Traditional Reproductive Healthcare Practices and Knowledge among Tribal Women in Katkona Village, Korea District, Chhattisgarh

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Abstract: In this paper, we primarily focus on the traditional knowledge related to reproductive healthcare among tribal women in Katkona Village, specifically among Gond, Oraon, Pando, and Baiga tribes. Tribal women, especially from these communities, predominantly rely on home remedies or traditional treatments for reproductive health, such as addressing issues like vaginal discharge and other ailments during pregnancy. During pregnancy and breastfeeding, there are restrictions on various food items. Many medicinal plants are used to treat reproductive health problems. Some elderly individuals and experienced women in the village safeguard their knowledge, passing it down through generations. Some elderly members of the community still hold faith in traditional practices. The research conducted in this paper indicates that, despite the easy affordability of modern reproductive healthcare services, traditional practices remain prevalent. The increasing urbanization and cultural interactions, coupled with the widespread availability of Western medical services in the state, pose a gradual threat to indigenous knowledge, resulting in a scenario of emerging medical pluralism.

Key Words: Pregnancy, Menstruation, Traditional knowledge, tribals

Introduction

"Reproductive health is defined as the holistic state of well-being, encompassing physical, mental, and social dimensions, and extends beyond the mere absence of disease or infirmity. It pertains to all aspects concerning the reproductive system, its functions, and processes, as articulated in the International Conference on Population and Development (ICPD) in Cairo, 1994, specifically in the Programme of Action paragraph 7.2." Reproductive health, encompassing aspects such as sexual maturation and pregnancy, is an inherent and normal facet of life. However, its nuances are intricately entwined with cultural, social, ethical, and religious considerations. The dynamic status of reproductive health exhibits a wide spectrum, contingent upon the prevalent practices within both individual and community spheres. Environmental factors play a pivotal role, alongside the utilization of traditional knowledge, beliefs, and taboos, in shaping the reproductive health landscape of any given society. The profound understanding of the intricate relationship between mankind and the plant kingdom, existing in immediate surroundings, has been predominantly transmitted through the channels of tradition (Jain, 2004). This traditional repository of knowledge, specifically concerning the utilization of naturally available herbs and their products, has been perpetuated through the oral discourse within the societal framework, ensuring its passage from generation to generation. The International Conference on Population and Development (ICPD), convened in Cairo, Egypt, has been instrumental in fostering the development of policies and programs addressing reproductive health. The scope of women's reproductive health encompasses their well-being post-puberty, preceding pregnancy, during pregnancy, and...
throughout healthcare utilization. This includes access to health services during pregnancy, adequate delivery care, and postnatal care. Reproductive health behavior is intricately linked with the prevailing norms and value systems within a given society. Factors such as maternal health, nutritional status, cultural behaviors, social standing, and institutional frameworks play pivotal roles in shaping and regulating reproductive health and childcare practices.

Reproductive health in tribal women encompasses a broad spectrum of factors that influence their overall well-being during various stages of life, particularly those related to sexual maturation, pregnancy, and postpartum care. The context of reproductive health in tribal communities is shaped by a blend of cultural, social, traditional, and environmental elements. Here is a more detailed explanation:

1. Cultural Influences:
   - Traditions and Beliefs: Reproductive health practices in tribal women are deeply rooted in cultural traditions, often involving rituals and ceremonies associated with milestones such as menarche, marriage, and childbirth.
   - Cultural Taboos and Norms: Specific cultural taboos and norms may impact reproductive health decisions and behaviors, influencing aspects like family planning, childbirth practices, and postpartum care.

2. Social Dynamics:
   - Community Practices: Reproductive health practices are often community-driven, with shared knowledge and experiences shaping the norms and expectations surrounding childbirth, child-rearing, and family planning.
   - Social Support Systems: Tribal communities often rely on strong social networks, including extended families and community support, which play a crucial role in providing assistance and guidance during reproductive events.

3. Traditional Knowledge:
   - Herbal Remedies: Tribal women often leverage traditional knowledge about the use of locally available herbs and plants for various aspects of reproductive health, from addressing menstrual issues to supporting maternal health during pregnancy.
   - Oral Tradition: This knowledge is usually passed down through generations via oral traditions, with experienced individuals within the community serving as bearers of this valuable information.

4. Environmental Factors:
   - Access to Healthcare: The geographical and environmental context of tribal areas can affect access to modern healthcare facilities, influencing the choices tribal women make regarding prenatal care, deliveries, and postpartum support.
   - Nutrition: The availability of nutritious food and dietary practices can impact the overall health of tribal women, particularly during pregnancy and lactation.
5. Challenges and Opportunities:

- Limited Access to Modern Healthcare: While traditional practices hold significance, limited access to modern healthcare services in tribal areas may pose challenges, especially in emergencies or high-risk situations.
- Empowerment: Empowering tribal women with knowledge about modern healthcare practices, alongside respecting and integrating traditional wisdom, presents an opportunity for holistic reproductive health care.

Understanding reproductive health in tribal women necessitates a nuanced exploration of the interplay between cultural, social, traditional, and environmental factors. An inclusive approach that acknowledges and combines both traditional practices and modern healthcare can contribute to improved reproductive health outcomes in tribal communities.

Recent studies have shed light on a discernible proclivity among tribal women toward embracing modern medical facilities, particularly when they are easily accessible, as elucidated by Kumar (2007) and Chanu (2010). Furthermore, in alignment with these findings, the World Health Organization (WHO) in 1978 put forth recommendations advocating for the judicious utilization of certain traditional medical resources, notably medicinal plants. This endorsement underscores the importance of a meticulous evaluation process wherein beneficial resources are selectively endorsed, while those deemed detrimental to health are judiciously discarded.

Moreover, the intricate fabric of traditional tribal social-religious practices has been identified as a potential influencer, with potential repercussions on the reproductive health of women within these communities and, by extension, on the general health of the tribal population. An exemplar of such a phenomenon is the noteworthy impact of alcohol consumption during pregnancy, as highlighted by Salehin in 2012. This practice, deeply rooted in traditional tribal norms, can exert adverse effects on both the reproductive health of women and the overall health of the tribal community, exemplifying the nuanced interplay between cultural practices and health outcomes within these populations.

Chhattisgarh stands as a state characterized by cultural richness, encompassing a diverse population where more than 43 percent belong to marginalized communities, namely Scheduled Tribes (ST) and Scheduled Castes (SC). The STs alone constitute 31.8 percent of the state's demographic makeup. Given this cultural diversity, there is a heightened responsibility for the tribal population to take a leading role in tribal health initiatives. The specific objective revolves around delivering integrated, high-quality primary healthcare services that exhibit enhanced coverage, accessibility, acceptability, and utilization. This is envisioned as a collaborative effort with active community participation, aligning with the broader goal of empowering tribal communities. Recognizing the significance of reproductive and child health, the Government of Chhattisgarh has strategically incorporated these components into the tribal health policy, underscoring a holistic approach to healthcare within the state.

Field of the study

Chhattisgarh, literally translated as "Thirty-six forts," holds its place as the 10th largest state in India, boasting a population of 25.5 million as of August 2015 (Chhattisgarh review). Positioned as the 16th most populated state in the nation, Chhattisgarh presents a diverse and dynamic landscape for exploration. The focus of the present study will be Katkona village, situated in the district of Korea, Chhattisgarh. According to the Census India 2011 report, Katkona Census Town houses a population of 4,552 individuals, with 2,385 males and...
2,167 females. Children in the age group of 0-6 constitute 12.72% of the total population. The Female Sex Ratio in Katkona stands at 909, contrasting with the state average of 991. Additionally, the Child Sex Ratio in Katkona is approximately 862, compared to the Chhattisgarh state average of 969. The literacy rate in Katkona city is notably high at 79.69%, surpassing the state average of 70.28%. The male literacy rate is recorded at 88.72%, while the female literacy rate is 69.83%. Katkona Census Town oversees the administration of 1,067 houses, providing essential amenities like water and sewerage. It holds the authority to construct roads within Census Town limits and levy taxes on properties under its jurisdiction.

In terms of location, Khadgawan village, under the jurisdiction of Khadganva Tehsil in Koriya district, is approximately 33 km away from the district headquarters of Khadganva. As per the Census 2011 information, the location code or village code of Khadgawan village is 431783. This gram panchayat has a total geographical area of 1198.82 hectares and a population of 3,381 people residing in about 718 houses. The village of Khadgawan hosts a diverse population, and its proximity to the town of Chirmiri, approximately 15 km away, adds to its significance. The tribal communities residing in Katkona village, including Gond, Pando, Baiga, and Oraon, contribute to the rich cultural tapestry of the region.

In the village, there exists a Community Health Centre; however, the tribal community's familiarity with its services is limited. A recent study conducted by the author revealed that only 40% of pregnant women sought antenatal care at the Health Centre. Prior to data collection, rapport was established with the community, ensuring a conducive environment for information exchange. The data collection process involved engaging with local knowledgeable elderly individuals, predominantly older women who actively participate in conducting deliveries. It is noteworthy that these individuals do not consider medical services as their primary vocation; they are primarily engaged in farming and homemaking. Despite not providing services free of charge, their medical assistance is grounded in ethical principles and a non-commercial nature. During interviews with these experienced women, information was gathered on the local names of plant parts used, the purpose of usage, and the method of administration. This approach not only sheds light on the community's reliance on traditional knowledge but also emphasizes the ethical and non-commercial nature of the medical services rendered by these older women in the village.

Traditional Knowledge in Tribals Community-

In the past, traditional medicines held sway among the tribal communities. However, with the advent of modern medicinal facilities, the efficacy of traditional medicine has experienced a decline. The available evidence presented in Table 1 and Table 2 suggests that traditional medicines continue to play a role in providing reproductive health care. This inclination toward traditional medicines in reproductive health care is rooted in enduring shared beliefs, as the community views pregnancy and related issues as natural phenomena. The current study identifies several plant species employed for addressing diverse reproductive health problems. According to the perspectives of the villagers, there is a discernible trend of transitioning from traditional medicine to the modern medical system. This shift is attributed to the perceived effectiveness, rapid action, and convenient accessibility of modern medicines. This paper underscores the significance of certain plants and plant products in the context of reproductive health, shedding light on both their usage and restrictions. The evolving landscape from traditional to modern medicinal practices is a noteworthy aspect highlighted in this research.
Table-1. Accepted items by tribal women’s for reproductive health-

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>items</th>
<th>Purpose of use</th>
<th>Mode of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>honey</td>
<td>Beneficial for initiating lactation</td>
<td>Applying it to the nipples just after the delivery</td>
</tr>
<tr>
<td>2</td>
<td>Water rice</td>
<td>Beneficial for uterine health</td>
<td>Consume it before bedtime</td>
</tr>
<tr>
<td>3</td>
<td>ginger</td>
<td>To regulate menstrual disorders</td>
<td>Either boil it with water or cooked with other vegetables</td>
</tr>
<tr>
<td>4</td>
<td>amla</td>
<td>To reduce vaginal discharge</td>
<td>Boil with water and drink frequently</td>
</tr>
<tr>
<td>5</td>
<td>Ash guard</td>
<td>To reduce white discharge</td>
<td>Boil with water and drink</td>
</tr>
<tr>
<td>6</td>
<td>Mahalaain roots</td>
<td>Irregular menses</td>
<td>Rub the roots and mix with water</td>
</tr>
<tr>
<td>7</td>
<td>Karmi roots</td>
<td>To reduce infertility</td>
<td>Mix all roots with water and drink once in a week</td>
</tr>
<tr>
<td>8</td>
<td>Aloevera</td>
<td>During delivery pain</td>
<td>Apply pulp on the legs</td>
</tr>
</tbody>
</table>

Table-2. Restricted items by tribal women’s for reproductive health-

<table>
<thead>
<tr>
<th>Sl.no</th>
<th>Items</th>
<th>Restricted period</th>
<th>Purpose for restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pumpkin</td>
<td>During breastfeeding and pregnancy</td>
<td>Causes less lactation and delivery will happen ahead of time</td>
</tr>
<tr>
<td>2</td>
<td>Newly harvested grains</td>
<td>During pregnancy</td>
<td>Causes miscarriage</td>
</tr>
<tr>
<td>3</td>
<td>Seasonal fruits before navakhaai</td>
<td>During pregnancy</td>
<td>Causes miscarriage</td>
</tr>
<tr>
<td>4</td>
<td>Banana flower</td>
<td>During menstruation</td>
<td>Causes less blood</td>
</tr>
<tr>
<td>5</td>
<td>Tamarind</td>
<td>During menstruation</td>
<td>Causes over flow of blood</td>
</tr>
<tr>
<td>6</td>
<td>Red meat</td>
<td>During menstruation</td>
<td>Itching vaginal</td>
</tr>
</tbody>
</table>

Walking over a cow's rope, particularly for a pregnant woman, is also considered taboo. They believe it could shorten the lifespan of both the mother and the child. Engaging in sexual intercourse with a menstruating woman is forbidden as it's believed to be harmful to the woman, and the man involved would be considered impure. Menstruating women entering crop fields is prohibited as their presence is believed to be detrimental to the crops., they have prohibition for to go religious places, no regular bath, not to look into the mirror, avoiding to go to the other houses/ markets, to sleep on the floor, do not touch men, after the use of menstrual clothes can be buried. Despite the ready availability of modern facilities, tribal women continue to adhere to indigenous practices during menstruation and pregnancy. Traditionally, they observe a three-month restriction on sexual activity following delivery. During childbirth, maintaining straight legs while sitting is a customary practice believed to expedite the healing process of the wounded area and ensure proper alignment for future well-being. Certain precautions are taken during pregnancy, such as avoiding the lifting of heavy objects in the early stages, while engaging in floor mopping later on, thought to facilitate an easier delivery. Cultural beliefs discourage pregnant women from attending funerals to prevent miscarriages. Additionally, there is a belief that during menstruation, girls should avoid mingling with boys or men to prevent potential womb-related illnesses. In the post-delivery period, a traditional practice involves the woman taking hot baths for about a week. Following the bath, a hot, boiled chicken soup is administered to expedite recovery. In the past, black hen was served, but contemporary practices often involve the use of a hen or cock. During delivery, women
are provided with boiled food devoid of any chili. These practices illustrate the rich tapestry of cultural beliefs and rituals that persist among tribal women, reflecting a blend of traditional wisdom and contemporary adaptations.

The observations indicate that tribal women utilize leaves, roots, stems, and seeds for medicinal preparations to address various reproductive health problems. Conversely, they also adhere to restrictions on certain plants and plant products to prevent the occurrence of reproductive health issues. While the information gathered from elders and experienced women may not align with modern medicinal practices, the efficacy of traditional remedies is asserted to be substantial among tribal women.

Despite various factors influencing healthcare practices, tribal women persist in the use of traditional medicines and indigenous methods, even though the prevalence of this knowledge is diminishing over time. The continued reliance on these traditional practices highlights the significance attributed to their efficacy within the tribal community, bridging the gap between traditional wisdom and modern medical advancements.

**Conclusion**

The reproductive health behavior among tribal women is intricately linked to their cultural traditions and value systems. The challenges such as poor health status during the childbearing period and low utilization of health services during prenatal and postnatal periods are predominantly attributed to high illiteracy, lack of awareness, and the overall low socio-economic condition within the Pando community. A significant proportion of reproductive health issues faced by tribal women is closely tied to the phases of pregnancy and delivery. Therefore, giving due attention and care during these crucial periods is a vital dimension. Conducting a more in-depth study is essential to unravel the underlying causes contributing to the reproductive health challenges faced by the tribal women’s community.

**References**