands, religious practices, caste hierarchy, marriage system, structure of families, certain traditional beliefs and practices associated with mother and child health and rituals and ceremonies performed during maternity and child-care.
The health seeking behavior of the people of these villages is different. Two major reasons can be attributed for differences in their behavior; the higher level of education of the people and the accessibility to health facilities in Unkur compared to their absence in Myadpur. There are more number of highly educated people at Unkur who possess awareness about modern health care system through their education. Especially through the syllabi of science texts at high school, a person comes to know about the matters related to anatomy, physiology, the reasons for health problems and also in preventive measures. Even those who are illiterate and uneducated in Unkur exhibit awareness to a certain extent about modern health care because of their nearness to the health services. Through the contact with the doctors and their employers in the village who are highly educated and use modern health care, these people have been able to know about the usefulness of modern health care system.

For the purpose of comparing the health seeking behaviour of the people of Unkur with those of Myadpur, 311 households from Unkur, which are equivalent to the number of households at Myadpur, have been studied. These households have been selected from different localities of Unkur by giving due consideration to the different socio-economic and educational status of the people which bear direct relationship with the health seeking behaviour.

One hundred and fifty-six households have been selected from the localities of kālipyāti and kēri in Unkur. Because the socio-economic condition of these households is similar to that of the people in Myadpur, in that, they have a poor
educational status with most of the females being illiterate. 83.82% males are illiterate whereas this percentage for females is 59.22%, males educated up to high school level are 23.59% and females are of 16.07%. 9.63% of males are educated up to college level whereas for females it is 0%. See the Table No. 15. The people who are educated up to primary school or secondary school level are seen by the villagers as neither illiterate nor educated as the persons knows at this level only to read and write and they are not in a position to understand totally whatever they read. The persons who are educated up to high school level and above are considered as educated by the people. Majority of them depend on agriculture and agricultural labour with lower economic condition and only a few depend on services and business. As revealed in the Table No. 16, the annual income of 43.58% households is between Rs. 20000-39000 and this is the lowest level of income in Unkur and people belonging to this group are considered as economically poor. 21.79% households have the income of Rs. 40000-59000, 16.66% households have Rs. 60000-79000, 10.89% have Rs. 80000-99000 and 7.05% have the annual income of Rs. 10000-119000. The people belonging to all these income groups are considered as economically moderate by the villagers. Due to their poor economic condition, poor literacy and following the belief that males are not supposed to give any advices with regards to pregnancy and childbirth as they are the domains of females, the males are included in such matters. The mother and child among these people are malnourished and have poor health status. Because of their poor literacy they lack complete awareness
educational status with most of the females being illiterate. 83.82% males are illiterate whereas this percentage for females is 59.22%, males educated up to high school level are 23.59% and females are of 16.07%. 9.63% of males are educated up to college level whereas for females it is 0%. See the Table No. 15. The people who are educated up to primary school or secondary school level are seen by the villagers as neither illiterate nor educated as the persons knows at this level only to read and write and they are not in a position to understand totally whatever they read. The persons who are educated up to high school level and above are considered as educated by the people. Majority of them depend on agriculture and agricultural labour with lower economic condition and only a few depend on services and business. As revealed in the Table No. 16, the annual income of 43.58% households is between Rs. 20000-39000 and this is the lowest level of income in Unkur and people belonging to this group are considered as economically poor. 21.79% households have the income of Rs. 40000-59000, 16.66% households have Rs. 60000-79000, 10.89% have Rs. 80000-99000 and 7.05% have the annual income of Rs. 10000-119000. The people belonging to all these income groups are considered as economically moderate by the villagers. Due to their poor economic condition, poor literacy and following the belief that males are not supposed to give any advices with regards to pregnancy and childbirth as they are the domains of females, the males are included in such matters. The mother and child among these people are malnourished and have poor health status. Because of their poor literacy they lack complete awareness
Table No. 15 Educational Status of the Adults (13+ Years) in Unkur

<table>
<thead>
<tr>
<th>Localities</th>
<th>Illiterate</th>
<th>Primary school</th>
<th>Middle school</th>
<th>High school</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Kōlipyāti</td>
<td>57 (83.82)</td>
<td>61 (59.22)</td>
<td>34 (62.96)</td>
<td>31 (50.00)</td>
<td>26 (43.33)</td>
</tr>
<tr>
<td>and Kēri</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pōlice</td>
<td>9 (13.23)</td>
<td>29 (28.15)</td>
<td>11 (20.37)</td>
<td>10 (16.12)</td>
<td>13 (21.66)</td>
</tr>
<tr>
<td>Stēshan oni</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinōbānagar</td>
<td>2 (2.94)</td>
<td>13 (12.62)</td>
<td>9 (16.66)</td>
<td>21 (33.87)</td>
<td>21 (35.00)</td>
</tr>
<tr>
<td>Total</td>
<td>68 (100.0)</td>
<td>103 (100.0)</td>
<td>54 (100.0)</td>
<td>62 (100.0)</td>
<td>60 (100.0)</td>
</tr>
</tbody>
</table>
Table No. 16 Annual Income of the families in Unkur

<table>
<thead>
<tr>
<th>Locality</th>
<th>Total number of families</th>
<th>Rs. 20,000 to 39,000</th>
<th>Rs. 40,000 to 59,000</th>
<th>Rs. 60,000 to 79,000</th>
<th>Rs. 80,000 to 99,000</th>
<th>Rs. 100,000 to 119,000</th>
<th>Rs. 120,000 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kōlipyāti and Kēri</td>
<td>156</td>
<td>68 (43.58)</td>
<td>24 (21.79)</td>
<td>16 (16.66)</td>
<td>14 (10.89)</td>
<td>8 (7.05)</td>
<td>-</td>
</tr>
<tr>
<td>Pōlice Stēshan oni</td>
<td>55</td>
<td>3 (5.45)</td>
<td>6 (10.90)</td>
<td>7 (12.72)</td>
<td>11 (20.00)</td>
<td>15 (27.27)</td>
<td>13 (23.63)</td>
</tr>
<tr>
<td>Vinōbānagar</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>9 (20.00)</td>
<td>13 (27.65)</td>
<td>24 (24.00)</td>
<td>54 (46.00)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>311 (100%)</strong></td>
<td><strong>71 (22.82)</strong></td>
<td><strong>40 (12.86)</strong></td>
<td><strong>45 (14.46)</strong></td>
<td><strong>47 (15.11)</strong></td>
<td><strong>50 (16.07)</strong></td>
<td><strong>59 (18.97)</strong></td>
</tr>
</tbody>
</table>
about modern health care. It is due to these reasons that the health department has
established *anganawádi* in these two localities as in Myadpur. The workers in
these two *anganawádi* belong to the *Bráhma* caste and their helpers are from
*Lingāyata* and *Kurubara* castes respectively. Not withstanding these similarities
in their socio-economic characteristics the people of *kōlipyāṭi* and *kēri* differ from
those of Myadpur because of their better awareness about modern health care
system due to easy accessibility to modern health facilities in their localities. Their
close association as laborers and servants to the highly educated families who
depend more on modern medical treatment has also contributed to their awareness.
The *anganawádi* worker (AWW), in addition to educating and caring the children
also interacts with the pregnant women and delivered women of her area to record
their age, parity, economic condition and month of pregnancy, which in turn helps
the ANM to provide necessary care.

Further, one hundred households from *vinōbānagar*, an extension area in
Unkur, have been selected since majority of them are highly educated and are in
Government services such as Education, Bank, Police and Health departments.
2.94% of males are illiterate whereas the percentage of such females is 12.62%.
69.87% of males educated up to college level and 84.21% of females belong to
this category. It is their higher level of education, which has helped them to gain
awareness about modern health care system in contrast to the people of Myadpur,
*kōlipyāṭi* and *kēri*. These people completely depend on modern treatments.
Majority of the females among them are educated. Economically well-off people
are more in number here compared to other two localities of Unkur and of Myadpur. The annual income of 12% households is Rs. 60000-79000, which is the lowest in this locality and they belong to economically moderate group in the village. 46% of the households have Rs. 120000 and above and they are looked as economically rich people in Unkur. The educational status of females has also played a crucial role in the acceptance of the modern medicines and treatments. While, the women of kölnpyāṭi and kēri believe that pregnancy and delivery are the matters related to females and men need not have any role to play in advising such matters, the women in vinōbānagar are seen accepting the advices and opinion contributed of their males. Besides, the people in vinōbānagar who are educationally and economically well placed have the opportunity to develop closer association with the doctors in the village. It is through these doctors and their social contact that they come to know about the various modern treatments and their usefulness.

Fifty-five households have been taken from the pōlice stēshan oni a locality where Police station is located in Unkur. In this locality we find both kind of people that is, educated as well as uneducated people as found in vinōbānagar and kölnpyāṭi and kēri.

In this locality 13.23% of males are illiterate which is higher than vinōbānagar (2.94%) and lower than kölnpyāṭi and kēri (83.82%). The percentage of illiterate females is 28.15 and it is lower than kölnpyāṭi and kēri (59.22%) and higher than vinōbānagar (12.62%). The males who are educated up to college
level are of 20.48%, in vinōbānagar it is 69.87% and in kōlipyāṭī and kēri it is 9.63%. The college level educated females are- 15.78% in pōlice stēshan onī, in vinōbānagar such females are 84.21% where as, in kōlipyāṭī and kēri highly educated females are 0% (Table No. 15). People in this area consider the primary and secondary school level educated individuals as neither illiterate nor educated as in this level of education one does not get any knowledge about modern health care. It is the level in which they know only to read and write and have poor ability to understand health related matters. The males educated up to high school level are 23.59%, 23.59% and 52.80% in kōlipyāṭī and kēri, pōlice stēshan onī and in vinōbānagar respectively. The females educated up to high school level are 16.07% in kōlipyāṭī and kēri, 25.00% in pōlice stēshan onī, and 58.92% in vinōbānagar. The people in pōlice stēshan onī more or less equally depend on the occupations like agriculture, labour, services and business and this is contrast to kōlipyāṭī and kēri where majority of them depend on agriculture and labor and in vinōbānagar on services. Neither the people in this locality are economically poor like that of kōlipyāṭī and kēri nor they are economically well off as that of vinōbānagar. The annual income groups of the households in pōlice stēshan onī as revealed in Table No. 16 is, 5.45% are of Rs. 20,000-30,000 which is seen by the people of the village as poor economic condition, 23.63% are of more than Rs. 1,20,000 which is economically higher level and 70.89% households belong to economically moderate level where their income is Rs. 40,000-1,19,000. Since the minimum income of a household depending on labor in Unkur is Rs. 20,000 and
we do not find any household having the income below Rs. 20000 and the minimum income of a household depending on government service is Rs. 120000. Therefore in the table the income group has been started from Rs. 20000 to Rs. 120000. The 60.25% households in kőlipyāṭi and kēri belong to economically poor level, 39.74% belong to economically middle level and there is no household of economically higher level. Likewise, there is no household belonging to economically poor level in vinōbānagar, but 46.00% households are of economically middle level and 54.00% of households belong to economically higher level. Hence in total people of kőlipyāṭi and kēri belong to economically poor level, in pōlice stēshan oni belong to economically middle class level and in vinōbānagar people belong to economically well off level. The mother and child in pōlice stēshan oni are nourished as recommended by the modern health care providers because of their affordability of nutritious food.

The accessibility of higher educational institutions and health facilities and the conjunction of socio-economic conditions have brought the differences and are reflected in care given to woman in antenatal, natal, and postnatal period, child care and adoption of family planning methods in Myadpur as well as in Unkur.

8.1 Antenatal Period

Like the people of Myadpur, the people in Unkur usually expect a woman to bear a child one year after her marriage. A woman who is unable to bear a child 15-20 years after her marriage is considered as sterile woman banji because, according to them, after these many years she cannot bear children and she is
looked down upon in the society, as her life is not considered to be complete until she bears a child. It is believed in *kālipyāti* and *kēri* and in *pōlice stēshan onī* that a woman affected by wrath of deity cannot bear a child. To overcome from this problem and to bear a child such woman performs rituals. Thus, this kind of worshipping the deities as found in Myadpur is also seen in these two localities. Only as a last resort she is seen consulting the doctor. Where as the women of *vinōbānagar* due to their higher level of education and awareness do not believe in the supernatural reasons for not bearing children. They are aware that until couple is biologically capable of bearing children, no supernatural powers could help and once position can be known only through the medical tests. Hence, they approach doctors directly to seek their advices. If they are biologically healthy after medical tests, but still not bearing children, in such situations they perform the rituals to bear children soon.

The women of *pōlice stēshan onī* exhibit a different kind of behavior. The educated women who are aware about modern health care system directly seek the advices of doctors to bear children but as a last resort depend on traditional supernatural practices which the elderly women in the family were doing. These rituals are performed as a hope to bear children and because of the social pressure, which exists if an educated woman does not believe in supernatural powers. However, the illiterate women of this locality though depend on traditional practices learnt from their educated co-residents, along with their traditional practices, to consult doctors for getting cured and to bear children.
In the modern medical system, pregnancy is confirmed after 45 days of the cessation of menstruation mutt nilladu. But the women of kōlipyāṭi and kēri in Unkur like that of Myadpur believe that pregnancy can be confirmed only after the third month of the cessation of menstruation and as such they do not believe in the medical test of confirmation of pregnancy. However, the women of vinōbānagar and pōlice stēshan oni due to their adoption of modern medical system consult the doctors for confirmation of their pregnancy in the second month of cessation of menstruation.

People of Unkur, as that of Myadpur believe that along with the physiological aspects the religious aspects are also important for the health care of mother and child. Therefore, pregnancy ceremonies are performed in Unkur similar to what is seen in Myadpur. Three ceremonies are performed at different stages of pregnancy: ‘kalla kubasa’ ceremony is performed either in the third month or fourth month of pregnancy, ‘tawaramani sīri kārya’ in the fifth month of pregnancy and ‘ganḍanamani sīri kārya’ in the seventh or eighth month of pregnancy are performed by the people of Unkur.

The pregnant woman should consume nutritious food and Iron-Folic Acid tablets, as she is anemic and has to take care of herself and also the health care of her fetus. The women in kōlipyāṭi and kēri cannot afford to eat nutritious food and due to lack of complete awareness about the modern medical system, they do not feel the necessity of completing the course of Iron-Folic Acid tablets. They are poor in health condition compared to those of vinōbānagar and pōlice stēshan oni.
Hence, it becomes the responsibility of ANM to cater to the health needs of these women by distributing the tablets and creating awareness about modern health care system. She quite often visits these pregnant women for their health check-up. But women in vinōbānagar and pōlice stēshan onī follow the guidelines of doctors and therefore the ANM very rarely contact these women. The ANM who visit kēri and kōlipyāti is confined to few localities in Unkur, as the village is big in size and two other nearby smaller villages, which altogether constitutes nearly 8,000 populations. Her residence at Unkur has facilitated her to contact the people of these two localities frequently and other two villages once in a week as they are far away. While the ANM of Myadpur because of her duty is distributed to three villages to cover the recommended populations contacts the people of each village once or twice in a week. Therefore, the people of kōlipyāti and kēri are at an advantage of frequent interaction with the ANM that has helped them to increase their level of awareness about modern health care than the Myadpur people.

8.1.1 Supply of Iron-Folic Acid Tablets

The Iron-Folic Acid (IFA) tablets are necessary during pregnancy as the pregnant woman is anemic; otherwise it leads to miscarriage khāli ḍagadu, low birth weight sanṭa ḍāsu huttadu and premature deliveries divsa tumbadrakinta madla hadiyadu. Hence, a pregnant woman should consume one hundred IFA tablets during her pregnancy and this number varies depending on the severity of the anemic condition. The ANM of kōlipyāti and kēri distributes these IFA tablets to all the pregnant women in these two localities, as those women do not go to
health center for confirmation of pregnancy or check-up in the initial stage due to lack of awareness. The ANM distributes the tablets as soon as she comes across the pregnancy of a woman usually either in the third or fourth month of pregnancy. The women of kōlipyāti and kēri consume the partial course of tablets given by the ANM because the tablets are considered as strength giving and also heat creative and this behaviour is same as that of educated women in Myadpur.

It is believed that all tablets increase ‘heat’ kāvu in the body. Doctors say that some of the modern medicines cause side effects or ailments and these problems are locally considered as the effect of increase of heat in the body, because the ailments caused due to modern tablets are similar to what people experience due to increase of heat in the body. Hence, lot of circumspection is exercised by the people while using the IFA tablets up to five months lest its use cause excess of heat resulting in miscarriage, as the possibility of miscarriage, according to them is more up to fifth month of pregnancy. Another effect of the tablets is overgrowth of the fetus. The health providers while supplying the IFA tablets explain to the people that, these tablets are strength giving and hence improve the health of mother and child, because the people in this locality do not know anemia as a problem. This explanation of ‘strength giving’ is taken by the people as increase of weight and hence fears that overgrowth of fetus could lead to difficulties during delivery. These beliefs are similar to those held by the Myadpur people.
The women of *kolipyāti* and *kēri* have gained awareness about the necessity of IFA tablets through the health workers of CHC and private clinics with whom they have frequent contact. They have come to know through them that, these tablets are necessary during pregnancy. But their beliefs associated with modern medicines that they are heat creative and that they lead to overgrowth of the fetus after fifth month of pregnancy have prohibited them to consume the full course of tablets. Therefore, they take partial course of IFA tablets similar to the educated people in Myadpur. While the illiterate people of Myadpur who lack awareness about modern health care system do not consume the tablets at all because of the same reasons. The educated and people with awareness who know about the ill effect of anemia think that partial acceptance is not harmful. Because the fear about increase of heat and overgrowth of the fetus which their family members and co-residents carry the notion is also found to a certain extent among the educated people. The partial acceptance of IFA tablets has helped the people of Unkur and also the educated people of Myadpur to a certain extent to reduce the frequency of health problems compared to the non-acceptors in Myadpur.

The people of *vīnōbānagar* completely accept the IFA tablets recommended by the doctors as they always follow the guidelines provided by modern health providers due to their awareness about this.

The women in *pōlice stēshan oni* exhibit a different kind of behaviour. They do not consume the IFA tablets up to fifth month of pregnancy due to the same notion as carried by the *kolipyāti* and *kēri* women. The illiterate women as
well as educated women carry the same notion that modern medicines create heat in the body. But after fifth month of pregnancy all of them consume the complete course of IFA tablets. The illiterate women of this locality have learnt not only from the health providers but also from their educated co-residents that, the tablets are necessary and this would not result into the overgrowth of the fetus as it gives strength to the body of the mother. Majority of the people are economically moderate and afford the required nutritious food to the pregnant woman. This has helped them to reduce the frequency of ailments which are associated to as consequences of anemia by health providers such as miscarriage 22%, low birth weight babies 54% and premature deliveries 75% as against that of kōlipyāṭi and kēri, where the frequency is 54%, 72% and 85% respectively as shown in the Table No. 17. However the rates of these problems are much less compared to that of miscarriage 58%, low birth weight babies 41% and premature deliveries 32% in Myadpur, but higher than vinōbānagar where only miscarriage of 13%, 5% premature deliveries are seen and the problem low birth weight babies is not seen as they consume full course of IFA tablets and nutritious food due to their awareness and better economic condition. This indicates that, the consequences of anemia increase as the level of awareness decreases along with economic backwardness.

8.1.2 Supply of Nutritious Food

A pregnant woman needs nutritious food for the health of herself and her child. But the consumption of nutritious food is not possible for the economically
Table No. 17 Consequence of Anemia among the Women of Unkur

<table>
<thead>
<tr>
<th>Locality</th>
<th>Miscarriage</th>
<th>Low birth weight</th>
<th>Premature delivery</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kōlipyāti and Kēri</strong></td>
<td>24 (18.46)</td>
<td>48 (36.92)</td>
<td>17 (13.07)</td>
<td>89 (68.46)</td>
</tr>
<tr>
<td></td>
<td>[54.54]</td>
<td>[84.21]</td>
<td>85.00</td>
<td></td>
</tr>
<tr>
<td><strong>Pōlice Sēshan oni</strong></td>
<td>14 (10.76)</td>
<td>18 (13.84)</td>
<td>02 (1.53)</td>
<td>34 (26.15)</td>
</tr>
<tr>
<td></td>
<td>[31.81]</td>
<td>[31.57]</td>
<td>[10.00]</td>
<td></td>
</tr>
<tr>
<td><strong>Vinōbānagar</strong></td>
<td>06 (4.67)</td>
<td>-</td>
<td>01 (0.76)</td>
<td>07 (5.38)</td>
</tr>
<tr>
<td></td>
<td>[13.63]</td>
<td></td>
<td>[5.00]</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>44 (33.84)</td>
<td>66 (43.84)</td>
<td>20 (15.38)</td>
<td>130 (100.0)</td>
</tr>
<tr>
<td></td>
<td>[100.00]</td>
<td>[100.00]</td>
<td>[100.00]</td>
<td></td>
</tr>
</tbody>
</table>
downtrodden people. This has adverse effect on the health of the mother and child. To overcome this deficiency, nutritious food is being supplied to such women under the CSSM programme. The food is supplied through *anganawāḍi*. The people of *kōlipyāṭi* and *kēri* who are in need of such food get it from the *anganawāḍi* located in their localities. However, in Myadpur the upper castes women who are deficient in nutrition do not accept the food because the worker of their *anganawāḍi* belongs to *Mādaru*, which is considered as the lowest caste in the village, and the *Mādaru* caste women also do not consume it because the food is not properly cooked. But in Unkur, the workers of both the *anganawāḍi* belong to *Brāhmaṇaru* the uppermost caste, hence the women of below this caste accept the food from those workers. The food is properly cooked in these *anganawāḍis*, as told by the women of these two localities and it has been found that the women of *kōlipyāṭi* and *kēri* in Unkur accept the *anganawāḍi* food. Thus the women who are in need of nutritious food have benefited by the *anganawāḍi* in Unkur. It has helped them to a greater extent to improve their health condition compared to the women of Myadpur. Thus due to partial acceptance of IFA tablets and acceptance of nutritious food supplied in *anganawāḍi* the people of *kōlipyāṭi* and *kēri* have 18% miscarriages, 36% low birth weight babies and 13% premature deliveries compared to that of 58% miscarriages, 41% low birth weight babies and 32% premature deliveries in Myadpur. The intensity of these problems is still less (i.e. 10%, 13%, 1% in *pōlice stēshan oṇi* and 4%, 0% and 0.76% in *vinōbānagar*)
among the women of *pōlice śṭēshan oṇi* to *vinōbānagar* who are economically well off and have accepted the modern health care system completely.

**8.1.3 Immunization of Pregnant Woman**

Two tetanus injections are given to the pregnant woman to prevent her from Tetanus Toxoid (TT) ailment at the interval of one month from the third month of pregnancy onwards. The pregnant women of Unkur take both the tetanus injections, while the illiterate people or people who lack awareness about modern health care system in Myadpur take only one injection as the injections are believed to be heat creative like medicines leading to miscarriage. The educated people in Myadpur take both the injections, because for them, only tablets are heat creative but not the injections. It is significant to note that the illiterate women of Unkur are similar to the educated women of Myadpur because the former accept the TT injection in spite of being uneducated. They are aware of these injections because of the accessibility of the health facilities and frequent contact with the educated people. The illiterate people of *kōlipyāṭi* and *kēri* have also learnt from the modern health providers as well as from their educated employers who have accepted modern health care system that injections are not heat creative but rather they are helpful in preventing tetanus *nanju*. The people of *vinōbānagar* and *pōlice śṭēshan oṇi* do not miss to take these injections as they fully aware about the modern health care system.
8.1.4 Health Check-Up

All the women should be registered with the ANM in the sub-centre or in the health centre when they become pregnant. This will help the health workers to identify risk factors like anemia, pelvic disproportion, and blood pressure to take remedial action against them. The pregnant women are supposed to visit the Sub-Centre or any other health centre at least once in each trimester.

The illiterate women of kōlipyāṭi and kēri go for health check-up once after the sixth month of pregnancy, that is, in the last trimester. These women similar to that of Myadpur women think that delivery can occur at any time from seventh month onwards. But they differ from Myadpur women in that they go for health check-up after sixth month of pregnancy to know the health condition of mother and fetus, especially, to know the movements and position of the fetus in the womb. At this stage, the doctor is able to tell about the condition of the delivery, that whether it is going to be normal and easy or there is any possible difficulty. If it is so, he advises them to go to health centre for delivery.

The women of kōlipyāṭi and kēri believe that, a healthy pregnant woman is one, who is consuming required food and performing her household chores without any difficulty. Such women need not go for health check-up. They feel the necessity of going for health check-up only after the sixth months of pregnancy in order to know the health condition of mother-to-be and fetus to know if the delivery is going to be risky.
The women who lack awareness in Myadpur say that, there is no necessity of doctors or check-up until the prospective mother suffers from any ailment. Going for the unnecessary check-up to far away places on foot causes problems like body pain or pain in the legs and weakness to the prospective mother. The educated women of Myadpur also follow in the same manner even after knowing that check-up is important for the health care of pregnant woman. Thus the inaccessibility of health facilities constitutes a hurdle even for the health check-up of educated women living in rural areas.

However, the women of vinōbānagar and pōlice stēshan oni go for regular check-ups as they have the complete awareness about the necessity of these check-ups up to the delivery stage.

8.2 Natal Period

The natal period bōnantana as per the villagers of Unkur starts from the onset of labour pains byāni till the delivery is complete. Like the people of Myadpur, usually delivery is conducted at home in Unkur. Elderly women of family start preparing for delivery on the onset of labour pains such as backache benna nōvu, loinache tonk byāni or pain in the uterus hotti nōvu. The severity of pains goes on increasing as the delivery time comes nearer. People know that until there is no severity of pains, the delivery does not occur. Hence, the person whoever is supervising the delivery constantly prompt the delivering woman to have severe pains by putting pressure on uterus.
The women of *kōlipyāṭi* and *kēri* as that of Myadpur prefer to deliver at home in the presence of elderly women of the family and of the neighbourhood and also traditional midwife, if available. They go to health centre for delivery on occasions like, when doctor suggests during their visit for antenatal check-up or if the delivery has not done at home i.e., when there is any crisis situation. In such crisis situations, when they go to health centre, the doctor has to conduct caesarean operational delivery. The people of *kōlipyāṭi* and *kēri* associate this as to, delivery at hospital or at health centre means caesarean operation. But these people fear about caesarean operation. Various reasons are attributed for this fear. The people of *kōlipyāṭi* and *kēri* like Myadpur people believe that any operation results in the weakness of the body. As the body is cut lot of, blood is lost which leads to loss of energy and ultimately body weakness *asakta*. Operation means, more money to be spent, which they cannot afford. They also believe that a woman cannot give birth to more than three children after caesarean operation. Therefore, these women prefer to deliver at home.

The family members of a pregnant woman inform the elderly women in the neighbourhood and traditional midwife when the labour pains starts. These elderly women together conduct the delivery. If the delivering woman is not experiencing severe labour pains, the health provider is invited. People have come to know that, there are some injections to increase the labor pains. At times, the doctor or the ANM is told by the people to give such injections to expedite the delivery process. The health provider finds out the reason for delay in delivery and take further
needed steps. If the delivery can be done after injections the injections are given otherwise during cases like obstructed delivery, no movement of the fetus and severe hemorrhage the case is referred to the health center.

The women of vinobanagar and police steshan oni though prefer delivery at home feel the presence of trained person during the situation for safer delivery. It may be either an ANM or a doctor. They go to health centre without any fear if suggested by the doctor. Unlike the women of Myadpur, kolipyati and keri the women of these two localities do not fear about the caesarean delivery as they have learnt that, there are valid reasons for which doctor has to conduct caesarean operation. According to these women, the loss of energy associated by the women of other two localities, can be regained after operation by consuming medicines and nutritious food. Therefore, they act according to the advices of doctors because of their awareness. However, these women also provide the traditional postnatal care like the women of Myadpur, kolipyati and keri, as the doctors appreciate traditional practices associated with the postnatal care.

8.3 Postnatal Period

The postnatal banantana period is from delivery to till the end of postnatal care that is, for five months in case of first delivery and three months from the second delivery onwards. The postnatal care provided to the women of Unkur is similar to that of Myadpur women. Soon after the baby comes out from the womb, the umbilical cord huri is cut with a new blade by leaving four fingers from baby side and tied with a clean thread or medicated thread dari. Then the placenta
māsā is buried hugi in front of the house, the belief behind this practice is that, it has protected the newborn kūsu in the womb, hence it is their duty to protect it, otherwise it causes adverse effect on the health of mother and child. The mother and newborn are secluded for five days.

The mother and newborn are supposed to be protected from ‘cold’ tampu, effect of evil-eye nedaru and evil-spirits gāli by excluding them either in a separate room or a carved out portion in the house. After delivery mother is fed with nutritious food made out of wheat godī and a special kind of energetic food called ‘kobari kāra’. The delivered woman bānantī is considered to be physically weak asakta, as she has lost energy during delivery. The loss of blood during delivery is loss of ‘heat’ kāvu and energy from the body and it makes her to develop ‘cold’ in the body called ‘hasi mai’. To compensate this loss of ‘heat’ and consequently energy, ‘heat’ creating and energetic nutritious foods are given. Therefore, wheat products, which are considered as ‘heat’ inducing and energetic, are given to her. These foods are said to be beneficial for the health of mother by the doctors also as they are nutritious. To create heat in the body, the body of mother is externally warmed by chafing dish ilki.

These indigenous practices of postnatal health care of mother and newborn such as giving nutritious foods to consume, inducing heat in the body of mother externally, giving rest to the mother for particular period and excluding the mother and newborn from the family members are all appreciated by the health providers as these practices are said to be health promotive except exclusion of the mother
and newborn by the people in a room with poor ventilation which the people do due to the fear of effect of 'cold', evil-eye and evil-spirits. But according to modern health providers the secluded portion need not to be well ventilated, so that it helps in avoiding respiratory health problems in the newborn and suffocation to the mother. However, villagers of both Unkur and Myadpur do not accept this advice because, for them the fear of effect of evil eye and evil-spirits are to be avoided at all costs. Hence, there is no concordance of the idea of villagers and health providers in this aspect of postnatal care.

The mother is supposed to follow various kinds of postnatal taboos for five months in case of first delivery and three months in case of second delivery onwards. She is prohibited to consume certain kinds of foods and to do some works for eight to ten months. A mother who takes complete rest for one month by being on bed after delivery start doing some of the works like, going to the kitchen for having food and start taking care of the infant like, cleaning the defecation of the infant, which were done by the elderly women in the family earlier. After three months she gradually start doing other household works like cleaning the house and cooking. She is like a normal woman after five months in case of first delivery and three months in case of second delivery onwards. During this period she is also supposed to follow certain taboos. She has to avoid consuming 'cold' foods and avoid 'cold' increasing works such as fetching water or washing clothes and utensils, otherwise, her infant gets affected by 'cold' tampu leading to cough kemmu. She should not eat green chilies hase käyi, brinjal
badnikāyi and cucumber souti kāyi lest indigestion ajīrna affects the infant, burning sensation in the stomach hotti uritati and loose motion hotti jhādasadu. She should keep herself warm to protect the infant from the effect of cold.

Though one has to follow all these practices and taboos, it is not possible for the women belonging to economically poor families and also poor and bigger families. The women of kōlipyāṭi and kēri are unable to consume required amount of nutritious food and take rest for required period. People in the village say that, the malnourishment of delivered woman in postnatal period has adverse effect not only on mother but also on newborn. Because of the poor economic condition of the family, She has to go for work in her early postnatal period to support the financial condition of the family. Hence, she is unable to take required period of postnatal rest. Due to not following these practices, they continue, she gets ailments like backache, loin ache and body weakness. The infant born to such mother is vulnerable to various kinds of ailments that it may fall ill now and then, like it cannot bear slight climatic change. However, the frequency of ailments such as miscarriage, hemorrhage and low birth weight babies are reduced compared to Myadpur, because of the acceptance of nutritious food from anganawāḍi that helps in reduction of malnutrition. The women of vinōbānagar and pōlice stēshan oni take required rest and consume nutritious food as they are economically well-off and hence very rarely get affected by above mentioned health problems.
8.4 Child-Care

The period of an individual from birth to eleven or twelve years of age is divided into three stages in Unkur. From birth to one year it is infant kūsu stage and from one year to eleven or twelve years it is childhood stage. The childhood stage is further divided into two stages; from one year to three years it is considered as small child sānna huḍaga/huḍagi stage and from three years to up to eleven or twelve years it is childhood huḍaga/huḍagi stage.

The childcare starts soon after the birth of child and it goes on changing according to the stages of newborn. The newborn is considered as physically very delicate with fragile bones. The people of Unkur similar to that of Myadpur believe that infant is unable to take care of itself up to two years because of its tender physical body and hence it needs special care. Experienced women handle the infant up to three months by which time it gains control over its head, otherwise infant’s head gets sprained calak antati or the infant may die sāyateti. The infant kūsu is massaged tikkatār everyday with warm coconut oil kobri enṇi to make its muscles and bones strong. The oil is warmed and applied to keep the infant warm and protect it from the effect of ‘cold’. The infant is clothed according to the climate to protect it from ailments. In the early morning hours and late night, for instance, thick clothes are put on to keep the infant warm lest it gets affected by cold and in the afternoon time thin clothes are used lest the newborn get boils bevara sāli on the body or get affected by ‘cold’ due to
health of the infant. The people of Myadpur also carry the same idea and hence do not give the market foods to their infants.

Usually, the children in Unkur are breastfed for one and half years to two years. The women of kōlipyāṭi and kēri as that of Myadpur women breastfeed their children for two years, whereas, in vinōbānagar and pōlice stēshan oni the period of breast-feeding is for one and half years and rarely for two years. For the former mother’s milk is the nutritious food to the baby, but for the latter, the supplementary food, which is given to the child, is also nutritious as that of mother’s milk. The baby is weaned for two reasons. After two years, the child is considered as grown-up and it is given normal food prepared for other members of the family and there is no necessity of mother’s milk to the child. If the child is breastfed after two years, the mother becomes physically weak. The women of kōlipyāṭi and kēri believe that the energy, which a woman gains during her postnatal period, persists for one year after she discontinues the postnatal care. Later one year after delivery she eats normal regular food without following any taboos and without extra nutritious food, hence there is no gain of extra energy in her body one year after the postnatal care. In total she will have energy to feed her baby for two years. If she breast-feeds her child, after two years the energy is lost from her body resulting into her weakness. Therefore, she should stop breast-feeding her baby after two years. On the other hand, the educated people of vinōbānagar and pōlice stēshan oni say that the energy which a woman gains during postnatal period persists for six months after she discontinue her postnatal
sweating during summer. All these beliefs and practices coincide with that of Myadpur people.

8.4.1 Feeding

Similar to Myadpur, the newborn is fed with honey jëntuppu or sugar and water sakriniru in Unkur, until the milk is secreted in the breast of mother. People of all the four localities in Unkur feed the colostrum rich milk. The infant is exclusively breastfed for six months among people of pōlice stēshan oni and vinōbānagar whereas up to ten to twelve months among the people of kōlipyāṭi and kēri. The former are aware of the fact that only mother’s milk is not sufficient for the baby after six months. It needs additional food and hence they provide foods either made at home like thin gruel ganji or rice anna or the ready foods available at market for babies like Farex or Cerelac, which they think, are nutritious for the body. But the latter believe that the mother’s milk is sufficient for the child till it is ten months old or one year of age and there is no need of other foods. If the infant is fed with supplementary food earlier to this period it leads to weakness of the infant resulting into various ailments. Thus the infant is fed with supplementary food only after one year of its age.

The women of kōlipyāṭi and kēri give only homemade foods like thin gruel of either rice or wheat or finely boiled rice, which is considered as nutritious, and these women do not believe in the ready baby foods available at market. Because according to these women, such market foods contain chemicals, which spoil the
care, taboos and extra nutritious food. Hence, after one and half year she should stop breast-feeding her baby, otherwise she becomes weak.

As indicated in Table No. 18, 25.64% of children of kōlipyāṭi and kēri are breast fed for nine months and this percent is 28.20% in pōlice stēshan oni and 46.15% in vinōbānagar. These are the children whose mothers are either not secreting sufficient milk or they had health problem like pain in their breasts in case of kōlipyāṭi and kēri and pōlice stēshan oni whereas in vinōbānagar the children are weaned purposely because their mothers were thinking that breast milk is sufficient. 36.66% of children are breast fed for one year in kōlipyāṭi and kēri and in vinōbānagar, and such children are 26.66% in pōlice stēshan oni. The children who are breast-fed for one and half years are 48.30% in kōlipyāṭi and kēri, 19.38% in pōlice stēshan oni and 32.30% in vinōbānagar. In kōlipyāṭi and kēri they are weaned because of the conception of their mothers, but in pōlice stēshan oni and in vinōbānagar it is the appropriate period to wean the children. 78.63% of children are breast fed for two years in kōlipyāṭi and kēri which is appropriate period for them to wean and 8.64% in pōlice stēshan oni and 15.63% in vinōbānagar are breast for two years because the doctors have suggested the mothers due to the weakness of these children 83.49% in kōlipyāṭi and kēri, 9.70% in pōlice stēshan oni and 6.79% in vinōbānagar are breast for two and half years. In kōlipyāṭi and kēri it is because all those children are last-born ones to their mothers and in pōlice stēshan oni and vinōbānagar their mothers were secreting sufficient milk. 4.37% of children in kōlipyāṭi and kēri are breast fed for three
Table No. 18 Period of Breast-Feeding in Unkur

<table>
<thead>
<tr>
<th>Locality</th>
<th>9 months</th>
<th>1 year</th>
<th>1½ years</th>
<th>2 years</th>
<th>2½ years</th>
<th>3 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kōlipyāti and Kēri</td>
<td>10 (25.64)</td>
<td>66 (36.66)</td>
<td>157 (48.30)</td>
<td>184 (78.63)</td>
<td>86 (83.49)</td>
<td>23 (100.00)</td>
<td>526</td>
</tr>
<tr>
<td>Pōlice Siēshan oni</td>
<td>11 (28.20)</td>
<td>48 (26.66)</td>
<td>63 (19.38)</td>
<td>21 (8.64)</td>
<td>10 (9.70)</td>
<td>-</td>
<td>153</td>
</tr>
<tr>
<td>Vinōbānagar</td>
<td>18 (46.15)</td>
<td>66 (36.66)</td>
<td>105 (32.30)</td>
<td>38 (15.63)</td>
<td>7 (6.79)</td>
<td>-</td>
<td>234</td>
</tr>
<tr>
<td>Total</td>
<td>39 (4.27)</td>
<td>180 (19.71)</td>
<td>325 (35.59)</td>
<td>243 (26.21)</td>
<td>103 (11.28)</td>
<td>23 (2.51)</td>
<td>913 (100.0)</td>
</tr>
</tbody>
</table>


years, as they were also last-born children to their mothers. The people in the village count the age of the child in months up to eleven months, as it is easy to count for them and in years from one year onwards. For instance, the child of ten months old is called hatta tingla (hatt means ten and tingla means months) and child of 1.3 years is called of savā varsha (savā means 1/4 and varsha means years).

Though the children of kōlipyāti and kēri are breastfed for two years, they are malnourished because of the undernourishment of nursing mother of these children and they cannot afford supplementary nutritious food to the children because of their poor economic condition as that of Myadpur children. On the other hand, children in pōlice stēshan oni and vinobānagar are well nourished because of the better economic condition of the families there. But in all the four localities children are completely immunized in spite of their traditional notions about some of the diseases for which vaccines are given.

8.4.2 Immunization of Children

The children are immunized against six deadly diseases: Diphtheria, Pertusis, Tetanus, Polio, Tuberculosis and Measles, because most of the infant and child deaths are due to these diseases. Different vaccines are given for these diseases at different ages right from the birth of the child. Unlike the newborn of Myadpur, the newborn in Unkur gets completely immunized. The people of kōlipyāti and kēri in Unkur get their children immunized for all the six diseases. They know that these vaccines are for the benefit of children. They are in a
position to know the names of the diseases for which vaccines are given. However, they are unable to identify the exact association between vaccines and the diseases for which they are given. When it comes to the etiology of measles and tuberculosis, they believe in the same way as that of Myadpur people. According to these people, measles are caused due to wrath of deity and tuberculosis is caused due to bad habits *catā*, like heavy drinking of liquor *kuḍiyadu*, smoking cigarettes and beedies *cutṭa sēdadu* and also due to chewing of tobacco *tambaka tinnadu*.

The heat is created in the body due to wrath of deity but the vaccines could control this heat. The awareness of usefulness of vaccine has come through frequent interaction with the health providers and their educated employers. Since the introduction of vaccines to protect the children has synchronized with their awareness of polio disease the people in rural areas have termed all the vaccines collectively as ‘*paili*’ or ‘*pōli*’.

The people of *vinōbānagar* and *pōlice Ṛṭēshan oni* not only immunize their children, they are conscious of the vaccines, their dosage and timing. They know that these diseases are caused due to infection of various viruses and bacteria. But still they perform the ritual when children are affected by measles to protect the child and family from the effect of displeasure of the deity. The children suffering from pertussis and measles are found in Myadpur due to their partial acceptance of the vaccination. Measles do found among few children in Unkur and doctors themselves say that even after vaccination the disease may occur.
As health of the child is also associated with deities and religion, the people of Unkur maintain the well being of the child by performing rituals and ceremonies, which they consider as preventive measures. These ceremonies are performed at different stages in childhood. Hence, the naming ceremony hesaridadu of child is performed either in the first month or in the third month of its age, the tonsure jawala ilasadu is performed either in the eleventh month or third year of the child and initiation ceremony ayyacara among Lingayataru after eight years of the age of the child till twenty or twenty-five years of its age as that of Myadpur people. Through all these rituals and ceremonies people pray God for the well being of the child.

8.4.3 Healthy Baby Show

The healthy baby show is a Government health programme conducted by the health department to check the health of such children whose parents are illiterate, economically poor and cannot identify the health problems of their children. The show is conducted for the villages, which come under this CHC. This programme is being conducted for the people living in Myadpur, kolipyati and keri. The health check-up of children is done for three age groups; six months to one year of age, one year to two years and two years to three years of age. The aim of the show is to find out the ailments such as ARI, mental illness and heart problems, and also to find out whether the baby has been immunized according to age and check-up of height and weight of the baby according to its age, which should suit to the growth chart of the Health Department. The children who are
found to be free from the above mentioned ailments, and are immunized and their height and weight are as per their age, are adjudged as healthy babies and rewarded with the cash prizes.

But many of the people in Myadpur, kōlipyati and kēri do not avail the benefit of this show because of the fear of effect of evil eye. The programme involves the exposure of the baby to public gaze, which people believe might bring about the adverse effect of evil eye. They think that the show is meant for children of particular group to which they belong. However, the few educated people who are aware do participate in the show. They explain that, the fear of effect of evil eye, which the other people associate, can be warded-off, later after the show. Thus very few people participate in the programme of the 'Healthy baby show'.

Hence, compared to the immunization programme of children the 'Healthy baby show' has not been successful.

8.5 Treatment Seeking Behavior

In so far as any condition of ill health in a child like vomiting, diarrhea, stomach ache, smaller injuries, wounds, cold and cough is concerned they are addressed through home remedies by the people of kōlipyati and kēri similar to that what illiterate people of Myadpur do. Beginning of any home remedy is warding-off the effect of evil eye. Going to the health center or clinics depends on the seriousness of the ailments. For instance, severe bleeding of the injury in a child when it falls down is considered as very serious. In such situation it is taken
to the health center because the injury cannot be treated by indigenous medicine.
But until the child is taken to the doctor either turmeric powder or coffee powder
is applied to the wound, so that the bleeding can be controlled till they reach the
doctor, otherwise loss of bleeding means loss of energy. However, fever is
considered as a severe ailment and hence they go for home remedies as well as
modern doctor's treatments simultaneously. But this is not so in Myadpur where in
case of fever also, they go to the doctors when it reaches seriousness. Going to the
health center or clinic among the people of kölipyāti and kēri of Unkur depends on
their economic condition during the situation. The treatment for muṭddōsha and
jaundice kāmaṇi the people of kölipyāti and kēri go to Adur like that of Myadpur
people where as the people of vinōbānagar and pōlice stēshan oni consult the
doctors in such situations.

This is evident when the children in vinōbānagar and pōlice stēshan oni are
free from or very rarely affected by ailments such as vomiting; diarrhea and
stomach ache because of the nourishment as prescribed by the modern health
providers. These people directly go to the modern treatment, as they do not believe
indigenous medicines as effective. However when the modern medicines fail to
cure, as a last resort they go to priest or an astrologer for diagnosis and treatment.

Nonetheless the people of vinōbānagar and pōlice stēshan oni also believe
in the adverse effect of evil eye. The uneducated people of these two localities are
similar to Myadpur, kölipyāti and kēri people in regular warding-off of the effect
of evil eye. But their association of the effect of evil eye on mother and child is
only on certain occasions like festivals habba, rituals and ceremonies kārya katna and new moon day’s amāsi. Thus the notion of evil eye in one form or the other in their day-to-day life is prevalent in all the rural people irrespective of the level of education and awareness in both the villages.

The notion of evil-spirits gāli rules the health seeking behavior of the people of this region in varied ways. The people of various localities in Unkur are similar to the people of Myadpur as far as the belief of effect of evil-spirits are concerned. The new moon days amāsi, sunset murusanji, at the junction of three roads mūr mūli kuḍa jagā and the outskirts of the village ūra horag are the common movements and places where these people believe that the effects of evil-spirits are found. Hence people protect the pregnant women, delivered women and children who are more vulnerable than the others from these effects by prohibiting them to go to such places during such times.

So also the health seeking behavior of the people resorting to the priest or astrologer as a last ditch effort in the event of the failure of modern treatment is also significant to note in all sections of people in this area. Thus the notion of warding-off of effects of evil-eye and supernatural powers along with the modern treatment of biomedical system are seen enmeshed in the health seeking behavior of the rural people. However those who posses’ awareness about the usefulness of the modern health cares, rely predominantly on the biomedical model and less on the indigenous solutions. The others who are uneducated, who cannot afford
modern health care and who do not possess adequate awareness depend mainly on the indigenous practices and doubt the efficacy of modern health care.

8.6 Family Planning

The health of mother and child is also dependent on parity and spacing. Among the people of Myadpur and Unkur, the indigenous notions pertaining to parity, spacing as well as contraceptives are interrelated with the ideas introduced by the Government health department. People are exposed to modern methods of family planning, which consists of two types namely contraceptive methods and sterilization methods. Contraceptive methods are considered to be temporary methods of prevention of pregnancies and sterilization methods are permanent methods resulting in the termination of possibilities of conception. Though the modern methods of family planning are meant for spacing, control of parity and prevention of Sexually Transmitted Diseases (STD) the people of Unkur and Myadpur consider and use them for only spacing and limiting the size of the family. They achieve their goal of the size of the family by contraceptives, which are available in the CHC. The devices available in the CHC are oral pills *guligi*, Intra Uterine Device (IUD) *vanki hākasadu*, tubectomy *hoṭṭi koyyadu* and laparoscopic *cuji āparesan* for women and condoms and vasectomy *āparesan* for men.

As regards the awareness and use of family planning methods, the people of Unkur prefer to go for IUD and laparoscopy methods. The people of *kōḷipyāṭi* and *kēri* most of whom are economically downtrodden, believe that, a family
consisting of three to four children is ideal, because they may not be able to provide sufficient food, education and care to the children if they exceed more than four children. With Their socio-economic condition as such adequate food, cloth, care and education can be imparted to the children in this size. Their idea of three to four children as ideal size of the family also depends on the notions like a woman can give birth to three to four children without affecting her health. The other reason being, desire to enhance the economic condition through the future earnings of their children and their perception that compared to others in the village they have higher rates of morbidity and mortality and hence they would like to go beyond two children to be on the safer side.

Whereas, the people of Myadpur who are unaware of the benefit of education compared to those of kolipyāti and kēri have a different idea about the ideal size of the family. They go up to six children, as according to them neither a woman nor children get affected in their health, if a woman produces six children. This size of the family according to them also takes care of the possible mortality of children and enhancement of economic contribution to the family through the employment of children.

However, the people of vinōbānagar and pōlice stēshan oni in Unkur adopt altogether a different idea towards the ideal family. Their idea of two children very well coincides with modern trends of Government sponsored family planning programmes. These people economically well off attach a higher priority to health of mother and children as well as education of children. Economic condition has
hardly given an importance in deciding the size of the family. Thus it is significant to note that, the educational awareness and accessibility of educational institutions and medical centers, to a certain extent makes the people to perceive the importance of having few children, like what is seen in the case of kölipyäti and kēri compared to Myadpur.

In order to plan their family size, the women of Unkur and Myadpur go for sterilization through laparoscopic method. Because these women know that compared to tubectomy, laparoscopy is the easier method. According to them it is just like an injection and there is no necessity of abdominal cut or operation for laparoscopic. Moreover there is no necessity of any elaborate post-operative care and rest for the longer duration as in the case of tubectomy.

When it is a question of spacing of childbirths, the people of Myadpur as well as people of kölipyäti and kēri in Unkur carry similar ideas. According to them, it is proper to maintain a space of two years between the births of two children for the sake of health of mother and child. Any childbirth within this period affects both the mother and child already born and also the child yet to be born. They believe that a woman aught to take one full year rest after post-delivery care, before she goes for next conception. Because it takes one year for a woman to regain her full energy, lost in the preceding delivery. The child also gets affected as regards to its breast feeding, when its mother conceive within a period of one year, and they say the child does not get adequate milk leading to weakness of the child. It is also said that after the confirmation of pregnancy, the
breast milk gets affected and that may cause indigestion and diarrhea if the baby is breastfed. Further such early conceptions, it is believed, also results in the birth of a weak child. Not observing spacing of two years in childbirth results not only in the weakness of the mother but also in the weakness of earlier and subsequent children.

But the ideas relating to spacing of childbirth differs to a little extent in case of the people of vinōbānagar and pōlice stēshan oni, because of their comprehensive awareness about modern health care and higher-level education. They consider the child’s health as important as that of mother’s health. They believe that a woman is considered to be physically ready only after three years of childbirth to bear another healthy child. By this time the child of three years would be able to care for itself especially its feeding, toilet care and movements. These ideas to a great extent go well with the ideas of modern health care of mother and child.

The two years spacing of childbirth is maintained through the traditional sexual abstinence after the postnatal care among the people of Myadpur, kōlipyāti and kēri in Unkur. Where as the people of vinōbānagar and pōlice stēshan oni do not see the necessity of sexual abstinence when there are modern contraceptive methods available to them. Between the two methods of the contraceptives, which are available for women, IUD is believed to be safer and hence commonly used by the people of vinōbānagar and pōlice stēshan oni, where as pills are not used. Because pills, they believe, need to be taken regularly which they see it as an
inconvenience and also dissuades them from using pills. The health problems, as said by the women of Myadpur, kölipyāti and kēri like itching tindi idadu and burning sensation uriyadu of the abdomen and bleeding maimyāle hogadu associated with IUD, are considered by the people of vinōbānagar and pōlice stēshan orī, as the problems depends on the body nature parkruti of the women. They have learnt through their education that these health problems are not common for all and one can take care of these problems. Whereas, the women of kölipyāti and kēri say that there is no necessity of such methods if one abstains from sexual intercourse for six months after postnatal care.

It is believed and carried by the people, especially illiterates and who lack complete awareness about modern health care system that, any matter pertaining to pregnancy, delivery and childcare are domains of women and hence men have hardly any role to play in discussing and advising about such matters. Therefore, the rural people of this region think that it is women who are supposed to take on themselves these responsibilities. They perceive conception, which is closely related to pregnancy also pertains only to women. Hence women think that by their adoption of contraception methods conception could be prevented. It is appropriate for them, that women should go for it not the men. Such males who go for contraceptives are looked down upon. Of late, about a couple of men who are highly educated and are serving as engineers and bank employees have been found to be using condoms.
Thus the overall health condition of mother and child in Unkur is in a better position compared to that of Myadpur. The ailment of anemia and its consequences like miscarriages, low birth weight babies and premature deliveries are less frequent among the mothers of Unkur than mothers of Myadpur. The severe bleeding in the post delivery period, which is experienced by the women of Myadpur, is not found among the women of Unkur since the modern health providers are consulted in the initial stage itself. Though the women are economically down trodden and illiterate in kōljipāṭi and kēri localities of Unkur, it is their partial acceptance of IFA tablets, consumption of supplementary food at anganawāḍi and antenatal health check-up, have helped them to reduce the frequencies of miscarriage, low birth weight babies and premature deliveries. The ailments which are commonly found among the children of Myadpur as shown in Table No. 20 are like typhoid 8%, ARI 4%, diarrhea 35%, stomach ache 32% and vomiting 23% are very rarely seen among the children of Unkur that is, 8% typhoid, 3% ARI, 19% diarrhea, 16% stomach ache and 21% vomiting see Table No. 19. Less dependency on the traditional health care system and periodic consultation of the doctors in the initial stages of ailments of mother and child has also resulted in the reduction of ailments in Unkur which is not so in Myadpur. This shift from the traditional to modern health care system and higher level of awareness about modern health care system among the majority of the people of Unkur can be attributed to their awareness about the usefulness of modern health care system and realization of the importance of education. This awareness is
Table No. 19 Common Diseases among the Children of Unkur

<table>
<thead>
<tr>
<th>Locality</th>
<th>Common Diseases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vomiting</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>71 (14.94)</td>
<td>124 (38.73)</td>
<td>103 (21.68)</td>
</tr>
<tr>
<td>22 (6.73)</td>
<td>26 (5.47)</td>
<td>34 (8.36)</td>
</tr>
<tr>
<td>7 (2.31)</td>
<td>8 (4.84)</td>
<td>11 (3.78)</td>
</tr>
<tr>
<td>100 (21.59)</td>
<td>158 (34.12)</td>
<td>148 (23.96)</td>
</tr>
</tbody>
</table>

Locality:
- Kolipyati and Keri
- Police Sheshan oni
- Vinobanagar
<table>
<thead>
<tr>
<th>Caste</th>
<th>Vomiting</th>
<th>Diarrhea</th>
<th>Stomachache</th>
<th>Typhoid</th>
<th>ARI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lingayatru</td>
<td>24 (7.11)</td>
<td>78 (9.25)</td>
<td>83 (9.84)</td>
<td>13 (1.54)</td>
<td>7</td>
<td>205</td>
</tr>
<tr>
<td>Kurubaru</td>
<td>67 (7.94)</td>
<td>117 (13.87)</td>
<td>95 (11.26)</td>
<td>17 (2.01)</td>
<td>8</td>
<td>304</td>
</tr>
<tr>
<td>Madaru</td>
<td>35 (4.15)</td>
<td>53 (6.28)</td>
<td>50 (5.93)</td>
<td>21 (2.49)</td>
<td>13</td>
<td>172</td>
</tr>
<tr>
<td>Maratharu</td>
<td>18 (2.13)</td>
<td>35 (4.15)</td>
<td>29 (3.44)</td>
<td>15 (1.77)</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>Talwaru</td>
<td>8 (0.94 )</td>
<td>11 (1.30)</td>
<td>14 (1.66)</td>
<td>7 (0.83)</td>
<td>3</td>
<td>43</td>
</tr>
<tr>
<td>Pancalru</td>
<td>4 (0.47 )</td>
<td>5 (0.59)</td>
<td>3 (0.35)</td>
<td>1 (0.11)</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Brahmanru</td>
<td>1 (0.11 )</td>
<td>-</td>
<td>-</td>
<td>(0.11)</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Musarlru</td>
<td>1 (0.11 )</td>
<td>1 (0.11)</td>
<td>1 (0.11)</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>158 (23.01)</td>
<td>300 (35.58)</td>
<td>275 (32.62)</td>
<td>75 (8.89)</td>
<td>35</td>
<td>843</td>
</tr>
</tbody>
</table>
found not only among the educated people but also among the uneducated, because of the easy accessibility to the health centers, clinics and also because of frequent contact with the educated, knowledgeable persons who have accepted modern health care system. Thus education alone does not change the people’s health behavior, but education combined with a suitable environs comprising of proper modern health facilities and knowledgeable people holds the key in bringing about positive changes in the health seeking behaviour of the rural people.

In spite of the difference in the level of awareness about modern health care system, one can also see similarities among the people of both the villages, especially in the religious activities with regard to health care and ‘hot’ and ‘cold’ concept.