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## SOCIO-CULTURAL BELIEFS AND TRADITIONAL PRACTICES OF SAHARIYA TRIBES

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### INTRODUCTION

All the tribal groups have traditional ideas about which meals are hazardous and which foods are good for women during pregnancy. There are also differing viewpoints on the ideal amount of food to consume during pregnancy in order to have a healthy reproductive result. They may or may not correlate to contemporary biological concepts about the types and amount of food that pregnant women require to promote appropriate maternal nutrition, good foetal growth, and a safe birth for the baby. According to a number of studies, the food consumed by a substantial proportion of pregnant women in India is inadequate in caloric content, protein, and other nutrients, and this is a significant contributor to mother and infant mortality. Sahariya Tribal pregnant women in India are reported to have poor nutritional status for a variety of reasons, including (i) pervasive poverty, (ii) discrimination against women and female children in family food distribution and health-care delivery, and (iii) a lack or poor quality of antenatal care.



The question of if these beliefs and practices regarding food during pregnancy are significant, additional reasons for the low nutritional status of tribal pregnant women and the undesirable reproductive outcomes in India are important issues that have received little attention from academics. Several studies conducted by anthropologists and nutritionists on the various aspects of pregnant women's food beliefs and practices in Indian communities, but the majority of these have been limited by narrow disciplinary perspectives. They have not been discussed the possible effects of specific beliefs on dietary behaviour, maternal nutrition, and pregnancy outcome. The purpose of this chapter is to compile material related to the aforementioned topic from literature in an attempt to answer these questions among the Sahariya tribe, as well as in many other tribal groups; and the belief in "eating down" the belief that pregnant women should eat less than they did before pregnancy or should not increase their diet during pregnancy, primarily to limit baby size and avoid a difficult delivery has been documented (**Brems and Berg 1989**). If this belief has a significantly negative impact on reproductive outcomes in Rajasthan, what should and can be done to address it, is a critical question in the planning and delivery of nutrition and health services that are nutritionally, obstetrically, and culturally appropriate for pregnant women. When comparing the tribal community with the general population of Rajasthan, the rate of poor birth outcomes such as low birth weight infants and infant mortality are greater among the tribal population. As a result, it is necessary to understand the influence of

traditional beliefs and practices during pregnancy, labour, and postnatal care, as well as the patterns of utilisation of health services in order to assist policymakers in improving the implementation of MCH programmes in the country.

### Beliefs and Attitudes during Antenatal Period among the Sahariya Tribe

ANC services were not used by women in a qualitative research conducted among 600 Sahariya women in Kishanganj and Shahbad blocks, which indicated that women did not use the services. They did not believe that they needed to visit the primary health centre (PHC) on a frequent basis if they were not experiencing any issues or complications. However, they also provided reasons such as a reduction in household work as well as wage earnings, financial constraints, being unaware of the service, not having an accompanying person, not having access to transportation, adhering to tradition, and being concerned about receiving inappropriate advice from health workers. Again iron and folic acid tablets are not consumed as it is believed that iron tablets increased the weight of the foetus, making natural birth more difficult. Some believe that these tablets contain heat which might cause the baby to abort during pregnancy. Due to concerns that their touch may cause a stillbirth or abortion, Integrated Child Development Services professionals, also known as auxiliary nurse and midwives (ANMs), were not permitted to do belly inspections. The midwife was the only one who was permitted to do the abdominal examination. A similar misconception prevailed regarding tetanus toxoid (TT) injection as well.

Women underfed themselves throughout pregnancy in order to have a tiny baby and have a simple birth; and as a result, experience fewer problems during labour. Pregnant women of the Sahariya tribe were forbidden from eating certain foods that were believed to generate heat and, as a result, damage the foetus.

### Distribution of Prenatal Traditional Practices and Beliefs among Sahariya Tribe of Rajasthan, 2019

	Traditional practices and beliefs	n	%
A	Protection from the evil eye		
1	Nothing	118	19.7
2	Carrying barley, lentils	396	66.0
3	Wearing an amulet	259	43.2
4	Prayer	280	46.7
B	Gender assignment		
1	Nothing	76	12.7
2	Pointed belly predicts a male child, and round belly, female	159	26.5
3	Eating sweets leads to a male child, and sour foods, female	298	49.7
4	If her belly becomes very large, the child will be male, if hips, female	365	60.8
5	If the fetus moves to the left, the child will be male, to the right, female	452	75.3
C	For a pretty and intelligent baby		
1	Nothing	165	27.5
2	Look at the moon	136	22.7
3	Bury the umbilical cord in a temple	85	14.2
4	Eat dried fruits	126	21.0

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5	Be calm during the pregnancy	66	11.0
D	Things to avoid during pregnancy		
1	Do not look at some animals (Snake, Monkey, etc.)	321	53.5
2	Do not cut your hair	187	31.2
3	Do not attend a funeral	350	58.3
4	Do not eat something in secret	124	20.7
5	Avoid some foods	456	76.0

Source: Primary Survey, Baran District, Rajasthan (2019)

**Distribution of Prenatal Traditional Practices and Beliefs among Sahariya Tribe of Rajasthan, 2019**



Source: Primary Survey, Baran District, Rajasthan (2019)

Papaya, Banana, Gud, Til, and Masur dal were among the ingredients. In tribal culture, difficulties during pregnancy and delivery were thought to be caused by the influence of wicked demons who lived in forests and rivers, or they were thought to be caused by prior wrongdoings. Metallic clothing, hooks, chilies, lemons, and other such items were commonly employed to ward off bad spirits from pregnancies. According to a qualitative research performed among traditional birth attendants (TBAs) in the rural region of Baran district, ANC registration, iron and folic acid (IFA) distribution, and TT vaccination were all unpopular among the participants. They were not aware of the warning signals that may occur during pregnancy.

**Beliefs and Attitudes during Delivery Period/ Natal Period among the Sahariya Tribe.**

Due to their trust in them, TBAs/Dai perform the majority of deliveries at their homes. The reasons for home birth were stated to be economic reasons; a lack of transportation, hospitals far away, and a wish to bury the placenta inside the household boundaries which symbolized the newborn's survival and tie to the house and family.

If a woman was in lengthy labour among Rajasthan's Sahariya tribal regions, TBA would place a root of Rui beneath her neck to speed up the birth process or unravel a tangled thread in front of the lady's eyes. She is occasionally given water to drink in which a gun-bared or a thunderbolt had been washed. Each of these thought to have the ability of direct and strong expulsion which would be passed to the woman and would allow a smooth delivery.

**Distribution of Traditional Practices Related to Delivery and the Postnatal Period**

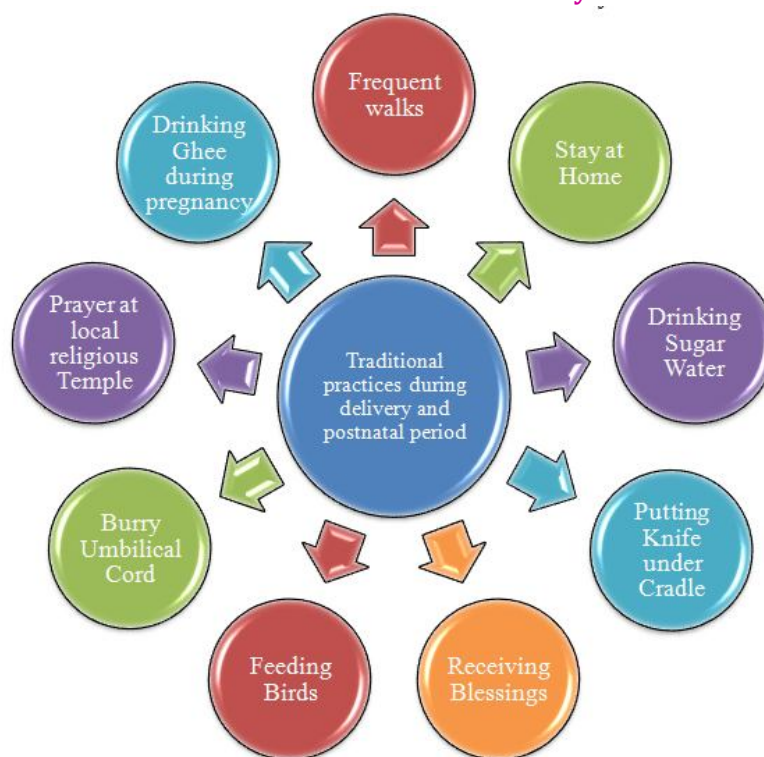
S.No	Traditional Practices and Beliefs	n	%
A	Traditional Practices for Easy Birth		
1	Prayer	364	60.7
2	Drinking water from the hand of a woman who experienced an easy delivery	135	22.5
3	Receiving the blessing of a woman who experienced an easy delivery	205	34.2
4	The pregnant woman feeding the birds from her skirt	38	6.3
5	Taking frequent walks during the pregnancy	423	70.5
6	Drinking Ghee	267	44.5
B	Protection from Evil Spirits		
1	Nothing	58	9.7
2	Placing onions, garlic by the bed of the new mother	248	41.3
3	Not leaving the new mother alone	326	54.3
4	Putting a knife under the cradle	472	78.7
5	Not leaving the baby's clothes outside at night	221	36.8
6	Stay at home for a month after the birth	364	60.7

Source: Primary Survey, Baran District, Rajasthan (2019)

**Cleanliness and Hygiene Practices during Delivery**

Typically, the child's umbilical cord is severed using a sharp tool or unsterile blade. The umbilical cord is buried in the rear courtyard of the houses to protect it from wild animals, birds, and humans, as well as to safeguard the device from witchcraft that can cause harm to the child. TBAs in Baran district reported safe delivery practices, such as using clean bed sheets, a new blade for cutting the cord, washing hands with soap, and utilizing a separate room for delivery. Another research done in Kishanganj block(urban) revealed that newborns were wrapped in newspapers after birth and had their skin massaged to remove vernix. The umbilical cord was treated with bidi ash often known as kumkum. They believe that applying oil on the cord stump would prevent it from drying up too quickly and would allow air to flow in to the stomach.

Figure: Distribution of Traditional Practices Related to Delivery and the Postnatal Period



Source: Primary Survey, Baran District, Rajasthan (2019)

### Maintenance of Warmth for the Newborn

According to TBAs, delivery attendants mostly dry the infants and the newborn is bathed three times a day. Another research found that newborns were washed shortly after birth. According to a qualitative study which was conducted among tribal women, Anganwadi workers, Dais, and ANMs from two tribal villages in Shahbad, newborns were wrapped in cotton cloth and both the baby and mother were kept near a fireplace or dry cow-dung cakes were burned in a container and kept under the mother's cot to maintain temperature. From day two onwards, the infant received oil massage twice a day.

### Beliefs and Attitudes towards Breast Feeding

In the Sahariya tribe among Baran area, babies are not nursed for the first three days. A clinic-based cross-sectional research of tribal mothers in Shahbad CHC in 2019 revealed that none of the women began nursing within 2 hours.

### Distribution of traditional practices related to newborns

S.No	Traditional practices	n	%
1	The umbilical cord		
2	Bury it in a school garden that the child be educated	68	11.3
3	Bury it in a temple courtyard that the child be religious	130	21.7
4	Keep it at home that the child stay close by	384	64
5	Before breastfeeding		

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6	Feeding the baby sugared water	354	59
7	Rubbing honey or sugar on the baby's mouth	260	43.3
	Other		
1	The new mother should not drink water	487	81.2
2	Wrapping the baby in a yellow blanket to protect it from jaundice	260	43.3
3	Drinking a special drink for new mothers	88	14.7

Source: Primary Survey, Baran District, Rajasthan (2019)

Cow milk and ghee are provided by mothers as pre-lacteal feedings. Nursing begins soon after the newborn is washed, according to TBA. Colostrum feeding was practiced, and it is claimed that after the birth of a male child, women were instructed to eat only half of their appetite for three days in order to secrete more colostrum.

Moreover, most mothers believe that male newborns have a harder time digesting colostrum than female infants. Babies are solely breastfed and received no pre-lacteal feed until they are five months old. Breastfeeding is also seen to begin within 1-2 hours after birth or after washing and bathing the infant. The mother's post-delivery diet consists of solely plain rice for five days. They begin working in the fields within five days after birth.

According to tribal beliefs, colostrum milk was not provided to newborns in the tribal villages in rural regions, particularly among illiterate mothers. They think that when a woman does not menstruate during pregnancy, this "spoiled blood" combines with breast milk and thickens it, and this colostrum milk clings to the infant's intestines and causes indigestion, stomach discomfort, and diarrhea. Instead of colostrum, the infant is fed sugar water, jaggery water, or honey. Furthermore, tribal women think that breastfeeding mothers should avoid eating "cold foods" since it causes their blood and breast milk to become chilly, resulting in coughing and coldness in the infant.

A similar notion prevails surrounding the mother's ingestion of very hot meals. The spice is said to have passed from the mother's blood to breast milk and then into the child's stomach, producing diarrhea or dysentery. Breast feeding is often continued until the birth of the next child. According to the mothers, when children begin to sit, they are given rice and oatmeal. Women are generally permitted to recover at home for 15 days after giving birth, following which the majority of them return to work.

## DISCUSSIONS

The current study has examined delivery related practices among the Sahariya tribes of Rajasthan. There have been few studies that clearly detail traditional birth practices of Rajasthani tribes. It has been observed that tribal communities have a high prevalence of cultural practices that influence their use of MCH services. Traditional beliefs, such as touching by health workers causing stillbirths or abortions, contributed to the low rate of ANC utilisation. IFA pills increase the weight of the foetus, which may make birth more difficult, is the general consensus.

The majority of Sahariya tribal women chose TBAs for home delivery. This was due to the strong belief in Dai and the practise of rituals such as burying the placenta near the house to ensure the newborn's survival, burying the umbilical cord in the house to strengthen the child's affection to the community and family, and protecting the infant from wild animals, birds, humans, and witchcraft. Similar discoveries have been made among the Sahariya tribes of the study regions (Baran's Kishanganj and Shahbad blocks). The majority of newborns were not nursed on the first day and were not given colostrum due to misunderstandings. Pre-lacteal feeding was practiced by the Sahariya tribes using sugar water, cow milk, ghee, honey and other ingredients. Women typically relax for 15 days after

giving birth and following which the majority returns to work, depriving their infants of exclusive nursing for six months.

**SUMMARY**

Rajasthan's tribal group's traditional beliefs and customs have an effect on birth procedures. These have detrimental impact on antenatal care, institutional delivery, and excellent breast-feeding habits. These beliefs and practices are so deeply embedded in their culture, that culturally sensitive, personalized treatments are necessary to enhance MCH outcomes among the indigenous communities as revealed by the present research.

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