

INDIGENOUS HEALTH CARE PRACTICES FOR NEWBORN AMONG RURAL DALITS OF PUDUCHERRY IN ANTHROPOLOGICAL PERSPECTIVE

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INTRODUCTION

The Indian government has come up with schemes such as the National Rural Health Mission (NRHM) and the soon-to-be-launched National Urban Health Mission (NUHM) to address this dreadful situation. Both schemes give high priority to the issue of maternal and newborn health for marginalized communities, and seek to improve the availability of and access to quality health care for those at the lowest rung of the socio-economic ladder. Additionally, government programs such as the Janani Suraksha Yojana incentives delivery in hospitals by encouraging mothers to opt for institutional deliveries.

In spite of several child development programmes, for every seven minutes, a woman in India dies due to pregnancy-related complications. Over a million babies born in the country die within their first month of life. India has the unfortunate distinction of claiming more than a quarter of the total newborn deaths in the world. The majority of these deaths occur in rural areas where poverty and lack of knowledge about proper maternal and child health care are the real cause of these fatalities.

Children are the future of any nation. The neonatal period is the most important part in the life of a newborn for its survival and development. There are various traditional and cultural practices followed which affect the newborn. A family which mirrors values, traditions, customs and beliefs, i.e. culture of a society to which it belongs, plays an important role in physical, psychological, social development and health in children. Although they may vary from culture to culture, pregnancy, birth and child care related beliefs and practices appear in all communities and may play an important role in child health. Cultural and traditional practices, values and beliefs play an important role in the medical attention-seeking behavior of postpartum mothers as well as in newborn babies during the postnatal period. There are various traditional and cultural practices followed which affect the newborn. During the child illness or general health problems, the first line of treatment is the traditional healers. Only when his/her treatment does not work

then approach private doctors/health services provided. Newborn mortality is one of the world's neglected health areas. As most of births and deaths occur outside any established health care facility, reduction in neonatal mortality may depend significantly on interventions involving promotion or adaptation of traditional care behaviors practiced in the home. Feeding of colostrums, timing of initiation and duration of breastfeeding, umbilical cord care, and measures taken to prevent hypothermia of the newborn are important factors in health and survival during the neonatal period. A family, which mirrors values, traditions, customs and beliefs, i.e. culture of a society to which it belongs, plays an important completely physical, psychological and social development and health in children. Although they may vary from culture to culture, pregnancy, birth and child care related beliefs and practices appear in all communities and may play an important role in child health.

Every society has its own traditional beliefs and practices related to baby care. Beliefs in super natural power that is holy rituals, salvation offerings and sacrifices are applied at different stages of life from birth to death. There are many such practices, rituals, beliefs and offerings which either protect or harm the health of the baby. The study enabled the researchers to identify the cultural practices and beliefs on newborn care followed by the mothers.

A package of essential newborn care practices exists, which has a proven impact on reducing mortality, and can be implemented in low resource settings. However, childbirth and the neonatal period are culturally important times, during which there is a strong adherence to traditional practices. Successful implementation of the package therefore requires in-depth knowledge of the local context and tailored behavior change communication. Child health studies among rural dalit have been remained largely neglected. Only few studies tried to explain the socio-cultural practices associated to delivery care and utilization of MCH services. Nevertheless, most of these studies were focused either on the delivery care or on the utilization of Government health services pertaining to neglected child care/health.

Child health studies among rural dalit have been remained largely neglected. Only few tribal studies tried to explain the socio-cultural practices associated to delivery care and utilization of MCH services. For useful reviews of the literature on the anthropology of

reproduction including studies on the biomedicalization of childbirth, see Mani, 1981; McClain, 1982; Laderman Carol, 1983; Prasad and Kapoor,1990; Basu and Kshatriya, 1989; Brown and Sergent, 1990; Ginsburg and Rapp,1991; Devarapalli,1992; Pandey and Tiwari, 1993; 1995; Van Hollen, 1994; Pandey,1996; and Davis-Floyd and Sergent, 1999; Pragati, 2012;2013.

Keeping these points in mind an attempt is made in this paper to bring out the salient features of indigenous health care practices for newborn among rural dalits of puducherry in anthropological perspective.

Dalit Profile

The dalits are an important and one of the largest sections of groups in India. It is true with Puducherry Union Territory also. They are concentrated in the districts of Puducherry, Karaikal, Mahe, and Yanam. They are inhabited in almost all communes in Puducherry Union Territory. There are fifteen dalit groups are an important and one of the largest section of groups Puducherry Union Territory. This particular study is focused on four Scheduled Caste communities who would like to call themselves as dalits also i.e., Valluvar, Paraiyar, Thindavannar and Arundhathiyar. The researcher myself conducted ethnographic studies on each one of these communities in consequent years (1994, 1999).

The fieldwork was conducted from ethnographic perspectives. Primary data is collected through observations, informal interviews, case studies and by administering schedules to the key informants like pregnant women, lactating women, women having one or more children, old women and medicine-women. As this topic is on child health practices among rural dalit child health of Puducherry, which ultimately covers issues on delivery customs, and practices for which the researcher needed a good rapport with young pregnant women, lactating mothers and old women. Therefore, before attempting to obtain data on the specific topic, they were engaged for a long time in enquiring about their welfare and health problems etc.

This particular study is focused on four Scheduled Caste communities. Therefore, Scheduled Castes dominated villages were selected for the study. The fieldwork was conducted in four villages, namely Karikalampakkam, Thavalakuppam, and Abhishegapakkam of Puducherry

district and Sornavur in Tamil Nadu. The four villages selected for the study are located are located within Puducherry at a distance of about 10Kms and 17Kms. Karikalampakkam village is on the main road near to Madagadipet, where as Sornavur village is in interior area of Puducherry and it belongs to Tamil Nadu; Thavalakuppam is on the Puducherry to Cuddalore main road. Abhishegapakkam is in between Thavalakuppam and Karikalampakkam villages. A gravel road connects these villages. In each of these villages, Anganwadi and Primary Health Centre are there.

Place of Delivery and Mode of Delivery

Deliveries in hospital and home are in equal number. Still the women prefer the home deliveries and it is attended by *maruttuvacci*. Ram mentioned that the rural Tamilian women are more likely to seek the aid of midwives (known as *maruttuvacci*), and have home-births (1994:23). The women prefer home-birth because they allow emotional support from other women and because hospital staff can be abusive to women especially with regard to childbirth pain (*Ibid*: 24). When the real labour pains start, the expectant woman (*piracava pen*) is taken to the corner of the main room. In order to elude pollution associated with childbirth, kitchen (*samayal aria*) and *puja* room (*puucaai aria*) are avoided for this purpose. If the family has one room, the expectant mother is secluded in a corner of the room and a cloth curtain is put up to separate her from the rest of the house. In the place where the delivery takes place, is spread with a thick layer of sand on the floor. Then the expectant woman lies on a mat spread on the sand. The other married woman of her family and Traditional Birth Attendant (*maruttuvacci*) assist in massaging her abdomen in order to make the delivery easy. East is considered the direction of life because the sun rises from that direction and is considered as an auspicious direction by the villagers of Puducherry. Therefore, delivery is performed facing towards the eastern direction. When the child is about to be delivered, the expectant woman is seated on the ground and two or three married women support her when she cries of her labour pains and stretches her legs on either side. They hold her in the right position and do not allow her to move, so that the baby may be delivered without any harm.

The postpartum period is recognized as a special time in many societies and is associated with special rituals and customs in many cultures (Manderson, 1981; Lundberg, 2011). People held a

common belief that women and infants were vulnerable during the postpartum period (Piperata, 2008: 1094). Pragati also mentioned the various practices carried among rural dalit of Puducherry for cord cutting (2009, 2013:86). Therefore, before cutting umbilical cord (*toppul koti*) the baby is laid on the floor or on sac or cloth. It is cautioned that only when the baby has recovered her vital breath then the Traditional Birth Attendant (*maruttuvacci*) leaving a space of eight fingers from the root of the navel, and at that point, the umbilical cord (*toppul koti*) is cut. Because the placenta (*nanji koti*) contains the life as well as power of the newborn and is an essential part of child till / he / she transits to extra-uterine life through breathing. For this reason, the placenta (*nanji koti*) is cut after few minutes of baby's birth. Traditional Birth Attendant (*maruttuvacci*) uses a knife (*katti*) or a sickle (*aruva*) or a blade to cut the umbilical cord (*toppul koti*). The umbilical cord (*toppul koti*) is cut and tied with a piece of a thread or lamp wick. This string is tied to curtail bleeding from the umbilical cord (*toppul koti*).

Daily Dressing of the *toppul koti* (umbilical cord)

Pragati said that the Traditional Birth Attendant (*maruttuvacci*) or any old woman does the daily dressing of the umbilical cord (*toppul koti*) during first few days after birth. They used to take a little warm coconut oil in hand and gently press it on the cord close to the umbilicus, which is believed to help in early drying. Materials ranging from harmful (fatal) to harmless are applied by Traditional Birth Attendant (*maruttuvacci*) for dressing of the cord. This consisted of ashes of tobacco cigar (*curuttu*) /talcum powder/ any medicated powder/ointment and others. Shedding of the umbilical cord (*toppul koti*) is called *toppul koti ularatu* (2012).

Giving Bath to Newborn

On the first day a few hours after few hours of delivery, the newborn is given lukewarm water bath. The rural dalit women of Puducherry believe that warm water induces growth where as cold water may lead to fever (*joram*) or even to death of the infant. Traditional Birth Attendant (*maruttuvacci*) hold newborn baby's feet, shook and tossed the baby in air, blew in baby's ears and sucked out the contents of his nose and mouth.

Bathing the newborn is considered a specialized skill, and often a Traditional Birth Attendant (*maruttuvacci*) is summoned. The Traditional Birth Attendant (*maruttuvacci*) apply warm oil to

the baby's body and hair, and then pour small amounts of oil into the baby's ears and sometimes into eyes and nose in order to prevent the body from getting too "dry". The baby would then be vigorously massaged before the oil is rinsed off with hot water. Some of them use soap and some use herbal bath powder to wash the baby. Infant is put in a sleeping position on the thigh; neck is always supported during bath. To wash infant's mouth Traditional Birth Attendant (*maruttuvacci*) put water in the infant's mouth and sucks it out through her mouth. Finally, the pot containing water, the mother quickly makes three circular movements around the body of the baby before throwing away the water contained in the pot. This practice is believed to cast away the evil eye and is apparently of magico-religious origin. Water, symbolizing sacred water, is thus requested to keep watch over the child.

Giving Baby Medicine (*pillai maruntu*) to Newborn

The procedure of bathing the baby would not be complete without the child swallowing an herbal mixture, which is believed to protect it from the small ailments common to this age group: chills, cough, worms, dysentery, and stomachache. Numerous decoctions prepared for infants are composed of medicinal plants: malabar nut, *Adhatoda justicia*, (*adatodai*), garlic, *Allium sativum*, (*vellai pundu*), betel, *Pepper betle*, (*vetrilai*), the fragrant root of the sweet flag, *Acorus calamus*, (*vasambu*), chebulic myrobalan, *Tarminalia Chebula* (*kadukkai*), dried rhizome ginger, *Zingiber officinale* (*suku*), and so on. The ingredients are chosen for their cooling or stimulating properties. After the bath the Traditional Birth Attendant (*maruttuvacci*) often would give the baby its first taste of baby medicine (*pillai maruntu*), which she had prepared herself and which she would give with each subsequent oil bath. This medicine is given to ensure that the baby would have regular bowel movements for each subsequent oil bath.

After the bath, the baby's scalp and body are dried and perfumed with Indian frank incense (*caampiraani*) smoke. The fire and fumigation had the power to drive away evil spirits such as the various kinds of demons, or even to ward off misfortunes, disease, and the consequence of sin. They would dab black marks made by thick black paste known as *mai* on key points of the baby's body. This is also known as *mai pottu*. The latter is a special mark intended to protect the baby from being afflicted by the evil eye (*drishti*) and evil spirits (*peey picaasu*).

When all these procedures are over, the child is dressed and decked with ornaments. They put plastic black bangles to both hands, and evil eye cotton threads (*kanaaru kayiru*), around the left wrist and right leg of the babies. This is put to ward off evil eye (*drishti*). They also put waist thread (*araignaan kayiru*), a black string made of cotton thread tied to the waist. These black ornaments, it is believed to protect the child from the evil eye (*drishti*) and astrological danger (*dosham*). Since black is considered an unattractive colour, it is believed to repel any hostile glance.

It is also common to hang various trinkets from the cotton string around the baby's waist, including amulet (*taayittu*) to which is attributed a preventive power. A little silver may be filled with a fragment of the umbilical cord (*toppul koti*) is also tied. The latter is another sign of the everlasting, nature of the protective bond uniting mother and child.

Infant Feeding Practices

During the first three days of the newborn's life, whether it is born in the hospital or at home, the pre-lacteal foods such as sugar water or honey are given. The first food is given between 4 and 12 hours after birth. They continue giving sugar water or honey for three days to stop the neonate from crying. The newborn is given only sugar water or honey in order to clear its throat or phlegm and to get rid of the "rubbish" and water in its stomach. By offering the infant its first food of sweetened water, the moral character of giver is impressed for life upon the neonate. The importance of the child's patrilineal relatives is initiated clearly brought out in the ceremony. The child's paternal aunt, the paternal grandmother, or Father's elder Brother's Wife initiates feeding. This is known as *sevaennai* or *seeni thaneer* (sugar water). This signifies that the baby's life on earth will be as sweet as the honey it first tastes. Through this rite, the child may imbibe the behavioral characteristics of the respective person.

Immediately following delivery, many rural dalit women of Puducherry do not put the baby to the breast to drink colostrums (*ciimpaal*). They have the fear that the colostrums (*ciimpaal*) cause diarrhoea and nausea for the baby. A few women also said that because the colostrums (*ciimpaal*) are thick, it is too hard for the baby to suck and digest. Furthermore, some believed

that colostrums (*ciimpaal*) derived from menstrual blood which ceases at conception and which has been stagnated during pregnancy. Hence, it is considered as polluting substance.

The infant is a tender shoot; hence, it is nourished by mother's milk (*taaypaal*) and is highly sensitive to fluctuations in the content of the milk. From the third day onwards the child feeds on its mother's milk (*taaypaal*) and continues to do so till the child is one and sometimes until the child is one and half years old and occasionally until they are 2-3 years old; the limiting factor is usually the timing of the next pregnancy.

There are many food taboos after delivery, the newly delivered woman (*pracavam annai pen*) is not supposed to eat rice for three days, pulses for one month, tubers and non-vegetarian diet for two or three months except dry fish and chicken. In order to avoid the mother and infant from the cold, they feed the newly delivered woman on a hot liquid, particularly delivery medicine (*kuliselavu*). Most of these ingredients used in delivery medicine (*kuliselavu*) are considered to have the quality of producing heat or warmth in the body. They use lots of garlic, *Allium sativum* (*vellai pundu*), and cumin, *Cuminum cyminum* (*ceergam*) in the sausages preparations to enhance the mother's milk (*taaypaal*).

Breast-feeding is done on demand. Until about seven to eight months, the mother's milk (*taaypaal*) is the only food the child has. At that stage, it may be given an occasional biscuit, or a little bread dipped in milk or more often coffee or tea. When the breast milk is inadequate or completely not available then the provision of substitute milk is presented. Other substitute milk used is cow's milk or goat's milk or milk powder. Fruits, vegetables, and rice are not given to the child until he is a year old or as it is put, 'till he walks'. He cannot digest rice and vegetables and fruit is likely to give him a cold. Fish and meat are also forbidden until the child is nearing two years. The child cannot digest all these foods.

They give rice gruel (*kanji*) as supplementary food. They also use other supplementary foods such as rice with *dhal* or *rasam*, *idly* with milk and biscuits are dipped either in water/milk/tea/coffee and fed to infants. The well-to-do families will give diluted tinned formula

foods such as, (Glaxco and Amul), Ceralac and Farex, a tinned baby cereal. The general health of the infants showed that they were very weak, thin and fragile.

The supplementary feeding started after one or two years which is quite late. Children are not weaned systematically, but start taking solid food (usually boiled rice) before the age of one. When the mothers find it difficult to wean a child, they resort to various methods such as applying of bitter substances like the paste of margoosa leaves, *Melia azadirachta indica* leaves (*veepa eelaikal*) to the breast and offering of various foods. Properly blossomed jasmine flowers, *Jasminum officinale* (*malligai puukal*) are spread evenly on the breasts of lactating woman and tied tightly with a cloth to stop the free flow of milk and it cures the swelling in the breast region. Van Hollen also mentioned about it, that, the jasmine flowers inhibit the flow of breast milk; hence, women are refrained from adorning their hair with jasmine flowers while breast-feeding (2003: 175). In order to stop the free flow of milk lactating woman tie 30 jasmine flowers on the breast.

Health Problems of Newborn

Most of the rural dalit s usually believe that the illness (suffering) is caused on account of the wrath of the Gods or Goddesses, spirit intrusion, sorcery, casting of evil eye or breach of any socio-cultural taboo. A child's risk of dying is highest in the first month of life, where safe childbirth and effective neonatal care are essential. Once children have reached one month of age and until the age of five, the main cause for loss of life are pneumonia, diarrhea, malaria and measles. Malnutrition also contributes to more than one third of all child deaths. Other than, these diseases, many of the deaths were thought to be caused by fever, astrological danger (*dosham*), and goddess (*ammai*) or evil spirits (*peey-picaasu*). It is interesting that, except for fever, these are just the diseases for which allopathic treatment is least sought. They also suffer with fever (*joram*), diarrhoea (*beedi*) and respiratory disorders (*muuichi ciiriimai*). The major diseases noticed among children are air borne diseases like whooping cough (*kakauvai*), fever (*joram*), cold and cough (*cali, irumbal*), etc. These were followed by water born diseases like diarrhoea (*beedi*), jaundice (*manjal kamalai*), cholera (*kaalaraa*), typhoid (*taipaaytu*) and measles (*tatta ammai*). Malnourished children were more likely to suffer from pneumonia (*nurairal veekam*), and whooping cough (*kakauvai*), compared with healthy children.

The most common chicken pox (*cinna ammai*) is not a serious disease. There are several categories of pox illnesses (*amma noikal*). Chicken pox (*cinna ammai*) and measles (*tatta ammai*) are common and rather harmless children's diseases. The rural *dalit* children of Puducherry are mostly infected with diseases such as coriander seeds pox (*kothamali ammai*), mumps (*thonda ammai*), and measles (*tatta ammai*). Mumps (*thonda ammai*) is an infectious disease caused by a virus. It occurs frequently in an epidemic form in summer, and mostly affects children. Measles (*tatta ammai*) is an acute, infectious disease, which strikes mostly children. Another most common disease is *ammai noi* (chicken pox) among Puducherry rural *dalit* children are *neem* flower pox (*veepam puvu ammai*), coriander seeds pox (*kothamalli ammai*), mumps (*thonda ammai*), and measles (*tatta ammai*). These diseases constitute a special category, as all of them are supposed to be caused by the wrath of goddess *Mariyamman*. Generally, to protect the *ammai noi* (pox illness) house from the pollution *veepa eelaikal* (*margoosa* leaves, *Melia azadirachta indica*) are hanging up in the threshold of the house. Therefore, no material medicine is efficacious to check them. Turmeric (*manjal*) and fresh *margoosa* leaves, *Melia azadirachta indica* (*veepa eelaikal*) are grounded to the paste and applied all over the body of patient for seven days. On seventh day, after applying the paste of *Melia azadirachta indica* (*veepa eelaikal*) and turmeric (*manjal*) all over the body, cold-water bath is given to the patient. Likewise, three baths are given to the patient, and then the disease will be cured after giving.

Maantam is a local, non-allopathic term that usually refers to a kind of diarrhoea, which is thought to be unique to children from birth until age three. Zygomatic disease in children (*maantam*) means 'indigestion problem in children'. *Maantam* is a type of diarrhoea in babies and small children thought to be due to lactating mother eating certain forbidden foods, which harm the baby through the mother's milk. Children infected with *maantam*, will not have proper digestive capacity of food, bloated body, whitish face, do not drink mother's milk, frequent vomits, do not feel hungry, and diarrhoea with water motion. There are three types of *maantam noi*, such as *maanga maantam*, *muku maantam* and *puvu maantam*.

In the traditional society, weaning is commonly abrupt and unplanned. Often it is brought about by the occurrence of another pregnancy to the mother. In many communities, there are superstitions and beliefs concentrating the effects of another pregnancy on the quality of the breast milk. It is believed that the womb heat from the 'poisons' the milk in the breast. It is also that the baby in the womb is jealous of the older sibling on the breast. It is considered urgency that the child should be taken off from the breast immediately. In the ensuing hurry, there is hardly any time for the gradual introduction of solid to allow the child to get used to them. Instead, the breast is denied to him. This practice of separating the mother from the child is yet another way of effecting abrupt weaning. This abrupt weaning and separation of the child from the mother leads to the illness known as *savallum noojanum/savallai pullai*. This disease in children i.e., *savallai pullai* illness comes closest to term kwashiorkor/marasmus illnesses. *Savallai pullai* is not a nutritional problem caused by lack of protein. The child's face, hands and feet were swollen (oedema), potbelly and he was having great difficulty breathing. The heat can cause the child to have a fever and diarrhoea.

Excessive crying was traditionally treated by a procedure called '*uram edikaradhu*' relief using the technique of rolling the baby in a long cloth and turning the baby upside down and finally shaking it. *Uram* in Tamil is infantile sprain; it is a kind of sprain among infants, during that time infant continuously keep crying for long time. Then the infantile sprain is removed by body massage / by rolling in bed sheet or dhotis. The removing of infantile spasm is known as *edikaradhu*. Usually it begins in between third month to first year of the infant life. If it happens to adults, then it is said as sprain (*suluku*).

When the child is affected with astrological dangers (*doshams*) then the child will have green stools, then they say it is because of evil touching, saliva touching, body touching, evil air, touching of bird shadow, are the causation for this disease. Usually the child is infected with this disease in between third month to one year. There are eight types of astrological dangers (*doshams*) such as *pacchi dosham*, *paravai dosham*, *puvu dosham*, *echil dosham*, *pen dosham*, *aan dosham*, *kanni dosham*, and *mudda dosham*.

Traditional Practices

The types of medical care that they practiced are traditional medicines self-medication, herbal medicines and lastly Allopathic. In addition, parents arranged magic of the witches or sorcerers whenever their infants and children fell ill. The rural dalit women for ordinary health problems, at first they try to treat with home remedies by consulting the Traditional Birth Attendant (*maruttuvacci*) or any old women in the family or from neighborhoods. Traditional Birth Attendant (*maruttuvacci*) apart from managing deliveries, they could address diverse health problems of the children. She expertly treats a wide range of pediatric problems pertaining to child's growth, cold, cough, fever, improving digestion etc. They use many locally available herbs for above said health problems of children. Most of Traditional Birth Attendants (*maruttuvaccikal*) is storehouse of traditional wisdom. Most of the medicines are accompanied with certain diet restrictions. Their medicine chest comprises of herbs, roots, tubers, barks, leaves, etc. If not cured with the home remedies, then the indigenous medicine man (*maruttuvar*) is consulted for further treatment. Indigenous medicine man (*maruttuvar*) is believed and considered to be efficient indigenous medicine man. The rural dalit women said that they consult indigenous medicine man (*maruttuvar*) for treatment of certain diseases. It is observed that the numbers of indigenous medicine man (*maruttuvar*) are gradually decreasing but people's belief on their traditional ethno medicine is as strong even today as it happened to be in olden days.

For both evil eye (*drishti*) and astrological danger (*dosham*), they take infants to Muslim mosque. The Bai is a Muslim priest in the *Darga / Masudhi* (Mosque) and he acts as a healer. He recites some incantation (*mantram*) by waving with peacock feathers over the face of the baby and ties a knotted string or talisman (*sivappu mantriicha kayiru* or *maasudi kayiru* or *mudi kayiru*) to the baby's hand.

To ward-off the effects of the evil eye (*dirshiti*), the rural dalit women of Puducherry district tie a string containing part of black (*karuppu*)/red (*sivappu*) threads (*kayiru*) on the wrist of the child. This is known as *mantriicha kayiru*. Generally these mystifying power threads are got from the Muslim *Bai* (Muslim Priest). He recites some incantation (*mantram*) by waving with peacock feathers over the face of the baby and ties a knotted string or talisman (*sivappu mantriicha kayiru* or *maasudi kayiru* or *mudi kayiru* or *taayittu*) to the baby's hand

as a preventive measure. The black and red colour is believed to absorb / neutralize / ward off the effect of evil eye (*dirshiti*). Among the Mavichis a black thread (mangadhya) is tied around the neck of the child for such type of health problems of the children. (Tribhuvan and others, 1992). In some cases wearing a talisman is thought to be powerful enough to protect a child.

They also bring enchanted water (*mantriicha thani*) from the *Dargaah /Masudhi (Mosque)*. This enchanted water (*mantriicha thani*) is used to wash the face and is given to drink to the baby. Then they take the sick child to the Hindu Gods/Goddesses temples, worship and do specialpuja (*puccai*) in the name of sick child.

Some salt and dried chilies are held in one's hand , and then circled 3-3 clock-wise and anti clock-wise times over the effected mother/ infant or their food. They are thrown into fire. The malefic influence will be confirmed when a red chilies or a handful of rock salt thrown in a fire crackles. This ritual action is believed to reduce the evil eye (*dirshiti*) harmful effect on the effected person. The patient usually gets relaxed after ritual. The evil eye (*dirshiti*) is mildly feared and is generally avoided. It is warded off by secluding the parturient mother, the infant and their food from unnecessary exposure to outside people. Therefore, the mother eats her food in privacy, or only in the presence of a few trusted persons. To ward off evil eye (*dirshiti*) a ritualistic gesture is made by the concerned persons.

Mostly magical medicine is effective in the treatment of these diseases. An able Shaman (*mantravaati*) can diagnose the cause of such diseases and ward off the evil spirit from the patient through some magical rites. After warding off ceremony the Shaman (*mantravaati*) will usually give the patient some amulets or talisman to wear on the body. This is a prophylactic measure to prevent attacks that may occur in future. In some others, more complicated rites will be deemed necessary and advice will be sought from a specialist Shaman (*mantravaati*) whose status falls somewhere that of the Shamanism (*mantravatum*) and the temple priest. Naturally, as medical science and hygiene develop the realm of superstition decreases. Nevertheless, in Tamil villages, it is still possible to observe the co-existence of both systems of thought: a child will be vaccinated against disease but at the same time, will also wear a

talisman (*taayittu*). Usually they put talisman (*taayittu*) to the upper arm or on the neck as to preventive and protective measures from evil eye (*dirшти*) or sorcery (*ceyvinai*). Some apparently unreasonable customs are still alive today with their magical origins.

During the child illness or general health problems, the first line of treatment is the traditional healers. Only when his/her treatment does not work then approach private doctors / health services provided. Primary Health Centre and Government Hospitals seemed to be alien to rural people in general and in particular to dalit women, as they did not feel at ease. Though the OPD facilities are utilized wherever available, the indoor treatment has not been well accepted.

Anganwadi (a day care centre) also takes care of pregnant women and children by giving them milk, egg, nutritious meals (*cattu unavu*) and dried nutritious flour (*cattu mavu*) etc. They also teach the pregnant women how to take care of their children and how to keep their house and environment in hygienic conditions.

Conclusion

The child health care practices among the rural dalit women of Puducherry district in relation to their ways of life and vice-versa revealed various dimensions of their health and socio-cultural life. Birth of baby is always a happy occasion and both home and medical remedies are used to keep a good health of the mother and the baby. It was revealed that notwithstanding of available medical treatment, they believe on herbal medicines and seek help from indigenous medicine man and medicine woman for easy delivery, illness etc. They visit the Primary Health Centre or health workers when either the cause of the disease is not understood/or there is no relief from their own medical system. Whenever they faced any health problem at first they go to their local man or women such as *vaitiyar*, *maruttuvacci*, and *mantravaati*, who treat them with traditional methods or medicines. Because the medicine man/woman resides somewhere nearby in the same locality, it becomes easier for the villagers to approach them; this saves them of the travel cost. The medicine man/woman prepares a variety of mixtures, oils or ointments out of various forest plants or their roots collected from the neighbouring forest which are used for treatment of pregnant women and other diseases. At the time of child delivery also, the same oil is used for

massaging the women. The villagers have more faith in these medical measures than the modern medical care simply because they have been depending upon the local medicine, the man and his traditional system of treatment over the ages.

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