V. Srividhya Samakya and T. Subramanyam Naidu

POSTPARTUM AND NEONATAL HEALTHCARE PRACTICES OF PARENGI PORJA : AN ANTHROPOLOGICAL ANALYSIS

The postpartum period is a special phase in the life of a woman, starts immediately after the birth of a child, which lasts for 6 weeks to 6 months (Bao *et al* 2010). Postpartum is a significant period and is universally treated as a marked life crisis event and have important consequences in woman's reproductive health. This period covers a critical transitional time for a woman, newborn and her family filled with strong emotions, physical changes, new and changed relationships, assumptions, and adjustments highly into the new mother role [Jordan 1993: 42, Sargent 2004: 225, WHO 2014). These changes in women's reproductive cycles/life crisis are highly marked with emotions, especially celebrating as an important event, which increases up the social status of women, which are therefore said to be basis of social relations (Wlodek *et al* 2001). Culture shapes a variety of postpartum behaviours affecting the health of mothers and newborns. In all cultures, the great concern is placed formally or informally on new mother to take postpartum rest, follow dietary and behavioural taboos, seclusion (from cooking and sharing vessels with family members) and physical seclusion (from men and other family members) to protect mother and newborn (Winkelman 2009). In Indian tradition, the postpartum period is called as "ritual pollution period/ pollution of birth" is marked with bathing practices in some places and by performing rituals in some other (Bandopadhyay 2009). Hence, immediately after the delivery of a baby, postpartum/puerperal woman follow strict rules regarding when and how mother have to bathe and also infant, what food to eat and how to behave in the society, which are always advised by elderly women in Tamil and other cultures (Kalpana 2001a, Van Hollen 2003).

Indeed for a deep understanding of these practices, need micro-level studies touching these areas and particularly require special attention to understand tribal societies (Ramachandran 2001). The tribal communities have been able to perpetuate their age-old tradition customs on the generations, as not to allow themselves to be swept away of their feet (Swain 1989). With this

V. SRIVIDHYA SAMAKYA, Research Scholar and T. SUBRAMANYAM NAIDU, Professor, Department of Anthropology, Pondicherry University, Puducherry, India-605014

perspective, the present paper makes an attempt to understand the Parengi Porja notions behind practicing their own postpartum healthcare customs of Parengi Porja tribe.

The present anthropological analysis is conducted among Parengi Porjas living in five villages in Munchingiputtu Mandal namely, Vanagumma, Talabirada, Pathaliputtu, Labbur and Jappar in Visakhapatnam district, Andhra Pradesh, India. The Parengi Porja is a Particularly Vulnerable Tribal Group (PVTG), an aboriginal and small population practices shifting cultivation and are hunter and gatherers (Rao *et al* 2014). The Government of India recognized them as PVTGs, based on their pre-agricultural level of economy, extremely low literacy rate (35 per cent), stagnant in population growth, and having their own dialect are the characteristics for their vulnerability status (Ministry of Tribal Affairs 2013). In the study village, the population constitute 898 individuals, in these 476 females and 422 males with the sex ratio of 1127 females per 1000 males, which is higher than Andhra Pradesh state's sex ratio (993 females per 1000 males) and India's sex ratio (943 females per 1000 males); and the overall literacy rate is 45 per cent. The Parengi Porja is one of the sections of the Porja, who eats buffalo meat and speaks Gadaba dialect. The meaning of the suffix Porja means 'son of king' (Subramanyam 2008) and as per the people the meaning of prefix 'Parenga/Parengi' is *parengakocchu*, an aromatic tree with botanical name Boswellia serrate, and the English name is Indian olinanum/sambrani/wild turmeric, claiming that their ancestors settlements were surrounded by these trees. They worship*pidhordevatha* (ancestral deity), which is a major characteristic of Parengi Porja to differentiate from other sub-sections of Porja tribe.

Field Methods and Techniques

The study is primarily based on fieldwork conducted in five intervals from April 2013 – January 2017 in five study villages. Fieldwork is the key activities of this anthropological study and entails the intensive study of people in their cultural contexts. It aims to build detailed descriptive accounts of social life and cultural integrating several qualitative methods (Ellen 1984, Awah 2014). Random sampling procedure has been followed in the selection of Parengi Porja settlements. A total of 162 Parengi Porja women have been purposively selected and represented under the criteria, they are between 18-49 years of age i.e., reproductive age and should have given at least one child birth. For this study, qualitative and quantitative methods have been adopted. The former includes participant observation, in-depth interviews, case studies and focus group discussions and latter are by employing household survey and semi- structured interview schedules to collect the empirical data. Micro-level observation has done to understand the meaning of these postpartum practices. Audio-visual aids like camera and voice recorded were used to record the interviews and to take photographs on the postpartum health care

practices. The problem was viewed in both etic and emic perspective of anthropological holistic approach.

Socio-Demographic Profile of Parengi Porja Reproductive Mothers

Table 1 reveals the socio-demographic profile of the Parengi Porja reproductive mothers. Out of 162 Parengi Porja reproductive mothers, about 40.1 per cent (65) mothers are in 20-29 years, followed by 30.2 per cent mothers are in between 40-49 years, 28.4 per cent mothers in 30-39 years and a lowest of 1.2 per cent in adolescent age group. The age at menarche of Parengi Porja shows that a majority of 67.9 per cent mothers had attained between idealphase of menarche age (Rokande & Mane 2008) i.e., 13 to 14 years. The educations status demonstrates a majority of 75.9 per cent are illiterates and rest of 24.1 per cent are literates. In the marital status of Parengi Porja, a majority of 89.5 per cent are ever married status. In age at marriage, a maximum number of 56.4 per cent mothers had got married in between 16 to 20 years and a minimum of 34.6 per cent mothers had got in between 16 to 20 years, which shows they experience sexual debut in adolescent age group (Ravishankar& Ramachandran 2009). Marriage form is highly by elopement (34.0 per cent), followed by mutual consent (29.0 per cent) and a lowest of marriages are love marriages (9.3 per cent). The age at first conception shows that a majority of 51.2 per cent mothers conceived in the age of 15 to 19 years, which means a maximum number of mothers experienced first pregnancies in teenage age. About 89.5 per cent mothers are living as nuclear families with dependants and a lowest of 4.3 per cent are living as broken family with dependants. The quantitative data on place of delivery reveals 92.0 per cent mothers had delivered all children in the home, and a lowest of 8.00 per cent mothers delivered one of the children in the medical institutions (institutional deliveries), as they experienced complicated labours (i.e., identified by birth attendant/if mother perceives disposition of child from birth canal). *Sutranimaizi* (Traditional Birth Attendant-60.5 per cent) is the birth attendant for majority of the home deliveries. The statistics on colostrum feeding practices shows that only 4.9 per cent mothers had breastfed their children with colostrum and remaining higher percentage of 95.1 per cent had discarded colostrum, as believing it will deteriorates the child's growth, if not sacrificed to ancestors and evil spirits. In comparison to Parengi Porja literate mothers and non-literate mothers with colostrum feeding practices, only 3.1 per cent literate mothers and 1.9 per cent illiterate mothers are aware of benefits of colostrum, as they are working in NGOs and Anganwadi teachers, remaining literate and illiterate mothers ignored the colostrum benefits. By saying, if child was fed so, he/she would have eaten away (killed) by ancestors and evil spirits. The postpartum rest was also analysed in the study villages, in these, a majority of 54.9 per cent mothers took 11-21 days of rest. With regard to postpartum care, all 162 mothers are comfortable and accepted home based postpartum care i.e., oil baths, warm massages, and diet than the institutional

based postpartum care i.e., care form doctors and nurses, intake of iron tonics and tablets.

Postpartum and Neonatal Healthcare practices of the Parengi Porja Mothers

The period after childbirth is a time of transition and social celebration in many societies, signalling an adjustment of cultural responsibilities. Traditional postpartum practices are related to the notion of regaining heat, lying by fire, food restrictions, taking hot baths and consuming hot drinks, avoiding cold food, activities involves not exposing the body to heat loss by keeping covered, staying inside the home,not shampooing the hair, avoiding cold wind and sexual abstinence, avoiding housework and limiting visitors; hygienic practices include bathing, timely washing and warming of clothes and practices associated with infant feeding, including supplementary feeding and giving honeysuckle herb to the infant (Steinberg 1996). The main reasons for adhering to these practices areto respect for tradition, mother health and body to recuperate after childbirth, for formation of mother- newborn bonding, and establishing breast-feeding practices (Kaewsam, Moyle and Creedy 2003; Raven, Chen, Tolhurst and Garner, 2007).Even among Parengi Porja tribe, postpartum period starts immediately after birth of the child in the name of pollution, which lasts for 11-21 days and ends with retirement from dietary food habits and behavioural restrictions for 6 months. The moment labour pains starts on mother, all iron/agricultural implements are kept down to signify pollution and restrict the entry of affinal kins, natal kins and outsiders. The Parengi term for postpartum pollution period is *suthok,* the postpartum mother is *sutraani*, the pollution house is *suthok ghar* and her family members is called *suthoklog*.The term for newborn child is *bonnimudda / rakothmudda,* literally means "tender child/blood mass". This period is a confinement time, highly pivotal for postpartum care such as bathing and massaging practices, dietary foods and restrictions, protective measures, seclusion from sex and neighbours, and cleansing of pollution/purification rites.

Postpartum Bathing Practices

Postpartum bathing practices is one of the most important postpartum healthcare practices, in which hot water baths helps new mother to strengthen from lower back, uterus and pelvic pains. The bathing practices takes place immediately after the new mother buries labour based waste materials in the backyard of the house. The labour based waste materials are placenta (collected with cow dung and Bauhinia vahlii leaves), artefacts used in cutting umbilical cord i.e., blade, broken pot, gunny bag (upon which mother sat in squatting position during labour) and inner skirt worn by mother. Along with these disposable materials, she puts a heated knife, with a belief; it protects newborn from evil spirits. After this, the new mother gives bath to newborn from head

to toe with hot water and smears turmeric paste all over the body; and then she takes only body bath with the same materials. As per mothers, the turmeric paste removes menstrual blood around the newborn body, prevents menstrual blood smell from new mother and newborn, and also provides protection to newborn from unknown bites, which is a kind of indigenous practice (Van Hollen 2003) to avoid infections. On the second day from childbirth, another ingredient i.e., ragi flour (Eleusine coracana) is found added in bath of the newborn, which helps in safe removal of vernix/dry skin to avoid red rashes on the tender body. At the end of the bath, the newborn's umbilical cord and forehead is dressed with a pinch of sand taken from placenta disposed place, which is believed to be keeping away from evil spirits.

Postpartum Body Compressions with Oil

The Parengi Porja mothers give much importance to this practice as it helps in restoration of new mother's body from labour pains and also from postpartum menstrual pains. She will compress herself with warm hands smeared with castor/niger oil, by warming hands on lightened lamp. This is practiced from the first day of childbirth and repeated for two- three times a day, i.e., firstly after bath, secondly whenever new mother feels cold and thirdly before goes to night sleep. Even the new born is also provided with the same oil compressions importantly on nose, head, legs, hands and in the region of umbilical cord for early drying and safe detachment of it from the newborn.

Postpartum Clothes

During postpartum period, the primary protection for new mother is, tightly tying her tummy with a long cloth, which acts as a belly binder to recover her loosened stomach muscles after childbirth and right posture while breastfeeding (Lundberg & Trieu 2011). According to Parengi Porja, it is must to postpartum mothers as it relieves from uterus pain, pelvic pain and also helps in regaining stomach muscles. Following this, both new mother and new born are always found wrapped in warm clothes/thick blankets; heads are covered with woollen towels and cotton balls in the ears to prevent cold air passage and to sustain from cold weather in winter and rainy seasons. Otherwise, it leads to headaches, fever, and disturbed sleep, which ultimately ruins the health of them (Lee, S. Yang, Y. Yang *et al* 2013). If delivery occurred in summer season, then postpartum mother and child are found wrapped in smooth cloths in the mornings and thick blankets at night times, as nights are cool in the study villages. The postpartum menstrual cloths and newborns clothes diapers are timely washed only at the place where placenta is disposed in the backyard of the house. The new mother attends nature's call in the backyard of the house, due to restrictions to move open ground toilets, which leads to preventions.

Colostrum and Breast feeding Practices

The newborn is found breastfed only after new mother completes bathing, and oil massages, and also if only child is awake. Most importantly, it is observed that before child is put to breastfeed, mother expels/discard first milk/colostrum (*sikkidoodh / agthurdoodh*) on the cloth or broom stick, in the name of sacrifice to *dumma* (ancestors) and *dumba* (evil spirits), which determines that the child is not feeding with colostrum, which is a harmful custom of them. And also the colostrum/first milk and meconium/first faecal matter of the child is viewed as detrimental factors for newborn's health as believing, it causes newborns with fevers, swollen stomach and stomach aches. The mother breastfed newborn for 5-7 times, as new child sleeps for longer hours. The prelacteal feeds like jaggery water, sugar water, honey, and castor oil are fed to child, in a belief, to easy digestion of milk, and defecate and urinate without hurting the tender stomach muscles. The complementary foods are given to child, when child starts sitting/crawling, until that the mother breastfed child more than 10 times a day, especially whenever child cries and makes gestures for milk. And also it is found that before child is put to breastfed the mother discards little amount of breast milk, after mother returned from agricultural fields, shandy and neighbouring villages, which is believed to be storage of dust, and sand, causes indigestion, diarrhoea, and stomach aches. If not done, then the breast milk forms debris in the tender stomach, and the symptoms are indigestion/ stomach aches and absence of defecation for two days and, child turns yellowish/blackish and then mother rushes to local medicine man for warding off evil eve, as ascertaining it as evil eye effect.

Postpartum Protection

The primary protection for the new mother and new born is providing the living room with slow heated charcoal bed besides them to sustain/restrict from cold intrusion., Generally, this practice will help mother in terms of reinstate her for previous shape, less breaking of bones (pains) in pelvic region, keeps normal regulation of body heat, and causing the womb and abdominal area to contract and also boost circulation of blood, helps in mother and child bonding (Lundberg & Trieu 2011). The second kind of protection is, from the first day of childbirth, while bathing the newborn, the mouth thrush is found removed with myrobalam paste (Chebulic myrobalan), in a belief, it makes child to excrete out meconium (green faecal matter), which in turn prevents, diarrhoea, fevers and stomach aches and swollen abdomen. In fact, in many cultures, myrobalam is used to remove child's mouth thrush, which is a part of indigenous immunization method (Van Hollen 2003). The third kind of protection is, the child is found dabbed with black ash (*kajol*) on newborn's forehead, cheeks, palms and soles to keep away from evil eye. Lastly, the Parengi Porjas are found much believed in intrusion of evil spirits in houses,

especially in postpartum periods. So till the pollution period ends, the threshold of new mother house is decorated with three kinds of thorny plants especially thorny bamboo stem parts, cactus, and aloevera, believing, these will surely fend away intrusion of the evil spirits.

Postpartum Dietary Practices and Restrictions

According to the Parengi Porja elderly female mothers, the diet plays an important role to keep mother and child healthy enough, to sustain from postpartum blood loss and preparing her future pregnancies. The postpartum dietary practices starts from the day of childbirth, it is as follows, for first two days from childbirth, in the morning and afternoon, the new mother is provided with a small handful of rice, quantified and served 2-3 times on jackfruit or mango leaves; and at nights, hot black tea with biscuit is given. Also observed that instead of right hand, the new mother uses her left hand as she feel s*asahyam,* which means 'unseemly or disguise as she disposed placenta with right hand (Van Hollen 2003). These foods (rice and black tea) are viewed as safe falling of umbilical cord and cleansing of postpartum blood/menstruation (lasts for 5-9 days) , which prevents it to form debris in the new mother's stomach. The child is considered as healthy enough, if umbilical cord is safely detached. In case, if it is infected then the child is viewed as ill-healthy, sometimes, lead to mortality of the child. On the third day, the chicken meat (especially liver, heart and *geerakaya/rathigunde*) is introduced to new mother's diet with small amount of rice. From the fourth day from child birth,the diet includes *sam*choul (ancient variety of rice- Panicumsumatrense), with *rasam* made out of tamarind and garlic cloves and bamboo shoots curry (*koridisa*- Bamboosa Vulgaris). These foods are considering as hot foods, regulates heat in new mother's body to sustain cold and secondly not to expose with fevers. The reasons for providing these foods are as follows, on consumption of *rasam* gives strength to stomach (uterus) and keeps dry and helps in easy defecation without hurting *garbasanchi* (uterus) muscles; bamboo shoots keeps strong to hips and waist after the delivery; chicken liver, heart and *geerakaya* keep mother's body warm; and galactogues foods (milk producing foods) are *nettalu* and *pithaparigalu* (small fishes), a curry made out of *pacchi*(raw papaya/Carica papaya) and earthworm (Lumbricina), are givento enhancebreast milk, when there is less expression of milk among new mother. The postpartum taboo foods are for more than 4-6 months, they strictly taboo *ramsemi* (beans), tubers, *kodili* (Banana), *nodiya* (coconut), brinjal, egg, pork and beef, which are viewed as threats to new mother and child's health, due to the reason, it causes indigestion of breast milk in child. The Parengi Porja postpartum food diet shows that only hot foods are given and with less green leafy vegetables to enhance breast milk to feed the child (Udoji 2014). After 6 months from the delivery, she relieves from dietary taboos and diet is normal as before of pregnancy.

Postpartum Behavioural Restrictions

The Postpartum behavioural taboos/restrictions are the new mother is restricted to involve in household chores for 11 days and agricultural chores for 21 days from childbirth. During this period, the new mother's husband carries household chores like collecting firewood, fetches water, cooks food and takes care of his children (in absence of husband, husband's mother or grandmother will provide food to them). At the same time, the most important behavioural restriction followed by Parengi Porja postpartum mothers is strictly maintaining physical seclusion (sexual union) from husband until the child crawls, especially to prevent chances of another pregnancy and to nourish child with breast milk. Also the seclusion is maintained from natal and affinal kin still the umbilical cord detach from the newborn. Seclusion is a frequent source of protection, reducing exposure to infectious disease, providing rest and relief from ordinary work, and encouraging breast-feeding, mother-infant bonding and healing. Although many taboos may seem unnecessary from biomedical perspective, but there are important reasons why they should be respected and especially when they do not directly prejudice the health of mother and child (Van Hollen 2003). It is even noticed among Parengi Porja mothers, the reasons for strictly observing postpartum behavioural restrictions are to avoid postpartum illnesses like birth canal/uterus pain, burping sound from stomach when bend or walk, weak waist/lumbar pains/breakings, headaches, fevers, and body allergies.

Postpartum Purification Rites

The ritual of pollution or purification rites marks off the removal of pollution (Jeffrey *et al.* 1989). This is even found practiced among Parengi Porja to get rid of postpartum pollution. The purification rites are performed on 3rd, 5th, 6th/7th, 10th/ 11th days from childbirth. The ritual performed on 3rd day is *andadharbai*, in these, the prayers are performed to evil spirits with cow dung and raw egg near water streams. The 5th day ritual is *banabourbar,* performed prayers to ancestors to keep the child safe and also signifies introducing the mother and child to society by arranging feast to kin and kith. The 6th/7th day ritual is *antadhori* ceremony perform for putting a pelvic thread on child, signifying safe fall off umbilical cord of child. On the 10th/11th day, the prayers are given to *pidhordevatha* (local ancestral deity) through consecration of chicken, and coconut as a sign of respect to deity for lineage propagation. Only after this purification rites, the mother is allowed to resume works like bringing water, and cooking, but not allowed for collection of firewood and foods from the hills, and to going shandy or neighbouring villages, for 21-30 days from childbirth (in mean time, the husband will manage everything). In case, mother had delivered child in sowing or reaping season, the husband seeks help of parallel cousins to take up agricultural chores. These are the maternal rites observing by Parengi Porja family members to unleash themselves from maternal pollution period.

Conclusion

The postpartum period is invaluable among Parengi Porja. The Parengi Porja intentions behind cultural practices of discarding colostrum, food avoidance, pre-lacteals and postpartum seclusion are to achieve optimum healthcare of both new mother and child in postpartum period and to later life (Bandopadhyay 2009). The discussion is explored in the framework of four levels of customs like benefical, harmless, uncertain value and harmful customs (De Knock and Van Der Walt 2004). The best way of helping any society is by knowing their culture and analysing the cultural practices into these four categories will help in improving the health and wellbeing of any community, especially by preserving the beneficial cultural customs and beliefs into health promotion activities, and other side the harmful customs should be modified for perpetuation of the any communities' health (Williams, Baumslang and Jelliffe, 1994). Based on this, the Parengi Porja postpartum and neonatal healthcare practices were observed in four categories i.e., beneficial, harmless, uncertain value and harmful customs.

***Beneficial Customs*:** The meaning of the beneficial customs is that customs that benefit the new mothers and neonates are to be preserved and encouraged, those are postpartum physical seclusion from husband (6-12 months) and family members ensures rest for new mothers; prolonged breastfeeding feeding practices for 1-2 years; not participating in work force in pollution period to avoid infections/illnesses; wearing postpartum belly binding cloth to strengthen pelvic region after childbirth, which avoids burping sounds and tightens the stomach muscles.

Harmless Customs: The meaning of this is that customs that cause no detrimental effects on new mother and neonates during postpartum period and also to later life, those are providing mother with galactogues (milk-producing foods); resting in warmth room as it helps in milk production; keeping thorny plants in the threshold of the house to avert evil spirits and evil eyes; keeping down agricultural implements such as hoe, axe and ploughshare signifying pollution period;

Uncertain Value: The meaning of uncertain value is certain customs do not definitely ascertainable (Uncertain, 2016), which means that it does not cause negative effects and its positive effects are culturally meaningful. Those are cleansing the removing child's mouth thrush with myrobalam paste, even after child stops excretion of meconium (green faecal matter) as it prevents stomach aches and swollen stomach; bathing with turmeric paste, and ragi flour; performing purification rites on 3^{rd}, 5^{th}, $6^{th}/7^{th}$, $10^{th}/11^{th}$ day from childbirth, to keep in check of new mothers and newborns health; new mother attending nature's call in the backyard of the house to avoid chances of infections from open ground toilets.

***4. Harmful customs*:** The meaning of this custom is that it is injurious to individuals and also leads to death (Harnful, 2016). The harmful customs

are need to be modified to help society those are discarding colostrum; lack of psycho social support from affinal and natal kins in terms of providing food, unbearable loneliness of mother, lack of time and rest for themselves, and lack of knowledge mixed with fears in baby care skills, may even primary sources or/lead to postpartum depression [Aston 2002, Chen,Fowles, and Walker 2006, McVeigh 1997, Mercer 1985); not providing enough amount of food to new mother in a belief, to prevent debris form postpartum menstruation; a pinch of sand dressing on newborn's umbilical cord and forehead lead to mortality of child; feeding with pre-lacteals to easy defecation of newborns.

Implications

Parengi Porja mothers in our study are adhered to cultural practices. The mothers-in-law and elderly female kin members played a vital role in encouraging these traditional practices. The harmful postpartum health customs like cultural practices of discarding colostrum, feeding pre-lacteals, food avoidance, lack of psycho-social support should be modified by preserving beneficial customs such as ensuring postpartum seclusion, keeping rooms warmth, and providing belly binding cloths for support for strengthening pelvic bones after childbirth (Kannan, Carruth, and Skinner 2004). The reduction in infections and mortality on postpartum mother and child will reduce even traditional birth attendants, women's mothers, new mothers and mother-in-law are educated about contemporary methods of postpartum and neonatal health care by which they can understand the reason for not adhered to a potentially harmful practice and support appropriate care.

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Table 1
Socio-Demographic Profile of Parengi Porja Reproductive Mothers

Sl. No.	Age group of Parengi Porja Mothers	Number	Percentage
1	≤ 19 years	2	1.2
2	20-29	65	40.1
3	30-39	46	28.4
4	40-49	49	30.2
	Total	162	100.0
Sl. No.	Age at Menarche		
1	10 to 12	42	25.9
2	13-14	110	67.9
3	15-16	10	6.2
	Total	162	100.0

Sl.No.	Education status		
1	No formal education	123	75.9
2	Till Upper Primary	26	16.0
3	Secondary	8	4.9
4	Intermediate	4	2.5
5	Degree	1	0.6
	Total	162	100.0
Sl.No.	Marital Status		
1	Married	145	89.5
2	Separated	6	3.7
3	Widow	7	4.3
4	as a second wife	4	2.5
	Total	162	100.0
Sl. No.	Age at Marriage		
1	11 to 15	56	34.6
2	16 to 20	106	65.4
	Total	162	100.0
Sl.No	Age at First Conception		
1	15-19	83	51.2
2	20-24	66	40.7
3	25-29	13	8.0
	Total	162	100.0
Sl.No.	Type of Family		
1	Nuclear with Dependants	145	89.5
2	Broken family with dependants	7	4.3
3	Joint family	10	6.2
	Total	162	100.0
Sl.No.	Place of Delivery		
1	Home	149	92.0
2	PHC	8	4.9
3	Private	5	3.1
	Total	162	100.0

Sl.No.	Attendants during birth		
1	*Sutranimaizi*	98	60.5
2	Relative	10	6.2
3	Mother's Husband	18	11.1
4	Staff Nurse	8	4.9
5	Doctor	5	3.1
6	Self	23	14.2
	Total	162	100.0
Sl.No.	Colostrum		
1	Given	8	4.9
2	Discard	154	95.1
	Total	162	100.0
Sl.No.	Awareness of Colostrum Benefits		
1	**Yes**		
	Literates	5	3.1
	Illiterates	3	1.9
2	**No**		
	Literates	34	21.0
	Illiterates	120	74.0
	Total	162	100.0
Sl. No.	Postpartum seclusion/rest		
1	1-11 days	63	38.9
2	11-21 days	89	54.9
3	21-40 days	10	6.2
	Total	162	100.0
Sl. No.	Home based Postpartum care		
1	Yes (food restrictions, behavioural restrictions)	**162**	**100.0**
Sl. No.	Institutional based Post natal care		
1	Yes	**13**	**8.0**
2	Ignored	**151**	**93.2**
	Total	**162**	**100.0**

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