

Antenatal, Pregnancy Period and Safe Motherhood Situation in Santal Community of Bangladesh

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ABSTRACT: The present study examines the situation of safe motherhood of Santal community of Bangladesh in terms of their beliefs, rituals and practices. The specific objectives were to gain an understanding of the practices during antenatal and pregnancy period of the Santal community including decision making process of the community. Santal Community is mostly centred in north-western region of Bangladesh and their concentration is higher in greater Rajshahi and Dinajpur districts compared to other areas. The study was carried out at Godagari Upazila of Rajshahi district and Fulbari Upazila of Dinajpur district. From the selected Upazila, villages were identified where concentration of Santal community was very high. The data was collected during September-December 2011. A total of one hundred Santal women were the prime respondents for the study who worked mostly as labourer in agriculture and had homestead land.

INTRODUCTION

Every minute of every day, somewhere in the world and most often in a developing country, a woman dies from complications related to pregnancy or childbirth i.e. 515,000 women, at a minimum, die every year. Nearly all maternal deaths (99 per cent) occur in the developing world — making maternal mortality statistic showing largest disparity between developed and developing countries. For every woman who dies within 30 to 50 years suffers from infection or disease. Pregnancy related complications are the leading causes of death and disability for women of the age-group 15-49 years in the developing countries (UNFPA, 2006). When a mother dies, children lose their primary caregiver, communities deny her paid and unpaid labour, and country forego her contributions to economic and social

development. A woman's death is more than a personal tragedy, it represents an enormous cost to her nation, her community, and her family. Any social and economic investment that has been made in her life is lost. Her family loses her love, her nurturing, and her productivity inside and outside the home. Researches for about a decade have shown that small and affordable measures can significantly reduce the health risks that women face when they become pregnant. Most maternal deaths could be prevented if women had access to appropriate health care during pregnancy, childbirth and immediately after births.

'Safe motherhood' means, ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth. Safe motherhood implies the ability of a woman to have a safe and healthy pregnancy and delivery. Each year, approximately 4 million newborn die during the first month of their birth, and an additional 4 million are stillborn, most of these deaths are due to infection,

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asphyxia and birth injuries and complications of premature birth. So newborn health and survival is very much related to the safe motherhood. Low birth weight contributes to newborn death in about 40-80% cases. Nearly all of these newborn deaths occur in developing countries, and most of these deaths can be prevented if good quality care is available. The situation in South Asia is more precarious, which accounts for about half of the global maternal deaths. India and Bangladesh together contribute to a quarter of the global yearly maternal deaths. In Bangladesh, although there has been some improvement over the last decades, the current level of maternal mortality is still unacceptably high, even by the standards of other developing countries (Akhter, 2000). Maternal and neonatal mortality is one of the vital indicators with the highest disparity between developed and developing countries (Mamady *et al.*, 2005). Globally over half a million women die each year during pregnancy, delivery or shortly thereafter (WHO, 2009) and about four million children die before they reach the end of first month of life, 99% of these deaths occur in low and middle income countries (Ahmed *et al.*, '98). Causes of maternal and neonatal deaths are similar in these countries (NIPORT, 2004).

There are more than 31 ethnic communities in Bangladesh, among them the second largest community is Santal, most of them live in the northern part of Bangladesh. So the researcher's intentions were to explore diverse perspectives of safe motherhood situation of the Santal women in Bangladesh especially during antenatal and pregnancy periods.

The study explored the situation of safe motherhood of Santal community in terms of their belief, rituals and practices. The specific objective of the study was, (i) to understand ritual practices regarding antenatal and pregnancy period of the Santal community; and (ii) to examine the influence of the views and attitudes of husbands and husband's close kin during the antenatal and pregnancy stages.

A review of the existing literature indicates that study on antenatal cares in Bangladesh have not drawn adequate attention of the scholars and it could be considered as a neglected area of investigation. Most of the studies have focused on the bio-medical aspects of antenatal care. The researches done on socio-

cultural aspects are notably limited. Anthropological investigations with holistic approach on safe motherhood situation are also very meager and perspectives of antenatal and care during pregnancy have remained outside the focus of research in Bangladesh. As Santal community is more vulnerable to health risks such as antenatal and during pregnancy, so a study with focus on Santal pregnant women was undertaken with 50 respondents each from two Upazilas of Bangladesh.

MATERIALS AND METHODS

The Santal community is mostly concentrated in north-western region of Bangladesh. Their concentration is higher in Rajshahi and Dinajpur district than other areas. So, one Upazila from each of the two districts were selected randomly where the community is available. One village from the selected Upazila was identified where concentration of Santal community is very high, and fifty respondents of the identified village of each Upazila were selected purposively who were mother of a child less than five years of age or a women who is pregnant at the time of data collection. As the dimension and nature of safe motherhood with regard to cultural and socio-economic perspectives are very wide, complicated and sensitive, so data for the study were collected through a combination of instruments and methods, which are: (i) informal discussions were made with the mothers and pregnant women; (ii) a structured questionnaire was used for the respondents for the study; and (iii) focus group discussions (FGD) were conducted with the Santal women, community leader, elderly persons and husband's kin group/decent group peoples.

Exact period of coming of the Santals in the territory of present Bangladesh is not precisely known. Some believe that the Kherwars reached the land of Bengal immediately after the first clashes with the invading Aryan peoples (about 2500 B.C.). It is probable that the Santals landed in Bangladesh with their actual ethnic identity at a much later date. Probably the Santals were scattered throughout Bengal at the time of the Muslim invasion of this region during the last decades of the 12th century or at the beginning of the 13th century. Santals have their own language, culture and social patterns, which are clearly distinct from those of others. The Santals of

today can speak Bangla fluently and have adopted many Bangla words in their own language. Though most Santals in Bangladesh are Christian now however they still observe their old tribal rites on many occasions. The Santal live a poor life. Agriculture is their main source of livelihood. They are compelled to sell their labour at a very low price in tea gardens, agricultural field and elsewhere being very poor. Both men and women are accustomed to hard work as field labourers. Principal food items of Santals are rice, fish and varieties of vegetables.

RESULTS AND DISCUSSION

Antenatal care (ANC) is a package of services rendered to women during pregnancy with an aim to improving maternal mortality and morbidity situation. For achieving this objective, number and timing of ANC visit is important. Ideally, this care should begin soon after the conception takes place and should continue throughout the pregnancy at regular interval. As recommended generally, ANC visit be made monthly for the first seven months, fortnightly in the eighth month and then weekly until the birth (Mitra *et al.*, '97). In Bangladesh among the Santal community this access to and utilization of such care is very poor. In this section an attempt has been taken to know what their attitude and practices were during pregnancy period.

Detection of pregnancy: Out of 100 respondents only 5 per cent were pregnant first time at the time of survey. The rests 95 per cent were mother of children of 5 years or below. The researcher has tried to find out how the respondents detected their pregnancy. It was found that 95 per cent of them detected their pregnancy with the symptom of vomiting and among them 88 per cent also mentioned anorexia (lack of appetite). Though nowadays Home Pregnancy Test kit is available in the pharmacy, the Santal women have no idea about that.

Special food intake: Women during pregnancy used to take different types of food and it vary from family to family. Social and cultural factors directly influence on women's practice in food intake during pregnancy. It was found that only 22 per cent of the respondents took sour types of food to avoid anorexia. They have eaten tamarind (*tatul*), olive (*jalpai*), lotkon (*lotkai*), hog- plum (*borui*), alma (*amloci*), acid fruit

(*chalta*), lemon (*labu*) etc. They ate as it brings taste to food. This food intake of pregnant women is affected more at initial than later stage of pregnancy and this may be due to vomiting/ vomiting tendency of women in the early stage.

Change in amount of food: Food intake during pregnancy is one of the important measures for the status of both the mother and fetus. Thus an attempt was made to look into the knowledge of mother about what types of food needed and what amount of food were taken by them during their pregnancy. Almost all of the respondents were aware about the need for adequate quantity and quality of food during their pregnancy. Though they were aware of it but in actual practice things were found to be different. Only 20 per cent respondents informed that they consumed less quantity of food during their pregnancy, as compared to what they used to take during normal times. However, 55 per cent of respondents stated that they took food during their pregnancy as before in normal state, and only 25 per cent of the respondents consumed more food in terms of quantity and quality as compared to their normal consumption. Only 10 per cent respondents consumed more nutritious foods like fruits, egg, milk, small fish and meat. Though the Government of Bangladesh has a number of programmes to promote intake of nutritious foods during pregnancy through health workers, mass media like TV and radio programmes etc. however, the picture we get for the food intake situation among the pregnant Santal women is very much discouraging.

Resting in pregnancy period: It was found that 66 per cent respondents could take an hour rest during day time. Half an hour was taken by 19 per cent respondents, 15 per cent of them were able to take rest two hours in a day. It is mentionable that most of the pregnant women used to do work in the agricultural field like normal time and usually the time is not fixed for taking rest during day time. Whenever they feel free, they take rest at home after coming back from the field.

Daily activities during pregnancy: Avoiding heavy weight lifting during pregnancy is one of the most important factor of safe motherhood. So the respondents' knowledge was assessed on the issue. It was found that 99 per cent knew that heavy weight lifting during pregnancy should be avoided. 47 per

cent were aware about avoiding work in the agricultural field during late pregnancy stage. Only 5 per cent viewed that they shouldn't work with paddy husking pedal. However, because of their poverty they have to do such work though knowing the risk involved in it. Pregnant women continued their normal daily work as they did before pregnancy. They were found involved in doing heavy work such as pumping tube-well, carrying heavy water pot/bucket and husking grain with traditional husking equipment even during their advanced pregnancy stage.

Routine medical check-up: Routine check-up is very much important during pregnancy, so as to take care of certain infections, nutritional deficiencies and other hazards of pregnancy. Pregnancy care is most effective if it starts from early pregnancy stage and is continued at regular intervals throughout the pregnancy period. The WHO and the Government of Bangladesh recommend at least three ANC visits, with one visit taking place in each pregnancy trimester (Mannan, 2008). Among the respondents 64 per cent women have not done any check-up during their pregnancy period, 21 per cent checked once only, and only 3 per cent of them got checked themselves three times during pregnancy period.

Ignorance, lack of knowledge and understanding about maternity and importance of maternal health during pregnancy are the main reasons for not going through routine check-up. Financial problem was found to be not a big barrier, because these types of check-up services are available in the government hospitals and Family Welfare Centre in Bangladesh.

It was found that 36 per cent of pregnant women did their check up during pregnancy. Among them 18 per cent did their check-up at Upazila Health Complex, and 11 per cent in Mission Hospital, 6 per cent got checked-up privately at village market dispensary. Only one of them went to Rajshahi Medical College. However, during the focus group discussions, the respondents stated that they had easy access to Upazila Health Complex and Mission Hospital of the area.

Decision making process for receiving medical service: Most of the women in Bangladesh have no decision making power at family and community level and control over resources. So they have lack of control over their reproductive rights. Most of the respondents (36%) stated that they went to Medical Service Providers on their husband's suggestion. However, 3 per cent and 2 per cent of the pregnant

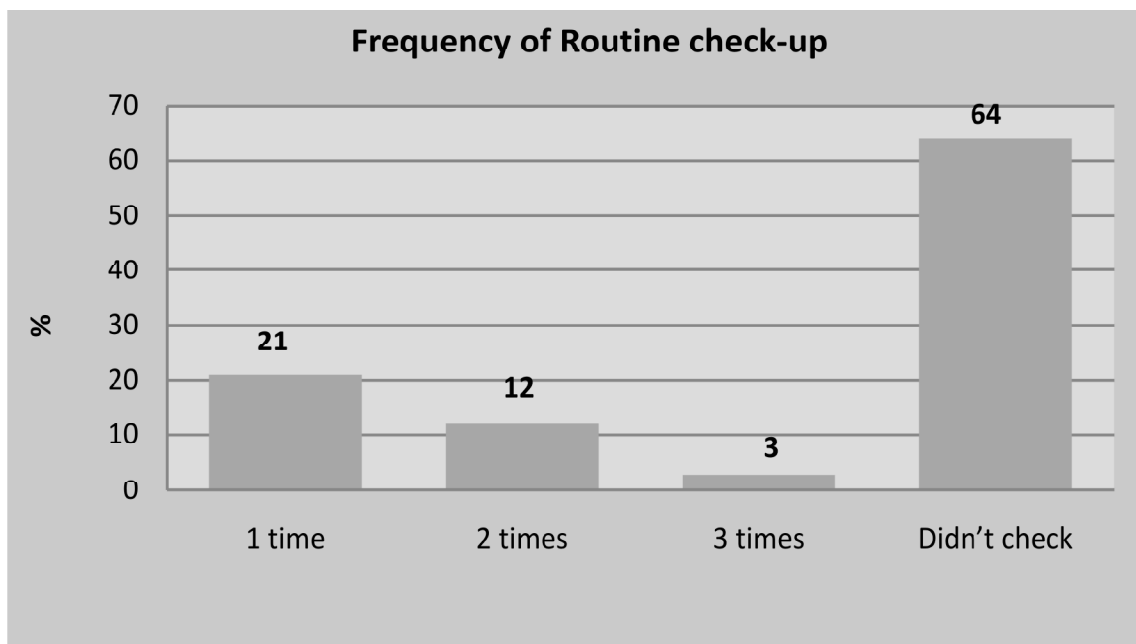


Figure 1: Frequency of routine check-up done during pregnancy by Santal women

women were advised by their father-in-law and mother-in-law respectively for medical services. The Santal people do not stay with the parents after marriage. So the in-laws can not influence them regarding the issue. The husband takes most of the decisions and sometimes decisions are taken jointly by the husband and wife for medical services during pregnancy.

Problems encountered during pregnancy: Iron deficiency anaemia is the most common micronutrient deficiency in Bangladesh, especially affecting young children and women of reproductive age. Untreated anaemia can lead to disabilities, an increased risk of infection and diminished work capacity and even to death of women during pregnancy and at childbirth (Mannan, 2008). So the researchers tried to find out the problems faced by the respondents during pregnancy. Most respondents stated that they encountered multiple problems.

In the study it was found that 56.36 per cent of the respondents were suffering from iron deficiency anaemia, 36.36 per cent had faced problem of vomiting, 25.45 per cent felt headache, and only 12.73 per cent respondent's body and leg swelled during pregnancy. High blood pressure was reported by 9.09 per cent respondents during pregnancy.

Knowledge about the risky symptoms and preparation for it: Prior knowledge about the risky symptoms can help to avoid any serious or fatal situation during pregnancy and delivery stage. It was found that most of the respondents (97%) knew about the occurrence of risky symptoms during pregnancy. They mentioned that bleeding, abnormal pain in abdomen, high blood pressure, swelling of body and severe headache are the risky symptoms during pregnancy. But the respondents have no prior preparation to act against and neutralize the risk involved during such situation. The community was unfamiliar and has no preparedness to meet with such situations. Keeping arrangement for blood is essential to meet risky situation during pregnancy period. Among the respondents 95 per cent had made arrangements for transportation only. Only 10 per cent respondents had arranged money for the delivery or to meet other adverse situation, while 85 per cent respondents did not have any preparedness to meet any adverse situation. They believed in case of adverse situation arises God will help them. A separate special place for delivery is not arrange until the delivery pain starts. It indicates though they are aware that risky situations may arise, yet they are not prepared in

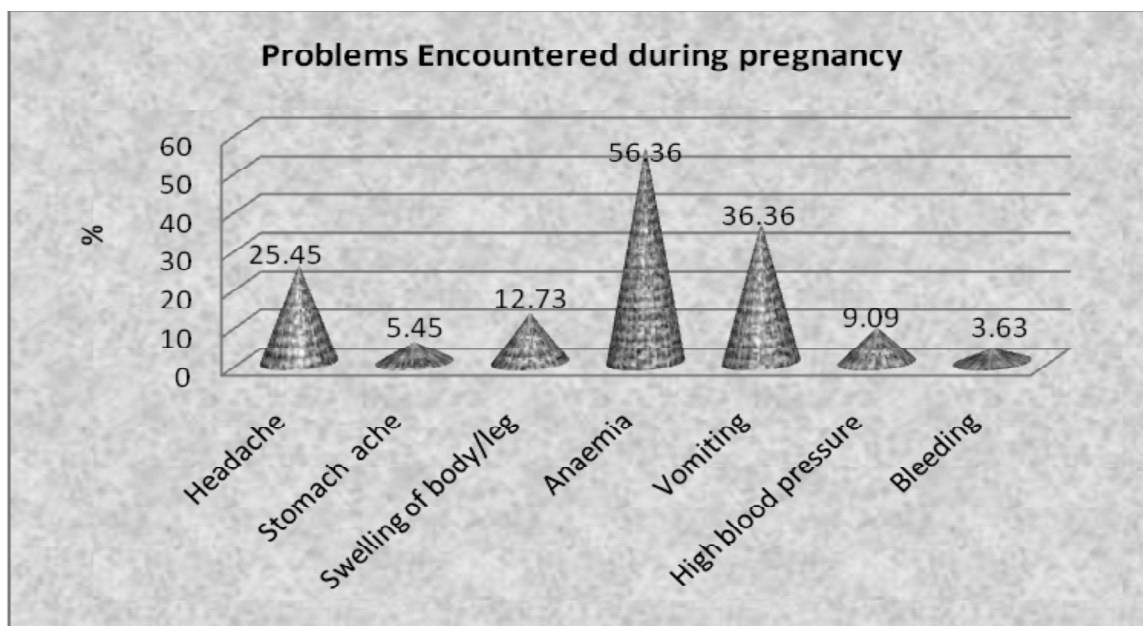


Figure 2: Problems encountered during pregnancy by Santal women

advance to face the situation. It was found that 42 per cent of the respondents took advice in risky situation during pregnancy from their husband, 30 per cent from mother, 16 per cent from father, and 10 per cent from mother-in-law and only 2 per cent from father-in-law. It reveals in this community husbands are the supreme decision maker of the family. It shows that the husband is greatly the decision maker of the family.

Knowledge on TT vaccination: It was found that 89 per cent respondents knew about TT vaccination. However, their knowledge on number of doses was very poor. Only 20 per cent of them knew that 5 doses of TT required during the whole reproductive life of women, and 12 per cent didn't know about number of doses for TT vaccination. However, 30 per cent mentioned about 3 doses required, while 25 per cent mentioned about the requirement of one dose only. Thus the respondents were aware of the requirement of TT vaccination but were sure about the required number of doses.

Knowledge about intake of calcium: Calcium is very essential during pregnancy for mother and child. It was found that 24 per cent of the respondents took calcium during pregnancy and majority of them (76%) didn't take it. Knowledge on starting period of calcium intake was assessed, six and five months were mentioned by 19 per cent and 4 per cent of the respondents respectively. It was found that taking calcium was highest (37%) among the age-group 20-24 years, and second highest (33%) among the age-group 25-29 years. It reveals young women of the community are more used to take calcium during pregnancy period as compared to the elderly women.

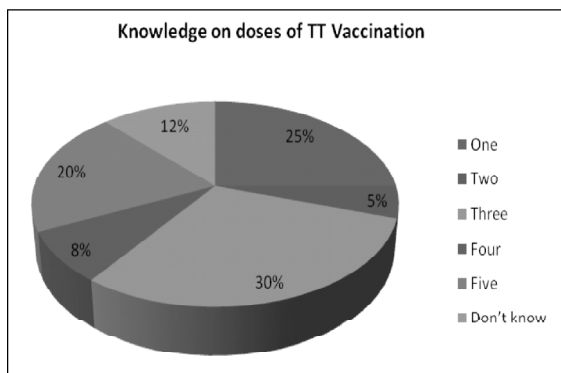


Figure 3: Knowledge on doses of TT vaccination required

Thus younger women are more aware about the need of calcium.

Knowledge and practice of taking iron tablets : Anaemia during pregnancy due to iron deficiency is very common in Bangladesh. The researchers tried to assess knowledge of respondents on starting time for iron tablet. Most of them (36%) told that it should start from three month of pregnancy. On the other hand 57% of the respondents didn't have any knowledge on the starting time of taking iron tablets. It was found that taking iron was highest (22%) among the age-group of 20-24 years, and second highest (19%) in age-group of 25-29 years. Only 3 per cent respondents of age-group 35-39 years took iron tablets.

Social and religious events during pregnancy: Among the respondents 67 per cent stated that they celebrated social events, while 45 respondents had celebrated religious events. During focus group discussion they told that they practice social rituals at the seven months of pregnancy. Some of them wore new saree on that occasion. Only one of them mentioned that she put iron bangle (*bala*) in hands. Some of them who converted to Christianity still do worship deity during pregnancy with reverence for the betterment of the one to arrive. Those respondents who didn't celebrate the social and religious events stated that they did not celebrate the event because they could not afford the expenditures for the events. Some of the respondents did celebrate the events for the first two issues. That means social and religious celebration during pregnancy is well articulated with the Santal community culture.

Superstitions and restriction during pregnancy: Among the respondents 90 per cent believe on pregnancy related superstitions and restrictions on free movement. They didn't go to bamboo groves, cross roads, walk under big banana trees or beside ponds and river banks especially at noon and at midnight. They believe in those places malevolent sprites are most active.

CONCLUSION

Most of the Santal women, who were respondents, has the knowledge of the special food intake and avoiding physical labour during pregnancy period. But they cannot put these in practice due to their poverty. A significant proportion of women suffer

from health hazards while they are pregnant. They do participate in some cultural and religious events during the pregnancy. However, some of them could not enjoy those events due to the poor financial condition of the family.

Measures as well as balanced development policies and programs should be taken up by the Government, policy makers and service providers to increase the awareness of the pregnant women and their husbands on these issues and improve the health care services and facilities for the Santal community. Based on the findings of the present study the following recommendations have been made.

1. Health Directorate can take necessary programmes through their service providers to make aware the women of Santal community about the signs of complications and dangers during pregnancy. For ensuring this it is an urgent necessity to encourage individual activists and NGOs to extend their safe motherhood services in areas of Santal community where the services are almost non-existent.
2. Make health service providers more sensitive to Santal women's needs and concerns because they are not aware of some safe motherhood issues. Health service providers should make them aware and motivate them to practice the safe motherhood issues.
3. Community people should be motivated to send the women in complicated pregnancy case to the nearest hospital immediately and keep an arrangement for transport facilities for emergency.
4. The NGOs should be encouraged to start transport service by their local offices using available local transportation system (van, boat, microbus etc.) during need of emergency transportation of pregnant woman.
5. Routine check-up is important during pregnancy. It is very much important to take care of certain infections, nutritional deficiencies and other hazards of pregnancy. Care is most effective if it starts from early pregnancy and continued at regular intervals

throughout the pregnancy period. Routine check-up may be provided by the health worker or the NGO workers to the women of Santal community.

6. It was found in the study that the community women were knowledgeable on the necessity of calcium and iron tablets during pregnancy and after delivery, but they didn't know how many tablets need to be taken daily. Their knowledge must be enriched through training and motivations.
7. Health care services should be brought close to the door step of the Santal women by arranging mobile or satellite clinics more frequently, or ensuring home visits by the government or NGO health workers.

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