



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL  
OF ADVANCED RESEARCH

## RESEARCH ARTICLE

## STIMULUS IN TRANSFORMATION OF CONVENTIONAL INSIGHT ON FAMILY HEALTH CARE AMONG MOTHERS OF EASTERN UTTAR PRADESH

Vineet Kumar Verma<sup>1</sup>, Naila Ansari<sup>2</sup>, A.K.Kapoor<sup>3</sup>

1.Research Scholar, Department of Anthropology, University of Delhi, Delhi-07, Mob - 8750955598

2.Research Scholar, Department of Anthropology, University of Delhi, Delhi-07, Mob – 9990107805

3.Professor, Department of Anthropology, University of Delhi, Delhi-07, Mob – 9910544142

### Manuscript Info

#### Manuscript History:

Received: 18 August 2015

Final Accepted: 22 September 2015

Published Online: October 2015

#### Key words:

Health, Illness, Culture,  
Epidemiological, Maternal Health  
Care, Women Status

#### \*Corresponding Author

Vineet Kumar Verma

### Abstract

The present research paper will address health care strategies and interventions among women that encompass methods of diagnosis and treatment to look at cultural conceptions of the body, health and illness. The objective of research describes more a profiling nature of the fieldwork output along with the comparisons in terms of distinct aspects of the area to investigate the various construction of the universe of illness and cure with distinct efficacy of maternal health care practices among two ethnic groups inhabiting in eastern Uttar Pradesh. In order to gathering data, the researcher selected 800 active head of households from area, giving equal representation to both the group. The present study was undertaken in the rural areas of Uttar Pradesh with two caste groups of Bhatpar Rani, Deoria District. Conclusively, it can be said that on the basis of observations and analysis based on the study indicates that both sampled population is said to be vulnerable to several diseases and social problems.

Copy Right, IJAR, 2015,. All rights reserved

## Introduction

Women must be made to make choices in their life and always feel free to raise questions and jointly searching for meaning of life; so there must be constant healthy discussions related to the health status and general backwardness of the women at different levels. Hence it is important to expand their capabilities and enabling to lead productive life. Anthropologists using cultural perspective to understand disease patterns view human populations as biological as well as cultural entities. These factors interact and then interaction may be health promoting or deteriorating. The links between culture and health have been examined mostly at the micro-level in epidemiological studies. It focuses on health behavior as a way to learn about social values and social relations.

## Objective

The main purpose of present study is to investigate the various construction of the universe of illness and cure with distinct efficacy of maternal health care practices among two ethnic groups inhabiting in eastern Uttar Pradesh.

## Materials and Methods

The present study was undertaken in the rural areas of Uttar Pradesh with two caste groups of Bhatpar Rani, Deoria District, Uttar Pradesh. There are 326 villages spread out regions in tehsil Bhatpar Rani; as for the sample division from sampled village, 400 household were selected from both caste group. The total sample size selected for the study includes 800 households, taken equally from both the caste group. The respondents were interviewed at their residence and communities were judged by observation, group discussion and informal interview and discussion with the subjects. Thus the data collected are both quantitative and qualitative ones. The unit of analysis was head of households. The data analysis was done using the Statistical Package for Social Sciences (IBM SPSS Statistics 17.0).

## Results

Along with the analysis, statistical tests are conducted to meet the objective of the study that is to find out the variations in health status indicators of the women of both the caste group across sampled area; and to examine their associations with various factors. Hence the sample is studied very vividly and the associations and differences are analyzed on the basis of various health determinants.

The objective of research describes more a profiling nature of the fieldwork output along with the comparisons in terms of two distinct aspects of the area:

### 1. Maternal and Child Health

#### Information source on family planning

The sources of information on practicing of family planning among people are mainly from an informal group and people than the audio or visual media that is about 3.6 and 28.1%. Own parents and friends are 6.3 and 7.3 percent of total population, there as source of information but are not that decisive key informants, but only few one, number of people who did not have access to any type of source of information regarding family planning is about 544 (42.1%) people. Significance regarding information source on family planning in both the caste group is not found.

#### Usual practice in pregnancy regarding food

Table 3 gives the vivid picture where 406 household believe that during pregnancy take some more proper food; there is consistency also found among 213 household which prefer more food in compare to normal food. This may be due to the fact that for the health the amount of energy required more during pregnancy. The rest 135 of the experience elder among household head of both caste group believe that several food are not good during pregnancy so they restricts these food up to delivery and were attended by the health worker once or twice only.

#### Awareness towards Breast Feeding

Breast feeding of children is considered as one of the important healthy practices and for health development of children breast feeding is always recommended. There are 986 mother who are breast feeding the children. More awareness about breast feeding found among both the caste group that is about 90 percent and it is at satisfactory level. Few Rajput female 15.5% believed that after baby born the first feeding is not good due collecting impurities in the breast, whereas misconception in Sonar is not found it is little about 3.6%.

#### Family used Traditional Herbs and Shrubs for Family Planning/ Abortion/Sterility

Figure 1 shows number of abortions is comparatively less among the Sonar and Rajput and the primary data shows that several people used herbs or shrubs for family planning/abortions/sterility etc.

### 2. Status of woman

The status of respondent woman is analyses through the participation of women in the decision making process of family matters, health matters, the level of freedom of movement and social positioning in the family and community.

**Makes decision in the family matters**

The women as the respondents have the opinion that they do not have the freedom to take decisions in the family related matters. The decisions are taken either by the husband or jointly. In case of Sonar husband generally make decision in the family is 51.2% whereas in Rajput it is about 34.8%; in Rajput role of father in law dominate in compare to Sonar i.e. 24.9% and 11.4% respectively; in case of mother in law and jointly making decision not show significance as such. Women in Sonar show little effort to make decision in family matters it is about 4.8%.

**Makes decision in the family health matters**

Health related matters again dominate by husband in both the caste group but in Sonar, 19.1% women are dominate and capable to make decision whereas 12.4% female Rajput are self decision makers. In number of cases it is generally found that other (not related to family means relative, friends, neighbour) are influence decision of the family in health matters of women that is 13.5% in Rajput and 8.8% in Sonar, other interference in Sonar not as much as Rajput.

**Discussion**

The study was to review the various health care systems and services; and their utilization among the Rajput and Sonar respondent women.

- The role of health professionals is also very minimal. All most all follow the informal sources of information for upbringing of their children.
- Considering the institutional service during delivery, the general population of Rajput depend more on private hospital and government hospitals. It is important to note that number of percent of deliveries took place at home; few respondents shared their experience. Ask question about their attitude towards labour during pregnancy generally both the community believe that hard working during pregnancy is good for the child birth.
- Regarding the status of women in the Rajput and Sonar households, women have the opinion that they do not have the freedom to take decisions in the economic, or family related matters or spending money.
- The family planning method is not common among the women of both the group. There are large percent of women who have undergone female sterilization; it is also found that large percent of people do not know about the family planning methods. It is interesting to comment that the source of information of family planning to the people is from informal ordinary people than the formal agents. This is would mean that the government machinery is not reaching out to the peripheral reaches of the society.
- ASHA workers conduct meetings and these regular meetings help them to a great extent to know the health awareness activities of the centers. Women attend the meetings due to their fair relations with ASHA workers. But they do not find anything special with regard to these meetings.
- In order to bring the future generation from the clutches of exploitation and domestication; women of sampled area try to skilled their life with the help of education. This will improve their capabilities and may be able make choices in life. This will bring a breakthrough in the life of the both the group.

**Conclusion**

Conclusively, it can be said that on the basis of observations and analysis based on the study among Rajput and Sonar of Eastern U.P, the fact that indicates both sampled population is said to be vulnerable to several diseases and social problems. In general sampled population, have their own beliefs and practices regarding health. Rajput still believes that a disease is always caused by hostile spirits or by the breach of some taboo. They therefore seek remedies through magical religious practices. Health status of women are not merely good, because of chronic disease like fever, typhoid, vomiting, stomach ache, headache, and in older women societies, teeth pain, body pain etc. are seriously found among many. On the other hand, some people of Sonar have continued to follow rich,

undocumented, traditional medicine systems, in addition to the recognized cultural systems of medicine such as Ayurveda, Unani, Siddha and Naturopathy, to maintain positive health and to prevent disease.

### Acknowledgement

I am very much privileged to complete my research paper under the supervision of respected Prof A.K.Kapoor and my sincere thanks to him, first of all for making this paper possible and for having such faith in me, even before it had begun, and also for inspiring conversations and comments throughout this whole process. I also accord my sincere thanks to Naila Ansari for editing lots of content during my research work.

### Tables

**Table 1- Population covered by the Study**

Caste	Number of Households	Number of Persons	Size of the Households	Percent
<b>Rajput</b>	400	2040	5.1	54.3
<b>Sonar</b>	400	1720	4.3	45.7
<b>Total</b>	800	3760	4.7	100.0

**Table 2- Caste wise distribution of source of information regarding family planning**

Sources	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Radio	29	4.1	18	3.1	47	3.6
Television	171	24.6	192	32.1	363	28.1
Newspaper/Magazine	27	3.8	31	5.2	58	4.4
Parents	38	5.4	43	7.1	81	6.3
Friends	42	6.1	57	9.5	99	7.6
Other	77	11.1	26	4.3	103	7.9
Total	384	55.1	367	61.3	751	57.9
Missing System	313	44.9	231	38.7	544	42.1
Total	697	100	598	100	1295	100

**Table 3- Usual practice in pregnancy regarding food**

Caste Group	Usual practice in pregnancy regarding food								Total	
	Take some more food		Take food use than normal		Restricts some cereals, fruits, vegetables drink		Take the normal food			
	No	%	No	%	No	%	No	%	No	%
Rajput	214	53.5	92	23	76	19	18	4.5	400	100

Sonar	192	48	121	30.2	59	14.8	28	7	400	100
Total	406	50.8	213	26.7	135	16.8	46	5.7	800	100

**Table 4- Prefer hard labor during pregnancy**

Caste Group	Prefer hard labor during pregnancy				Total	
	Yes		No		No	%
	No	%	No	%		
Rajput	316	79	84	21	400	100
Sonar	291	72.7	109	27.3	400	100
Total	607	75.8	193	24.2	800	100

**Table 5- Caste wise distribution of breast feeding awareness**

Breast Feeding	Caste Group				Total	
	Rajput		Sonar		No	%
	No	%	No	%		
After few hours	424	84.5	467	96.4	891	90.4
After few days	78	15.5	17	3.6	95	9.6
Total	502	100	484	100	986	100

**Table 6- Caste wise distribution of the person generally makes decision in the family matters**

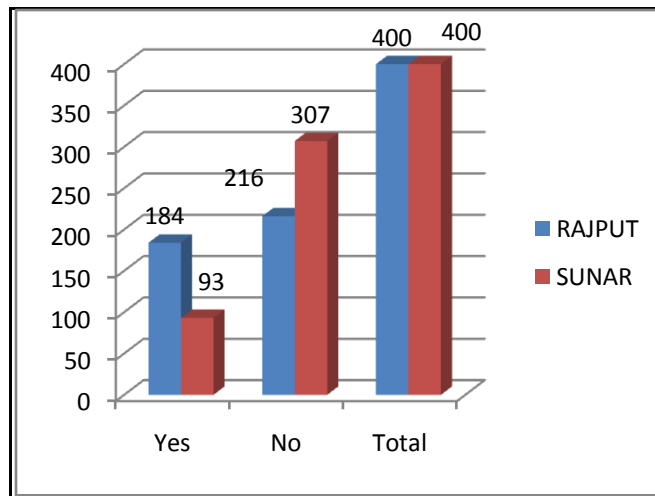
Who generally make decision in your family matters	Caste Group				Total	
	Rajput		Sonar		No	%
	No	%	No	%		
Self	17	2.4	29	4.8	46	3.5
Husband	243	34.8	306	51.2	549	42.4
Father in law	174	24.9	68	11.4	242	18.6
Mother in law	51	7.4	23	3.9	74	5.8
Jointly	212	30.5	172	28.7	384	29.7
Total	697	100	598	100	1295	100

**Table 7- Caste wise distribution of the person generally makes decision in the family health matters**

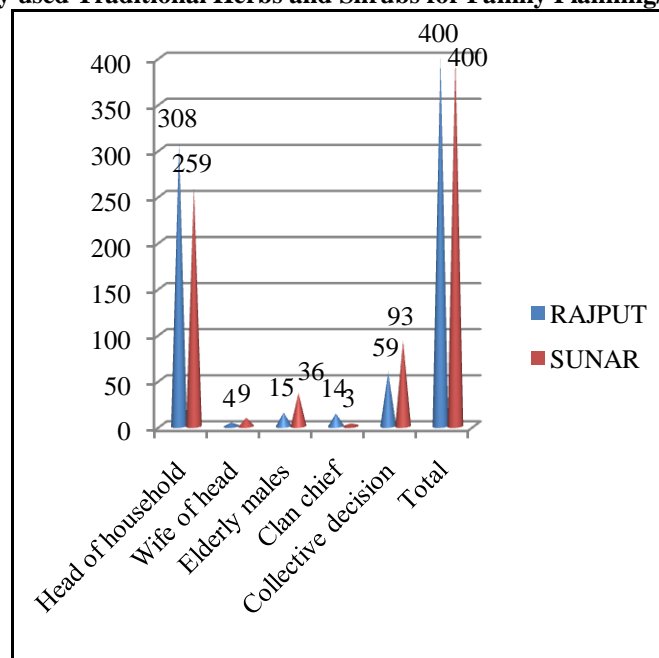
Who generally make decision in your family on health matters	Caste Group				Total	
	Rajput		Sonar		No	%
	No	%	No	%		
Self	87	12.4	114	19.1	201	15.5
Husband	321	46.1	292	48.8	613	47.3

Father in law	44	6.3	26	4.3	70	5.4
Mother in law	19	2.8	38	6.4	57	4.5
Others	94	13.5	53	8.8	147	11.4
Jointly	132	18.9	75	12.6	207	15.9
Total	697	100	598	100	1295	100

**Figures**



**Figure 1- Family used Traditional Herbs and Shrubs for Family Planning/Abortion/Sterility**



**Figure 2- In case of sickness decision taken for consulting doctor**

## References

1. Ager, A. and Pepper, K. (2005). Patterns of health service utilization and perceptions of needs and services in rural Orissa. *Health Policy and Planning*, 20(3), 176-184.
2. Ashok Vikhe patil, K.V. Somasundaram and R.C. Goyal *Aust. J. Rural Health* (2002) 10, 129-135 Current Health Scenario in rural India.
3. Banerjee, A, et al. (2004), *Health Care Delivery in Rural Rajasthan*, Poverty Action Lab, Massachusetts Institutes of Technology (MIT), Cambridge, Feb. 16, (7) p. Paper No. 7.
4. Banerji, D. (1985), *Health and Family Planning Services in India*, Lok Prakshan, New Delhi.
5. Banks, A.I.: *Man and his Environment*, University Press Cambridge (1950).
6. Basu, S.K.: *Determinants of Health Seeking Behaviour among the Tribal Population of Bastar District, Madhya Pradesh, India*. *South Asian Anthropologist*, 11: 1-6 (1990)
7. Bhasin, V. 1989. *Ecology, Culture and Change: Tribal's of Sikkim Himalayas*. New Delhi: Inter India Publications.
8. Bhore Committee Report 1946 Government of India. *Report of the health Survey and Development Committee, Vol. Ii (Chairman: Bhore)*. Delhi: Manager of Publication; 1946.
9. Clements F.E. 1932. "Primitive concepts of disease." *University of California Publications in American Archaeology and Ethnology*, 32(2): 185-252.
10. Dreze Jean and Sen Amartya (1995) *India Economic Development and Social Opportunity* Delhi: Oxford University Press.
11. Evans-Pritchard E.E. 1937. *Witchcraft, Oracles and Magic among the Azande*. Oxford: Clarendon Press.
12. GOI (2001), *Census of India data 2001*: New Delhi, India: Government of India, Ministry of Home Affairs, office of the Registrar General & Census Commissioner.
13. GOI (2011), *National Rural Health Mission: Mission document*. New Delhi, India: Government of India, Ministry of Health and Family Welfare.
14. Kapoor A.K.: *Bio-Social Study of Saharia: A Primitive tribe of Rajasthan*. Project Report Submitted to University of Delhi. Delhi (1996).
15. Khare, S. 1963. "Dava, Daktar, and Dua: Anthropology of practiced medicine in India." *Social Science Medicine*, 43(5): 837-848.
16. Leslie, C (1980), "Medical Pluralism in World perspective", *Social Science and Medicine, Medical Anthropology*, Nov; 1413:
17. Mehta Usha, Aggarwal Alka (2000), *Hygiene First Aid and Home Nursing*.
18. Opler, M.E. *The Cultural Definition of Illness in Village India Human organization*, 22: 32-35 (1963).
19. Turner, V.W. 1967. *The Forest of Symbols: Aspects of Ndembu Rituals*. Ithaca: Cornell University Press.
20. Wasan, R.K (1990), "Status of Health in India and its Future Prospects", *Nursing Journal of India*, Aug; 81 (8): 253-4.