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SOME SOUTH INDIAN RURAL OBSTETRIC PRACTICES AND THEIR  
PROBABLE SCIENTIFIC BASIS†

by

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The traditional Birth Attendant (TBA), also known by other names such as indigenous midwife, traditional midwife and Dai is a familiar figure in almost every village and in most urban areas of Asia, Africa and Latin America. It is estimated that in the developing world, between 60%-80% of all births are attended by TBAs.

In many countries no attempt has been made to encourage, discourage, modify or improve their practice. In a few countries, TBAs' practice has been legally authorised under certain conditions. In a number of developing countries like India and Philippines, the problem is not so much,

the inability to train sufficient numbers of professional health workers, but the inability to employ them productively. Moreover, most such health workers once exposed through their training to the sophisticated technology and facilities of a hospital have little desire to work in less glamorous settings. This may explain why TBAs are being tolerated, particularly in the rural areas where majority of people are deprived of even the basic elements of health care.

National administrations are exploring alternative opportunities to meet the basic health needs of people. In this regard, greater attention is being focussed on ways and means of involving TBAs and training them to provide better health care in the communities where they live and work. China, for example has achieved the successful blending of traditional and modern medicine. This raises a serious question whether scientific health

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services are the only way to health. One of the important tasks involved in the implementation of TBA programme is a plan to gather the current beliefs and practices of the Community to which they belong. Each Society has its own customs, beliefs, values and practices regarding birth and death, pregnancy, the care of mothers and children and the spacing of children. These vary, not only from country to country, but among sub-cultures within a heterogenous Society.

An attempt has been made to collect and analyse such beliefs prevalent in South Indian Villages. These beliefs and practices were apparently based on observations made by the TBAs over centuries. In this study a possible scientific explanation is assigned to each belief be-

cause it is important to encourage the TBA to abandon certain practices only if they are found to be unsafe. The trainees and administrator must take explicit account of TBAs' existing knowledge which is most likely to be founded in local theory and traditional practices. It is interesting to note that in some countries TBAs have traditionally used spider's webs for dressing the umbilical cord. Initially, most Western physicians viewed this as a dirty and dangerous practice but it was later shown that spider's silk (and saliva) has antibiotic properties.

The following are some of the beliefs prevalent in rural South India to which plausible scientific explanation could be assigned.

#### *Belief and Practice*

1. In the month of Adi sexual intercourse is taboo and the spouses are often separated.
2. Once morning sickness sets in, the woman is sent to her parent's house and she stays away from her husband until the 2nd trimester of pregnancy.
3. During early pregnancy, certain food like pappaya and drumsticks are forbidden.

#### *Probable Scientific Explanation*

1. If conception were to occur during this month, the delivery would be in the peak of summer. The intense heat would augment the stress of labour and affect the care of the new born.
2. A change of atmosphere and relief from heavy household chores, particularly cooking is accepted part of treatment for hyperemesis. The separation from the husband ensures abstinence in early pregnancy and also has psychological advantage.
3. These vegetables are known to contain high content of oestrogenic substances or other erbolics which may produce abortion in a susceptible woman, (Pappaya is one of the commonest oral abortifacients tried in villages).

*Belief and Practice**Probable Scientific Explanation*

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| 4. Pregnant women are not allowed to stitch or knit.   | 4. Apart from the strain to the eyes, the posture necessarily adopted while stitching or knitting is not congenial to pregnancy.   |
| 5. No gifts or clothes are bought for the new born before its arrival.   | 5. This may be to avoid disappointment in case of mishap in pregnancy or during delivery.  |
| 6. During a religious ceremony in the 7th month of pregnancy the woman is made to wear dozens of glass bangles which she is supposed to wear continuously till delivery. Breakage of bangles is considered inauspicious. | 6. This may be to avoid sexual intercourse in the last trimester. Tightening of the bangles may be an early indication of toxæmia of pregnancy and impending complications.  |
| 7. Delivery is usually at her parents place.   | 7. The responsibility of the safe delivery rests with her parents and adequate rest in post natal convalescence is assured.  |
| 8. No solid food is given in the first stage of labour and purgatives like castor oil are often administered.  | 8. Solid food is not given even in the hospital management of labour, since gastric emptying time is known to be delayed. Castor oil could be a substitute for enema for reflex stimulation of uterine contractions. |
| 9. A rope hung from the ceiling is held by the patient, to maintain a recumbent posture during II <sup>nd</sup> stage of labour.   | 9. This posture aids maximum utilization of secondary forces in bearing down.  |
| 10. If the placenta is not expelled in time, the woman is made to wretch by putting her hair in the mouth.   | 10. This again produces vigorous contraction of abdominal muscles aiding in placental expulsion.   |
| 11. The mother and child are kept in isolation for 40 days.  | 11. Isolation has obvious advantages of avoiding sepsis.   |
| 12. Garlic forms an important component of the food served to the post natal patients.   | 12. Garlic is now known to be an efficient galactagogue.   |

*Belief and Practice*

*Probable Scientific Explanation*

- 13. The sex of the new born child is confirmed in a public ceremony on the 11th day.
- 14. The child is given metal bangles and anklets.
- 15. Breast feeding is advocated as long as possible.

- 13. To avoid the problem of undetected or deliberately hidden intersex.
- 14. This is probably to encourage muscle power through exercise.
- 15. This could be one method of birth spacing.

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