

BIRTH PRACTICES IN RURAL AND URBAN HARYANA

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SUMMARY

A total of 1000 women belonging to lower rural class (Group I), middle rural class (Group II), lower urban class (Group III) and middle urban class (Group IV) were interrogated about their deliveries. There were 4395 total deliveries with 83.5% home deliveries and 16.5% hospital deliveries. Home deliveries were more common in Group I (88%) than in Group III (62%). Dai was the commonest person conducting 72.3% of total deliveries, relatives conducted 2.6% of total deliveries, trained medical personnel conducted 7.0% deliveries while doctors conducted 17% deliveries either at home or in hospital. Squatting on floor was the most common posture used in 51.6% cases while lying on floor and lying on cot was used in 31.7% and 16.7% patients respectively. Fundal pressure was almost universally applied to expedite delivery. Razor blade was used to cut cord in 57.6% cases and sickle in 23.5% cases. Dressing of neonatal cord was done with ghee haldi in 64.87% cases. Training of dais is recommended to improve delivery conditions.

Introduction

Traditional beliefs and practices appreciably influence human behaviour towards health and disease (Read, 1966). Birth of newborn is one such event. Traditional birth practices are supposedly meant to ensure good health of mother throughout the period of pregnancy resulting in the birth of a healthy child. Traditional birth attendants or dais, are mainstay for home deliveries in the rural areas of

Haryana as around 70% of births are conducted by them (Lal and Adarsh, 1980). Due to economic constraints (Chen, 1981), unfavourable doctor patient ratio in the villages and influence of customs and traditions, majority of the deliveries are home deliveries conducted by dais (Ram and Datta, 1974; Park, 1979). These factors however, prevent modern obstetric care from reaching the poor and needy. Some of their practices are responsible for the health problems of mothers and children in third world arising out of synergistic effect of malnutrition, unregulated fertility and lack of obstetric care.

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Accepted for publication on 20/6/1990.*

Material and Methods

A total of 1000 women of reproductive age group with 4395 total deliveries were interrogated for the details of their deliveries regarding place of delivery, person conducting it, expedition used during labor, posture of delivery, cutting of cord and dressing of cord. The patients were divided into 4 groups depending on whether they were rural or urban and their income. Thus rural lower income group was group I, middle income group from rural area was group II, lower income urban women as group III and middle income urban women as group IV. Delivery practices were studied in different groups.

Results

Total of 1000 women were interrogated for birth practice in rural and urban Haryana. Age of patients in study ranged from 20 years to 69 years, mean being 40.2 years. Out of 1000 women 557 (55.7%) were illiterate and 443 (44.30%) were literate with literacy varying from primary (14.6%), middle (4.8%), matric (12.7%) and graduates (10.2%). 12% patients got married before 15 years of age and 32% before 20 years of age. Parity ranged from 1 to 12 the mean being 4.3.

Place of delivery

Large number of women (70.2%) had home deliveries exclusively while 18.2% had hospital deliveries. 11.6% had combined deliveries seeking hospital deliveries for various reasons like bad obstetrical history (15%), obstetrical complications (42%), primi status (11%), availing postpartum tubectomy (9%), for convenience (12%) and other reasons (10%).

In 1000 patients there were 4395 total deliveries out of which 3672 (83.5%)

were home deliveries and 723 (16.5%) were hospital deliveries. Groupwise distribution is shown in Table I. Thus while 88% of deliveries in low rural women (group I) had home deliveries, only 62% of group IV (middle urban) had home deliveries.

TABLE - I
SHOWING PLACE OF DELIVERY IN
DIFFERENT GROUPS OF WOMEN

Group	Place of deliveries			
	Home		Hospital	
	No. of cases	%age	No. of cases	%age
I	1155	88	153	12
II	1105	89	137	11
III	957	86	153	14
IV	455	62	280	38
Total	3672	83.5%	723	16.5%

Persons conducting deliveries

A total of 3222 (72.3%) deliveries were conducted by dai while 155 (2.6%) were conducted by trained paramedical personnel like ANM, LHV or trained midwife at home while 25 (65%) were attended by doctors at home. Only 723 deliveries (16.5%) were conducted at hospitals like PHCs, Civil Hospitals or Medical College.

Posture during delivery by dai

In deliveries conducted by dai or relatives, posture used for delivery was squatting on floor in 1722 (51.6%) cases, lying on floor in 1058 (31.7%) cases and lying on cot in 557 (16.7%) cases. On groupwise distribution it was observed that squatting posture was more commonly used in lower rural group viz. 62.8% than in middle urban women viz. 17%. In the latter group lying on cot was more popular viz. in 49%, while in group I this posture was used in only 10.3% cases. Methods used to expe-

TABLE - II
SHOWING DISTRIBUTION OF WOMEN ACCORDING TO EXPEDIENT USED IN LABOUR

Method used	Group I		Group II		No. of deliveries				Total	
	No.	%age	No.	%age	Group III		Group IV		No.	%age
1. Pressure on fundus	1115	100	950	100	904	98.6	352	99.2	3321	99.5
2. Injections	52	4.7	42	4.4	55	5.9	13	3.7	162	4.9
3. Castor oil	None		None		12	1.3	17	4.8	29	0.9
4. Pulling on foetlings in breech	20	1.8	26	2.7	16	1.7	4	1.1	66	1.9
5. No expedient	Nil		Nil		13	1.4	3	0.8	16	0.5

* In some cases more than one method was used.

dite delivery are shown in Table II, out of which fundal pressure was almost universal in most of the groups while injections and castor oil were less commonly used.

Methods used to cut the cord in home deliveries

In home deliveries conducted by dai or relative, various methods used to divide the cord are shown in Table III.

Kana is sharpened wooden stick and

newborns. Other instruments used were razor blade, knife and scissors (Table IV). In no case were these instruments boiled or dipped in any antiseptic solution.

Dressing of cord

This parameter was analysed for home deliveries conducted by dais and relatives. While in some cases (6.44%) no dressing was used for the cord in others various methods used were ghee haldi in

TABLE - III
SHOWING INSTRUMENTS USED TO CUT THE CORD IN DIFFERENT GROUPS

Method	Group I		Group II		Group III		Group IV		Total	
	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age
1. Razor blade	563	50.5	525	55.3	533	58.1	300	84.5	1921	57.6
2. Sickle	398	35.7	312	32.8	65	7.1	10	2.8	785	23.5
3. Kana	40	3.6	40	4.2	130	14.2	—	—	210	6.3
4. Knife	82	7.4	60	6.3	75	8.2	—	—	217	6.5
5. Scissors	5	0.4	13	1.4	112	12.2	45	12.7	175	5.2
6. Razor	27	2.4	—	—	—	—	—	—	27	0.6
Total	1115		950		917		355		3337	

was used in 6.3% neonates. Sickle or Darat is an iron instrument used in the field to nip the grass and was used in 23.5%

64.8%, Gention violet paint in 11.54%, spirit in 9.29%, talc in 3.15% and oil in 4.70%.

TABLE - IV
SHOWING METHODS OF DRESSING OF NEONATAL
UMBILICAL CORD IN DIFFERENT GROUPS

Dressing	Group I		Group II		Group III		Group IV		Total	
	No.	%age	No.	%age	No.	%age	No.	%age	No.	%age
1. Ghee Haldi	901	80.8	769	80.9	495	54.0	—	—	2165	64.87
2. Gention Violet	22	2.0	80	8.4	88	9.6	195	54.9	385	11.54
3. Spirit and other antiseptic	23	2.1	55	5.8	95	10.4	137	38.6	310	9.29
4. Talc	—	—	—	—	82	8.9	23	6.5	105	3.15
5. Oil	76	6.8	36	3.8	45	4.9	—	—	157	4.70
6. Nothing used	93	8.3	10	1.1	112	12.2	—	—	215	6.44
Total	1115		950		915		355		3337	

Discussion

Present study showed 83.5% of all deliveries were carried out at home and 72.3% of all deliveries were carried out by dais. Lal and Adarsh (1980) analysing the practices in rural areas of Haryana found that all dais carried out deliveries on floor prepared with cow dung ash. The room was generally ill ventilated dark room in the backyard. These are harmful practices and raise the incidence of postpartal infection and tetanus in both mothers and neonates. Although many dais were familiar with the benefits of asepsis and hand washing none actually observed asepsis religiously. Gordon et al (1965) found that scissors were used to divide the cord in 40.5% of deliveries, trowel in 30.2%, sickle in 9.7%, and knife in 13.4%. In the present study blade was used in 57.6% cases and sickle in 23.5% cases. Gordon et al (1965)

observed 37.5% of all deaths due to tetanus in sickle group and 26.5% in patients where scissors were used to cut the cord.

Hence boiled blade should be used and gention violet should be applied on umbilical stump to prevent tetanus and other infections in mothers and newborns. Traditional birth attendants (dais) should be taught the importance of asepsis.

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