

# Baiga's Traditional Systems for Safe Motherhood<sup>1</sup>

## (A Situation Analysis)

Safe motherhood means ensuring that all women should receive the care they need to be safe and healthy throughout pregnancy and childbirth. Newborn health and survival are closely linked to the health of the mother before and during pregnancy, as well as during labour, childbirth, and the postpartum period. The risks of childbearing for the mother and her baby can be greatly reduced, if the birth is assisted by a skilled birth attendant, such as a doctor, nurse or midwife and even Dais when the doctors & midwives are not available.

Due to the fact that traditional practices are not catered for at the health facility and tribal strongly believe in them, most women deliver outside the health facility where they can easily practice them. The practices that are done to the mother, the baby and to the placenta immediately after birth. Therefore in the absence of services of the health facilities, dais plays vital role to ensure safe delivery & safe motherhood.

### **An introduction to Baiga's Tribe**

Baiga tribe is one of the most primitive of the aboriginal tribal groups of Central India. In Madhya Pradesh, Baiga are mostly dwelling in Mandla, Balaghat & Dindori district of Madhya Pradesh But the biggest concentration of this oldest aboriginal tribe is in the 'Baigachak' area of Dindori district. The area is about 50 km. from Dindori, surrounded by thick forest patches, rivulet and hillocks. The Baigas are divided into following main endogamous sub-castes - Bijhwar, Narotia, Bharotiya, Nahar, Rai Bhaina, and Kadh Bhaina.

Traditionally, the Baigas used to practice shifting cultivation for their livelihood. But now it has been prohibited. Along with agricultural pursuits Baigas also depends upon collection of minor forest produce. The other employment opportunities are unskilled labour and work in forest. They also love to work in the baris (land attached to the house) and grow maize, mustard, vegetables, roots and rhizome.

The Baiga takes coarse meal and shows no extravagance in this aspect. Maize, Kodo, Kutki and oil seeds Ramtila (Surgunja) are the main crops grown by the Baigas. Maize and millets form the major foodstuffs consumed by the Baigas. One of the prime foods is 'Pej' that can be made from grounded maize or from the water left from boiling rice. Pej is often supplemented by vegetables. Baiga dearly loves the common country

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<sup>1</sup> This infopack has been prepared by Ms. Seema Jain of Vikas Samvad.

liquor made from mahua flower & it is consumed as largely as funds will permit at weddings, festivals or any other social gatherings. They hunt as well, primarily fish and small mammals.

Tattooing is one of the most commonly prevalent customs amongst the Baiga women & is the integral part of their lifestyle. A distinguishing feature of the Baiga tribe is that their women are famous for sporting tattoos of various kinds on almost all parts of their body. Tattooing is considered to be essential for every Baiga women before getting married. Tattooing amongst the Baiga tribes begins with the 'approach' of winter and continues till the summer seasons.

### **Community Practices for Safe Motherhood among Baiga**

Baiga prefers home deliveries through traditional modes in place of institutional deliveries. Traditional Birth Attendant, Dais, plays a significant role in assisting deliveries in tribal dominant district like Dindori & Mandla. In Dindori, still 87% deliveries are non institutional while the percentage of institutional deliveries for Mandla district is also restricted merely to 28.5%. Tribal still prefers to their traditional methods for child birth. This may be because they still do not have faith in modern medical technologies or either due to lack of easy access to these facilities. Another important reason for keeping distance to modern medical facilities is social exclusion & discrimination often faced by the vulnerable tribal at such institutions.

Nansu, a Baiga, says that government often & often publicizes for going to government hospitals for medical care but when we go there we are not treated well. Doctors & other hospital staff use abusive languages for them. So they prefer to deliver their baby at home.

*Sunita, a Baiga tribal girl, was hardly 14-15 years of age when she gave birth to a girl child Pooja last year. She was married to Sampat three years back. Sunita's parent took her to Community Health Centre, Bichhiya for institutional delivery. They stayed there for three days & Sunita was experiencing severe labour pains but the hospital staff paid no attention on them & referred the case to District hospital, Mandla. She was very weak and they do not have enough money for hiring a private vehicle to reach the district hospital. But hospital administration even denied them for referral support through the Janani Express. So Sunita's parents have decided to take her back for home delivery. Sunita delivered her baby at home in the presence of her mother & Patti Bai, a traditional birth attendant.*

*When the nearest health centre denied the required support to a young pregnant lady having severe labour pains, it was a traditional birth attendant loving called Dai, who has supported her to deliver the child. We need to think again about our systems & services before blaming the tribal for not accessing the benefits of the health services at government institutions!*

*Another episode depicting the realities of our health institutions & services from Mangabeli village of Kanranjia Panchayat of Bichhiya block of Mandla district when a women "Babli" wife of Vinay Jharia died after delivery in CHC at Bichhiya on 4th January 2010. When her labour pains started, she was first taken to SHC at Rajo village which is about 5 kms from village. She was kept there for one day & when condition started deteriorating ANM referred her to CHC (20 Km. from Mangabeli village at opposite side).*

*Vinay had tried for Janani Express but he could not get it due to unavailability of Janani Express. Vinay took her to the Bichhiya hospital. Vinay's mother & ASHA worker also accompanied them to CHC. The economic condition of the family was very poor and they have spent nearly Rs. 300 on transportation. However they are not provided with transportation charges under the scheme.*

*In CHC she delivered a low birth weight (2 Kg.) male baby. After delivering the baby, Babli died suddenly within an hour or two. No doctor was there at the time of her delivery. Vinay miserably remembers that duty Nurse has badly scolded him saying that not to disturb during night, when he requested the Nurse to see Babli's wobbly condition.*

*Maternal death has put the new born on the dearth of required nutrition. Babli's son 'Nishant' was a low birth weight child & sudden death of his mother weaned him even from the mother's first colostrums rich milk. His old Grand Mother is now looking after him and fed him with goat's milk with bottle. 5 months old Nishant has only 3 Kg. of weight and is severely malnourished.*

The aforesaid case studies from Mandla district portraits the role of health institutions to ensure safe motherhood in remote tribal belts. The vulnerable dalit & tribal are still lacking access to required health services indispensable for safe delivery to prevent maternal & child mortality due to delivery related causes. Therefore, the tribal particularly Baiga's do not have much reliance on public health institutions. They prefer to carry out home deliveries with the support of their traditional birth attendant.

*A Gond tribal woman, who herself is an ASHA worker lost her unborn child due to hardhearted & unsympathetic attitude of health professional at the public health institution. Mamta Bai w/o Suresh Kumar Gond from Chakrar Village got her labour pain on the night of 12<sup>th</sup> May. She was immediately taken to CHC at Bajag, where she vomited during whole night. Her condition was fading but neither the duty nurse paid attention to it nor Doctor came to see her in spite of repeated appeals. In the morning when her labour pains became more frequent, she was taken to labour room for delivery. In the delivery room when the legs appeared out & whole body seems obstructed, the nurse instead of calling the doctor referred the woman to the district hospital.*

*Mamta's husband requested the nurse to provide Janani Express for referring Mamta. However duty nurse placed the condition that bring the diesel for the Janani vehicle & take the ambulance, although she is well aware of the fact that there is no petrol pump at Bajag. Suresh anyhow make the arrangement for transportation but unborn child died on the way to Dindori.*

*At District hospital instead on immediately operating the Mamta to save her life, the duty doctor referred to Jabalpur hospital, as the hospital do not have facilities surgeries. But when Suresh completely denied the possibility of taking her to Jabalpur in lack of funds, then only the Doctor at duty hospital operated her.*

*The ASHA who herself is the part of rural health services in some way when doesn't receives due attention even in case of emergency, then how a common vulnerable poor tribal & dalit women can get the benefits of the health services.*

This is not the condition of any one or two Primary or Sub Health Centre but almost of the at the primary health centre (PHC) Sijhoura, Mandla district, the conditions are miserable. The post of the Doctor is vacant almost since last two years. There is only one ANM to conduct deliveries that are coming to the PHC as well as to conduct immunization for three villages. Although one LHV was also posted in the PHC but according to ANM, Compounder & Dresser of the PHC she rarely provides services at PHC. It was also remarked that LHV keep cheques of JSY at her own house and ask the beneficiaries to collect cheques for the incentive of JSY from her home, therefore beneficiaries are troubled as they needs to travel frequently to get the justified benefits.

In the absence of Sweeper and Ward Boy owing to their vacant position the relatives of pregnant women have to clean labour room after delivery. The ANM Baby Choudhary pointed out that 'I am all alone to undertake institutional delivery at PHC; there is no sweeper even, therefore relatives accompanying the pregnant women

bond to clean labour room after delivery. There is no generator or inverter available to conduct deliveries at PHC. This is the major reason for community not preferring institutional deliveries.

Even in Sub Health Centre, Rajo in Bichhiya block, there is no sweeper. The ANM Ms. Reeta Shyam reported that they used to take services of Dai for support services during delivery where Dai get remuneration of Rs. 100/- per delivery. The presence of trained Dais during delivery was quite helpful in the lack of sufficient manpower in the remote rural health institutions. But now the services of Dais in delivery institutions are completely after disallowed under new policies.

The CHC at Bichhiya serves the population of 1, 54,815 approx in 196 villages but is provided with merely one Janani express is available and in a population of Bichhiya block. How all pregnant women can be transported to CHC or PHC by one a single vehicle from amongst 196 distant villages? In the block there are 7 PHC in 9 sectors and 44 SHC. For hiring private vehicle it will takes from Rs.400-1000. The economic condition of the most of tribal families was vulnerable & they are not in a position to bear the expenses to hire private vehicles. And that is why they are forced to many a times to opt for home deliveries.

In the absence of Block Medical Officer, it is retired Compunder Mr. Khan (appointed temporary through Rogi Kalyan Samiti) who takes the charge of OPD section. Similar circumstances exist in Dindori where even the District Hospital does no have facility of caesarian section in case of any emergency patients should have to go Jabalpur district hospital. Blood bank is not fully functional. Numbers of post are lying vacant at CHC & PHC level.

Due to rigorous shortage of manpower, the doctors posted at PHCs & CHCs are also attached at the district hospitals on weekly basis. Neglecting all medical & scientific research on the working capacities of individual, the attached doctors need to serve district hospital on 24 hours duty basis. How a person can work continuously for 24 hours. Such planning exposes serious risk to the life of the patients coming to public health institution to be cured.

According to Hariya Bai, Kartan Bai, Phulkasha Bai (AWW), Tija Bai (Dai) and other villagers, the ANM or any other staff do not visit again to the newly mother & the child once the delivery procedure is over. The relatives were bond to clean the labour room before & after the delivery. Home deliveries are more clean & hygienic compared to such pity circumstances at government hospitals. At the hospitals we do not get medicines & are required to purchase at open market. In such meager

conditions, why one should opt institutional delivery when there is no doctor even. Thus they do not prefer institutional deliveries.

Baiga have their own system of maternal & child health care. Although due to soaring poverty, they can't afford very special care for the pregnant women & lactating mother, but still they use traditional methods to keep them healthy.

### **Nutritional Care of Baiga women for Safe Motherhood**

During pregnancy, mothers were given normal food with some medicinal herbs which would help them for normal delivery. During the pregnancy she consumed more of leafy vegetable like Chirota Bhaji, Gular leaves such as Chirota, Chinch, Chakora, Kelar, Sarroota, Bans ki kari (roots of bamboo plant) etc collected from forest. A pregnant woman undertakes all her routine jobs throughout her pregnancy period. She even continues working as wage laborers.

After the child birth, a newly mother is given tea made of jaggery & turmeric. After that she was given protein rich diet including wheat grouts (daliya) with tur/tuwardal (Pulses), kodo, rice and chapatti, along with coconut & jaggery etc.

Although, Baigas generally do not consume Tuvar dal because it is very costly but they supplement it especially to the newly mother to restore her physical strength. Baigas commonly munch up Batra dal (pulse made of peas) as it comparatively cheaper than other pulses. But it is lesser in protein energy content & causes stomach flatulence.

Along with this, Baiga women after delivery is also supplemented with certain special medicinal herbs like Badi Okha, roots of Van Sami, Dudhiya Bela etc. Even the lactating mothers were also given fried worms & Baaman kida i.e. some insect of rainy season mixed with the chapatti or tea. According to Baigas, these medicines & worms help in stimulating the production of breast milk & it also helps the newly mother to revitalize their physical fitness & strength after delivery.

However, the access of Baigas to the forest produce is continuously decreasing in the name of forest conservation. As a result their accessibility to the medicines plant for precaution & treatment of diseases. This has resulted in the further deterioration of health of tribal women & safe mother has become questionable to the tribal mothers.

Dais are the part & parcel of tribal health system. In hilly dense forest areas with no proper road connectivity, no transportation facilities and no doctors; it is only Dais which proves to be an angel for the Baigas at the time of emergency to assist the pregnant women with labour pains to deliver the child safely.

### **Professionalism Vs Humanity**

While professional Doctors are focusing on cesarean deliveries to get big financial gains but on the other hand traditional Dais considered the work as delivering child as sacred work done for the cause of humanity. In Madhya Pradesh, 3.5% of total deliveries took place under cesarean section. It is very high for urban areas where 9.1 percentage delivered by cesarean section. The trend for C-section is on the rise in the hospitals throughout the world; many of the operations are “unnecessary” and are merely for financial gains.

Traditional birth attendant, Dai is placed at very respective position in our society. She is praised, appreciated and an integral part of culture and tradition. Though most of the Dais has not received any formal training and have learn the art of delivering the child traditionally through the elderly women in their family or community. However they are quite proficient to locate position & growth of fetus, time of delivery & to identify the delivery complications.

According to a recent survey report on maternal and peri-natal Health by the World Health Organization (WHO) in Jan'10, nearly one in five women in India are going under knives or giving birth by Cesarean section, or C-section, as compared to vaginal births. According to WHO survey, C-section births have gone up beyond the recommended level of 15 percent in these countries not "because of an immediate medical need for it but due to financial gains". The WHO health experts feel that such boom is unnecessary and C-section deliveries can harm mothers' health. In India, a Caesarean delivery costs an average of Rs 20,000 more than normal. Some estimates say C-sections have risen from 5% to almost 65% in some private hospitals in India. According to a study published in the 'Lancet' on Wednesday, women who undergo a Caesarean without requiring it were 10 times more likely to be admitted to ICU those who gave birth normally.

Dindori has 929 trained Dais in seven blocks in the district. While Mandla has 1174 trained dais in 1124 villages. Dais has played a prominent role in preventing large number of maternal & child deaths due to delivery related causes. The state of Madhya Pradesh has one of the highest infant & maternal mortality. There are huge numbers of examples where daises have successfully carried out complicated deliveries & thus helped to save the life of thousands of mother & child.

Ujiyaro Bai & Jhiri Bai of Podi Village in Dindori District says that 'Baiga Community does not have trust on hospitals for delivery because in the hospitals our traditional dais upon which we have full faith is not allowed to see the delivery procedure. Their is no place of Dai trust in the hospital, so fit for us.'

### **Dais catering the critical needs for Baiga Women**

Dulari Bai from Jada in Samnapur block, Dindori has been practicing as a Dai since last 8-10 years. Dulari Bai is a Baiga woman. She has learnt the art & procedure of delivery child through her mother in law. Previously she used to assist her but since last 5 years she is independently handling the cases. She handled more than 100 deliveries till now.

While remembering her early days, when she was new for the delivery task, she said that she went to handle first case without her mother in law; although her sister in law accompanied her. Labour pains have badly frightened the women with labour pain & she was not in a position to cooperate the delivery procedure. Her sister in law lost the hopes & get away from the place. But she was firm to handle the case till last movement. Ultimately she succeeded with the birth of baby boy. Since than community's faith on her was strengthened.

Previously she used to advise following Baiga custom for not to give complete food to the newly mother for 3-4 days after delivery. But now have learnt from the Anganwadi Centre & through other means that nutritional care of lactating mother is very essential. Now she advised the families for mother & child care practices after delivery. She said that, 'once I have scolded elderly women of my village for not giving food to eat to her daughter in law after delivery.' She said that she should lodge the complaint to the hospital, if they are not going to feed the newly mother. After that they took good care of the mother.

While reply on the issue of earning livelihood though working as Dai, she believed that it is a social work for serving people in need. As the village SHC is almost closed, it and it is very difficult to take the pregnant women to the hospital; in such a

circumstances, it is our (Dais) responsibility to provide required support without any greediness.

In case any complications are foreseen, Dulari Bai immediately referred such cases to district hospital without any delay.

Sukwariya Bai from Chapwar village says that she is earning eternal peace & happiness while working a traditional birth attendant. She has learnt through her vast experience of 13-14 years. Previously she used to handle delivery process under the supervision of a senior Dai in a neighboring village. And now she is training her daughter in law so that she can assist deliveries in her absence & thereafter. She said that she accept whatever has been offered to her in lieu of delivery to support her minimum subsistence.

While discussing about complicated deliveries, she shared that last year a women was facing prolonged severe labour pains continuously for three nights. Her last birth was also a still birth. Therefore, she advised immediate referral to the health centre. However, the women out-rightly rejected to go the hospital & even the family insisted for home delivery. Then Sukwariya Bai took up that delivery, it took around two hours for delivering the child. Ultimately the strong will power & hard labour yield results in the form of good health & survival of mother and the child.

These are not the only examples of comprehensive role of the traditional birth attendant. We had a group discussion with 16 Dais which illustrates the fact that Dais holds very key position in the tribal communities with regards to the maternal health mechanism in a tribal dominated district of Mandla & Dindori. Though it is also a source of livelihood for Dais but they considered it more with prospective for serving the maternal needs.

TBA commonly known as Dai is easily accessible at every village especially in case of emergency when it is not possible to visit nearest health institutions which may be at the distance of 8-10 kms away with no referral facilities. Even the Baiga's have male birth attendants which undertakes & support complicated delivery procedures in case female Dais loses confidence in critical conditions.

A voluntary organization in the Samnapur block of the Dindori district is working in close coordination with the Dais in 30 villages. The 30 traditional birth attendants have been trained with the procedure of safe deliveries & good practices imperative for safe motherhood. According to Balwant from NIWYCD, Dindori, these traditional birth attendants are acting as a life line in tribal dominated district where more than 80% of the deliveries are still taking place out of the health institution. It is not

practicable approach to totally chuck them out of the community health system as our public health system is not sound enough to cater the needs of marginalized tribal communities.

The imperative role of Dais have identified for the first time by the State in 1973, when the state has decided to start Dai Training Program for give a 30 days training to the Dais either at Primary Health Centre (PHC) or Community Health Centre (CHC) with the facility for institutional deliveries. Under the Dai training program 52,995 dais have been trained from 50698 villages of Madhya Pradesh. Now the Traditional Birth Attendant (TBA) became Skilled Birth Attendant (SBA) with skills to undertake safe deliveries. Now they are certified to provide birth assistance in the villages with no or inadequate health services. They are even placed on daily wages in primary or community health centre to provide support services during institutional services. During support services they were provided with Rs.50 per delivery.

However, imperative role & importance of the traditional birth attendant has been completely abandoned while conceptualizing National Rural Health Mission. With the inception of National Rural Health Mission (NRHM) in 2005, it was conceptualized that MMR can be brought down by increasing skilled attendance at deliveries without considering realities on the ground such as non-functional or absent primary health centers as well as lack of personnel and funds. This has meant a gradual phasing out of the 'dai' or TBA, who is considered illiterate, unskilled and difficult to train in the handling of pharmaceutical drugs that may be required during a birth emergency and they are often blamed for further enhancing the complications that arises during delivery. Under NRHM dais are steadily replaced by Accredited Social Health Activists (ASHAs) whose main job is to register pregnant women and encourage them to seek institutionalized care at government facilities. While a few 'dais' turned into ASHAs, the literacy criterion ensured that the vast majority of them got excluded, along with skills gained through sheer experience.

TBA commonly known as Dais used to ensure much possibility to support safe delivery services at the community level. Dais are the real service provider at the remote far away places, where there is poor access to the services of public health centres. However their crucial need at the grassroots level has been completely neglected under NRHM. The objective behind the strategy is to expand the vicinity & percentage of institutional deliveries.

Although the emergence of JSY Schemes (Janani Surksha Yojana) has certainly raised the percentage of institutional deliveries in the state. It has shown upward trend even in tribal & dalit dominated regions, however it was not up to the mark. The health institution in remote tribal region is not capacitated to ensure much required health services. Though most of PHCs & CHCs are endowed to provide services for normal

deliveries, however, these so called delivery centre are not in a position to handle any complications, if arises during deliveries. For example, even the district hospital of Dindori does not facilities for C-section.

In Madhya Pradesh, we have 52,995 trained Dais, which were certified as skilled birth attendant under Dais training program between 1973 to 2005. Apart from that there are thousands of untrained Dai, who are practicing as traditional birth attendants. It is the major source of livelihood for them and their families.

Another major area of concern is that still we are lacking sufficient facilities and manpower at the public health institutions. According to Human Development Report 2007, state has lacking 26% Primary Health Centres. Primary Health Centres are backbones of the health system. Not only this, 1533 Sub Health Centre and 84 Community Health Centres are also needed. In case of human resources 2200 specialists and 750 medical officers are also required<sup>2</sup>.

At ground level posts of 107 posts of Doctors at PHC and at the CHC level 217 post of Obstetricians & Gynaecologists, 219 post of Physicians, 860 post of Total specialists at are also vacant<sup>3</sup>. Along with this 498 ANMs and 298 MPWs are also vacant. Even PHC & CHC do not have required number of Sweeper & Ward-boys to maintain cleanliness in the public health institutions. According to DLHS-3 report, still 53 percent of deliveries in Madhya Pradesh takes place outside the health institution & more surprisingly only 8% of tribal women delivered their babies in a health facility.

Therefore keeping the pity circumstances that are prevailing at rural health systems, Dai are of vital need to ensure safe child birth & safe motherhood both within the institutions & outside the public health instistution. Along with spreading awareness among the rural tribal masses for early identification of risk or complications during pregnancy & child birth, it is also very important to respect the community practices for safe motherhood which has been practiced by the Baiga tribal since long time.

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<sup>2</sup> Annual Report 2009-10 of the Department of Public Health & Family Welfare.

<sup>3</sup> RHS Bulletin, March 2008, M/O Health & F.W., GOI