# BELIEVES AND PRACTICES ON PREGNANCY AND DELIVERY: AMONG BANJARAS OF BELLARY DISTRICT IN KARNATAKA

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**Key Words**: Delivery, Hospital, Medical, Mid-wife and Doctor.

### **Introduction:**

The Banjara were found to have had their delivery in the hospitals very rarely, only if complication arises they visit hospitals therefore, the study on the type of delivery and place of delivery has been taken in the following tables because majority of Banjaras in the district are of the opinion that they do not visit any hospital for delivery and no special core is given to mother during her pregnancy period.

# Methodology

The filed work and data collection were conducted in four stages that is pilot surrey, tool testing survey extensive and intensive many surveys in two stage. All together for period of eleven months during holidays of my college were spent in the filed between June 2009 to May 2012. The Banjara house holds spreading over 7 Talukas of Bellary District have been covered for data collection. Filed methods like schedule, Genealogy interview, Case study and secondary sources were also collected the total sample has comprised households

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## **Desiccation**

Table -1 a

Type of Delivery among Banjara women in Bellary District.

District	Taluks	Normal	Caesarian	Total	
Bellary	Bellary	205	3	208	
	Hospet	281	2	283	
	Siruguppa	49	-	49	
	Sandur	94	2	96	
	Hagaribommanahalli	39	-	39	
	Kudligi	133	2	135	
	Hadagali	122	4	126	
	Total	923	13	936	

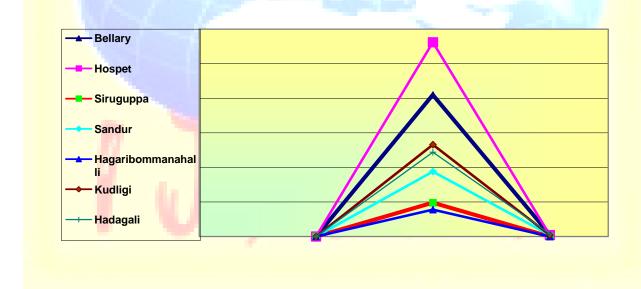


Table -1 b

Banjara Women's Place of Delivery

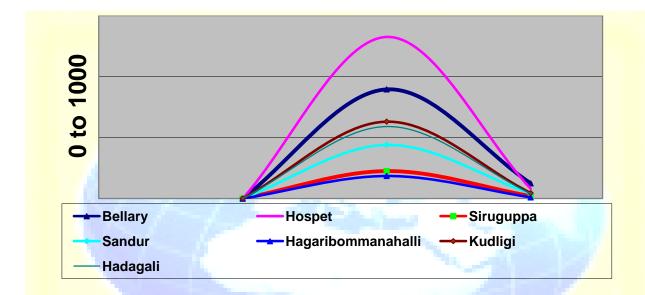
District	Taluks	Home	Hospital (GH)	Total
Bellary	Bellary	179	25 (PH-4)	208
	Hospet	265 16 (PH-2)		283
	Siruguppa	45	4	49

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	Sandur	88	8	96	
	Hagaribommanahalli	37	2	39	
	Kudligi	126	9	135	
	Hadagali	118	8	126	
	Total	858	78	936	
GH Government Hospital PH- Private Hospital					



The above table on type of delivery and place of delivery reveals the fact that majority of Banjara women deliveries had taken place normally in the settlement where as caesarean was found in Bellary taluk(3), in Hospet taluk (2), is Sandur taluk (2), is Kudligi taluk (2) and is Hadagali caesarean cases are (4), forceps and other methods were not found to have taken place among them.

#### **Medical Attendant Chosen During Delivery**

In their context, the attempt has been made to understand the medical attendant chosen during delivery of the Banjara women in Bellary district. Further, it is very significant to know medical attendant chosen during delivery because most of the Banjara women in the Bellary district age at marriage, their conception, child mortality, type and place of delivery practices shows that there is dire need for an intensive care to take women's life and health. Thus, the



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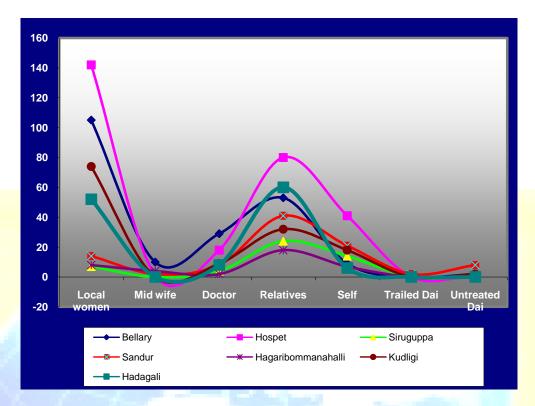
following table shows the medical attendant chosen during delivery by the Banjaras of seven talukas in the district.

Table: 2

Medical attendant chosen during delivery of the Banjara womem in Seven Talukas.

District	Talukas	Local	Mid	Docto	Relati	Self	Traine	Untrained	Total
		women	wife	r	ves		d Dai	Dai	
Bellary	Bellary	105	10	29	53	9	-	2	208
	Hospet	142	1	18	80	41	1	1	283
	Siruguppa	7	1	4	24	14	-	-	49
	Sandur	14	2	8	41	21	2	8	96
	Hagaribomman ahalli	8	4	2	18	7			39
	Kudligi	74	-	9	32	18	-	2	135
	Hadagali	52		8	60	6		-	126
	Total	402	17	78	308	116	2	13	936





The above table depicts that out of 936 deliveries from Bellary taluk majority of them have chosen local women (105), Secondly by the relatives (53), thirdly by the doctors (29), Fourthly by the midwife (10), Fifth by the self and from untrained dai, it is only (2). From Hospet taluk majority of them have chosen local women (142), Secondly by the relatives (80), thirdly by self (41) Fourthly by the doctors (18), Fifth by the midwife and untrained dai each one respectively. From siruguppa majority of them have chosen relatives (24), Secondly by self (14), thirdly local women and fourthly by doctors (4). From Sandur majority have chosen relatives (41), secondly by self (21), thirdly by local women (14), fourthly by the doctors, and untrained dai each (8), and Fifthly midwife and trained dai(2). From Hagaribommanahalli majority of them have chosen relatives (18), secondly by local women (8), thirdly self (7), forthly by midwife (4), and lastly by the doctors (2). From kudligi majority have chosen local women (74), secondly by the relatives (32), thirdly by self(18), by the doctors(9) and from untrained dai(2). From Hadagali majority have chosen from relatives (60), Secondly by the local women (52), thirdly by the doctors (8), and self (6).



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#### Conclusion

Further, the place of delivery depicts that Majority of the Banjara women in the entire Bellary district was found to have delivered their children at home as they were unable to meet the expenses at hospitals. From above analysis it can be concluded that medical attendant chosen during delivery by the Banjara women in the Bellary district found to have undergone delivery by the local women comprising of their neighbour, old aged women who have given birth to more than half a dozen, and surprisingly it is also by self. Therefore, the need for the training of Banjara women from adolescent age for safe delivery practices is fore seen from the analysis.

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