



INTERNATIONAL JOURNAL OF TRENDS IN EMERGING RESEARCH AND DEVELOPMENT

INTERNATIONAL JOURNAL OF TRENDS IN EMERGING RESEARCH AND DEVELOPMENT

Volume 2; Issue 3; 2024; Page No. 22-25

Received: 02-03-2024

Accepted: 13-04-2024

Maternal health care practices in the Himalayas of Sikkim

Tshering Choden Bhutia

Ph.D. Scholar, Centre for Himalayan Studies, University of North Bengal, Siliguri, West Bengal, India

DOI: <https://doi.org/10.5281/zenodo.12592434>

Corresponding Author: Tshering Choden Bhutia

Abstract

Background: Sikkim is one of the part of north east, people of the region still trust in indigenous treatment at times of any medical emergency, every religious group has their own religious practitioner, also known as traditional healers blessed with a knowledge of medicinal plants and sometimes functions as a magician-religious practitioner. The indigenous knowledge about cultural beliefs which are acquired, accumulated and practiced by traditional healers pass on from generation to generation.

Women always carry risks at times of pregnancy and childbirth because of the biological complications, practices, processes and all other superstitious beliefs. But these risks can be reduced by health care interventions such as the provision of maternal and public health care, supplementary nutrition, family planning, safe abortion and improvement in other reproductive conditions. Maternal deaths are associated with malnutrition high risk pregnancies, deliveries that occur without the benefit of trained personnel and abortions particularly those that occur without the benefit of trained personnel and abortions, particularly those that are illegal or performed under unsterile conditions by untrained individuals. The status of women can be linked with her health as, good health is also recognized as an end in itself, valued by those who own it.

Objectives: The present study aims to explore the indigenous knowledge, cultural beliefs and practices regarding maternal health care in Sikkim.

Methods: The present study relies on exploratory method, remote village were selected, focus group discussion and in depth interviews were conducted. Data was recorded and qualitative analysis of data was interpreted.

Results: Indigenous knowledge is stored in people, memories, and activities, and is expressed in myths, songs, folk songs, proverbs, dances, myths, cultural values, beliefs, treatments, rituals, native laws and native languages. The cultural beliefs and practices with regard to pregnancy and post partum period practiced by indigenous people in Sikkim.

Discussion: This study emphasized on exploring the maternal health care practices by indigenous people in Sikkim. The indigenous practices and cultural beliefs related to pregnancy and postpartum period, this study also reveals that these indigenous practices are very effective and have been followed since ages. Pregnant women are advised to follow certain cultural customs for the well being of unborn baby and in post partum period they follow some strict food diet for the earliest recovery, all these practices are based on the indigenous knowledge that was ascribed and handed down by our ancestors are internalized by this generation and practiced till date.

Keywords: Indigenous knowledge, maternal health care, Sikkim, cultural beliefs and indigenous practices

Introduction

Indigenous Knowledge is the knowledge produced locally by a people in understanding the traditional practices of people indigenous to a specific geographical region. This knowledge comprises of traditional, local or folk knowledge of the environment, the way such knowledge has been used and also abused in different cultural contexts. Indigenous Knowledge associated with official knowledge, misused and misunderstood, repackaged and sometimes reinvented and

more recently through successively, colonial science and contemporary politics of indigenous population (Ellen *et al.*, 2000) [3].

According to WHO “Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period”. Motherhood is not always often a positive experience for all for some it is associated with suffering ill health and even death (WHO, 2017) [17]. The status of women in the context of fertility has been noted as

significant. The assumption in this context holds that higher the status of women the lower is the number of children ever born to them (United Nations 1996)^[8]. The prevailing status attributes includes family income or husbands income, educational status of the head of the household, husbands occupation, number of family members economically dependent and independent, the property held by the family, caste status and so on (Mahadevan 1979)^[9].

Sikkim one of the smallest states located in between 27degree 49 degree to 28degree 10degree Northern latitude and stretch within 88degree 28degree 88degree 55degree Eastern longitudes with an area of 7096sq km is situated in the Eastern Himalayas of India. Being geographically dispersed and isolated from the other states has to undergo many challenges like Health System. In Sikkim the infant mortality rate is 5% (NFHS-5) comparatively lower than the national average of 28% (NFHS-5). Health Care System is completely served by public sphere, Sikkim has four districts hospitals one in each district, there is only one private Hospital that is Sikkim Manipal Central Referral Hospital located in the capital providing a better medical treatments, elite class people have this stereotype that private hospitals provides a best treatment and services so they mostly depend on private hospitals located in West Bengal Siliguri. Private Hospitals the nature of treatment is expensive, in such a case the people belonging to a high class as well as middle class can afford it but the lower class have to seek help and some of them also lost their life due to their financial condition. So the mostly affected are the pregnant women living in a hill top have to deal with many challenges at the time of birth, due to poor road connectivity, lack of transportation facilities, geographically dispersed settlement, isolated have a high chance of maternal death.

But for those women living in a remote place can take help from traditional healers, their indigenous knowledge plays an important role at times of emergency in the village, their cultural belief and practices for the pregnant women can be life saving for both the mother and child. All rites and rituals performed during delivery gives a psychological satisfaction and also give strength to women during this critical phase.

Materilas and Methods

The study was conducted by using exploratory method purposively from these remote places namely Ribdhi, Oakrey and Phalidara villages of Sikkim. To meet the specific objectives of the study, tools and techniques like interview schedule, observation and focus group discussion were used for the study. Interview schedule comprises a question related to maternal health status like availability of hospital facilities/PHC, form of treatment, utilization of antenatal care (ANC), place of delivery, pre natal and post natal care, nature of visit to health center, Immunization status of child and mother, family planning practices were asked. Information about feeding practices, the length of breast-feeding was enquired. Infertility problems faced if any, number of children, cultural rites and rituals associated with pre and post-delivery and taboos if any related with child birth. The data was coded and tabulated in MS excel workbook and qualitative interpretation was done for the study.

Results

Indigenous knowledge is a complex concept that takes into account the more complex factors of human culture including empirical, intellectual, social, and spiritual factors. It refers to the integration of collective values and customs that guide the interaction between peoples and between peoples and nature (IDRC, 1993)^[10]. Over the centuries, societies evolved through experience and the transmission of knowledge to the younger generation.

Cultural beliefs and practices during pregnancy and postpartum period

The cultural beliefs and practices in Sikkim with regard to pregnancy and childbirth, includes the indigenous knowledge of Sikkim's indigenous people who are following certain taboos or cultural beliefs handed down from generation to generation.

Taboos related to pregnancy

1. Women should not leave their home and cross the river as it is believed that pregnant women are weak and can easily summoned by evil spirits.
2. They should not engage into verbal dispute with neighbors or relatives as it may lead to rivalry and which may hamper the unborn child.
3. Pregnant women should not touch step over the plough and rope tied to animals, as doing so baby might get stuck in umbilical cord at times of delivery.
4. Not to see blood and dead bodies, husband should not kill any living beings as it may affect the baby.
5. It is also believed that pregnant women should not see nor get out at times of lunar eclipse as it is considered to have negative impact on the eyes of a unborn baby.
6. There are certain food restrictions for pregnant lady like papaya, pineapple and mango, which may push up for early labor and in some case it may lead to abortion

Customs and rituals during postpartum

After birth, the mother and baby are massaged daily with mustard oil roasted with Methi (fenugreek seed) for a month and sometimes for a year. In Postpartum period women have to follow certain food diet such as wheat flour, which is cooked with ghee, and other ingredients, are added like thyme seeds, fenugreek, carom seeds and coconuts. Similarly, lito flour is a semi-solid food that is prepared from cooked rice, wheat, maize, gram or soybean, and satu flour is a type of ready-to-eat flour that can be instantly combined with hot water or milk.

When a pregnant woman gives birth, family members serve red wine and home made chang (fermented millet) to keep the mother warm so alcohol has a medical significance consumed by the newly mother. If the economic situation is good, they serve warm alcohol mixed with a cup of ghee, egg and thyme seed. They believe that it helps to restore energy and it makes her to get rid of exhaustion and pain. Usage of alcohol, usually reduces pain caused by the contraction of the uterus, and is very beneficial for health of a lactating mother. Local chicken meat soup is served during the postnatal period. During the postnatal period, a small amount of ghee is placed in a heated millet chang (fermented millet) is given to drink. This type of alcohol-ghee mixture is administered twice a day (500 – 700 ml) to

prevent colds. Some women are given batti (fermented rice) consuming it will help to increase the breast milk, it is mainly for those women who could not breastfeed their baby.

There are some cultural beliefs, that mothers are very weak during the postnatal period, and they keep a sickle with them to prevent evil eyes and witches attacking the mother and her child. After delivery, a male caregiver stays near her postnatal mother for at least three days at night. After 15 to 1 and half months of birth, the mother's parents come to the daughter's home. In parent's home they give her local chicken soup and rice three to four times a day. The postnatal period is observed between 20 days and 3 months in her maternal home, between 20 days and three months, a husband or head of a house goes to the mother's home, to bring her back to his home.

During the postnatal period, there are also some food restrictions followed by all newly mothers. Women believe that certain foods have a negative impact on the body and mind of mothers and children in the long term. If someone neglects it, it means that it is at high risk of bad health. Food prescriptions and prohibitions are the means of preventing unhealthy health according to their traditional beliefs, cold food should be avoided, which can harm the mother and newborn, so during this stage the mother receives hot food that keeps her body warm and the baby. Some vegetables and colds can cause diarrhea, chewing corn makes loose teeth in the last life, millet alcohol prevents pain in the body, mixing with ghee and local egg prevents cold and recovers the uterus as it returns to its normal position.

Discussion

In India, aboriginal people are often referred to as tribal peoples, and members share a cultural identity defined by their geographical region and are generally regarded as the original inhabitants of a territory or region. The study on indigenous knowledge is a recent trend can be found in every academic study, deals with a variety of studies from different perspectives, leading to criticism of our understanding of knowledge (Barth, 2002) [1]. A holistic view of human knowledge helps us to understand the effects of indigenous knowledge, especially in the fields of health, disease and treatment. Indigenous knowledge is described as local, oral and transmitted, as a result of an empirical and not theoretical, repetitive, fluid, negotiable experience reinforced by practical engagement, shared but not asymmetric, distributed, largely functional and integrated into a more extensive cultural matrix, which is not the expression of the participation in dominant western scientific knowledge (Ellen and Harris 1997) [4]. Every culture has its specific explanations of health and disease - the causes of illness, the assessment of health, disease and treatment from the physiological and physiological perspectives, naturalistic and personal explanations. Culture provides a way of thinking that is a "simultaneous and realistic model" (Greetz, 1973) [5]. These traditions also give people a worldview and act accordingly. In this respect, tribal health practices, cosmology, rituals and religion also fall under the concept of indigenous knowledge, indigenous knowledge studies are small, local, oral, culturally specific, geographically localized and rarely encompasses a regional ecosystem (Sillitoe, 1998) [15].

Women are the indelible part of a Society but still due to their natural attributes they are always treated suspiciously, societies always have skeptical view of women. The women question in India began from the 19th century after the Indian press came in the issue of women became important first among social reformers then among the nationalist and finally in the contemporary period with those who are concerned with development in equality. As per the UNDP report around 750 million women around the world were married before 18yrs of age. It emphasized at eliminating the harmful practices such as child marriage, adolescent marriage and forced marriage, gives women equal rights to economic resources, empowering women and protecting women from all types of discrimination. The status of women can be linked with her health as, good health is also recognized as an end in itself, valued by those who own it. Health is seen as part of the basic human capabilities (UNDP, 1999) [16] and an integral part of welfare.

The Reproductive age group is 15-44 years, which shows 0.12 in millions in Sikkim. According to Sample Registration System (2020) the crude birth rate has declined from 17.1 per 1000 populations in 2013 to 15.6 in 2020, whereas infant mortality rate was recorded at 5 per 1000 live births that are much lower than the rate of 28 for India. The fertility rate of Sikkim is 1.1 as per the NFHS-5 is one of the lowest in the country in comparison to other states.

The important aspect of women is accessibility of maternal health care services in prenatal and postnatal care is very essential for women to have control over maternal mortality. As in Sikkim most of the women are not aware of maternal health issue, which is clearly visible from the number of children they have at homes as it is seen the fertility rate is higher in rural part of Sikkim.

Conclusion

In this era of modernization, globalization and liberalization, there is an advanced modern healthcare services which have attracted this generation. Indigenous traditional healers are consulted lesser compared to earlier days. Even now the healers ask people to visit hospitals for delivery, now there is a lesser practice of home birth. Traditional healers with Indigenous Knowledge about medicinal plants and the skill to treat any illness are annihilating from the society. The age of science, this young generation has lack of enthusiasm and hesitation for accepting the traditional cultural beliefs and practices.

The findings of the study also reveals that earlier there 90% of women used to have natural birth at home with the help of midwife but now due to the increase of Hospitals and PHC's there is a decrease in natural birth which is painful, women now prefers to have cesarean section for delivery. At present natives in Sikkim they first console with their respective religious head at times of any treatment for the illness, childbirth so on. The religious head of a particular community decides the direction and auspicious date and day for the child birth, it was also observed that even doctors advises the family to decide the date for cesarean section delivery with their religious head.

References

1. Barth, Fredrik. An anthropology of knowledge. Current anthropology. 2002;43(1):1-18.

2. Catherin, Nisha, *et al.* Beliefs and practices regarding nutrition during pregnancy and lactation in a rural area in Karnataka, India: a qualitative study. *Int J Community Med Public Health*. 2015;2(2):116-20.
3. Ellen, Roy F, Parkes P, Bicker A, eds. Indigenous environmental knowledge and its transformations: critical anthropological perspectives. Psychology Press, 2000, 5.
4. Ellen, Roy, Harris H. Concepts of indigenous environmental knowledge in scientific and development studies literature: A critical assessment. APFT. Project, Bureau de Sensibilisation; c1997.
5. Geertz, Clifford. The interpretation of cultures. Vol. 5019. Basic books; c1973.
6. Kumari, Ramani, *et al.* Knowledge, practices and affecting factors regarding contraceptive methods among married women in the estate community; c2017.
7. Lama, Sancheela, Krishna AKI. Barriers in utilization of maternal health care services: Perceptions of rural women in Eastern Nepal. *Kathmandu University Medical Journal*. 2014;12(4):253-258.
8. Larson, Elizabeth L. United nations fourth world conference on women: action for equality, development, and peace (Beijing, China: September 1995)." *Emory Int'l L. Rev.* 1996;10:695.
9. Mahadevan, Kuttan. Sociology of fertility: Determinants of fertility differentials in South India. (No Title); 1979.
10. Morales-Gómez, Daniel A. Knowledge, change and preservation of progress. *IDRC reports*, 1993, 21(1).
11. Nianthi, Rekha, Dharmasena PB. Indigenous knowledge of farming practices and water management in the dry zone of Sri Lanka. *Indigenous knowledge and disaster risk reduction, from practice to policy*. Nova Publisher, New York; c2009. p. 329-348.
12. Registrar General of India. SRS Statistical Report 2013. Government of India: Registrar General of India; c2013.
13. Soni, Amit, Pradhan A. Health care and traditional healing practices among the Dhurwas of Bastar. *Indian Journal of Research in Anthropology*. 2016;2(2):85.
14. Shakya BK. Cultural practices during postnatal period in Tamang community in Bhaktapur district of Nepal. *Journal of Nepal Health Research Council*; c2006.
15. Sillitoe, Paul. The development of indigenous knowledge: a new applied anthropology. *Current anthropology*. 1998;39(2):223-252.
16. United Nations Development Programme Human Development Report. Oxford University Press; c1999.
17. World Health Organization. WHO recommendations on maternal health: guidelines approved by the WHO Guidelines Review Committee. No. WHO/MCA/17.10. World Health Organization; c2017.

Creative Commons (CC) License

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.