Chapter 9
SUMMARY AND CONCLUSION

The present rates of maternal and child morbidity and mortality in India are not encouraging compared to that of developed countries. India is basically a traditional agriculture based society, whose 80 percent population live in rural areas, scant attention has been paid to the health needs of this population, especially that of mothers and children. In spite of several health programmes directed towards mother and child by national and international organizations, these programmes have been based on centralized top-down, macro-level, quantitative approaches. Since health, disease and treatment are inextricably linked with socio-cultural sensibility of people, unless the micro-level, socio-cultural sensibilities associated with mother and child health are understood with a holistic investigation, there is hardly any scope for successful implementation of the health programmes. It is in this context that a qualitative grass-root level ethnographic investigation acquires enormous significance. The present understanding of maternity and child-care in northern part of rural Karnataka through an emic perspective is an attempt in this direction.

Study of a multi-caste social structure of Myadpur village revealed that there is a close relationship between caste hierarchy and educational status which has resulted in the people of higher caste gaining benefits of awareness about modern health care system and depending less on the indigenous treatment, but they are few in number. Health and religion have close association, due to which
people worship gods and deities quite often. The bigger villages and towns have educational and health facilities. The economically rich people of the smaller villages who maintain contact with the people of bigger villages have gained awareness to a certain extent about modern health practices. In the rural areas, people carry the notion that the facilities and services provided at Government Health Centres are not encouraging. Therefore, private doctors are approached for treatment. However, majority of the people in rural areas cannot afford and only the rich people can afford for such medical services. By and large, villagers are seen more often guided by their indigenous health practices, which mainly depend on 'hot', and 'cold' notion and vāta, pitta and kaphā concepts.

The villagers have their own indigenous beliefs and practices regarding maternity and child-care. The women who have 'hot' and 'cold' imbalanced body constitution do not bear children. The woman with 'cold' body constitution does not conceive, whereas the woman with 'hot' body constitution always experiences miscarriage. Various supernatural reasons are associated with these problems and accordingly relevant rituals and practices are followed to bear children. When all these attempts fail, they consult doctors to overcome these problems. After confirmation of pregnancy, till five months, pregnant women avoid the lifting of heavy objects, avoid over-physical exertion and also abstain from consuming 'heat' inducing foods. These precautions are observed to prevent miscarriages, which are more likely during this period. Among these precautions, the association of over 'physical exertion' with miscarriage suits well with the modern
health care system, but the avoidance of ‘heat’ creating foods has prevented the villagers from obtaining some of the easily available necessary nutrients.

Burying of placenta in the premises of the house is associated with the well being of the mother and child. Inability to do so in the case of hospital deliveries dissuades the people from going to hospitals for deliveries, except in cases of complications. The health providers appreciate the postnatal care followed by the people. The performance of rituals and ceremonies at various stages from pregnancy to the end of childhood, which are part of their beliefs and practices, are attributed to the well being of mother and child. These involve expenditure, which results in increase in the malnutrition of the economically poor people. The modern health providers pointed out that, it is through these rituals and ceremonies that mother and child gets nutritious food served during these occasions, which otherwise the economically poor women normally do not get. It helps them in improving their nutrition to certain extent.

The indigenous notions about such aspects as age at marriage, parity, period of breast-feeding and spacing, if not followed properly give rise to several health problems of mother and child. Along with these the socio-economic condition and size of the family influence the health of mother and child. Many of these indigenous ideas coincide very well with those of biomedical system as advocated by the modern doctors and health personnel.

The notions of spacing between consecutive births and breast-feeding are found to be in consonance with the health advices given by health providers.
Spacing of two to three years between consecutive births, breast-feeding the newborn for two to two and half years as villagers do go a long way in the maintenance of the health of mother and child. The modern health providers also concur to such practices. When it comes to such aspects as age at marriage, parity and socio-economic condition, there is divergence of ideas between the villagers and health providers. Marrying a female below a certain age is perceived to be harmful. This age limit differs for the villagers from that of the modern health providers. If it is believed by the rural people that a girl can marry one year after reaching puberty, the biomedical idea is that, the girl has to be married much later, after she reaches 18 years of age, which also coincides with her statutory requirement. Though the adverse health effects are perceived by both the villagers and the modern health providers in case a woman gives birth to more than a minimum number of children, the minimum limit varies from five to six in case of villagers and two in case of modern health providers.

The consequences of economic backwardness and size of the family on the health of mother and child are also perceived in different ways. The villagers see the socio-economic backwardness leading to malnutrition of mother and child, over exertion of energy of mother they believe, results in the weakness of woman, child and also low birth weight of newborn children. However, though the modern health providers look at the consequences of malnutrition due to economic backwardness, they emphatically point out that, such a condition quite often leads to serious health problems like miscarriage, premature deliveries and low birth
weight babies making the newborn vulnerable to various kinds of serious health problems. The health consequences of economic backwardness are further accentuated when the poor people live in small size families. Hence, various health programmes have been implemented especially for these economically backward people to supplement their nutritional deficiency through *anganawādi* food, and during antenatal period with Iron-Folic Acid tablets. Tetanus injections and periodical health check-ups also form part of these programmes. But all these efforts quite often are in vain, when the villagers attribute supernatural reasons for miscarriage, and premature deliveries to the ancestry of the woman and do not avail the public health facilities.

It is to address these health problems that the Government of India in rural areas implemented various health programmes under ICDS, CSSM and RCH schemes. But, majority of the people in Myadpur lack proper awareness about modern health care system. So the idea of danger of polio, caste differences, evil-eye and creation of heat in the body are the main reasons that prompt the people to accept or reject the programmes. It is due to the caste differences that upper caste pregnant women would not accept the nutritious food supplied by the *anganawādi* teacher who belongs to a lower caste and the lower caste people do not avail the help of trained *dāi* who belongs to an upper caste. The fear of tablets as either creating excess 'heat' in the body within five months of the pregnancy or leading later to overgrowth of the fetus prevents the people from accepting Iron-Folic acid tablets. The tetanus injections are rejected due to their association with creation
of excess heat in the body. The apprehension about polio as an unknown and unbeatable disease has made them to readily accept the immunization for polio as against immunization for other diseases, which are believed to be not so much. The fear of evil-eye causing health problems to the child has dissuaded them from taking part in the ‘Healthy Baby Show’. People have negative opinion about many contraceptives as they are thought invariably to generate several health problems. If pills cause excess heat in the body, IUDs are said to cause gynecological problems. The condoms and vasectomy are seen as causing impotency and physical weakness among men respectively. Since Laparoscopy is perceived as an ‘operation’ with no adverse effects on the women, it is readily accepted by the villagers.

Some of those who are aware of modern health care system and health services, though accept the mother and child health programmes, are nonetheless constrained by caste affiliation and the notion of modern medicines creating excess heat. As most of them are from high castes, they do not utilize the nutritious food made available at the *anganawadi*. The idea of excess heat created by modern medicines prevents them from taking complete course of Iron-Folic Acid tablets and the contraceptive pills. They almost are guided by the same ideas as carried by others in the village regarding contraceptives. Thus, inspite of gaining awareness about modern health services, the social factors of caste, gender and indigenous notion of association of modern medicines with excess ‘heat’, play significant role in the rural setting. This is very much reflected in the pluralistic
health seeking behaviors of the people of Myadpur, in that, they depend both on indigenous as well as modern health care systems. One of the important indigenous beliefs is the effect of evil-eye on the mother and child. All the villagers practice preventive and curative mechanisms to ward-off evil-eye in case of health problems of mother and child.

Most of the people in the village who do not possess adequate awareness about the utility of modern health care always go for indigenous home remedies in the initial stage of any ailment. Only when it intensifies or becomes serious that they become panicky and go to the modern doctors and hospitals. However, those few, who are educated and are aware of the modern health facilities, go more often to consult the modern doctors except when it is common cold, cough, headache, small injury and slight fever in which case they initiate the treatment with the modern home remedies. It has been found that, all the villagers resort to indigenous medical practitioners and prescriptions of the priest, when the ailments are not being cured by modern health care system.

All the villagers attach great significance to the first pregnancy of a woman and manifest lot of anxiety over the first childbirth. Because, the first childbirth in the case of a woman decides her social standing. As such the members of her conjugal family as well as her natal family exhibit lot of sensitivity to the slightest indisposition of a woman during her first pregnancy and delivery. That is the reason why they always go to the modern doctors if they find such problems as swelling of the body, bleeding and miscarriage during the pregnancy. The same
care and attention is not accorded to the subsequent pregnancies and deliveries precisely because they would not have serious social repercussions. Only in critical situation during delivery are when post delivery bleeding does not stop, or when post-natal wounds do not heal and when the puerperal woman does not secrete milk for the baby, the people seek the treatment from modern doctors.

However, those who are fully aware of the modern health care system attach equal importance to all the pregnancies and deliveries and utilize the modern health services for all the health problems of women.

The children are considered to be the precious and valuable assets of the family. It is believed that, children are easily vulnerable to supernatural powers like evil-eye and evil-spirits and hence are to be guarded from these affects. Therefore, the warding-off of evil-eye from the child is performed daily before retiring to bed. The people perceive the health problems of children as having two dimensions. The children's health is affected by both biological as well as supernatural causes. In the case of people who are knowledgeable about modern system of health care, attribute children's ailments more to the biological and environmental causes than the supernatural causes. However, the treatment seeking behaviour of those who are not aware of modern health care invariably starts with the warding-off of the evil-eye and to find out the astrological reasons and effect of supernatural powers by consulting the priest. They seek the treatment from the modern doctors after the failure of indigenous remedies. Treatment from modern health care system is sought only during critical stages of ailments, and for
this they have to go all the way to a near by bigger village Unkur by bus or by other means of transportation. There is a strong belief among the rural people this region that, a touch of menstruating woman other than mother causes serious health problem of green diarrhea with fever leading to gradual dullness of the child, indigenously known as muttdosha. And since it is thought that, the modern medical system has no treatment for this ailment as well as for jaundice, these people always seek treatment from the indigenous medicinemen.

However, those who are knowledgeable about modern health care system seek treatment initially through modern home remedies and when they fail, they approach the modern doctor and only rarely do they attribute the health problems to evil-eye, evil-spirits and astrological reasons. This is seen only when the health problems occur during the time of festive occasions and new moon days. Though they do not believe in the notion of muttdosha and depend on the modern doctors when children get affected with the ailment of green diarrhea and fever, they do resort to the indigenous muttdosha specialist when cure from modern doctors is not being effective.

The morbidity rate of mother and child is high due to the fact that majority of the people tend on indigenous health practices in the absence of modern health facilities in the village. Thus in Myadpur where the modern health and higher educational facilities are absent, majority of the people who have not gained higher education and are unaware of modern health care, exhibit a higher level of ignorance of modern health care and health programmes meant for mother and
child. To a great extent, they rely upon the indigenous care and treatment for mother and child health. However, a few, who are educated and have developed awareness, though adopt modern health care system, are nevertheless guided by a few indigenous beliefs which contravene with the modern health care system. This is due to the influence of the majority of their co-residents who show strong beliefs in the effect of evil-eye and in the creation of excess heat by modern medicines.

In contrast, the people of the neighboring bigger village Unkur, who have the advantage of immediate access to both modern health and higher educational facilities, exhibit a different kind of health-seeking behavior. Even those people who have not gained a higher level of education have developed awareness to a considerable extent about the health problems and also the health facilities meant for mother and child. They have adopted almost all the maternity and child-care programmes except for the complete acceptance of Iron-Folic Acid tablets due to the belief of modern medicines creating excess heat leading to miscarriage and the participation in the 'Healthy Baby Show,' due to the adverse effect of evil-eye. This behavior, which is a result of immediate accessibility to modern health care system in Unkur, is similar to those of Myadpur who have gained awareness of the benefits of modern health care through higher level of education. But, those people of Unkur without a higher level of education who have been living along with a majority of people who possess higher level of education and awareness about modern health care system, have completely adopted modern health care
system like their co-residents. Similarly when the people of Myadpur who have
gained higher level of education and have developed awareness about the modern
health care system, living among a majority of co-residents having a lower level of
education and awareness about modern health care system have been found to a
certain extent guided by similar indigenous beliefs as their co-residents, not
completely accepting the health programmes.

Though accessibility to modern health and higher level of educational
facilities bring about a significant change in health-seeking behaviour of the
people, the economic condition of the household acts as a major constraint, which
determines the health status of the people villagers. Therefore, of those people in
Unkur who are aware of the modern health care but cannot afford nutritious food
requirement, suffer from health problems of mother and child, similar to those in
Myadpur who have not at all adopted the modern health care system due to their
ignorance of the benefits of the health programmes. The only difference between
them is that, among the former, the severity and frequency of ailments pertaining to
mother and child is much less compared to Myadpur people, because of their
acceptance of modern health care programmes.

Reluctance on the part of people to utilize the modern health care is due not
only to their poor educational status and non-availability of health facilities, but
also due to lack of proper communication between them and the health providers.
The grass-root level health workers not being sensitive to the indigenous notions
and beliefs and their condescending attitude towards the people as illiterate,
ignorant and not convincible of the modern health care system are the major barriers in establishing fruitful interaction with the people.

Though the position of male VHW along with female VHW is an important component of the mother and child health programmes, only female VHW is seen functioning in the village. The passive attitude of men towards these programmes in the village could be changed to a considerable extent with the presence of a male VHW, who could be a significant motivator to enlighten the male population regarding the mother and child health programmes.

It is found that the health providers in health centres exhibit apathy towards the health concerns of the people, and also in a subtle way prompt them to visit their private clinics. In addition, the inadequate staff and infrastructural facilities in the health centres also send wrong messages and create negative impressions among the people. Thus, the felt health-needs of the people are not being met in the rural areas. Therefore, people generally carry negative impressions about the Government health centre and programmes even though they are willing to utilize the modern health services.

In fine, the status of maternity and child health in the Indian rural context hinges on such crucial aspects, as nutritional requirements, educational facilities and access to effective modern health care.