Social Beliefs, Customs and Superstitions Associated with Care of Mother and New Born Baby: A Case Study from *Bundelkhand* Region in Central India

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ABSTRACT

DeendayalResearch Institute *(DRI), an NGO established in 1969, has been working for the upliftment of the poor and the underprivileged in the* Bundelkhand *region in central India. In January 2002, DRI initiated Village Self Reliance Campaign (VSRC) with an integrated approach to rural development comprising components of agriculture, income generation, entrepreneurship development, health, education and litigation free villages. The key component of the VSRC is the* Samaj ShilpiDampatis*(SSD), a newly wed graduate couples who have a sense of commitment towards community service, and live and work with villagers for a period of five years. SSDs act as nodal point for all development interventions by DRI. This research study was undertakenin Chitrakoot district of Uttar Pradesh and Satna district of Madhya Pradesh to study the challenges faced by SSDs in working with villagers.A case study was written to document the complex socio-cultural customs and beliefs of tribalthat came in the way of development and how SSD couple successfully managed to overcome these centuries-old superstitions. The information was collected in January and February 2009 by personal interview and discussionwith the SSD couple who were part of the process described in the case study. The facts were also validated by discussions with other four SSD couples. It was found that* Gonds, Kols*and*Mawasi *tribes living in forests of Bundelkhand region in Central India followed a strange belief and superstition. Whenever a woman delivered a baby, both the mother and the newly born baby were isolated by the rest of the family members for atleastthree days after delivery. The mother and the baby are not touched and attended to by anyone including family members. Even mother too was forbidto touch her new born baby. They are not provided with any food or milk in this period. Tribals believed that their Goddess would watch the mother and baby during these three days and it is against the wish of their Goddess to attend to the needy mother and baby. Thisparticular case deals with three days of ordeal faced by a young tribal woman who had delivered a child and how the female functionary of SSD scheme provided timely help to save both the mother and child from starvation and death. The social beliefs and customs also contributed tohigh maternal mortality rate, infant mortality rate and malnourishment rate among children in the study area.*

Key words: *Infant mortality rate; Malnourishment rate; Maternal mortality rate; Samaj Shilpi Dampati;*

Tribal population is found in all parts of the world. India has 10.4 crores of tribal population constituting 8.2 per cent of India's population (*Ministry of Tribal Affairs, 2015*). More than 90% of tribal population is dependent on subsistence agriculture and allied activities, which reflects their agro-based economy. The overall development of tribals should include feasible and sustainable models integrated with eco-friendly enterprises utilizing area and location specific natural and human resources instruments in catering the needs of the tribes in the changing global scenario. United Nations Conference on Environment and Development (1992) put forward the idea of sustainable livelihoods as an approach to maintain or enhance productivity;

secure ownership of and access to resources and income generating activities as well as to ensure adequate and sustainable flows of food and cash to meet basic needs.

In his autobiography *My Experiments with Truth* (*Gandhi, 1927*), Mahatma Gandhi had expressed deep concern for the development of villages through the implementation of the development process from the bottom to the top. Gandhi's ideology was to identify and develop committed social workers who lived within the community itself and necessitated sustained interaction with the villagers to understand their problems and motivate them to change. Gandhiji's philosophy of rural development was based on the principles of people centered values (humanism, justice, faith in people), development orientation, non-violence and value base for social work (*Gandhi, 1962; Gajendragadkar, 1970; Freire, 1972; Sanders, 1982; Bakshi, 1986; Chow, 1987; Patel and Sykes, 1987; Hokenstad et. al. 1992; Estes, 1993; Silavive, 1995; Macey and Maxon, 1996; Estes, 1997; Cox, 1998; Desai and Narayan, 1998; TISSSWEF, 1997; Narayan, 2000*).

Deendayal Research Institute (DRI) is one such NGO which was established by Shri. NanajiDeshmukh in 1969 based on Gandhiji's ideology.Ithas been working since then for the upliftment of the poor and the underprivileged villagers including tribals in the *Bundelkhand* region in central India.

Rural development experts also recommend such a model for rural development wherein extension functionaries, especially the grassroots functionaries, come from and live with the community of the clientele group who can empathize with the latter freely. Such approach creates a platform for sustained and continuous interaction between the two parties, helping clientele group to utilize the services of the extension organizations for their benefit at all times of day and night as the situation demands.

Many rural development programmes have been undertaken in the country by various individuals and organizations. However, after decades of exploitation, villagers are extremely wary of the intentions of outsiders who come to their villages claiming to want to help them. The only way to gain their confidence and trust was to have committed social workers who live within the community itself. The realization of this basic reality, led DRI to evolve a concept of grassroots level functionaries known as *SamajShilpiDampati* (SSD). SSD is a newlywed graduate couple who have the sense of commitment towards community service, to live and work in the village for a period of five years. The SSD would live in a village and work for a cluster of five villages. SSDs act as nodal agents to look after all-round development of cluster of five villages, on behalf of DRI. The institution of SSD couple has enabled DRI to reach the benefits of the scheme to both the male and female rural populace.In January 2002, DRI initiated Village Self Reliance Campaign (VSRC), an integrated approach to rural development comprising components of agriculture, income generation, entrepreneurship development, health, education and litigation free villages. Under this campaign, DRI took upon itself the task of making 80 villages in the phase I and 420 villages in the phase II to be self-reliant in all components mentioned above. Phase Icompleted by 2005 and phase IIby 2010. VSRC covers all aspects of individual, family and societal life of the villagers.The performance of VSRCwas found to be highly successful onfour components: poverty alleviation, employmentgeneration, education, and health care. But the successof achieving a litigation-free village was moderate because of the complex nature of thedisputes in the villages and the difficulties in solving them (*Manjunatha et. al. 2011a; Manjunatha et. al. 2016*).

DRI is a unique institution developing and implementing a village development model which is most suited for India.DRI understand that people's power is more potent, stable and enduring than political power (*Kalam, 2005a, Kalam 2005b, Kalam, 2005c*). I witnessed one of the villages called Patni where the institute has promoted sustainable development based on indigenous and traditional technology, field studies facilitates the development of replicable and tangible model for achieving self-reliance in villages. The programme aims at income generation through value addition, innovative agricultural practices, inculcating scientific temper among the villagers, improvement of health and hygiene, striving towards 100% literacy. Apart from all these development activities, the institute is facilitating a cohesive conflict free society. As a result of this I understand that the eighty villages around Chitrakoot are almost litigation free. The villagers have unanimously decided that no dispute will find its way to court. The reason given by Nana Deshmukhji is that if

the people fight among each other they have no time for development. They can neither develop themselves nor the community. This message has been understood by the society and they have decided not to embark on any fighting. All these have been accomplished through DRIs 'SamajShilpiDampati' (a graduate married couple) a new concept of counseling and intervention promoted by DRI (*Kalam, 2005a, Kalam 2005b, Kalam, 2005c*).

The specific objective of this case study is to bring out the complex issues of beliefs and customs followed by tribal in the study area and how SSDs could able to convince villagers to overcome these age-old superstitions.

METHODOLOGY

This case study is part of a research study undertaken to evaluate the socio-economic impact of SamajShilpiDampati Scheme run by DRI in Chitrakoot district of Uttar Pradesh and Satna district of Madhya Pradesh in *Bundelkhand* region of central India (*Manjunatha, 2009; Manjunatha, 2011a; Manjunatha, 2011b; Manjunatha, 2012; Manjunatha, 2016*). These two districts were purposively selected since DRI has been working in these two districts since its establishment. Further, DRI implemented the SSD scheme in these districts since 1992. The information provided in the case study was collected in January and February 2009 by personal interview and discussion with the SSD couple who were part of the process described in the case study using recall method and critical incident technique.The SSD mentioned in the case study was working in Majhgawan Block of Satna district in Madhya Pradesh when the incident mentioned in the case study took place in the year 1996. The facts were also validated by discussions with other four SSD couples working for DRI. Based on the analysis of case study, lessons/implications for extension workers and organizations have been drawn in the form of reflections.

RESULTS AND DISCUSSION

India has achieved food security at the national level but more than 30% of its population is still below the poverty line. The malnourishment rate among children aged below 5 years is upto 45% (*Ministry of Statistics and Programme Implementation, 2012*).*Sainath (1996)*critiqued that "Seldom has policy beenas forcefully implemented as in the 1990s. For ten years,governments have assaulted the livelihoods and foodsecurity of the disadvantaged groups. That security doesnot lie in mountains of grain but in millions of jobs andworkdays for people". Bundelkhand region in central India is one of the regions with highest maternal mortality rate (MMR), infant mortality rate (IMR) and malnourishment rate (MR) among children. Factors such as poverty, lack of health and education facilities and basic infrastructure, coupled with people's ignorance and illiteracy are generallyassociated ascontributing factors. *NFHS (2016)* reported that infant mortality was highest in Madhya Pradesh state with 51 per 1000 live births followed by Bihar with 48. Under-five mortality was also highest in Madhya Pradesh at 65 per 1000 live births followed by 58 in Bihar.

Bundelkhandis a region with ravines, plains and plateaus. Few rivers, mostly seasonal, flow through this region. It also houses thick tropical deciduous forests. Many tribes live in these forests among which *Gonds, Kols*and*Mawasis*are the major ones. Traditionally, all these tribes practiced subsistence agriculture and animal husbandry. Kols and Mawasis also collect firewood from the forests and sell in nearby towns. It is common to see women and children carrying bundles of firewood on their head along roadside moving towards the towns in these regions. Since Gonds consider themselves to belong to *Kshatriyas*, they did not engage in collecting/ cutting of firewood for sale in the market. These Gond tribes engaged themselves with hunting, fishing, gathering forest products and also in farming, usually in shifting cultivation.

These tribes live in small huts. Few huts together at one place make one *'Purwa'*. Normally, their huts were adjacent to their land holdings. They follow subsistence agriculture using their own seeds and traditional implements.Endogamy is strictly followed in all these tribes. Usually, marriages were held between the familiesof the same tribe residing in the same /nearby locality. Child marriage was also most prevalent among these tribal people.*Sharma (2014)* reported that women held very important position in ancient Indian societyand enjoyed a position of respect and reverence. Women equally participated in religious ceremonies and there was no seclusion of women from social affairs but they were dependent on males throughout their lives. The

Indian women's position in the society deteriorated during medieval period. Social evils like *Sati* and *Jauhar*Pratha were practiced. Child marriage and ban on widow remarriage became part of social life.

These tribes may not necessarily belong to the same *'varna'* under Brahminical order of stratification into four *'varnas'*. However, they essentially shared similar beliefs, customs, and superstitions on account living together in a same geographical area for centuries. Since these tribes had been living in the forests for many generations, challenges they face due to natural vagaries were not new to them. Many times they had seen their own children and family members die in front of them because of ill-health and diseases. For them, death was the curse of their 'Goddess'. They believed that their Goddess would curse them whenever she was angry. It was hermercy to let live or to take their lives. For these tribal people, taking sick persons or patients to doctors was against their obeisance to their Goddess. *"After all, it is Goddess who can bless us to live or curse us to death when we are ill"*,is what these tribals believed. *"What can a doctor do when the Goddess is angry?"* they ask.

A strange child birth practice was followed by these tribes. When a woman gave birth to a baby, she and her baby were isolated from the rest of the family members soon after the delivery. Mother was laid on the ground, denying her even the minimum facility of traditional wooden cot (available in the house)to lie on. Baby was put in a basket made out of split bamboo. The period of isolation normally varied from three to five days after delivery and up to seven days in some cases. During these days, mother and child were not attended to by the family members. Let alone attending them, family members did not even touch them. Of course, they could watch the mother and the new born baby from a distance. Baby was not provided with his or her right to feed on colostrum. Even mother too was forbid to touch her new born baby. These tribal people believed that their Goddess would become angry and curse their family if they attended to the mother and new born baby during these days. *"When a woman gives birth to a baby, we should not think that baby is ours.The supreme Goddess would observe the mother and the baby for three days. If* She *is happy towards our family, both the mother and the baby would survive. If* She *is angry,* she *can take the lives of both or either of them."* This is the belief held by these tribal. *"If we start attending to the mother and the baby soon after the delivery, Goddess would get angry and* her *curse can wipe off our entire family."* Many mothers and new born babies have died because of practicing these beliefs and customs which are rooted in superstitions. Even if the babies survived, they suffered from malnourishment in later stages of life and were often susceptible to diseases.*Mishra and Gir (2014)* reported that gender stereotypes, social cultural norms, poorly educated peer and conservative attitude of parents and teacher towards reproductive education of girls prohibit girls to gain information as well as impart negativity and ambiguity towards this.They further stated that adolescents consciously or unconsciously follow or adapt themselves to the behavior and attitudes the parent has established within the home. Parents become role models: their behaviours and attitudes providing examples of how to behave in many areas of daily life.*Mishra and Gir (2014)* reported that parents and teachers from rural area hardly contribute in imparting correct knowledge among adolescents due to cultural and social taboos they received from their elders.

Intervention : DRI, under the leadership and vision of Shri.Nanaji Deshmukh, envisioned for serving the rural people through an agent selected from the community itself who is committed for the service of the rural poor. DRI has its headquarters at Chitrakoot in Madhya Pradesh. To undertake rural development programmes in the region, DRI has established a host of institutions such as residential schools, two*KrishiVigyanKendras* (located at Ganiwan in Chitrakoot district of Uttar Pradesh and Majhagawan in Satna district of Madhya Pradesh), *GovanshVikasevanAnusandhan Kendra* (Indigenous Animal Breeding and Research Center), *Arogyadham* (Ayurveda, Naturopathy and AllopathyHospital and Research Center), *Udyamita Vidyapith* (Entrepreneurship Training Center) and Educational Research Center (ERC).

The concept of 'SamajShilpi' (*Samaj*= Society*; Shilpi*=Sculptor) was implemented by DRI in the year of 1992. All the SamajShilpis' were male functionaries. These SamajShilpis were the social workers who lived in villages and worked for the villagers on behalf of DRI. The SamajShilpi concept was less successful since villagers looked at them with suspicion and did not cooperate with them. People from lower castes and

tribal people even feared that these functionaries would abduct their children in the name of free education at residential schools. More importantly, since all SamajShilpis' were male functionaries, they could not reach women folk in the villages. The participation of womenfolk in the rural development activities of DRI was nil. *Malik (2014)* in his study reported that ratio of male: female rural development functionaries in CHIRAG, an NGO working in hills of Uttarakhand was 4:1.

Then, DRI came with the concept of 'Samaj ShilpiParivar' (*Samaj* = Society;*Shilpi*= Sculptor; *Parivar*= Family/couple). Instead of a single male functionary, couple was selected for the job of rural development. In the initial years of its establishment, the main priorityof DRI was on health component because the malnutrition rate, infant mortality rate (IMR) and maternal mortality rate (MMR) in these tribal and backwardregion was so high and needed immediate attention. To reflect itsemphasis on health, the name of the scheme was again renamed as 'Samaj Swasthya ShilpiParivar' (*Samaj* = Society;*Swasthya* = Health;*Shilpi*= Sculptor;*Parivar*= Family/couple). These social worker couple focused on improving the health conditions of villagers in a cluster of villages.

Over a period of its implementation, DRI realized that all components of rural development are essential for holistic development of villages.Agriculture, income generation, health, education, and entrepreneurial development of villagers were included in their programmes and activities.The component of 'litigation free villages' as enunciated by Pt. DeendayalUpadhyaya was also added because DRI believed that only a society not afflicted by social hindrances can develop and progress.

Finally,in the year 1996, DRI came out with *SamajShilpiDampati*(*Samaj*= Society*; Shilpi*= Sculptor; *Dampati*= Couple) Scheme, an innovative way of reaching villagers for the developmental work. SSD scheme with all the above mentioned components was implemented in March 1996, when nine couples joined the scheme to work in the remote, tribal dominated and more importantly, dacoit-infested regions in the thick forests of Bundelkhand region. SSDslive and work with villagers. Each SSD was allotted a cluster of five villages to work. SSDs lived in a village and worked for a cluster of five surrounding villages.*Manjunathaet. al. (2011a)* reported that 40 per cent of the SSDs were graduates and the rest 60 per cent were post graduates. All the SSDs were found to possess high level of achievement motivation and organizational commitment. Ninety per cent of SSDs possessed high level of faith in people, dedication towards work and development orientation. Level of empowerment was found to high for 50 per cent SSDs and medium for the rest of SSDs. *Manjunathaet. al. (2012)* reported that very high organizational commitment, very high credibility, higher educational qualification and people-centered managerial and leadership qualities of SSDs and DRI staff acted as facilitating factors in successful implementation of the SSD scheme/VSRC. *Manjunathaet. al. (2012)* reported that villages with less population, villages where SC/ST/backward communities were in majority, villages where no single caste/few castes were in majority, villages where SSDs lived, component of litigation free villages and infrastructure and resource base of DRI have actedas facilitating factors in the successful implementation of the SSD scheme.*Manjunathaet. al. (2011b)* reported that suspicion of villagers towards SSDs especially by SC/ST/backward communities in the initial years; social problems such as caste based stratification, untouchability, faction groups within the village and dacoit gangs in the forests; social beliefs, customs and superstitions; and high attrition rate of SSDs in the initial years were the inhibiting factors in the functioning of the scheme. There was resistance to implementing of the SSD scheme in villages where a particular caste was in majority and villages where upper castes were in majority and hence the success was comparatively less in such villages.

As DRI gained experience, it realized the importance of working in a campaign mode with set objectives and a time frame for achieving village self-reliance. Since January 2002, the scheme was implemented as 'Village Self Reliance Campaign' (VSRC) or 'Chitrakoot Project'. Under this project, DRI took upon itself the task of making 500 villages in its area of operation self- reliant in all aspects of rural development by the end of 2010.Chitrakoot Project is an integrated and holistic model for the development of rural India, based on the principles outlined in Pt. DeendayalUpadhyaya's Integral Humanism to create a society based on the complimentarity of the family, primary school and the local population (*DRI, 2016*).

One *SSD* couple who joined DRI in 1996 was Mrs. Shashikiran Namdev and her husband Shri.

MahendraNamdev, In fact, social work was not new to them. They were running their own NGO at Jhansi in Uttar Pradesh, before they joined as *SSD*. Mrs. Namdevholds a master's degree in sociology.This couple had been allotted a cluster of five villages with *Patni*village as the center. These villages in Majhgawan block of Satna district in Madhya Pradesh fall under thick forested areas inhabited by tribes. Their work included improving the living conditions of the villagers by mobilizing and organizing them for family and community works through institutional support of DRI.

The couple, the *SamajShilpiDampati*, visited each and every household in these five villages. While the male functionary interacted with men folk, the female functionary took freedom to enter each house up to kitchen and talked with female members of the family. Since the couple lived in the village itself, they became part of the village. They participated in each and every social activity of the villagers. They could establish a very good rapport with all the families in Patni and nearby villages over a period of few months. As they were married couple, they were welcome everywhere and no one held any suspicion or prejudice against them or their intentions. Even those villagers who held suspicion on their intentions started trusting them because they had nothing to hide. The house in which the couple lived was rented by one of the family residing in the same village. Further, their house was open to all: children, men and women at any time of the dayand night for any kind of assistance.

The work of SSDs involved each and every aspect of life of tribal households. The school going children were provided with daily tuitions. All family members were taught some basic lessons to keep themselves clean and hygienic, take regular baths, wear clean clothes, and keep their surroundings clean. Malnourished children, old and sick people and pregnant women were identified from each family and were given medical assistance whenever required. The patients were provided medicines through *'DadimakiBatua'*, a kit of about 35 ayurvedic medicines for general ailments. Some of the patients suffering from chronic diseases were provided medical treatment and hospitalization in Arogyadham.Immediate results could be seen among villagers in their health care. People realized soon that by taking care of their health, they were able to cure themselves quickly and return to their active work life and so they felt happy about their better health. Both the couple worked together in providing guidance and timely help in their day-to-day life and won their trust, confidence, and social approval.

Within 3 months of their stay in village, they created four organizations namely TarunMandal (Youth organization), MahilaMandal(Womens' organization), BhajanMandal (Religious and Entertainment Organization) and Gram VikasSamiti (Village Development Council).Youth in the village were actively involved in mobilizing villagers for community works and conducting awareness campaigns. Cultural activities were organized on festivals through BhajanMandal. Gram VikasSamiti was entrusted with the responsibilities of identifying and addressing problems affecting whole village such as construction of approach road, settling disputes among villagers etc.The MahilaMandalwas relatively non-active in the beginning. The participation of women was less because of their on-farm and domestic household workload and their dependence on men in the household. The couple played the role of facilitating, coordinating and guiding the activities of the villagers through these organizations.*Manjunathaet. al. (2012)* reported that formation of these four organizations and their active role in village development acted as facilitating factors in the successful implementation of the SSD scheme/VSRC. Study conducted by *Rejula, et. al. (2013)* in Thiruvanathapuram district in Kerala found that empowerment of women through MahilaSamajam (Womens' Society/Groups), reaching the unreached through rural extension sub-center, voluntary participation and contribution and duration of contact had significant effect on the impact of people's participation in sustained rural development and social entrepreneurship activities of Mitraniketan NGO working in southern Kerala.

Five months into the village, one day, Mrs. Shashikiran went to attend to delivery by a pregnant woman in a tribal home. By the time she reached the hut, the lady had already delivered a baby. The woman was laid down on the ground, even without a mat or a bed sheet. The baby was placed in a bamboo basket nearby. That was rainy season and the hut was leaking. The surface where woman was laid was completely damp. She was trembling with cold. The family members were watching from a distance the shivering woman

and the crying child. Mrs. Shashikiran was shocked after looking at the affairs there. She approached the woman lying on the ground. Family members warned her against touching the mother and new born baby. She defied their advice and reached the woman. The young mother was trembling with fever. She requested family members to arrange '*Charpai*' (traditional wooden cot fitted with coir rope) and to provide milk to the woman and the child. Family members replied that they cannot attend the mother and the baby for three days. Even food will not be served to her otherwise their Goddess would punish them all.

Mrs. Shashikiran told them that their Goddess would actually become angry by not serving a needy woman and the child. If not attended to, both would die of fever by next day morning. She convinced them that Goddess would really be happy only by serving the woman and the child. Since family members knew the SSD for the past five months, they couldn't ignore her advice. SSD couple was held in high esteem by the family and their advice carried very high credibility.They arranged *charpai*and the woman was provided a wooden cot with dry bed sheets. She was given a hot glass of milk by the family members and Mrs. Shashikiran provided her medicines for controlling fever. The baby was also fed with the milk. By next day morning, temperature of woman had come down to normal. She started breastfeeding her baby. Family members started attending the woman and child. After three days, when both the mother and the child survived family members felt a sigh of relief. Mrs. Shashikiran visited the hut every day to ensure that family members took care of the mother and the baby. She herself attended to the mother and baby to dispel the strong superstitions which were preventing family members from attending to the requirements of mother and the baby.

The tribal people of the village found truth in what Mrs. Shashikiran said when they found both mother and the child living quite well even after attending them immediately after the delivery. The mother who had survived the ordeal had been a living example to others. The nursing mother who was helped by the SSD also understood that what they considered as Goddess' wish was actually a superstition. Since then, she became an active member of the MahilaMandal. She spoke in the meetings held in the village and took a lead in convincing other tribal women to change their belief towards this practice and dispel all such superstitious beliefs. MahilaMandal took this issue as one of its important jobs for ensuring better health care among tribal women. When tribal women watched few more cases wherein mothers and their new born babies survived even after feeding them and attending to them after delivery, they were convinced. Even male members of the family were convinced and gave full support to abolish this practice. Gradually, this strange child-birth custom lost its believers and this practice is no more in prevalent among the tribal people of these villages.

Indeed it took active involvement of the *SamajShilpiDampati* and *mahilamandal* in propagating better health practices among tribal women. *Sharma (2014)* reported that level of education, health, employment and political participation contributed for women's status in the society.She further stated that maternal mortality is very high as females are not given proper attention, which results in the malnutrition. Marriage at early stage leads to pregnancies at younger age. Undernourished, ill-fed and overworked, most women from such households are extremely vulnerable to ailments and disease, which may not be properly diagnosed and treated. Poor sanitation, unhygienic surroundings and difficulty in procuring safe drinking water are some additional factors that affect the general health of women.

Mrs. Shashikiran shared with the researcher that it took nearly ten years to completely get rid of this custom and superstition in these cluster of villages. All the SSDs added that this practice, though reduced,is stillprevalent to some extent in other remote villages which were not served by DRI or other organizations. Presently, Mrs. Shashikiran and her husband are serving as Supervisor Couple for Satna district in Madhya Pradesh. Supervisor couple is the in charge of all SSDs working in the district. Their role is to guide and supervise the activities of SSDs working in their district.

Reflections:

i. A strong rapport is required to help tribals to see reasons and change traditional practices for their betterment. Building this kind of rapport may be possible only when the field functionaries start living as one among the beneficiary families.

ii. Reaching women, especially for improving their health, becomes a tough task for male functionaries. But if a female functionary approaches, she needs

to provide timely treatment and not just advice and comments. Then the impact will be tremendous.

iii. Due to traditional customs, beliefs and superstitions, the tribal people were suffering from ill-health and malnutrition, even leading to death of mother and newly born baby in many cases. Addressing issues of social change, especially asking people to change their age-old beliefs and values requires people's great faith in social worker. Faith can be developed over long term and sustainable interaction between the people and extension functionaries. This was possible to DRI through the institution of SSD. Living of *SSDs* with the villagers helped villagers to develop trust on SSDs. It is the SSD who took upon this challenge and tactfully handled the emergency medical situation and won their faith and confidence.

iv. People are ready to change their beliefs and customs when they are convinced that those beliefs and customs are based on superstitions. However, convincing people to change their beliefs and customs is dependent on the faith that people have on change agents.The couple had been living with villagers as one of them. It took three to four months of sustained interaction for female functionary to gain trust of the tribal women. The female functionary was able to convince tribal women to change their attitudes and beliefs since she was accepted by them as their own family member.

CONCLUSION

The case study highlights the socio-cultural challenges faced by SamajShilpiDampatisworking in Bundelkhand region for the tribal development. The case study deals with three days of ordeal of a young tribal woman who had delivered a child and how the female functionary of SSD scheme provided timely help to save both mother and child from starvation and death. It was found that *Gonds, Kols*and*Mawasi* tribes living in forests of Bundelkhand region followed a strange belief and superstition. Whenever a woman delivered a baby, both the mother and the newly born baby were isolated by the rest of the family members for atleast 3 days after delivery. The mother and the baby are not touched and attended to by anyone including family members. Even mother too was forbid to touch her new born baby. They are not provided with any food or milk in this period. Tribals believed that their Goddess would watch the mother and baby during these three days and it is against the wish of their Goddess to attend to the needy mother and baby. Study found that social beliefs and customs also contribute to high maternal mortality rate, infant mortality rate and malnourishment rate among children.

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