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Health-Seeking Behaviour and Ante Natal Period Among the Women of Jannath Nagar: An Urban Slum of Dharwad Town (Karnataka)

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ABSTRACT

Health promotion programmes since a long time have been delivering services on the basis of an underlying assumption that, providing knowledge about causes of ill-health and choices available will go a long way towards promoting a change in individual behavior, and towards more beneficial health-seeking behavior.

Paucity of data on health status especially maternal health indicators is a problem of major concern in many developing countries. The poor health status of slum-dwellers usually gets obscured by the statistics when compared to the relatively well-off urbanites. The worst-affected picture is of those living in the densely-packed urban slums where access to quality maternal healthcare is limited. Access to water, sanitation and health services, income, living conditions, unstable occupations yielding low incomes etc., are a major source of many conflicts facing the slums. These factors in combination with the norms, values, beliefs, social institutions and the concepts of acceptability and adaptability embedded in a cultural-setting become the cumulative driving forces behind maternal-health and the health services in turn are destined to face the challenge of meeting the quality services.

Understanding of slum culture is very crucial to gain insight into health-seeking behaviour of the people. This is an attempt to understand and examine the determinants influencing health-seeking behaviour during the ante natal period among the women of Jannath-Nagar slum. Data was collected by subjecting women to in-depth interviews. Findings reveal that the pregnancy period is governed by the health-seeking behavior which rests on the beliefs of the people in a context. The present study highlights the importance of contextual influences on health outcomes. Factors promoting 'good' health-seeking behaviors are not rooted solely in the individual, but they have a more dynamic, collective, interactive element for and that is nothing but the community.

KEYWORDS: Urban Slum, Culture, Maternal Health, Health-seeking Behaviour

INTRODUCTION

Health-seeking behaviour is conceptualised as a 'sequence of remedial actions' taken to rectify 'perceived ill-health' (Ahmed et al., 2000). It clearly varies for the same individuals or communities when faced with different illnesses. It also varies according to cultural and ethnic background. The health-seeking behavior includes "all meanings and activities a person and his/her networks engage in response to symptoms". It "includes symptom recognition, self-care, symptom communication and lay referral, traditional and biomedical care, and treatment adherence/ compliance" (Christakis et al., 1994).

Although pregnancy is not a disease but a normal physiological process, it is associated with certain risks in every society. Human reproduction is influenced by the members of the society as pregnancy and childbirth are intertwined with functions of religion, family, marriage and kinshp. It is therefore why pregnancy is accorded great significance by the society.

When compared to other southern states in India, Karnataka has the worst record for maternal deaths and mortalities which is 178 per 100000 live births. Although urban mortality statistics are comparatively better than the rural, there is a wide disparity between the urban rich and poor resulting in the absence of factual representation of urban slums in the existing urban statistics. It is because; the poor maternal health-status of the slum-dwellers usually gets obscured by the statistics when compared to the relatively well-off urbanites. Hence, it becomes imperative to understand the contribution of a context, in other words 'health-seeking behaviour" towards improving maternal health. This paper understands the health-seeking behaviour of the people during pregnancy in an urban slum (Jannath Nagar) of Dharwad town in Karnataka. The findings bring to fore that people classify the type, quality and quantity of the food and observe rituals and strictly follow taboos for mother's health, foetus, and safe delivery so that the functions of religion, family, marriage and kinship remain unaffected.

RESEARCH CONTEXT AND METHODOLOGY

Ethnographic investigation was used to understand the health-seeking behaviour during the pregnancy period among the women of Jannath Nagar, an urban slum located in the midst of Dharwad city of Karnataka state. Pregnant women in the area were subjected to in-depth interviews to understand their daily routine and health-seeking behaviour during ante natal period. Level of confidentiality and anonymity was assured during data collection.

The slum has developed rapidly with regards to population, houses, unstable employment, and lack of access to clean water, unhygienic public and private toilets and inappropriate drainage systems. Geographical locale of the slum connects it to various resources (healthcare centres, pharmacies, markets, transport etc) in the city for healthcare but; not in practical reality for many reasons. Majority of the slum-dwellers live in joint families. The reason being, that the slum is situated at the lowest point in the city and Dharwad being a semi-malnad region; worsens the state of affairs of the slum by flooding it during monsoons. Muslims form the dominant community of the slum-dwellers and next to them are Hindus. Christians and people of other religions form the minority. Jannath Nagar forms a resource-poor setting with a blend of diverse socio-cultural milieu which in fact is homogenous in nature when it comes to seeking healthcare services.

HEALTH-SEEKING BEHAVIOUR (HOT AND COLD DICHOTOMY, RITUALS, AND TABOOS) DURING ANTE NATAL PERIOD

People classify the food that is to be consumed by the pregnant woman as "hot" and "cold". They opine that a woman in her ante natal period is not supposed to consume those foods that have an intrinsic quality of creating heat in the body and therefore they are classified as hot foods. It is because the hot foods which create heat when consumed can result in miscarriages. The foods that have are referred to as hot are hari mirch or hasi mensinkai (green chilly), kaddu or kumbalakai (pumpkin), pappali (papaya), badnikai (brinjal), ginna (milk produced by a cow or buffalo on the first day after it has delivered). 'Cold" foods with an intrinsic quality of keeping the body state cool such as curds, banana are advised. Again the consumption of hot and cold foods is such that the foetus does not get affected since certain cold foods can cause cold and fever for mother i.e. khas hota hai (cough). Namak (salt) is basically avoided as it results in the increase of BP hota hai (blood pressure) and can be dangerous during labour pains in the form of fits and convulsions.

People confine to certain beliefs which can cause loss of the foetal life. One of the most important ones is the belief that a pregnant woman

should not cross the hall or, nadiya (rivers, streams and lakes), and if she does so then dhoka hota hai or hotti hogtaiti (loss of foetus or abortion). That is the reason why a woman is strictly prohibited to travel to other places especially in the first trimester as this period is a sensitive period and can be influenced by supernatural world.

Kubsa or godh bharna is a ritual that is performed by the families believing in it. Majority of the Muslim families do not perform the godh bharna ritual. It is because, either their family does not have this tradition or have stopped the tradition. Reason for not performing the ritual or discontinuing the ritual is to avoid the dhoka. Dhoka is referred to a calamity befalling the family. And it can be in the forms of accidents, deaths, abortions. In other words it refers to loss of life. But the same families believe that the dhoka gets eliminated in case of the godh bharna performed by some other families who are residents of the area or of some other places.

The rationale behind performing Godh bharna is equated with the concept of worshipping fasal and kheta (agricultural produce and fields). A farmer worships his field, standing crops and agricultural produce with a belief that worshipping mother earth before sowing will maintain the equilibrium for the crops, worshipping before and after harvesting results in better produce. Similarly godh bharna and kubsa is a ritual performed for pregnant women so that women (aurtya) and baby and foetus (bacche) should not undergo dhoka later on.

Another important element that is strictly followed is the moment a woman reveals to the family members that she has conceived, she is given whatever she desires for till her delivery if the economic standards clubbed with cultural norms of the family especially with regards to food, clothing and movements permits to do so. If it remains unfulfilled then bacche ko (baby) dhoka hota hai for example; kivi sortaiti (the ears leak). Hence, people strictly follow all those beliefs and practices which impact on mother's health and especially the foetal health. they take all those remedial actions or in other words the preventive and promotive sequence of actions that improves the foetus which is important as it is a family successor.

DISCUSSION

Although pregnancy is a biological process, people in Jannath Nagar perceive it as a socially constructed phenomena and thus attach lot of significance. Pregnancy gets associated with the functions of marriage, family and kinship. It is therefore why a woman in pregnancy period becomes important to people. Thus people take remedial promotive and preventive actions which is nothing but health-seeking behavior to see that woman goes through the pregnancy and childbirth safely. Health-seeking behaviour in turn is tailored by religious beliefs, norms, values, schemas of the people in a context. But there are certain practices such as consumption of certain foods can result in malnutrition and can cause anaemia, result in low-birth weight babies, babies born with low vision or some kind of impairments. Beliefs such as crossing the rivers or lakes or streams can prove hazardous if the mother's health has got deteriorated and she needs immediate attention by a skilled health personnel. It may result in complications as there is geographical accessibility but no religious accessibility.

CONCLUSION

Our research has allowed us to understand the impact of health-seeking behavior during ante natal period among the women in Jannath Nagar. The findings reveal that ante natal period is determined by religious beliefs and practices, which were learnt through the process of socialization. Apart from these literacy, education and exposure to mass media are less significant when it comes to the health-seeking behavior because the people opine that pregnancy and childbirth are intertwined with the functions of religion, family, kinship and marriage.

Childbirth is important for every society for the values and beliefs they hold towards it. Religion and Caste in India determine various human activities (Shankar 1990). Religion is a complex phenomenon which pervades a vast range of human activity. Different societies and cultures recognize this fact in a multitude of different ways as childbirth in many societies is mainly intertwined with the functions of family, marriage and kinship. For these very reasons childbirth is fundamental in India and people accord significance based on their culture, values, beliefs, concepts, schemas and norms within a context. This ultimately results in health-seeking behaviour with regional imbalances and wide variations in maternal mortality ratios. A study of health seeking behaviour aims at every level to understand people's way of looking at and managing health and ill-health, and interactions with the health providers.

Health promotion programmes throughout the world, have been delivering the services on the basis of an underlying assumption that, providing knowledge about causes of ill-health and choices available will go a long way towards promoting a change in individual behavior, and towards more beneficial health-seeking behavior. Nevertheless, there is a growing recognition, in both developed and developing countries that, providing education and knowledge at the individual level is not sufficient to promote a change in behavior. In recent years, there has been growing recognition of the importance of contextual influences on health outcomes; in particular. Several studies have found significant effects of community-level factors on reproductive health outcomes. They focus on the individual as a purposive and decisive agent, and show that factors promoting 'good' health- seeking behaviors are not rooted solely in the individual, but they have a more dynamic, collective, interactive element for and that is nothing but the *community*.

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