

# CONTINUITY AND CHANGE IN THE MATERNAL AND CHILD HEALTH CARE PRACTICES AMONG THE KARBIS: A STUDY ON KARBI ANGLONG DISTRICT.

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## Abstract:-

The maternal and child health is the key factor for the development of a society through which determine and measure the progressive scenario of a particular region. Now a days, several schemes, and policies have adopted by the government, NGOs to develop the maternal and child health condition in India in general, and Karbi Anglong district in particular. Since, Karbi Anglong district have been remaining isolate along with the North east region, in terms of the benefits for the upliftment of the maternal and child health care practices. In Karbi Anglong district, Karbi people have been passing across an evolutionary process of change in the health practice related with the mother and child. The traditional health seeking behaviour of the Karbi tribes related with magico religious practices, herbal treatment. Presently a drastic change has appeared in Karbi societies, which have decreased the mortality and morbidity rate of the mother and infant. The present study has carried out to study the changing health status of mother and child of Karbi tribes in Karbi Anglong district. The present study has carried out by following qualitative research with the interview and direct observation method.

**Key words:** Change, Child, Health, maternal, Tribe, Religion

## Objectives:

The present have been carried out the following objectives

- To study the concept of maternal and child health among the Karbi people
- To study the responsible factor of the changing outlook of the Karbi people regarding maternal and child health
- To study the continuity and change in the health practices for the mater and lactating child

## Methodology:

The existent research has followed both the qualitative and quantitative research. Purposive sampling has done for the appropriate data collection and sample size was 200 households. Identification of a few respondents has done with hospital records of maternity cases available with civil hospitals, primary health centre. The primary data have collected through structured questionnaire and interview and observation methods. Secondary data have collected from books, journals articles, and periodicals. Several relevant data has collected from OKDISCD (Omeo Kumar Das Institute of Social Change and Development), Tribal research centre, Guwahati, Central library of Assam University.

## Study Area:

The present study have been carried out in two sub-divisions respectively Diphu and Bokajan sub-division of Karbi Anglong district. A sample household has chosen from the urban, rural, and interior hills areas. Several PHC (primary Health Centre) have been visited to collect information concerned about the subject.

## Introduction:-

According to the WHO (World Health Organisation) 1948, "Health is a state of complete physical, mental, and social well being and not merely absence of disease or infirmity." A good health implies a perfect harmony between humans internal

environment with their external environment consisting of physical, chemical, and biological surrounding environment. A good health can be measured based on a few parameters like sex ratio, literacy, marriage practices, age of marriage, fertility, mortality and morbidity rate, life expectancy at birth, consumption of nutritional supplements, mother and child health of the society. The health of a particular society is related with its value system, its philosophy and cultural tradition, social, economy. The common belief and practices of a society are highly connected with the health, disease, and treatment of disease.

The Karbis have been flourishing in Karbi Anglong district since the pre independence period with their charismatic cultural heritage and grapple history. Racially the Karbis are belonging to the Tibeto-Burman origin and particularly Kuki-chin sub group of languages.<sup>1</sup> According to the 2011 census, the total area of this district is 10434square kilometre and the total population of this district is 956,313.<sup>2</sup> Before independence Karbi tribes did not had a separate district as their own and they remained isolated and backward from the other parts of the country. They had a life with their own traditional political system, economy, religion, culture that has been guided by their customary law. In terms of their treatment of different diseases and illness, people had followed the magico religious activities along with the wild herbs. Karbi tribes use different words to identify the diseases and according to the symptoms of the diseases, they identified the causes and remedies to treat the diseases.

The antenatal check-up and institutional delivery is very essential for eliminating every preventable maternal death. It is fact that the process of child delivery in the medical institution, under the caring of trained medical practitioners promotes the child survival and decrease the mother and infant mortality rate.

In the primitive Karbi society, the maternal and child health care was a concerned matter for the people but they had used their traditional medical practices to take care for the pregnant women and the newly born infant. During that time, Karbi people were less concerned about the concept of hygiene and did not maintain any dietary plan during pregnancy. Due to the heard labour and less hygienic lifestyle, sometime some unaccepted situation aroused in their society. During the child delivery, village midwives played an important role with the other elder women and used some inappropriate tools during the child delivery, like knife, threat, regular used cloths, bamboo mat etc, which affect the mother and child in an unhealthy manner. During pregnancy, people did not take any special care and preventive medicines for the mother and they were habituate in work during pregnancy, however, people were conscious about the evil effect and performed magico-religious rituals to satisfy the evil power.

#### **Traditional medical practices for the maternal and child health:**

The ancient medical practices of the Karbis had related with different totems and taboos. The starting point of all the totems and taboos was their religion, which was guided all the behaviour of the Karbi tribes. Since the primitive time, Karbi people are Animist and worship all the sacred natural objects as their deity. They worships the natural objects as well as the unseen supernatural power by sacrificing animals and hor (rice beer); sometime they used some other materials also according to their worship style. During that period, all the health issues were dealing by the worship including the critical condition of pregnancy and childbirth too.

As The Karbis had sustained their life through cultivation, pregnant women also co-operate the family members in the cultivation field and they did not have any bar to do any work. However, since the immediate time of conception the baby, women folk maintained certain restriction in terms of performing certain activities, which were considered harmful for the mother. People had performed several types of religious worships to protect the mother from the evil effect. The concept of antenatal check-up and institutional delivery was totally inexistent in the Karbi society.

They were the British and the Christian missionaries, who had introduced the developmental measures in the Karbi society. Missionaries had taken several initiatives to educate the people but obviously, their prime motto was not to educate them

<sup>1</sup> Teron , Robindra. Jambili Athon.(2007)

<sup>2</sup> Statistical and census data 2011.

but to spread the Christian religion in this region. Nevertheless, missionaries had sewed the seed of education and development in the Karbi society.

Maternal health is a health of women during pregnancy, childbirth and the postpartum period. The maternal and child health care encompasses of family planning, preconception, parental and post natal care in order to ensure a positive and fulfilling experience in most cases and reduce maternal morbidity and mortality in other cases. Maternal and child health programme increase the number of women, children and families who received preventive and treatment health service within a medical home. The UCI(university of California, Irvine) centre of excellence in maternal and child health care (CoE in MCH), formerly the Maternal and child health programme, trained the students and youths to support and promote the health and well-being of women, children and families.

Malnutrition is a major health problem in Karbi Anglong district. As the primary economy of the Karbis have been relying upon the agriculture, so it has been mandatory for all the members to join the agricultural field. During pregnancy, Karbi women of the rural and hill interior areas, engaged in work instead of taking rest and nutritious food supplement. This type of situation usually leads the mother and child in the malnutrition.

The care and treatment of child health is preview of paediatrics, which became a medical speciality in the mid nineteenth century. Before that, the care and treatment of childhood diseases were included within such areas as general medicine, obstetrics, and midwifery. The Karbis gave less importance to gynaecological problems and thought that it was the part of womanhood diseases.

The reproductive and child health (RCH) programme had launched in October 1997. The aim of the programme is to reduce infant, child, and maternal mortality rates. RCH is a programme for mother and child health. First phase RCH –I launched in the year 1998 and 2<sup>nd</sup> phase of RCH –II recommended from 1<sup>st</sup> April 2005. Main objectives of the programme is to bring about the changes mainly in critical health indicators

1. Reduce total fertility
2. Infant mortality rate

The child survival and safe motherhood (CSSM) programme in 1992 and reproductive and child health programme in 1997. Under the immunization programme, infants are immunized against tuberculosis, diphtheria, pertussis, poliomyelitis, measles, and tetanus. Various factors were responsible for the poor health status of the Karbi maternal and child health in the immediate post independence period. These were early marriage, poor economy, poor road and communication, conservative belief and practices, ignorance the women, inadequate child care, unhygienic environment, ignorance of government etc. in the primitive time, Karbi tribes were not capable to abolish these problems from their society .

#### **Factors for change in maternal and child health:**

Presently, in Karbi Anglong district several change and development has been taking place in the maternal and child health services. Especially the Karbi women has changed their outlook for the maternal health care and become aware for the antenatal care and check up and for institutional delivery. The field work report revelled the fact that , now a days , Karbi women , especially the literate women has preferred to go for consulted with the gynaecologist and other medicinal doctors for antenatal check up.

Table No 1: Respondent record based on their monthly income.

Income level	Government hospital (%)	Private hospital and nursing home (%)	Antenatal care and child delivery at home (%)	Total (%)
1000-5000	31 (26.28)	–	7 (35.00)	38 (19.00)
6000- 10,000	27 (22.89)	04 (6.45)	10 (5.00)	41 (20.05)
11,000-15,000	25 (21.18)	07 (5.93)	03 (15.00)	35 (17.05)
16,000- 25,000	29 (24.57)	20 (32.25)	–	49 (24.05)
26,000 above	06 (5.08)	31 (50.00)	–	37 (18.05)
Total (100)	118 (100)	62 (100)	20 (100)	200 (100)

Source: Data have collected during fieldwork.

From the above table it can be assume that in Karbi Anglong district, Karbi people have started to take the medical treatment for the antenatal check-up and child delivery. From the fieldwork report, it can be assumed that the economically poor families are still going to civil hospital for free maternal check-up. The families' whom monthly income is , they are also taking free medical treatment and rarely 6000 to 15,000 are also going to civil hospitals and very rarely visited to private hospital for antenatal check-up and child delivery. Besides that, those peoples income level is 16 thousand above, they usually visited to private hospitals and nursing home for the antenatal check-up and child delivery.

From the interview report, it can be assume that, in the present time, several factors are responsible for the change in the health status of the Karbi tribes, and these may include:

- Literacy
- Modernisation
- Interaction with other tribe and caste
- Impact of Christian missionaries and Christian religion
- Development of mass media and technology
- Development of road and communication
- Advertisement throughout the urban and rural areas about the health policies changed the concept of maternal and child health care practices in both urban and rural areas.
- Free medical check-up in rural and interior areas

The Indian constitution had made health care services largely a responsibility of the state government and thus, it primarily becomes the responsibility of the state to provide health care to all the people in equal measure. Since health is influenced by a number of factors, such as adequate food, housing, basic sanitation healthy lifestyles, protection against environmental hazards and communicable diseases. The term "health care" embrace a multitude of services provide to individuals or communities by agents of the health services or professions , for the purpose of promoting , maintaining ,monitoring and restoring health. The basic purpose of healthcare service is to improve the health status of the population and deliver the health care services. It operates in the context of socioeconomic and political framework of the country and involves management and organizational matters. <sup>3</sup>

The establishment of Primary Health Centres started as early as in 1952, and in 1977, the Government of India launched a Rural Health Schemes with motto of "placing people's health in people's hands. India became a signatory to the Alma –Ata

3. Dutta Indrani & Bawari Shaily, may 2007 "Health and Health Care in Assam- A status report , centre for enquiry into health and Allied Themes ,OKDISCD. P 5-6.

Declaration and had committed to attain “Health for All” through the Primary Health Care approach. In the Eight Five-year plans, the emphasis was on the expansion of the health care establishment.<sup>4</sup>

After the formation of Karbi Anglong Autonomous District Council, the Health and Family Affair department receives several schemes and policies in the medical department to develop the health status of the people of Karbi Anglong district. Currently, the national Rural Health Mission is serving the rural and interior areas. The department of health and family affairs received a grant in aid of Rs. 3534.53 lakhs for the development of health benefits of the indigenous people. District council receives this amount for making the plans and policies also for the mother and lactating child. The amount under plan components was 1635.45 lakhs and non-plan Rs. 1898.08 lakhs. In the case of plan fund over utilisation was reported while in the case of non-plan fund, the level of utilisation was 95%. Additive funds amounting Rs. 93.69 lakhs was provided for implementing centrally sponsored schemes such as Anti malaria programme, AIDS control programme and national maternity benefit scheme.

However, Karbi Anglong district council have been receiving grant in aids for the development of medical sector in this district but the major policies and schemes have been adopted by the central and state government. Presently the state government have taken several initiatives to promote health services in all the district of Assam including Karbi Anglong. National Rural Health Mission have Launched in Assam along with Karbi Anglong district in April 2005 and actively trying to support the general health and maternal and child health. NRHM aims to provide overarching umbrella to the existing programmes of health and family welfare. The Health and family welfare department is working under the NRHM with various welfare programmes such as universal Immunization programme (UIP), maternal and child health.

National Health Policy has given importance to the common diseases and the maternal antenatal care and check-up and childcare. As per the Indian standard model, the National Health Policy has been providing primary health care services in the rural areas via different level, likely:

1. Village level: In order to promote the health status of the village areas people, National Health Policy have been implemented several schemes such as village Health guide schemes, training of local dais, and the ICDS (Integrated child development Scheme). The concept of ASHA (Accredited Social Health Activist) has been introduced under NRHM since 2005. They serve as a caretaker during pregnancy of women and in case of child delivery. They create a link between the community and the government. ASHA are available in every villages and it is their prime duty and responsibility to give vaccine to a pregnant women during the antenatal check-up and provide necessary information to a pregnant women about the maternity and child delivery system and complication.
2. Sub-centre level: the sub-centre is the borderline outpost of the existing health delivery system in rural and hill areas. Sub-centres are being established based on population, one sub centre for every 5000 population in rural areas and 3000 population for hilly, tribal, and backward areas. A sub centre provides interface with the community at the grass root level and assigned tasks relating with the primary health care, like maternal and child health, family welfare, malnutrition, immunization, diarrhoea control and control on communicable diseases programme. The department of family welfare provides various kits and drugs for the lactating mother and child. The department of health and family welfare entrusted ANMs and LHVs primarily to take information and care to the pregnant women and child delivery cases.
3. Primary health centres: The PHCs were envisaged to provide an integrated curative and preventive medical health care to the rural and tribal areas populations. The national health plan (1983) proposed the establishment of primary health centre for every 30,000 rural population and 20,000 hilly areas population.
4. Sub-divisional hospitals: Sub district hospitals are playing important role as the first referral units in providing emergency obstetrics care and neonatal care and help in decrease the maternal mortality and infant mortality rate. In Karbi Anglong district, there are two sub-divisional hospital had established in Diphu sub division and Bokajan sub

<sup>4</sup> Planning commission: Eight five year plan document , Govt of India p 34-35.

division respectively. Both sub divisional hospitals have been giving due importance to newborn care (newborn care corner and newborn stabilization unit), family planning besides that psychiatric service, physical medicine and rehabilitation services, accident and trauma service and integrated counselling and testing centre.

Diphu civil hospital and Bokajan civil are two civil hospitals are situated in Karbi Anglong district and these are the source through which, the poor Karbi tribes (including non-Karbi people) are getting great health medical facilities via eligible doctors. Diagnosis facilities are also available in the civil hospitals but their qualities are low. The beneficiaries of the Karbi Anglong district are getting the expenses from the state government via different schemes and policies.

#### **Continuity and the change in the health practices for the mother and lactating child:**

After several decades, a tremendous change can be observed in the health care practices among the Karbis. Karbis are very efficient in their traditional medical practices. Until today, Karbi people tried to treat the normal diseases by their own herbal treatment. However, in case of maternal check-up and diagnose, they usually come to the hospitals. The successful medical treatment and the dedication of medical stuffs are the responsible factor for such type of change. In the primitive time, people took the help of village headmen, village midwife, and some elderly person to know about the symptoms of different diseases and the remedies because they could understood that they could realised that the advice of knowledgeable person is necessary for treatment.

The fieldwork report have shown that the literate section of people have already adopted modern medical treatment and diagnosis for the antenatal check-up and child delivery since a long back. The illiterate section of people and the rural and interior areas people are still holding their traditional pattern of treatment, like using the wild, herbs, performance of magico-religious rituals etc.

Table 2: Distribution of families based on types of maternal and childcare treatment

Types of treatment	Urban areas households (%)	Rural areas households (%)	Total (%)
Only rely on modern medical treatment	58 (58.00)	21 (21.00)	79 (39.5)
Use traditional herbal treatment with modern medical treatment	34 (38.00)	35 (35.00)	69 (34.05)
Use magico religious practices along with modern medical treatment.	08 (08.00)	41 (41.00)	49 (24.05)
Merely rely on traditional treatment	–	03 (03.00)	03 (1.05)
Total (100)	100 (100)	100 (100)	200 (100)

Source: Data collected through fieldwork.

Presently, in the urban areas of Karbi Anglong district, people oriented themselves towards the modern medical treatment and in some extent towards the Astrology also. In the primitive time, the Karbis did not believe in Astronomy and did not use any gems stone to be rescue from bad luck and rouge state. However, now a day, Karbi people learnt about astronomy and its benefits for the human life. Educated people started to study about the functions of various gems and the benefit of their positive energy in human's life. A section of people started to follow the Hindu worshipping style instead of following the traditional magico-religious activities.

Now these days, Karbi people are following the homeopathy and Ayurvedic treatment to cure diseases. The Homeopathy treatment is less expensive than the Allopathic and any other treatment, due to this purpose, all sections of people are also adopting Homeopathy treatment. Patanjali as part of Ayurvedic treatment is currently achieving popularity among the Karbi tribes. Currently, Karbi people have started to follow Baba Ramdev yoga Asana to get rid of the diseases with exercise (Pranayama). In earlier times, the Karbis did not have the idea about "Pranayama," but recently, by virtue of Baba Ramdeva, the Karbis started to follow the "Pranayama" pattern and the herbal medicines made by the formula of Baba Ramdeva. This is a recent change in Karbi society, which brought a tremendous change in the angle of vision about the diseases.

The Karbis are now conscious to read different health magazines, articles, and periodicals to gather information about different diseases and remedies. It is the contribution of literacy and mass media, which have brought such awareness among the Karbi tribes. Now a day's people could understand that only magico-religious performance and wild herbs treatment is not enough to treat all the diseases. In the primitive time, the Karbis were less known about the diseases and their symptoms and causes but now the Karbis have introduced themselves with some diseases like cancer, diabetes, blood pressure, which are new for them.

Nevertheless, the Karbis, especially the interior hilly areas Karbi people are still not aware about the modern medical treatment. Until today, they are following their own traditional method of treatment with wild herbs and magico-religious activities. The literacy, media, and good communication are still unreachable for these people and they are still living in darkness. In the 21<sup>st</sup> century, they are earning their livelihood through shifting cultivation and collecting of vegetables and herbs from the forest. Even, they do not have trust on the modern medical treatment and they prefer to do the traditional method treatment. In terms of the maternal and child health care, they are still practicing the same as they were in earlier days.

However, the Karbis of rural areas people have developed a lot then the interior hill areas Karbis. They have received the education system, interacted with the other communities and tribes, felt the influence of new religion, felt the touch of modernisation in some extent. All these factors have brought a little change in the outlook of the people for the modern medical treatment. However, they are still practicing their traditional health practices along with the modern medical treatment. Those Karbi people who have converted to Christianity have given up all their traditional magico-religious practices but continue to practice the traditional herbal treatment to cure diseases. About the consultant of health problem, educated people generally prefer the doctors as the first consultant and pharmacists and elderly knowledgeable person as second consultant.

#### **Major findings:**

- Now days, the Karbis have developed the concept of institutional delivery.
- Media is playing a vital role in providing adequate knowledge to the Karbi youths about sex and physical complications after marriage.
- In the early Karbi society, people felt shy to discuss certain issues related to the physical complications after marriage but, presently all the Karbis have developed their thoughts about certain things, and discuss freely all the issues related with sex life.
- The educated pregnant women regularly visit the doctors' chamber and treat all the health issues related with her maternal care.
- Educated women had got several ways to learn the basic ideas related about the pregnancy. An educated Karbi woman starts their preparation to be the mother from her pre-conception period also.
- Pre-natal check up and post-natal check up is regularly done by the Karbi women. Even rural areas women and illiterate women are also aware about the complications of pregnancy they also visit regularly the hospitals and nursing home for the regular medical check and child delivery.
- Presently, Anganwadi workers and ANM, ASHA are very active in every villages of Karbi Anglong district and they are supporting in promotion of good health of the mother and new born infant.

- ASHA takes care of the lactating mother and new born baby in urban and rural areas. In Karbi Anglong district, most of the areas are covered by the hill region, therefore it is difficult for the people to bring the patient to the hospital in due time. However, the 108 free ambulance service of government facilitate the people to overcome from the trouble.
- Now days, Government has provided various plans and programmes for the mother and newly born child, it helps in promote the maternal and child health care practices.
- Concept of family planning is become a concerned matter for almost all the Karbi couple, because “small family is happy family”, this concept have largely effected the Karbi society.
- Presently, almost all the educated section , urban dweller, and even in the rural areas also people are aware about the concept of “health insurance”, and now varies plans and programmes for newly perceive mother and infant are introducing by the agents of insurance company.
- Presently, the using of contraceptive pills to maintain the gap between the children are using largely by the Karbi women (preferably educated women and in a limited extent the literate women).
- Now days, the private health centre for child specialist and gynaecologist, diagnose institute for child are growing largely in Karbi Anglong district.
- Homeopathy treatment is also reaching popularity in Karbi Anglong district, especially for the child treatment.
- Presently, painless vaccines are available in private chambers also for the pregnant women and child.

#### Conclusion:

In the conclusion, it can be said that the Karbis of Karbi Anglong district has achieved a good health status then the previous time. Education can be considered as the key factor for such type of changes. Previously, their tradition, culture, and customary law surrounded the Karbis. The Karbis governed their life through their customary law and beyond that law, people did not think for any other way. As the Karbis have been passing simple ways of life and all the religious activities were related with some totems and taboos. In the post independence period also, the Karbis did not come with the contact of greater society. The enlightenment process started from a few Karbi leaders and latterly the formation of Autonomous district council brought a new hope for the Karbis of Karbi Anglong district.

A new era has started with the formation of district council and gradually developmental works have started to taken place in this district. In the primitive time, the maternal and infant mortality and morbidity rate was high but now its growth rate is low. Presently, all the Karbi women are become conscious about the antenatal complications, vaccines during pregnancy, drugs during pregnancy etc. Several Karbi women have engaged in medical department services like doctor, nurse, GNM, ANM, LHV etc. ASHA worker are also working in all the villages in karbi Anglong district and they are providing great role to encourage the karbi women to take the medical treatment during pregnancy and provide them health related information, various facilities, and benefits allotted by the government. Except the hilly interior areas of Karbi Anglong district, rest of the other areas have become aware about the maternal and child health care. Rural areas people are also visits time to time to the PHC and sub divisional hospitals to take free supplements of iron tablet, vitamin tablet, antenatal health check-up , institutional delivery, collect sanitary napkins for baby, vaccines and medicines for children. Presently, all the Karbi families, especially the women become aware about the “Majoni” scheme of government through which various poor families had received benefits for their female child.

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