

Indigenous Knowledge Associated with Maternal Health and Process of Child Birth among the Hajongs of Dhemaji District

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Introduction

Despite the amazing advancement in modern allopathic treatment in pregnancy, traditional health care practices have always been used by indigenous ethnics of the world, including the tribal people of India. Their knowledge for the traditional treatment of reproductive health especially pregnancy can be attributed to the abundance and rich diversity of medicinal plants in their habitat. Their wide knowledge of surrounding diverse ecology brings to work for their benefit in a very best way, among which ethno medicine is one noticeable and valuable knowledge which need special attention. Generally it is believed that childbirth is a normal component of life such as sexual maturation and pregnancy surrounded by cultural, social, ethical and religious considerations. The status of reproductive health is widely varied depending on the prevailing practices of the individual and community at large. The environmental factors and usage of traditional knowledge, beliefs and taboos are also responsible for determining the reproductive health status of any society. The knowledge of the intimate relationship between man and plants in his immediate surrounding has been passed mainly through tradition (Jain, 2004). Health is considered as one of the most important parameters in peoples' life. Social and sexual stratification within societies act as important determinants of health of people in general and that of women in particular. Physiological differences along with gender inequality in societies play a major role in determining the health outcome of a population more particularly that of women.

Key Words – *Indigenous knowledge, maternal health, child birth, traditional birth, Attendant.*

Materials and Method

Of the eight states, Assam comprises 12.8 percent of the total tribal population of India with 14 hill tribes; 12 of these are tribes whose settlements go back to the days of undivided Assam. The folk culture is still vital in this region. For its richness of plant wealth and diversity of vegetation, Assam is often referred to as the Floristic Gateway of India (Takhtajan, 1988). Use of different floral and faunal parts are not so uncommon in rural areas of Assam. The community scattered across north east India and had made their first settlements in Kamrup district of Assam. Most of them concentrated in different districts of upper and lower Assam. In this appraisal an attempt has been made to explore the indigenous knowledge associated with maternal health and process of child birth of Hajong community residing in Barabhuayan village of Dhemaji district. The fieldwork was started in the Barabhuya village of rural area of Joyrapur during the period from 01-06-2020 to 30.11.2020. The people of this area choose agriculture as their primary occupation. The people still prefer different kinds of indigenous knowledge system in many health related issues. The required data are collected using unstructured questionnaire, observation, interview and case study method as a guide from the respondents. The unstructured interview and case study was taken from Traditional Birth Attendant and experienced mother and knowledge holders of the village. Key informant were selected randomly. Reliable secondary data are also applied whenever necessary.

Belief regarding Child Birth and Health condition of Mother

Among the Hajong, the age of attaining puberty ranges from 11-14 years. Majority of the young girls and a few women are reported as using modern sanitary napkin to absorb the menstrual blood, but use of old cotton and linen clothes (*pieces of bed sheets*) are also recorded from the village. Due to lack of awareness of changing habit, improper washing (they wash the reusable sanitary napkin with water and dry in their backyard and reuse those napkins) which lead them to suffer from genital itching, and many urinary infection which are often ignored by them. Genital cleaning is mostly done by the use of non irritating agent (water). Most of them are suffering from severe menstrual problem (*jugnajugni*) like improper bleeding (heavy and low) and lower abdominal pain, indigestion etc. To get rid of heavy bleeding problem they use a glass of water which is made by mixing of Jaggery (*rangamithai*) and black pepper (*gulumuris*) in empty stomach for three consecutive days, whereas in case of less bleeding some of them take the injection; and iron tablets free of cost which is provided by the ASHA worker of their village. The Hajong community consider pregnancy as a gift of God. Conceive is regarded as a matter of pride among the villagers. Some kind of restrictions are prevalent regarding mating of a couple like a couple is generally not allowed for mating in day time as they believe that it would affect the family by loss of their home deity (*Lakhisara*), the restriction also found during the time of solar and lunar eclipse (*beligunalage and chandgunalage*), as they believe that it would affect the fetus. Child birth is regarded as gift of God but it does not mean that incapable women are neglected, the infertile women are considered as result of their misdeeds in early life. A Hajong couple generally expects a child after one year of marriage. Absence of periods, tendency of vomiting, greedy for sour, frequent urine, faints are recorded as primary signs of pregnancy. A type of kinship usage couvades practice is prevalent among them. A Hajong husband like his wife is not allowed to go to the cremation ground or to touch any dead body and to kill any kind of creature because they believe that it would result in severe complication in delivery time and also birth of dead baby. They have a belief in rules of marriage and child birth like when a Hajong couple is of same Zodiac sign (*rakhi*), during 8th month of pregnancy, the husband would be affected by night blindness (*kukurikana*). The movement of a pregnant woman is the way of determination of the sex of newborn, if a pregnant woman take her first step with her right leg, then it indicates the birth of a baby boy, while step first with left leg is the sign of the opposite sex. There are some restrictions for pregnant women during the period of solar (*beligunalage*) and lunar eclipses (*chandgunalage*). She is not allowed to go outside the home and not allowed to sleep because they believe that it would make the new born lazy (*alse*) so, she has to sit on the bed (*kapurpante*) until the eclipse is over. A Hajong woman is also not allowed to take food during the time of eclipse for the fear that the new born baby would be a *glutton* and also not allowed to cut betel nut as it might affect the child with cleft palate.

Process of Child Birth

Tribal communities possess a unique healthcare approach concerning the acceptance and rejection of modern medicine. They have retained much of their traditional healthcare during pregnancy and post delivery period. The relationship between a tribal woman and traditional health care is based on trust, responsibility, charity, power, and respect from which she expects more than skill-based interventions as treatment (Ali, 1994). The findings reveal that the diet of a pregnant woman includes normal day food intake except banana (*kola*), Papaya (*mudu*) and pineapple (*anaras*). Egg is also prohibited as they believe that new born might be deaf. Most of works on different tribal communities of India revealed that a large number of plant and animal species parts are utilized as traditional medicine as the first choice. Abdominal massage with mustard oil is preferred for the relief of pregnancy pain, when the pain is severe they use a special kind of dry paste, in which, three leaves of makardhaj and choilolata (local leaves), three leaves of stink vine (*gulewa/bhidlilewa*), a pair of cloves are mixed with roasted bone of a fox (*pongahiyal*) and dried for three days, the paste is then boiled in water and taken in empty stomach. Regarding delivery process it is noticed that for the delivery purpose a separate temporary bamboo house is made in their courtyard just in front of their house. Most of the delivery cases are handled by the traditional health expert (*dhaimao*) of the village. The average duration of labor pain is different from woman to woman. Some suffer the whole day, while for some others it takes 20-40 minutes. Easy delivered, poor economic condition, poor communication are recorded as main reason for home deliveries. An in-

depth case study method was applied with a traditional birth attendant of the village who exclusively narrated the process of childbirth she had practiced.

Name-Mrs.G.Hajong, Sex-female

Occupation- Traditional Birth Attendant

Age-54 years

Mrs.G. Hajong is an experienced elderly woman of the village. As a Traditional Birth Attendant (*dhaimao*) she has handled around 20 cases in the village. She was trained by her mother-in-law who was engaged in same profession. She states that they have to make a temporary room of hay and bamboo strip just in front of their house for the delivery purpose. As the labor pain begins she (*dhaimao*) was called by the relatives or neighbors of the pregnant women and as per her advice the lady was taken to the room, a door mat (*chili*) was placed to keep the woman in kneel down position, a hand oven towel *gamusha* is tied in her hip and mustered oil/coconut oil is rubbed over the stomach by the Traditional Birth Attendant and the birth attendant remains in front of the pregnant lady. In the whole process an experienced elderly woman assists by exerting pressure on the back of the pregnant lady with her left leg and completed the birth process. After birth the umbilical cord is detached by the birth attendant with the help of a sharp bamboo strip of 5 inch in length known as *trishun*. The umbilical cord was dried and wrapped in a cloth and stored secretly in a corner of the house for years as because it has an interesting medicinal value. According to their belief when the new born would suffer from stomachache, he was given a special water in which the umbilical cord was dipped for 3 times and it acts immediately as reported from majority of women.

Conclusion

The Hajong community of Barabhuayan village are rich enough in maintaining indigenous knowledge practices. Most of the elderly members possess profound knowledge of medicinal value of different plant and animal species which help them to tackle the different tricky conditions during pregnancy. In spite of tremendous development of modern medical facilities the Hajong community has always chosen indigenous knowledge as first choice specially in period of pregnancy and child birth and it helps to enrich their knowledge till today.

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