

Midwives and Neonatal Childcare Workers: A Study Within Their Occupational Practices and Institutional Challenges in Goa

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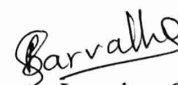
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DECLARATION BY STUDENT

I hereby declare that the data presented in this Dissertation report entitled, **“Midwives and Neonatal Childcare Workers: A Study Within Their Occupational Practices and Institutional Challenges in Goa”** is based on the results of investigations carried out by me in the Sociology Programme at the D.D. Kosambi School of Social Sciences and Behavioural Studies, Goa University under the Supervision of Ms. Ninotchka Mendes, and the same has not been submitted elsewhere for the award of a degree or diploma by me. Further, I understand that Goa University or its authorities will not be responsible for the correctness of observations /experimental or other findings given the dissertation.

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COMPLETION CERTIFICATE

This is to certify that the dissertation report “**Midwives and Neonatal Childcare Workers: A Study Within Their Occupational Practices and Institutional Challenges in Goa**” is a bonafide work carried out by **Ms. Blancy Jasmine Carvalho** under my supervision in partial fulfilment of the requirements for the award of the degree of **Master of Arts degree** in the Discipline of Sociology at the D.D. Kosambi School of Social Sciences and Behavioural Studies, Goa University.

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PREFACE

Midwives and neonatal childcare workers are two occupations in Goa, which has been part of Goa tradition since the past. They have been great role models, who have provided both maternal and postpartum services to pregnant women during pregnancy and the child after delivery. Thus, these fields have remained unexplored with limited research conducted in this area.

The purpose for taking up this study was my earlier study conducted in this particular field, especially concerning pregnancy and childbirth. But the question was what would I study in this area and what were the other issues that were unexplored? After doing a thorough literature review and taking guidance from my guide I decided to study the two important people who played a significant role during the olden time and even today.

Thus, the research delves into various aspects related to midwifery and neonatal care in Goa. It also provided in-depth knowledge of the advice provided by the midwives and neonatal childcare workers to pregnant women before and after delivery. It also narrates some of the real-life instances of midwives and neonatal childcare workers in Goa.

So, this research will provide a deeper knowledge and understanding of the critical role of midwives and neonatal childcare workers.

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I am extremely delighted to express my heartfelt appreciation to the people who have helped me in the completion of my dissertation titled 'Midwives and neonatal childcare workers: A study within their occupational practices and institutional challenges in Goa.

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*“ I dedicate this work to all the
midwives, neonatal childcare workers,
and to our mothers”*

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List of Abbreviations

Entity	Abbreviation
American College of Obstetricians and Gynecologists	ACOG
Auxiliary Nurse Midwives	ANMs
Certified Midwives	CM
Direct Entry Midwife	DEM
General Nurse and Midwife	GNM
Neonatal Intensive Care Unit	NICU
Society of Midwives in India	SOMI
Traditional Birth Attendant	TBA
World Health Organization	WHO

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CHAPTER I

INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Pregnancy is a significant phase of a woman's life. It's the beginning of a journey of achieving motherhood. On the contrary, Eunice Kenney Shriver National Institute of Child Health and Human Development claimed that pregnancy is a period of up to 41 weeks in which the fetus develops in a woman's body. According to the vocabulary dictionary (2008), pregnancy is a state of being pregnant, when a woman's belly grows to form a baby and lasts for nine months. But the question arises here is who provided pregnant women with assistance during the ancient times? Thus, they were none other than midwives.



Image 1.1: Midwives providing assistance during childbirth

Source: Paul, *et al*, (2020, May 29). 19th century midwives. History of American Women. <https://www.womenhistoryblog.com/2014/06/19th-century-midwives.html>

During pregnancy, midwives and gynecologists play a significant role in assisting pregnant women with medication, nutrition, and diet charts. In this process, the midwives played a significant role, helping the local communities by providing women with knowledge about pregnancy and childbirth and thus, were also known as traditional birth attendants. Meanwhile, we see gynecologists assisting pregnant

women in today's time. Thus, midwifery has its roots in the Paleolithic era when women encountered challenging environments during pregnancy and childbirth. Indigenous cultures worldwide practiced various birth traditions, including spiritual and herbal medicine (*The origins of midwifery*, 2022). In this custom, seasoned, more senior midwives also served as mentors to novice midwives. They went from house to house, providing care for women and their infants. Being the sole primary care providers in many villages, midwives played a crucial role comparatively more in ancient times than in the present era. During pregnancy due to extensive care given by the midwives, the relationship between mothers and midwives develops into a close bond that continues even after the child is born. Thus, women relied on experimental knowledge and skills to prepare for labor, such as crouching, cutting the umbilical cord, breastfeeding, and creating a safe environment whereas, in the Neolithic period, males were excluded entirely, with older women becoming the main attendants at birth (Barnawi, *et al.*, 2013).

Midwifery during the biblical era (2200 BC – 1700 BC) was a cherished social practice performed by midwives, focusing on managing normal pregnancies and deliveries. They were skilled in vaginal examination and defining a fetus' gender. Midwives initiated the use of birthing stool during delivery, which continued for 3300 years where women's empowerment played an active role in framing concepts of professionalism in midwifery (Barnawi, *et al.*, 2013). Egyptian midwives were more clinically oriented and were known for prescribing herbs as drugs. Care during pregnancy and birth was based on the abilities of each gender. There were also instances where female midwives managed normal or low-risk pregnancies, while male physicians managed complex pregnancies with pathological situations or surgical operations (*The origins of midwifery*, 2022).

However, midwives are classified in today's world into various types; for example, certified midwives (CM) are medical professionals who provide prenatal care and attend births at home or in a birth centre. A direct entry midwife (DEM) practices externally and has learned midwifery through a school, internship, or college course. Lay midwives are not medical professionals and often work with alternative medicine. They generally assist with deliveries at home or in birth centres. Doulas assist mothers before and after childbirth, providing emotional and physical support but not medical care. Doulas comes from the Greek words *doulē* which means female caretaker and chambermaid. Thus, they also provide care for the pregnant woman concerning physical, and mental health, including social support during pregnancy and childbirth.

As mentioned, midwives provided women with knowledge during and after the baby was born. After the baby's delivery, the mother and the child also received social support from the family and the midwives. When it comes to nurturing the child's and the mother's health it is necessary for the mother to have a proper rest and avoid blood loss like menstruation. However, during this phase, the midwives played an essential role and, thus, we also associated them with neonatal childcare workers.

Neonatal childcare workers are women who provide intensive care for the baby, from oiling and bathing to feeding and medicine. In every country, especially in South Asian, African, and American States, there are midwives as well as neonatal workers who provide knowledge to pregnant women regarding pregnancy and childbirth. After the baby is born, the baby and the mother are massaged with oil and other ingredients so that the baby becomes strong, and it helps the mother in the recovery process. Apart from that special feed is provided for the baby. During the initial period, the women are advised to breastfeed the babies and avoid doing housework to prevent cold and

fever because as mothers breastfeed babies, it is harmful. After all, there are chance that the cold may get spread to the babies.

However, there are several beliefs and practices related to pregnancy and childbirth that still exist today when it comes to food, medicine, and so on. People in tribal and indigenous communities still perform these beliefs and practices.

With time, midwifery has developed into an autonomous, scientific, and respected profession. As time passed by social attitudes changed, and it became a male-supervised profession. If we look at the past and today there are several differences in maternity care as there were no gynecologists, midwives, and elderly who instructed pregnant women on what diet they should adopt during pregnancy, what things they should do, and what they should not. Earlier babies were delivered by the midwives and not by the doctors. During that time, the medication prescribed to pregnant women traditionally included local herbs and plants. But as time passed by, people prophesied with increasing medicalization, professionalization in medical facilities, and the development of professionals. Leading to a dependency among the people to rely on professionals for proper medication, nutrition, and diet. Similarly, due to medicalization, neonatal care is also given by nurses (*What is a neonatal nurse?*, 2022).

Neonatal nurses, who usually work in the Neonatal Intensive Care Unit (NICU) or other healthcare settings, offer daily care for newborns with medical and surgical issues. They do thorough examinations, give special meals and medicine, and run screening tests. Maintaining patient records, high-risk births, and neonatal crises are just a few examples of the job responsibilities included in the patient's care plan.

Yet, we still see traditional neonatal childcare workers playing a significant role by oiling and massaging the newborn as well as the mother.

1.2. REVIEW OF LITERATURE

Pregnancy is a widely explored field of research that has gathered works from varied expertise. Several commentators have worked on various fields circumventing pregnancy and associated topics. However, we still encounter certain issues that have not been explored. When we think about pregnancy, different themes do come to our mind like, for example, related to nutrition intake, myths, and taboos, the period of nine months, midwives, neonatal childcare workers, and so on. The following literature will exclusively focus on the role of midwives, which will include traditional and professional midwives who played a significant role in pregnancy and childbirth. The literature will also focus on neonatal childcare workers who provide postpartum care for the baby and the mother. Later, the process of medicalization and how the role of midwives is replaced with medicalization will be discussed.

Judith *et al* (n.d) narrate the emotional and physical changes that a woman goes through during the postnatal period after childbirth. They say that during this phase, the only fear in the woman's mind is whether she will be able to look after the child and if she will be able to cope with all the hardship and pain that she will go through. Apart from that, the researcher also gives us a brief understanding of the traditional and modern ways of medication that are quite different and argues that women require a caregiver during this period that includes the guidance of elderly members and close friends (Judith, *et al.*, n.d, p. 43-47). However, when we talk about pregnancy within sociology, themes like the impact of society's values, beliefs, and patterns of behavior are emphasized. Hence, during the olden times, people were more vocal and outspoken in their public acceptance of sexual activity and childbearing. Childbirth was traditionally viewed as a private secret, primarily occurring in the home's private space until the 1930s. (Symonds, *et al.*, 1996, p. 83-84). In 1968 American sociologist Alice

Rossi, emphasized the effect of conceiving children on women's lives. Anna Oakley (2016) argued that there was hardly any work done in sociology concerning childbirth and pregnancy. She says that it was only in the year 1970s that sociologists started writing about childbirth. However, a later year, in 1977, examined the changes in professional and public perceptions of childbirth and focused on obstetric management (Rossi, 1968). Oakley focused on the traditional division between social and medical factors but lacked a clear conceptual clarification (Oakley, 2016). However, after the 20th century intensified the development of gynecology and obstetrics, pregnancy and childbirth became the domain of medicine (Fox and Worts, 1999).

Pregnancy is crucial for human survival and generational renewal, requiring significant lifestyle changes and preparation for delivery and parenting. Pregnant women require energy, protein, vitamins, and minerals and should adopt a nutritious diet. Food hygiene is essential, and folic acid and vitamin D supplements are recommended. Pregnant women should consume the best diet, avoid unpasteurized dairy products, and maintain a healthy lifestyle. Regular exercise, bed rest, and avoiding smoking, nicotine, and vaping are advised. Pregnancy can also lead to healthier lifestyle choices. (Coutinho, *et al.*, 2014).

Cultural beliefs and practices impact pregnancy, delivery, and child development in India. These customs are prevalent in urban and rural areas, and women should adhere to them. Age, literacy, socioeconomic level, ethnicity, religion, and culture are all societal constructs that have an implication for mothers (Vernekar, *et al.*, 2021). Poor maternal nutrition has a deleterious effect on pregnancy and delivery outcomes, especially in rural settings. Food taboos are common among pregnant women, which causes a loss of essential nutrients. Individuals believe in diverse notions and practices, some of which are helpful and others destructive. Women's dietary

requirements increase during pregnancy to support fetal growth and development. Low birth weight and high prenatal and infant mortality are the results of inadequate mother nutrition during pregnancy. Abortion, placental rupture, and other factors are frequently cited as the causes of food taboos.

Midwives played a substantial role during the olden period during pregnancy and childbirth. A midwife or traditional birth attendant (TBA) is a woman who assists mothers during childbirth. However, TBAs often provide basic care throughout the maternity cycle, care for newborns, and participate in modern family planning methods. Besides midwives and TBA, they are also referred to as indigenous midwives, empirical midwives, traditional midwives, *hilot*, *dunkun*, and *dais* in different states and countries (Gas, *et al.*, 1979). Midwives have provided health care for thousands of years, helping women stay healthy, deliver babies, and support families. They are valued for their knowledge, patience, and respect for traditions (Klein, *et al.*, 2010, p. 1-2).

According to Cutter (2021), midwives play a fundamental role in people's lives. Midwives are essential during childbirth since they concentrate mainly on medical tasks and build a supportive bond with the mother. Midwives frequently serve as the first point of contact for women looking for support and guidance on mental health difficulties (Guzewicz & Sierakowska, 2022, p. 1-2). During pregnancy, midwives build a rapport and have constant conversations with pregnant women about healthy lifestyle choices; midwives may encourage family-centered care and ensure that even tiny lifestyle changes boost the likelihood of a safe pregnancy, delivery, and baby (Cutter, 2021). Patients benefit from their assistance with pain management, false expectations, and labor contractions. In addition to offering, midwives promoted active engagement. A successful experience requires developing trust with the patient, as a

successful birth might result from a trusting connection (Guzewicz and Sierakowska, 2022, p. 1-2). They collaborate closely with specialized perinatal mental health teams which include mental health issues that women face before and after delivery. Thus, care is given to them by their parents as well as others. This care offers women individualized care that is specific to their needs (Cutter, 2021). During pregnancy and birth, midwives and the pregnant women are bonded by trust, they often live in tier communities that spend more time with pregnant women than the doctors and clinic workers and charge less as compared to the hospitals and hence are the only health workers in the poor communities. Nevertheless, there are two types of midwives one who are traditional midwives who have been in this field from the past and have passed their knowledge to the younger generation. However, some midwives are trained by government personnel and assigned in various places. Thus, midwives are also referred to as indigenous and non-indigenous midwives. These days, non-indigenous midwives, working in cooperation with the elderly community and traditional midwives, can provide “giving birth in nation” care. Birthing in the country is provided in accordance with traditional and spiritual beliefs, which can vary according to community (Gupta, 2023)

A midwife's entire core and identity is being "with the woman" during labor, and a mother will never forget the "midwife" who delivered her kid. Therefore, a midwife is undoubtedly a driving force behind safe motherhood within the framework of the community. In aboriginal communities of Mexico as well as elsewhere earlier due to cultural norms and no alternative care sources, people had to depend on midwives. Women during that time feared going for c-sections and so didn't prefer any professional services rather preferred to get aid from midwives. Apart from that, there were various circumstances in which there were no professionals, or people had to

travel longer distances to get the services provided (Sarmiento *et al.*, 2022, p. 1-2). Hence, in Nigeria, midwives' services were considered cost-effective, and the babies that were born were not through c-sections but rather normal deliveries. Thus, the community nurses were qualified nurses who were given additional training in midwifery and the doctor usually visited the patients once a week. Mothers were also encouraged to deliver their babies at home rather than in hospitals (Isenalumbe, 1990, p. 192-193). However, in Mexico, adapting maternal health programs to the cultural diversity of the population is regarded as a good practice that reduces maternal transience.

Despite their service, midwives faced problems, like no proper remittances or food being provided to them at the time when the patients were in labor, they soon had to rush to that place. At times, even after having a health center close by, the pregnant women depended on the midwives for safe and healthy delivery (Sarmiento, *et al.*, 2022, p. 4-6).

Though midwives played a significant role in pregnancy and childbirth, they faced various problems in different parts of the country. It was estimated that indigenous midwives had unique status and needs, yet they were often excluded from health service delivery, often facing discrimination and marginalization. It was also claimed that midwives were health care professionals who were traditionally safe, located within the area, and accessible to the marginalized society (*Partnership between indigenous and non-indigenous midwives*, n.d, p. 1-3). However, a similar scenario was seen in India where Colonial India's health discourses scrutinized and attacked the Indian custom of the *dais* in Bengal. The article "Mother India" by Katherine Mayo demonstrates how colonists saw *dais* as a representation of filthy, illiterate, and hideous women doing horrible actions (Soman, n.d, p. 1-7). Traditional

birth attendants are always frequently linked to the conventional medical practice of ayurveda, which has drawn criticism. After giving birth, the *dais* usually takes care of the baby's washing and cutting of the umbilical cord. Their expertise is handed down, but because the state does not recognize their job as a valid medical profession, their revenue is still meager.

Although training programs for traditional birth attendants started in the 1860s. It was not until 1900 that the Indian government started *dais* training after Lady Curzon established a fund to enhance delivery circumstances. Indian Christian nurses had their training in Delhi in 1872 before this. The Shetty Committee suggested auxiliary nurse midwife training in 1955, while the Bhore Committee in 1946 emphasized the necessity for licensed midwives and health visitors (Chhugani, 2014). Lower-caste *dais*, however, assisted with birthing and offered prenatal and postoperative care. Thus, activists anger propelled these initiatives, which disenfranchised midwives from lower castes. So, this marginalization further emphasized the British embrace of "aseptic cleanliness" themes, which resulted in the lower-caste *dais* being perceived as "dirty and ignorant old hags" (Gupta, n.d, p. 7-11). Thus, in the book *Health and Hygiene of Colonial Goa* dated 1510 to 1961 Fatima da Silva Gracias (1994) writes that women in rural and urban places relied on a *dais* or midwife when giving birth. Maternity homes did not exist for a very long period. Women were hesitant to use the facilities even after they were created. *Dais* learned their skill from their mother or an elderly family member rather than receiving any official instruction. She was generally middle-aged or older, uneducated, and her experience was her only qualification source. However, after medicalization in Goa, later there was a decline in midwifery services.

Whenever we talk about midwives, we also talk about neonatal childcare workers, who are also called midwives and provide extensive services after the child's

birth. Although we see a decline in the rate of midwives, neonatal childcare workers still play an important role after the birth of the child. Neonatal childcare workers play a vital role as massagers. They provided massaging services for the baby and the mother for the first few months. In a study done in the Navsari district of India, once the child is born, the mother and the child must receive proper maternity care. Mothers apply disinfectant powder/ointment to the umbilical cord, followed by ash, cow dung, and coconut oil. Most mothers practice body massage for newborns, using various oils, and every day for four months midwives visit their home to massage and bathe the baby. Family members advised neonatal massage and one-third of infants received pre-lacteal feeds, with gripe water being the most common (Gandhi, *et al.*, 2014). The study found that 85% of TBAs provided postnatal care, with 57% returning within 24 hours. The most common care was oil massage and bathing, with 39% providing nutrition advice. Pahadi TBAs provided more information (Mullany, *et al.*, 2009).

There are instances that there are several myths and taboos related to pregnancy and childbirth, and not only the communities believed in it, but midwives too performed certain rites and rituals to protect the child and the mother from the evil spirit for example, they would throw a fortunate master seed in labor rooms or keeping it beneath the mother's head for quick delivery, despite her limited Western medicine knowledge. Apart from that in a similar study, the author narrated that most people believed that the midwives only played the role of cutting the umbilical cord. Still, various books like *Sushruta Samhita* and *Charaka Samhita* are religious Hindu texts that show that midwives were once considered wet nurses, not umbilical cord cutters, and came from wealthy households and gradually lost their social standing and were regarded by the upper castes as untouchable. Midwives were believed to belong to a lower caste than other male healers since, in Hindu culture, anything connected to childbirth and, to a

lesser extent, confinement is seen as impure. *Dais* was frequently to blame for the high newborn death rate because they lacked essential hygienic expertise. *Dais* frequently carried out superstitious rites at childbirth (Gracias, 2008). However, in modern society, people have become dependent on doctors and less on midwives, and due to this, we see a smaller number of midwives in today's world. Whereas the neonatal childcare worker even today plays a great role after the birth of the child.

Medical practices during the old times were quite different from what they are today. Worldwide, the use of herbal medications has become more common, particularly among expectant mothers. Approximately 80% of people utilize traditional medicines, including herbs, preparations, and completed products for general health, prevention, diagnosis, and treatment (John & Shantakumari, 2015). Meanwhile, Southeast Asian civilizations have set a standard for postpartum routines and diets. Traditional medicine, steam baths, and mother-child rituals all heavily rely on plants to aid in the healing process. Thus, this study also examines the usage of plants in three ethnic groups' this is prevalent among the Brou, Saek, and Kry tribes for childbirth, menstruation, pregnancies, deliveries, postpartum recovery, and infant care (De Boer & Lamxay, 2009). However, Jan, *et al.*, (2021) highlights the belief in indigenous medicine among Kashmiri women, who use plants to treat pregnancy-related ailments like nausea, swelling, and weakness. These plants can also prevent miscarriage, induce labor, and facilitate delivery. However, insufficient evidence supports the safe use of these plants during pregnancy due to a lack of scientific validation and toxicological information (Jan, *et al.*, 2021).

During the first and third trimesters, pregnant women often utilize herbs like peppermint, ginger, thyme, chamomile, and sage to address gastrointestinal problems like bloating, vomiting, flatulence, and stomach aches. They also relieve the symptoms

of the flu and cold. Every trimester has a different frequency of herbal use, with the first trimester having the highest frequency. For stomach troubles, try peppermint, thyme, cinnamon, and garlic; for laxatives and relaxants, use green tea. The postpartum, during pregnancy, and confinement all depend on diet. Everyone avoids cold foods after giving birth. For womb drying, several ethnic groups recommend hot combinations of rice, vegetables, ginger, turmeric, chicken, or fish (John & Shantakumari, 2015). This knowledge is often referred to as “old wives’ tales” and reflects male devaluation. However, the modernization of primary healthcare systems in rural areas often ignores this traditional knowledge, leading to erosion and detection of biocultural diversity and alternative healthcare options. Documenting the use of plants by ethnic minorities is crucial for understanding and analyzing traditional birth practices and perpetuating knowledge at risk of being lost (De Boer & Lamxay, 2009). The plants covered in this study have been claimed to treat a wide range of pregnancy-related and postpartum health issues, including constipation, skin allergies, dyspnea, reduced labor pain, easier deliveries, reduced ankle and foot swelling, and prevention of miscarriage. The plant which includes the Lamiaceae family contained the most species (7; 11%), with Amaranthaceae (five; 8%), Brassicaceae, Rosaceae, and Asteraceae (four each; 6%). The families of Papaveraceae and Apiaceae (each with three species; 5%) represents addition to Fabaceae, Lythraceae, Solanaceae, Berberidaceae, Plantaginaceae, Polygonaceae, and Malvaceae (each with two species; 3% each). In this study, several families were represented by a single species (Jan, *et al.*, 2021).

Utilizing plant species, the Brou, Kry, and Saek ethnic groups perform traditional postpartum medicine to cure newborn diseases, lessen hemorrhage, ease pain in the abdomen, and promote healing. These procedures are common throughout Southeast Asia and serve as the foundation for basic maternity care in remote places

like Laos. Sustainable development and culturally acceptable healthcare could be promoted by integrating traditional therapies and plant use into contemporary healthcare programs (John & Shantakumari, 2015). Although there is a lot of use of herbs in the area for fetal development and pregnancy, little is known about their safety or effectiveness. Researchers require multicentric research and randomized controlled trials to precisely quantify prevalence and guarantee safety in the area (De Boer & Lamxay, 2009). The researcher also mentions that more studies are needed to understand these plants' efficacy, toxicity, and pharmacological mechanisms of action, and to educate women about their potential risks (Jan, *et al.*, 2021).

If we look at the literature, we see that midwives played a decisive role but soon lost their status. The major reason for the cause of loss of their status was medicalization and the doctors not valuing the knowledge of midwives. The term "medicalization," first used in the 1970s, describes medicine's growing social control on daily life. Maternity care has become more complicated due to its possible impact on established institutions like law and religion (Prosen & Tavčar, 2013, p. 256). Despite the concept's lack of a clear definition, sociologists are interested in studying the medicalization phenomenon. There is no disagreement on the fact that the term "medicalization" refers to the enlargement of medical jurisdiction and its application as a tool for social control via the medical gaze and observation (Brubaker & Dillaway, 2009). In another study, medicalization was seen as a social control and process by which issues or non-medical experiences are labeled and treated as illnesses or diseases. Over the past two decades, medicalization has transformed the understanding of pregnancy and motherhood, transforming it from natural events to medical events. This has affected the natural attachment between mother and fetus, hypothetically modifying the early development of pregnancy.

Medicalization has also changed views of midwives' specialized skills, with accoucheurs replacing midwives in normal deliveries. While teamwork is essential for maternity care, obstetrical involvement is unnecessary in low-risk pregnancies due to increased medical interferences. Midwifery-led care has been found to be more cost-efficient in lowering maternal mortality rates and increasing access to reproductive care. However, safety standards should not be compromised in any maternity care model (Ranjbar, *et al.*, 2017, p. 419-420). Medicalization focuses on regulating births, despite the fact that conception is a physiological state rather than a disease. Recent advancements have been centered on monitoring the mother and fetus during pregnancy and labor, and interventions to make birth safer and less painful have been created. Pahor (1999) states that there is a widely held belief that legal and medical regulations around pregnancy and childbirth are necessary to protect society's order. A child born to a healthy mother will also be healthy. Medical power and control have resulted from the differences between natural and medical processes, such as pregnancy and labor. Normal childbirth, as defined by Darra, involves childbirth without hostile interferences, labor stimulation, or local or general anesthesia. Yet, different professional groups have different concepts of normal childbirth, highlighting divergences in understanding and perception (Prosen & Tavčar, 2013, p. 256). However, the World Health Organization (WHO) also recommends minimizing prenatal checkups and routine diagnostics. It is estimated that 50% of births in Iran are by cesarean section, and mothers prefer medicalized childbirths under the care of obstetricians.

The decision of where to give birth, as well as the use of medical technology or interventions, improves the autonomy of women during pregnancy and childbirth. According to Davis-Floyd (1992), hospital ceremonies socialize women following

cultural norms, while technology's control over potentially hazardous processes gives women the impression that they are superior to nature. Delay in starting to breastfeed, pre-lacteal feeding, and unclean practices are some postpartum behaviors that are hazardous. However, the medical perspective on pregnancy and birth frequently ignores the impact of traditional beliefs on the provision of maternal healthcare. The study done in Goa emphasizes the significance of cultural customs in neonatal and postpartum care, such as good cord care, delayed bathing, and early nursing. While some customs, like postpartum confinement, could be harmful to the health of the mother. During the postnatal period, health providers should promote behaviors that are safe, appropriate, or useful (Vernekar, *et al.*, 2021).

Due to this, the authority of medicine has grown, while the function of midwives in vaginal birth has decreased (Ranjbar, *et al.*, 2017, p. 419-420). As the sociology of health and illness and the sociology of reproduction are related, the transition to motherhood study, "Social and medical care aspects of first childbirth," lacked a clear disciplinary home and a clear conceptualization of medicine's direct role in women's reactions to childbirth (Oakley, 2016). However, during pregnancy, women feel that they are treated differently than before. Thus, we can discuss this using various theories such as symbolic interactionism, functional theory, conflict, and feminist theory. The conflict and feminist perspectives discuss how a pregnant woman is a commodity that serves as society's raw materials rather than just an individual member of the community. The lack of coverage among many women results in lost wages and jobs, notwithstanding society's claims on reproduction. Being pregnant is regarded as a sacred part of life that strengthens our faith and serves as a reminder of our place as animals. From a symbolic interactionist standpoint, an individual's response to a pregnant lady can differ based on their personal experiences. A person who has

personally experienced pregnancy may transition from a detached to an interactive gaze, telling the pregnant woman about their own pregnancy or childbirth experience. Pregnant women are subjected to a deluge of advice from a variety of sources, which can cause confusion and false information about a variety of elements of life. Healthcare professionals are exposed to the same range of viewpoints on common pregnancy advice, even though they frequently seek assistance from prenatal care providers (Fox, 2018, p. 1).

In a social scientific analysis of childbirth suggests that the 20th century has been culturally and socially iatrogenic for women. The development of obstetrics and technologies led to a redefinition of reproduction, viewing birthing women as an intense process (Scamell, 2014). However, Blumenfeld (1986), challenged the medical and technological paradigms in understanding childbirth. They analyze the impact of childbirth on women's self-esteem, sexual relations, and equality as obstetrics in capitalist societies become a technological manipulation spiral. Apart from that, several authors argue that the social context in which women give birth, including women's privatized responsibility for babies' well-being and lack of social support, influences their preferences for medical intervention. They found that women with supportive partners experienced less pain and anxiety during hospital births and were less likely to receive medical intervention and suffer postpartum depression. Thus, the husband plays a crucial role in providing emotional support to the mother during pregnancy, ensuring a healthy pregnancy, and reducing stress and anxiety. Supportive husbands can also help the mother make healthy lifestyle choices, such as a balanced diet and regular exercise. Understanding the physical and emotional changes your partner may experience, such as weight gain, is essential for a healthy pregnancy. Communication and support are crucial for a successful pregnancy (*The essential role of a husband*

during pregnancy, 2023). However, we see that earlier midwives played a role in developing relationships between the mother, family, and community, but as time went by, we saw that doctors played an important role in providing knowledge to the family members. However, there are instances where pregnant women have their preferences in choosing a doctor. There are various reasons that pregnant women prefer a female doctor, for example, because of traditional attributes, comfort, and more.

Yet, Weiss (2021) argues that we often overlook the fact that, putting gender concerns aside, doctors get training in much the same framework. This implies that, aside from fundamental personality traits, a large portion of their interactions with patients may be attributed to their training program rather than their gender. Most women don't have a preference between men and women, according to a survey by the American College of Obstetricians and Gynecologists (ACOG), despite many having gender preferences in their doctors or midwives. Nevertheless, women will still select their physicians and other healthcare providers for several reasons, with private motivations continuing to be pivotal in this consequential decision.

The main motive for exploring this field of study is my earlier involvement with a similar topic at the undergraduate level, which focused on breastfeeding and its associated myths and evidence. This curiosity ignited the urge to study the significant and fragile role midwives, and neonatal childcare workers played during pregnancy and childbirth.

1.3. RESEARCH PROBLEM

Pregnancy is a crucial period in a woman's life. It is a time when she experiences transitions in herself. However, during this phase, extensive support is provided by the midwives and the doctors concerning the health of the baby and the mother. Earlier midwives played a decisive role in helping mothers cope with all the health

complications by providing them with maternity care. The women's reliability in the midwives developed their relationship with each other, the family, and the community. Midwives performed the delivery and once the baby was born, they used to provide postnatal care where the baby was oiled and bathed. But as time went by, we see the decline in midwives and the growth of medicalization where doctors are playing their role in providing pregnant women with maternity care. Through an extensive literature review, I encountered a gap where studies related to taboos, myths, or misconceptions about midwives have not been extensively researched in Goa. So, my keen interest in choosing midwifery and neonatal childcare workers as my dissertation topic was that I was inquisitive to know about the myths, challenges, taboos, and processes involved in delivering and massaging, and wanted to know more about the occupation. I also wish to document the role of neonatal childcare workers who play a vital role after the child's birth. The study will also try to know the difference between the traditional and government-trained midwives in Goa and will focus on continuity and change in the traditional role of midwives in childbirth.

1.4. OBJECTIVE OF THE STUDY

The objective of the study is :

1. to explore the relationship between midwives and mothers during pregnancy
2. to investigate the occupational practice associated with midwives and neonatal childcare workers
3. to study the institutional challenges of midwives and neonatal childcare workers concerning pregnancy and childbirth

1.5. METHODOLOGY AND METHODS OF THE STUDY

The basic idea of the study was to know the role of midwives and neonatal childcare workers concerning pregnancy and childbirth and the process of medicalization where

there was a shift from midwives to doctors. However, this study has adopted the qualitative ethnographic method. Case studies and narratives are used for data collection and analysis. The interview guide was used to collect the primary data, and snowball and purposive sampling were used to select the sample. Secondary data has been collected through journals, articles, books, blogs, magazines, articles, newspapers, etc.

Qualitative research is an empirical method that uses data to understand the world through people's experiences and meanings. It uses methods like participant observation and case studies to create narratives. Some research methods offer simple data collection, while others provide complex insights. Qualitative research is a method used to understand how people perceive the world. It can be divided into six types: case study, ethnographic research, focus groups, historical, comparative, and phenomenology. These methods collect data through observations, interviews, and group settings to understand beliefs, attitudes, values, perspectives, knowledge, and ideas. (Kothari, 2004).

Ethnography is a narrative study of a specific human culture or the process of conducting such a study. It is a qualitative data collection approach commonly used in social and behavioral sciences. Ethnography is based on the Greek words "ethnos" (meaning "people" or "nation" and "graphic" (meaning "I write"). It is a method of scrutiny and participation that aims at the context, assigns a recording of people and their lives, and provides a holistic and qualitative analysis of the collected data. There are different types of ethnographic research including educational research, business ethnographic research, and medical ethnographic research (Bhambri, 2022).

One of the prominent methods in qualitative research is the interview method. In this method the interviews collect data through oral-verbal stimuli, including

personal, structured, unstructured, focused, clinical, and non-directive methods, allowing for comprehensive expression of feelings and beliefs. However, interviews can be classified into interview schedules and interview guides (Kothari, 2004). An interview guide is a set of themes and issues for job applicants or industry interviewees, defining employers' expectations, questions, and discussion points. It ensures reliability, direction, and consistency in interviews, varying based on role, method, and organizational requirements. An interview schedule is a structured list of questions used by interviewers, researchers, and investigators to gather information about a topic, enhancing accuracy, flexibility, and customization, but can be time-consuming and risky (Kothari, 2004).

Narratives are stories that help the researcher to make sense of their experiences. It does this by interpreting texts or visual data. In order to convey the relationship between an individual's experiences and the cultural setting, narrative inquiry takes a long-term approach. Person/society, time, and location are the three triangle dimensions of narratives. A successful narrative investigation necessitates the use of signs, symbols, and metaphors, and requires trust, transparency, and collaboration (Hashem & Lowe, n.d). A case study is extensively used to understand complex real-world problems across various disciplines. Researchers from diverse fields have contributed to the development of case study research, resulting in various designs and strategies. Case studies include intensive investigations of a specific unit, used in psychology, education, sociology, anthropology, economics, and political science (Kothari, 2014).

The sample I have selected consists of midwives and neonatal workers which are units of my observation which has been collected through snowball and purposive sampling. Apart from that my sample also includes the elderly, neighbors, and pregnant women.

1.6. DESCRIPTION OF THE RESEARCH AREA

Goa is an evolving city with a diverse past. It was a center for both the Bahamanis and the Vijayanagara kingdom, situated near the Mhadei, Zuari, and Kushawati rivers. The earliest rock formations in the area are trochilomite gneiss (a rock that is typically more than 3 billion years old) and schist (a rock having a multiple layers), and the city's petroglyphs display examples of Stone Age rock art. These were the *Kunbis*, *Gawdas*, *Velips*, *Kharwis*, *Kols*, and *Mhars*, the first communities in Goa. The Portuguese referred to these groups as the "Communities" later on, and "Santer" and "Betal" were their folk deities. The 'Golden Age of Goa' is thought to have occurred during the Kadamba period (Sakhardandemeup, 2011).

Later, we see the arrival of Portuguese in Goa in the early 16th century led by Afonso de Albuquerque. Thus, we see Goa has a strong Portuguese influence, the Basilica of Bom Jesus and the Se Cathedral are two examples of the region's rich legacy of Indo-Portuguese architecture. The Portuguese also built lighthouses and forts along Goa's coastline, like Fort Aguada, which provides sweeping vistas of the Arabian Sea. The Portuguese legacy endures in Panaji's Latin neighborhoods, Fontainhas, where the past and present coexist despite the colonial era. Portuguese American families in the area value their heritage and uphold their language, rituals, and traditions.

Apart Goa is also known for its various traditional occupations which are passed down from generation to generation. Out of this occupation, there are some that are in great demand whereas there are some who have lost their importance. My research study focuses on two such occupations among which one has lost its importance after medialization and the other has not gained any professional status. My entire study is based on the state of Goa concerning midwifery and neonatal childcare occupations.

1.7. LIMITATIONS OF THE STUDY

While exploring the depth of the study on midwives and neonatal childcare workers, several limitations were encountered. Firstly, was not able to locate and meet people practicing midwifery. Secondly, some of the neonatal childcare workers refused to provide information because of fear that their names would not be kept confidential. Thirdly, travelling was difficult as most of the midwives as well as the neonatal childcare workers were displaced in distinct places, so tracing them became difficult. Lastly, due to limited time, was not able to reach out to more respondents.

1.8. CHAPTERIZATION SCHEME

The study on midwives and neonatal childcare workers is a qualitative study that basically focuses on the occupation practices and challenges. Hence, the study has adopted the following chapterization scheme. The first chapter focuses on the basic concept of midwives and neonatal childcare workers and its emergence from the Paleolithic period. It also includes a literature review, and this information has been gathered from various secondary sources and a thematic review has been done by developing an argument. The introduction also consists of a research problem, objectives of the study, methodology, and method that has been incorporated while doing this study and includes the limitations of the study.

The second chapter is a detailed history of midwifery in Goa and a brief history of neonatal childcare workers. The chapter also talks about Portugal's role and the arrival of medicalization, which led to the establishment of hospitals. It also talks about government-trained midwives and the decline of traditional midwifery in Goa. This chapter has also provided data from 1930-1938 and 1953.

The third chapter is the midwife's narratives; these narratives are written in first person, depicting four tales of midwives in Goa. The narratives speak about two types

of midwives: government-trained and traditional midwives. This narrative focuses on the role of midwives, how they provided maternal care to the mother, how the midwives developed a relationship of trust, and much more.

The fourth chapter is the narratives of neonatal childcare workers. They are also written in the first person. The data was gathered from five neonatal childcare workers. Thus, this section focuses on how neonatal workers cared for babies, their societal role, and how people approached them.

The fifth chapter is the data analysis and interpretation of the narrative, which consists of the following subtopics that includes foods and gastronomy, religious rituals during pregnancy and childbirth in Goa, beliefs associated with pregnancy and birth, procedures adopted by the neonatal and midwives during pregnancy and childbirth, challenges faced by the midwives and transformation that is seen in the occupation.

The sixth chapter is the conclusion which includes a small summary and suggestions for future studies.

CHAPTER II

HISTORY OF MIDWIFERY, NEONATAL CHILDCARE WORKERS, AND MEDICAL ADVANCEMENT IN GOA

Midwives, who are they? From where has been their origin? are questions that are occasionally asked. However, there is hardly anything known about them in Goa today. Midwives are maternal caregivers who nurture pregnant women during pregnancy. Midwives as individuals played the role of gynecologists during the olden period. However, their origin has been traced from the Paleolithic to the 19th century when they were regarded as birth attendants. Midwives, hence, are known by various names for example, *dais*, *doulas*, *obstetrīx*, etc. whereas in Goa they are known as ‘*vaijeen*’ and ‘*vojmai*’ which originated from the Konkani language. People during the olden period in Goa were entirely dependent on midwives. From conception till birth, midwives provide instance support and care to pregnant women. During the olden times, people in Goa would call ‘*vaijeen*’ for both midwives as well as neonatal childcare workers



Image 2.1: Rangi Varak, midwife and neonatal childcare worker in Goa

Source: Respondent, (12 March, 2024)

but later this particular profession got divided into two which included the '*vojmai*' and '*thell khadpin*' (neonatal childcare worker).

Midwives in Goa, according to Pinto (1896), midwifery was a career that any woman would pursue without the necessary education. He felt that after working on a few labor cases, a lady believed she had sufficient knowledge of the field. He said that, thankfully, these midwives are becoming less well-known, and more and more well-educated professionals are being relied upon, mostly by the upper classes. However, the claim made by him was incorrect. According to people living in different parts of Goa believed that midwives, although uneducated, served as a helping hand during the time of pregnancy, especially during the last few months of delivery. They used to regularly check the mothers to see the baby's movement and also monitored the mother during the day of delivery. In Goa, we make a difference between two types of midwives that are traditional, and government-trained midwives. Traditional midwives were women who passed on their knowledge from one generation to the next. Whereas government-trained midwives either worked in the hospitals or were placed in different places in Goa. Traditional midwives were uneducated but due to the ancestral knowledge passed to them by their forefathers, they were quite knowledgeable and well-informed about the entire process from conception to birth.

During the historic times, there were no medical aids that would detect whether a woman was pregnant or not. However, according to history, the pregnancy detection method involved urinating on wheat and barley seeds. However, 1960s research found higher estrogen levels in pregnant women's urine may stimulate seed germination as there were no pregnancy kits to detect if the woman was pregnant. Whereas in Goa, if a married woman did not have her menstrual period for the first two months it was believed that the woman was pregnant. As there were no medical tools available during

that particular era and so midwives would only feel the baby's movement after three months. As there was no production and manufacturing of medical items midwives depended on local herbs, plants, and shrubs to treat biliousness, vomiting, common cold, urinary tract infection, etc. though there was a risk that this natural medicine may lead to problems. But they had no other option to treat this sickness and problems during pregnancy. During the primeval era, people were completely reliant on midwives as most of the midwives lived in the forest and isolated places, they had to either walk or travel to distant areas via cycle as there were no transport facilities available at that period. Thus, midwives offered culturally and traditionally safe, civic-based, and available healthcare to marginalized populations, following in enhanced results for birthers and babies.

However, in 1510 Portuguese arrived in Goa led by Alfonso de Albuquerque who defeated the Muslim empire and captured Goa. This period of discovery and colonization, which lasted until 1961, had a centuries-long influence on the culture, economics, and society of the area. When the Portuguese came to Goa, they brought new concepts, science, culture, and religion which they spread to the entire state. Out of which medical treatments and the establishment of hospitals were one of them. The first hospital in Goa was the Royal Hospital which was built in the year 1591 and was founded by Alfonso de Albuquerque. The major reason for the establishment of the hospital was to treat the Portuguese soldiers (Ribeiro, 2019). In the middle of the 18th century, the Jesuits founded an elementary medical school in Goa to teach local medicine. Portuguese authorities in Goa encouraged the government to set up a competent school of medicine and surgery because of the high death rates at the Royal Hospital. A three-year medical and surgical program was established at the Military Hospital of Goa at Panelim in 1801. However, The Portuguese government saw the

necessity for a medical college in 1691 to bolster their medical staff with local labor, and that is when the institution's history began. By then, Goa, the colonial capital, had become a disease hotspot. The colonial population had declined due to many disease outbreaks, to the extent that the Viceroy Count of Alvor is said to have referred to Old Goa as the Portuguese cemetery.

To save additional fatalities, viceroy D Cristovam de Sousa Coutinho wrote to Portugal's state secretary for abroad in 1687, saying that many of the very quick natives would have learned physics if two or three masters had to come to this territory. Portuguese viceroy D Cristovam de Sousa Coutinho recruited Coimbra University professors to teach medicine in Goa in 1687. In 1842, the Escola Medica-Cirurgica de Nova Goa was formally opened (Monteiro, 2017). After Goa was annexed by India in 1963, the Portuguese founded Escola Médico-Cirúrgica de Nova Goa, which was subsequently renamed Goa Medical College (GMC) (Patwardhan, 2014). The establishment of Goa Medical College provided a platform for people to take up a profession either as doctors or nurses in various medical fields. Locals in Goa received basic training in medicine, surgery, and pharmacy at the Medical-Surgical School of Nova Goa, an imperial institution. Portuguese colonies allow the practice of medicine by licensed medical professionals in Goa, but not in Portugal. Portuguese physicians were assigned leadership and teaching roles, and doctors in Goa felt hostility against them for this. They went to Portugal in search of further education, frequently attending the Porto Medical School. Physicians in Goa also stressed their position within the Portuguese empire, saying that their military conquests in Africa had contributed to the civilization of local communities (Bastos, 2002).

However, after the Portuguese came to Goa and started training and introducing courses in various fields there were still people who used to prepare local medicine.

Apart from that, there were traditional midwives as midwifery was a profession but was not entirely recognized in the medical field, and thus, it was only after 1842, that midwifery as a course was introduced in Goa Medical College. Although during that period there were traditional midwives who provided paternal care for pregnant women in rural settings of Goa, their role was later taken up by the government-trained midwives who were later placed in different villages of Goa. Due to this, there was a huge decline in people visiting traditional midwives. Hence, trained midwives played a pivotal role in providing care for pregnant women as they were placed in different places. It was also believed that they were like helping hands for the doctors and it was claimed that during that point gynecologists were not present at that particular point in time.

The midwives who worked in the hospital played dual roles where they worked in the hospital for 24 hours a day and would go for deliveries during their free time. Apart from that, there were also those midwives who were specifically placed in different places due to lack of proper transport facilities and to reach out to the interior and far places to provide people, especially mothers who were expecting. However, the government taught midwives were only specialized in delivering babies, but the traditional midwives used to also provide postnatal care for the babies as well as the mothers, especially massage which was a tradition that was passed to the people from generation. The tradition of baby oil massages is over 4000 years old and still going strong! While the earliest trace of baby massages is found in China in 2700 BC, it is the Indian Ayurvedic texts that record this practice in written form for the first time! Some even claim that this practice could have existed from 3000 BC. Thus, we see that this practice is very important especially for babies because from earlier times it was claimed that doing massage enhanced blood circulation, strengthened bones and

muscles, released knots, and fostered a loving relationship with the infant by releasing oxytocin and language (*Baby Oil Massage and its importance: The Indian perspective* 2022).

Thus, in Goa, we see the practice of oil massage for the babies and the mother which has been continued and passed down. Neonatal childcare workers in the past used to visit four to three houses a day. During that period, there were no fixed fees that were given to the neonatal worker also known as '*thell khadpin*' in Goa. However, during the earlier time, traditional midwives played both the role of providing maternal and postnatal care for the mothers and the child. But when hospitals were established, there were trained midwives and so they did not provide oiling services to the child. So, there was a separate profession for neonatal childcare workers that came into existence. Goa, for centuries, has utilized coconut oil, often known as the "mother of oils" for culinary, cosmetic, and medicinal purposes. In Goa, people have always believed that oils had medicinal and curative qualities. In Goa, coconut has become a chief in every aspect of cuisine, beauty, and religious practice (*Oils as culture in Goa*, 2020). Oiling in Goa includes a three-pronged practice that contains a body massage, scrub, warm bath, and incensed fumes, often performed by a local baby masseuse. Apart from that bathing and massaging babies were said to help with bone straightening, muscular tone development, daily exercise, and hair removal. However, it is also considered a natural hair dryer, a rejuvenating bath, and a body scrub in Goa. When it comes to preterm newborns and those in need of physiotherapy, doctors recommend mild massage. A baby's well-being depends on a good integration of traditional bathing techniques. Even though the neonatal childcare profession is old it is still being practiced in most parts of Goa.

The names of midwives(*Parteiras*) in Goa that are been recorded in the book ANUÁRIO DA INDIA PORTUGUESA published in 1930 to ANUÁRIO DA INDIA PORTUGUESA published in 1953 was available. But the data after 1953 could not be traced, as it was estimated that before the Portuguese left Goa. The data that was recorded in Goa was burnt and due to this, it became impossible to get access to it. However, only the data for 1930, 1933, 1934-35, 1936-39, and 1953 is available whereas data between 1939 to 1953 cannot be traced especially concerning the occupational aspect that talks about the people in various fields enrolled in those days.

Table 2.1: Records of midwives in Goa during Portuguese role (1930)

Sr.No	Name	Place	Area
1.	Bernardina Fernandes	Nova Goa	Ilhas
2.	Chondrembai Sirodcar		
3.	Durgabai Naique		
4.	Inés Maria Conceição Teresa Gomes		
5.	Loeximimbai Upi Sinai Talaular		
6.	Maria Ana Rodrigues		
7.	Maria Conceição Gormana de Melo		
8.	Maria José Calado Guerreiro e Maria Petortila Lopes	Ribandar	
9.	Maria Concoição Morais e Sousa	Santa Cruz	
10.	Maria Francisca de Melo	Taleigão	
11.	Lucia Maria de Faria	Guirim	Bardez
12.	Savitribai Suquercar	Mapuçá	
13.	Maria Artemisia Gomes Lobo	Nachinolá	

Source : (Portuguese India. (1930). *Anuário da índia portuguesa* . IMPRENSA

NACIONAL. Repartição Central de Estatística e Informação)

Table 2.2: Records of midwives in Goa during Portuguese role (1930)

Sr.No	Name	Place	Area
1.	Cocília Furtado	Chinchinim	Salcete
2.	Carolina Diás	Colya	
3.	Ezilda Sá e Araújo	Loutulim	
4.	Maria Rosa Viterbo Pacheco	Majordá	
5.	Antonieta de Sousa e Chandrabagabai Dessa	Margão	
6.	Edviges Gomes	Varcá	
7.	Maria Fernandes e Matildes Vás	Verna	
8.	Sarasvati Ramanatcar	Vasco da Gama	Mormugão
9.	Zaiú Emuna Parvotcarina	Perném	Perném
10.	Sorospotibai Upi Talaulicar	Quepém	Quepém
11.	Parú Quercarina	Pondá	Pondá
12.	Radabai Mapsoncarina	Sanguém	Sanguém
13.	Maris Lizárda Pascoela Fernandos	Damão	Damão

Source: (Portuguese India. (1930). *Anuário da india portuguesa* . IMPRENSA

NACIONAL. Repartição Central de Estatística e Informação)

Table 2.3: Records of midwives in Goa during Portuguese role (1934)

Sr.No	Name	Place	Area
1.	Loeximibai Upindra Sinai Lalaullear	Pangim	Ilhas
2.	Maria Conceição		
3.	Teresa Gomes		
4.	Maria Ana Rodrigues		
5.	Chondrém Sirodearina		
6.	Loeximim Bugdó e Parveti Naique Arabeear	Assonorá	Bardez
7.	Basília Lusisa Mrai Fernandes	Siolim	
8.	Maria Bernadé Fernandes	Aldoná	
9.	Maria L. Fernandes	Calagute	
10.	Ettul Rodrigues e Beatriz de Sousa		
11.	Angélica Álvares	Colvale	
12.	Savitribai Suquercarina	Mapuçá	
13.	Mariquinhas da Costa e Maria Isabel Pereira		
14.	Ana Emilia Artimísia Gomes	Nachinolá	
15.	Mónica Fernndes	Salvador do Mundo	
16.	Anastásia Madeira	Tivim	
17.	Maria C. de Souza e Ruemi Countonearina		

Source: *A Repartição da Estatística do Estado da Índia*. (1934). (Vol. 4). Tipografia Central-Nova Goa.

Table 2.4: Records of midwives in Goa during Portuguese role (1934)

Sr.No	Name	Place	Area
1.	Cecília Futrado	Chinchinim	Salcete
2.	Carolina Dias	Colvá	
3.	Ezilda Sá e Araújo	Loutolim	
4.	Maria Rosa Viterbo Pacheco	Majordá	
5.	Antonieta de Sousa	Margão	
6.	Maria Aramita Meneses e Maria Augusta P. Monteiro		
7.	Edviges Gomes	Varcá	
8.	Maria Fernandes e Matildes Vás	Verná	
9.	Pará Querearina	Pondá	Pondá
10.	Radabai Mapsenearina	Sanguém	Sanguém
11.	Zaiú Emunã Parvotearina	Perném	Perném
12.	Janqui Dargalcar	Damã	Damã

Source: *A Repartição da Estatística do Estado da Índia*. (1934). (Vol. 4). Tipografia

Central-Nova Goa.

Table 2.5: Records of midwives in Goa during Portuguese role (1936-39)

Sr.No	Name	Place	Area
1.	Loeximibai Upindra Sinai Lalaullear	Pangim	Ilhas
2.	Maria Conceição		
3.	Teresa Gomes		
4.	Maria Ana Rodrigues		
5.	Maria Ana Rodrigues		
6.	Chondrém Sirodearina		
7.	Durgabai Pernencarina e Benta Rousana Clara Conceição Flores		
8.	Maria Conceição Germana de Melo	Taleigão	
9.	Basília Lobo e Basília Luiza Maria Fernandes	Siolim	Bardez
10.	Loeximim Budgó	Assonorá	
11.	Leopoldina Quitéria de Sousa	Parra	
12.	Maria Bernabé Fernandes	Aldona	
13.	Maria Lizarda Pascoela Fernandes Gonçalves e Etelvina Rodrigues		
14.	Angélica Álvares	Colvale	
15.	Savitribai Suquercarina	Mapucá	
16.	Mary Rauzello e Florinda de Sousa Lobo		
17.	Joaninha de Sousa	Moirá	
18.	Ana Emilis Artimísia Gomes	Nachinolá	

Source: (Portuguese India. (1936-39). *Anuário da Índia Portuguesa*, IMPRENSA NACIONAL. Repartição Central de Estatística e Informação)

Table 2.6: Records of midwives In Goa during the Portuguese (1936-39)

Sr.No	Name	Place	Area
1.	Mónica Fernandes	Salvador do Mundo	Bardez
2.	Anastásia Madeira	Tivim	
3.	Maria C. de Sousa e Rucmi Counton carina		
4.	Rosa Maria Bragança	Pilerne	
5.	Cecília Furtado e Maria Piedade Rita Dias	Chinchinim	Salcete
6.	Carolina Dias	Colvá	
7.	Ezilda Sá e Araújo	Loutolim	
8.	Maria Rosa Viterbo Pacheco	Majordá	
9.	Antonieta de Sousa	Margão	
10.	Maria Aramita Meneses		
11.	Maria Augusta P. Monteiro e Durguóm Naique		
12.	Edriges Gomes	Varcá	
13.	Maria Fernandes e Matildes Vas	Verná	
14.	Zaiu Emuna Porvotcarioa	Perném	Perném
15.	Ratanbai Cale	Bicholim	Sanquelim
16.	Parú Quercarina	Pondá	Pondá
17.	Radabai Mapxencar	Sanguém	Sanguém
18.	Lúcia Maria Faria	Quepém	Quepém
19.	Jan qui Dargalear	Damão	Damão
20.	Maria Rosária Cardoso	Nagar-Aveli	Nagar-Aveli
21.	Maris Cristalina Feraandes	Damão	Damão

Source: (Portuguese India. (1936-39). *Anuário da india portuguesa* . IMPRENSA NACIONAL. Repartição Central de Estatística e Informação)

Table 2.7: Records of midwives in Goa during Portuguese role (1953)

Sr.No	Name	Place	Area
1.	Maria Ezilda Lobo Correia	Praça	Diu
2.	Julieta do Rosário		
3.	Fátima do Rosário		
4.	Maria Rosária Cardoso	Silvassá (no concelho)	
5.	Janqulbai Dargalcar	Rua dos Baneanes	Damão Pequeno
6.	Olimpia Estein de Lira,	Ajudante de enfermeira-	Hospital Distrital de Damão
7.	Demum Rama Naique Gauncar	Quindolembaga	
8.	Clarina Purificação Vaz		Quepém
9.	Gertrudes Cecilia Ana Joaquina Rodrigues e Carvalho		Bicholim
10.	Zalishri Naique	Rua do Abade Faria	Margão
11.	Zanqui Pancar, vulgo Nonxém	Comba	
12.	Maria Amália Pereira	Rua do Padre Manuel Albuquerque	
13.	Cunegundes Merciana A. F. M. Lourenço		Sirlim
14.	Savitribai Camot Suquercar		Mapuçá

Source: (Portuguese India. (1953). *Anuário da india portuguesa* . IMPRENSA NACIONAL. Repartição Central de Estatística e Informação)

Table 2.8: Records of midwives in Goa during Portuguese role (1953)

Sr.No	Name	Place
1.	Basília Luisa Maria Fernandes	Goa
2.	Benta R. Clara Conceição Flores	
3.	Maria Madalena Fernandes	
4.	Ditosa Maria Conceição Gois	
5.	Maria Ana Rodrigues	
6.	Maria Cristalina Fernandes e Rodrigues	
7.	Maria Joaquina Wenceslau Dias	Santa Cruz
8.	Laximibai Taulicar	Priol

Source: (Portuguese India. (1953). *Anuário da índia portuguesa* . IMPRENSA NACIONAL. Repartição Central de Estatística e Informação)

CHAPTER III

NARRATIVES OF MIDWIFES' IN GOA

Midwifery in Goa has existed since time immemorial. When there were no doctors, nurses, or medical aid to assist and provide medical care for the women during pregnancy and childbirth. Their journey as midwives has been of great importance. In Goa, midwives frequently act as a link between medical advancement and traditional customs, promoting comfort and trust in the people they care for. Their commitment and empathy not only improve the lives of individuals but also strengthen the foundation of Goa's medical field, making them essential community members. However, tracing them today becomes difficult as they are located in the interior parts of Goa. As midwifery was practiced during ancient times, today it has become very difficult to trace them because of their age factor. If we ask anybody about '*vojmai*' or '*vaijeen*' the only answer that we receive is that they have died, and it is impossible to find them today. Yet, narrating their tale and grasping traditional knowledge from them has become significant. As there are hardly a few traditional as well as government-trained midwives today. Thus, this section will focus on the narratives of midwives and their journey as midwives in the past and as well as today.

The major reason for using narratives as a tool was to interpret the information that enables to showcase the role of midwives by providing real-life stories that illustrate their contributions, expertise, and challenges. Narratives here will also serve as an advocate tool to raise awareness about the importance of midwifery care. Narratives will also help people to understand better, appreciate, and support the indispensable role of midwives as healthcare providers in Goa.

Now let us look at the narratives of traditional midwives in Goa followed by government-trained midwives.

3.1. PROFILE 1: *RANGI VARAK*

“I worked as a midwife for 15 years says ‘*Rangi Varak*’. I am a traditional midwife and have delivered babies from various parts of Canacona taluka. Pregnancy is however a phase when a women conceive a young life in her womb. According to me after conceiving women should be careful during the first three months of pregnancy. Most importantly during pregnancy, women should consume healthy foods, but it should be in smaller quantities. After six months women are allowed to consume food according to their taste and desire. when a woman is pregnant, I would usually suggest them not consume hot food like chili, pepper, etc. Fruits like jackfruits which are hard in texture, papaya, pineapple, etc. should not be consumed by pregnant women. Fish like *sungotta*, *kurlio*, sharks, etc. are considered to be harmful to the baby. Thus, this increases the chances of having a miscarriage. But when a woman desires to have anything, she should be at least given a small amount of it. Thus, there is a saying and I too believe in it which goes like this:

*‘Apleachem tond allem, titlem majem ball kedlem, mujem tond pauskem urlem
titlean majem ball rastear padlem’*

(During pregnancy I would advise pregnant women not to have food that can cause problems. If the woman consumed such food, then there were chances of losing the baby.)

There was a lady in my village who used to always tell the people to consume those foods which are healthy and suit your body. Because not all the foods were harmful to the babies as well as the body. She said that she had fourteen children and apart from local medicine, she had never provided her children with pharmaceutical medicine prescribed by the doctor. Listening to her advice made me realize that during historic times, people survived using herbal medicine and only consumed fruits and

vegetables that were grown in their vicinity. But today due to advancement and consuming a lot of injected fruits, vegetables and preserved food people are facing problems in conceiving and even if they conceive due to certain issues, they have to lose their babies. I have also observed that in the past a woman was able to give birth to more than 10 children but today such cases are rare. In one family I see that people go for not more than three children.

Traditionally in the Hindu religion, we believe that after five months of a woman's conception, the woman is taken to her mother's place. The woman should wear green bangles and a saree which is given to her by her brother and later the woman's mother prepares food which includes meat, fish, sweets, etc. which is served by the mother. In the seventh month, the woman's husband comes to the mother's place with his wife. While coming to the in-law's place the husband gets flowers and '*vojje*' which is given to the in-laws. The woman's mother wears a saree and stands in front of the house to welcome her son-in-law, then pours water so that he can freshen up and the food is served to him. The first delivery always takes place at the mother's place. However, when the woman's family is not able to afford it then both the families contribute so that the ritual is celebrated by contributing equally.

When the pregnant woman faced any problem, I used to provide them with local medicine which included herbs like drinking water made of tulsi, mint, ginger, etc. During the solar eclipse, I also advised women to remain indoors. If there are windows in the house. I suggested that the windows should be closed and covered with thick cloth to avoid any side effects. If there are solar eclipse and a woman is unaware of it, I believe that it would cause no harm to the baby and the mother.

During the delivery process, I would tell the family to boil hot water and to provide me with a clean towel. Hot water was used as a natural pain reliever for the

woman during the time of delivery. I used to also apply oil on woman's belly because it helped me to push the baby outside the womb. Hot water was also used to sterilize the instrument blade or scissors were used to cut the umbilical cord. Later, I used a clean cloth which was used to remove the blood from the baby's body to avoid infection.

For me, midwifery was an important occupation since time immemorial, as there were no doctors. In my village, we travelled distant areas helping and visiting places to help pregnant woman during delivery. My experience as a midwife was significant because this profession made me help people and do something in life. But we see today, in Goa, people have forgotten who midwives are, and even if they know, they don't visit us because of medical advancement. Because of medicalization then I later decide to quit this occupation and decided to work as '*thell khadpin*'.

3.2. PROFILE 2: NALCY GAUNCAR

My journey as a midwife started when I was fifteen says 'Nalcy Gauncar'. It has been more than 50 years since I have been providing midwife services to the people of Cavelossim, which is my residential hometown. However, the most crucial thing that encouraged me to become a midwife was that when I was young, I used to see people suffering in pain, especially pregnant women who were unable to bear the labor and pain. As there were no maternal services provided during the olden times. However, I was a traditional midwife and gained knowledge from the elders who would visit house to house to deliver the baby and I also accompanied them. People started recognizing me and appreciating my work. A few months later, I got a call from the doctor, where he mentioned that he had heard from somebody that there was a lady in their village who was a midwife and had assisted in the delivery of two twins. Listening to that, the doctor immediately called me to serve as a midwife in the clinic, so I worked under him for almost 10 years. Simultaneously, I assisted the people who visited my place to

get maternal care. So, they sought advice from me, and later after examining, I used to recommend to women a specific diet and things to follow till the baby was born.

However, for me, pregnancy is a period when a woman has a life in her womb, and during that time the only important part of a woman's life is she should receive proper medical and maternal care. In my journey, providing maternal care for pregnant women was like helping women in the entire phase of pregnancy till the delivery. But the question was, how would I know that a woman was pregnant? in the past, there were no pregnancy testing kits and no doctors to monitor the baby. Nevertheless, the detection was based on the menstrual cycle. If a woman after their marriage misses her period for one or two months, I would come to know that the woman was expecting. But whether it was true or false it would be only confirmed after the completion of three months that showed the sign-like growth of the belly that signified that baby was formed. During the monthly checkup, I applied coconut oil to the mother's belly and used my hand to monitor the child's growth and position.

Whenever any family used to visit my place to seek maternal care for her wife, daughter, and daughter-in-law I would always tell them to think positively and would tell them:

'Tumi tension geanakai, kai na sogllem borem zatolem'

(Please don't be tense, everything will be fine.)

Making them happy was the only motive. Because some women would be tense and worried about their baby. My motivating words made people happy and relaxed. whenever people meet me on the road or anywhere, they would say:

'Nalcy mai tuka lagun amchi suun bori asa, tujea utrani taka gutai melta'

(Nalcy because of your encouraging words, my daughter-in-law is doing well.)

When I was working under a doctor, I was always enthusiastic to know what was going on in the operating theater. Thus, during the initial period, the doctor did not allow me to enter the OT because there were government-trained midwives who used to faint after looking at the blood. So, the doctor suggested me, not to enter, because he felt that I would also do the same, but I used to tell the doctor that I was strong and courageous enough:

'Dotor tu tension geanaka, hanv strong, mhako zatole, hanv inga ravta ani tuka help korta'.

(Doctor please don't take tension, nothing will happen, I'll stay here and assist you.)

Looking at my courage, I realize that the doctor used to allow me in the OT. Slowly and gradually the doctor started having faith in me and allowed me to assist with the deliveries. However, after a few years of working under the doctor, I started providing home care for pregnant women. A lot of people consulted me, to take assistance during the pre- as well as after pregnancy. I also used a stethoscope to feel the heartbeat of the baby. However, building a relationship between me and the mother was very significant because, without trust and faith, it would have been difficult to provide any assistance to the family concerning pregnancy and childbirth.

In my opinion, foods intake during pregnancy varies from person to person. Some women can adapt to certain foods and whereas there are some who don't face various health complication. I always recommended, women to avoid eating and consuming fruits like papaya, pineapple, jackfruit, etc., and vegetables like potatoes, brinjals, etc. because there were cases where women have the chance to lose their child in their first few months. As for me, the woman should at least be careful during her first trimester to take care of their diet. During pregnancy, I usually suggested pregnant ladies have their dinner before 7 o'clock so that there were no health complications. As

pregnancy is a crucial stage of life where a mother gives birth to a new life, I usually used to recommend them to avoid spicy food. But also told them that if they had a craving for any spicy food or other food, they could have a small amount of it. I also recommended pregnant women not to consume seafood and red meat because these are food items that can lead to problems like food poisoning, can lead to miscarriage, stomach pain, etc. However, there were cases where pregnant women had consumed seafood and due to which they had extensive stomach pain so to reduce the pain I would give them medical products like Carmiside, Gelusil, etc.

During pregnancy, we know that women go through a lot of healthcare issues like mood swings, constipation, vomiting, etc. Yet, I have observed that there are a lot of women who intake food but are not able to keep it inside their bodies and continually vomit. At this point, I would prescribe them a tablet called Ondem which treats vomiting and nausea. The tablet can be only taken after the first trimester as there are chances that it might affect the child. However, I even advised women to take the tablet before food so that they don't puke. To prevent pain during pregnancy I would recommend a painkiller called codeine, especially for those women who used to travel to work and at times used to get bleeding, so to avoid such symptoms and pain this tablet was provided to them. Apart from that women who were facing health care problems during pregnancy, I would suggest taking a vaccine which is known as Tdap which keeps the baby and the mother protected from whooping cough. At the time I even observed that due to tension the pulse rate of the mother would increase and so to reduce it, I would give her medication so that the pulse rate becomes normal. During pregnancy, there are chances that women can face a lot of health care problems like urine infections, so I would suggest the pregnant women to take medicines like Citrosoda or Cital but there are also health problems that can be permanent like

diabetes. In most cases, women suffer from skin hypertension where the skin color becomes black and so during that time, I would provide them with natural '*lutiachem vokhod*', etc. Whenever pregnant women are sick and feel pain in their body, I would recommend they keep a hot bag on their back to feel relief. Apart from that I would recommend them to have water made of tulsi, mint, raisins, and jeera with either a spoon of sugar or jaggery.

During pregnancy, many a time due to baby kicks women faced pain in their belly. But a lot of women believed that it was labor pain. Yet, there were various cases where women got false pain in their bellies. However, I always told them that it's not labor pain but a false pain. Apart from that I would provide them a day, that they will deliver the baby. Thus, providing intensive care for the mother during pregnancy became part of my life. I usually traveled far places walking, as there were no transport facilities during that time. At times, people would come to pick me up via their bicycle.

In the past, there was also a belief that before the delivery, I would always tell the family members to light candles to Our Lady and would pray to the Lord for the child's safe delivery and the mother's health. Yet, this practice has been stopped today but we do see the influence of religion where the mothers during pregnancy read the bible which symbolizes the connection between God and the Man on earth. Apart from that during the time of delivery, I would read the Gospel of Mathew and Luke describing the birth of Jesus Christ, and then I would proceed with the delivery processes.

However, working as a midwife has been an important job because it was bringing new life into the mysterious world. During the delivery two more women accompanied me in the delivery and who would help me cutting the umbilical cord as well as the perineum also known as episiotomy which helps the baby to come out of

the uterus. During earlier times there were no c-section deliveries but normal deliveries that were held at home.

During the olden times, there was no fee structure, people used to give me money if they wished. Apart from that I never took money from the poor because they were not able to do so. But when it came to others, they used to provide me with the fees if they wished to.

Soon, after the birth of the babies, I would suggest the mothers to have '*maethiachi paz*'. Apart from that there are strict beliefs after giving birth women should not eat potatoes or gassy food that can harm their health. Apart from that I also suggest people avoid doing all the work at home for at least six months. To make the child healthy a proper oil massage should be given to them. Proper breastfeeding should be given to the baby.

As time passed, the role of midwives has been faded. Yet, in my village, I do see that there are still some who visit me to get maternal guidance and then contact the doctor. Due to medialization, some people have lost their faith when it comes to midwives. Even today, if people came to me to seek advice during pregnancy. Without hesitating I provided them with all the guidance and necessary advised required. but during the time of their delivery, I tell them to visit the hospital so that there are no problems and complications.

3.3. PROFILE 3: GABRIELA FERNANDA GOMES DE OLIVEIRA DA COSTA

Working as a midwife has been a wonderful profession, assisting the doctor in delivering babies. I've always been fascinated by the miracle of birth and the incredible strength of women during labor states Mrs. Gabriela Fernanda Gomes de Oliveira da Costa. I was a professional nurse and was attached to the old medical college Escola

Médico-Cirúrgica de Nova Goa, which is known as Goa Medical College, Bombolim, I did a course on nursing and midwifery and then was in charge of the gynecology section. During the olden times, gynecologists only came when there was a need and risk factor involved in the delivery process, or else the trained midwives were the ones who were charged to examine and monitor the pregnant women. I even taught and trained nurses to deliver babies as I was in charge of the department. However, my first posting was in Dam and Diu, and later worked in Cosme Mathias Menezes Clinic in Panjim Goa till I was 75 years old and then voluntarily resigned due to health issues and for personal time.

I used to also attend people from Panjim as well but only during off days because I had to work for 24 hours a day so, the next day would be an off day during that time people used to visit my place and ask to provide maternal care for the pregnant women.

I became interested in pursuing midwifery as a professional because in the past there was no proper avenue in the family and so, to add up to the family's income I decided to work. In society, the most important aspect and contribution was that the people recognized my services and asked me to deliver their babies with great faith and trust.

Prenatal care in the past was limited as there were hardly any doctors who could recommend pregnant women on the diet or exercises that had to be done. Yet, I would advise pregnant women to walk and do exercises so that there is movement of the body. But as medical science came into being gynecologists were born and people started adopting their ways for example after the delivery of the baby, I would advise the mother to wrap a cloth around their stomach so that the air that has been inside the body can go away but today the gynecologists don't recommend this practice of wrapping

the cloths around the stomach. They strictly restricted people from listening to the midwives as well as the olden people because the doctors felt that the midwives did not possess the same knowledge as they had when it came to body and mind.

When it came to diet recommendations, I would usually tell them to avoid salt because of a rise in blood pressure, etc. But there were some instances where not all foods that was told by the elders was harmful to the child. It was estimated that there were cases when people face miscarriage having certain foods like papaya which is considered to be poisonous during the initial period of pregnancy. However, there are many others. When I was pregnant, I was told not to have custard apples because they were considered to be dangerous for the baby, but I had a strong craving to eat it so, I went a got one and ate the custard apple without telling anyone and nothing happened to me. For me whenever a person eats anything, they should keep in mind that they don't think about having a miscarriage and if they eat it with that intention then definitely there are chances of losing the baby and apart from that not all the things told by the elders are harmful during pregnancy. It mostly depends on your body and how it takes it.

Monitoring babies with technical aid was impossible in the past. However, the monitoring of the baby was done by looking at the weight of the mother. Apart from that I had a fetoscope which was used to gather information about a fetus within the womb. It also had a small camera through which I was able to see the movement of the baby. it also helped me to check the pulse rate of the baby inside the uterus. I had a bag with all instruments ready and would pick up the bag and go to if I received any house call. I would take my cycle and rush to people's houses to deliver the babies.

Being a midwife gave me a status and people approached me during the pregnancy. People also appreciated me for my great contribution to midwifery. In my

profession, I have been also awarded by various trusts and clubs providing me a certificate and an award for being an excellent midwife during my time. After that, I insisted my son take up this profession and he took it willingly. At times he used to assist me and help me during home deliveries.

For instance, ‘ once I got a call from *Davul vaddo* , so, I call my son along with me. However, the delivery was too complicated as the head of the child's feet was down and the face towards the heart. So, my son asked me what I would do, will you deliver the child in this situation at home? I replied saying you don't worry I'll handle it and only do what I am telling you. Thus, we delivered the baby. later my son asked me how much you would be going to charge. Well, I replied to him saying that do you think they will be able to pay me, look at their situation, and if at all they wish to pay let them pay.

However, whenever I used to deliver the babies the family would give me sweets, fruits, etc. and this ritual was in practice during the old time when the family used to give ‘*vojje*’ which consisted of items such as ‘*neureos*’, balls made up of coconut and jaggery, ladoos, rice, etc. Apart from that whenever I visited any house before the delivery, I would instruct my servants or the husbands of the pregnant women to take my bag and would always ask the interval and dilution of the pain. According to me, the delivery has to take place within 24 to 48 hours, and would ask them to come one hour to tell me and then I would go attend and deliver the baby. The doctors had full faith and trust in me, whereas any patient wanted me to stay at night I would stay and at times there were also patients who insisted that me to do their deliveries and the doctor wouldn't say anything and allowed me to deliver the baby. At times, some patients even told me that they didn't visit the hospital to see the doctor but rather her.

One day I even noticed that a woman was suffering from pain after her delivery, so I asked her:

'Atam kitem zalem, parth tori zali'

(What happened, now you have already delivered)

Then the patient replied that she had very bad pain so I asked her whether I could examine her, and she replied that okay after examining her I got to know that a part placenta was left inside that was giving her pain and so after notifying it to the doctors they later removed the left part. There was another complication where the patient was suffering from aubertite's patient and the gynecologist of Margao and Rabindra Hospital refused to deliver her baby. and the doctor of Goa Medical College examined her, and I helped in delivering the baby which saved the life of the baby as well as the patient.

More than pre-natal care women face a lot of problems in postpartum where they face a lot of pain in their bodies. During this time, I used to recommend women to have soup made out of rich vegetables and to have oats, kanji, *maethachi paiz*, ragi, etc. I even recommended they have small baby chicken soup because it enabled mothers to become strong and gain energy in their bodies. I also recommended mothers have vines made out of meat and this practice was not only seen in the Christian religion but also in the Hindu religion. Apart from that few drops of *feni* were added to the babies' water to prevent them from getting cold.

Today, I see that midwifery as a practice has lost its importance and the reason for it is medicalization because when medical sciences came to Goa. The Portuguese made people believe that midwives were not trained but rather had traditional knowledge acquired from their ancestors. These things later created doubts about the people and slowly we show the decline of midwife's services in Goa.

3.4. PROFILE 4: LARISSA GONSALVES

Larissa Gonsalves started her career as a professional midwife. However, she worked professionally for almost 35 years and left after her retirement. Narrating my life in the profession to my grandchild makes me feel proud because today we see hardly anybody talking about it. My grandchild in my free time asks me about my experience as a midwife and how I managed to travel to several places in South Goa and treat people. Thus, I did a course in nursing in Raibandara and then was transferred to South Goa. As there were no proper medical services then, the government of Goa placed certain nurses in different parts of South Goa to provide medical services to them.

Although my journey as a midwife was difficult, I enjoyed it very much. Most of the villagers used to come to my place to take me to the delivery point. Even before the child was born maternal assistance was also provided to them to give birth to a healthy child. In the past traveling to different places was tough, however, I managed to travel across the river to provide not only maternal assistance to the people but also medical assistance when it came to injuries, etc.

When it came to food that is to be consumed during pregnancy, I usually told them to avoid fruits like papaya, pineapple, jackfruit, etc. should not be consumed. Vegetables like potatoes, eggplant, drumsticks, etc. should not be consumed during pregnancy. Apart from that, seafood should be avoided because there were instances where people have lost their babies due to intake of such items.

During olden times, when a woman was in labor pain people used to come to my place and take me to their home on the bicycle. I used to keep all my instruments ready and packed inside my bag and when anybody approached or called me for delivery I either used to walk or somebody from their family would come and pick me up. Although all the babies were born healthy but there was one case where,

'A baby was born with an evil horn when the baby was delivered, it suddenly started growing bigger and bigger. After obtaining consent from the family as well as from the authorities we decided to kill it to avoid any further problems.'

This was my worst encounter where we had to kill the baby. As there was no other option. Delivering young life on this earth made me thank God for allowing me to serve the people. In society, I was never questioned and neither I was mistreated. People used to specially visit and seek maternal care from me. If I see today and the past, we were valued more than things. After the delivery was made people used to offer us fruits, vegetables, or clothes as a token of love and appreciation. I was even offered once a foreign watch. At times I even had to stay at people's places till the mother received the labor pain and until the baby was born.

Today, I see midwifery disappearing, But I still see people visiting me to take paternal service. Still today, they encourage me for their service saying that my services were excellent and today whenever we talk about childbirth the first person that comes to our mind is you because during the olden times, you were the one who provided the best maternal care, whenever there was any emergence, you were the first one we approached. Listening to their encouraging words always made me feel proud. My grandchildren also appreciated me for my work as a midwife.

CHAPTER IV

NEONATAL CHILDCARE WORKERS

Neonatal childcare workers, also known as '*thell khadpin*' in Goa, is an age-old occupation performed after a child's birth. '*Thell khadpin*' plays an essential role in people's lives, especially after the baby is born. A baby massage is a routine, and often a cherished tradition passed down through generations. Families incorporate local ingredients like coconut oil or herbal combinations known for their soothing properties. It also has potential benefits for the baby's development and well-being.

There are two types of neonatal childcare workers: traditional and professional nurses who work in hospitals. During the initial few days after delivery, the nurses take care of the children, which doesn't include massage but bathing and other medical care. In contrast, traditional neonatal childcare workers play a crucial role after the mother and the baby are discharged from the hospital. The neonatal childcare workers used traditional medicine for colds, fever, or other issues. Additionally, traditional Goan folk medicine may influence the massage techniques employed, which often emphasize the importance of touch and physical connection in promoting health and well-being.

In addition to respecting Goa's history, incorporating cultural components into newborn massage offers a calm and familiar experience for the infant and the family. It supports the notion that providing healthcare involves more than just curing physical illnesses; it also entails nourishing the body and spirit through cultural customs and values. Traditional neonatal childcare providers in Goa are vital in enhancing infant health and interests while respecting the region's rich cultural customs.

Unlike traditional midwifery, neonatal childcare workers don't receive prior training in the field. Yet, this profession is a generation old and is passed down to people by their ancestors. Today, we see that this profession is also at a declining rate and no

proper attention is given to this. Today we see there are only a few people who are taking up this profession.

Let us look at the stories of Goa's neonatal childcare providers, who played a significant role after the child was born.

4.1. PROFILE 1: RITA FERNANDES

Providing neonatal care after the baby is born is very important, says 'Mrs. Rita Fernandes'. I was in neonatal childcare when I was just 25 years old, and today it has been almost more than 40 years since I have been in this particular profession. The primary reason I took up this profession was for my family as my father could not work, and because of it, I decided to take up a work that could at least contribute to my family's income. Working in this profession always made me feel that I have done something for my family. Hence, I did not receive any kind of training in this profession. Instead, I observed people and after gaining proper knowledge, I decided to take up this profession.

Working in this field was an incredible experience. When a baby or a child was born, I used to get a call from people saying:

'Rita Mai, mhojea sunnacher baba zala, tu taka thell khadpak yetolem muge'

(Rita, my daughter-in-law has delivered a baby boy, you'll be coming now to provide him neonatal care.)

Then I would reply:

'Voi go yetolem havn, tu tension geanaka'

(Yes, I will come you don't need to worry)

There were instances, when people informed me to provide neonatal care even before the baby was born. So, I am not booked for any other family. I have almost oiled and bathed more than 50 children. I always used to tell people in advance what the

things that were required in order to massage the baby were, which included coconut oil, besan powder, eggs, etc. After massaging the baby with oil, the child is kept in the sun for one minute because it helps the body to produce vitamin D. When that was done, I would bathe the baby with soap and then put fragrance in the charcoal and once the fume was produced, I would keep the baby above it. In my opinion, cologne can aid in development by forming an olfactory memory that helps strengthen the relationship between mother and child. I also suggest mothers take the smoke of the fragrance in the vagina because it is the best medicine that helps them to recover from the pain and it also helps in the recovery process.

Apart from that I also recommend mothers, to have food like for instance oats porridge, *sooji* porridge, and porridge made of fenugreek seed are considered to be healthy for the mother, it benefits making breastmilk in the women's body and also helps in faster recovery.

There were no vehicles, so I had to walk far to provide neonatal childcare. At times people who had a bicycle would come to pick me up. However, as years went by people had their vehicles and so did my daughter, so she would drop me off and come to pick me up once baby care was provided. Earlier, my fees were 200 per month but as time went by, I would take money as per the months, which included a total fee of 1000-2000. I would not take money from people who were unable to give, so to compensate, they would provide me with rice, oil, or other items.

The process of providing neonatal care is relatively easy and challenging. For me, the person should know the technique to oil the baby. When it came to procedure of oiling the baby, I would first massage the baby with the coconut oil. There is also a way the oil was applied. So, I would first put the oil on the baby's head and later rub the whole body. Once that was done the next was to massage the baby with the mixture

made of besan and egg, then the baby was bathed, fragrance was put and then the baby was wrapped with cotton cloth. The oil massage is also given to the mother during the first few months. The major reason is that the oil massage for the mother helps reduce body weight and makes their body strong and healthy. If the baby is allergic to coconut oil, I recommend olive oil. In my life, I have only oiled Christian babies and not babies from other communities. The oil is also applied to remove white biofilm, known as vernix caseosa, from the baby's body.

As mentioned earlier, the reason for taking up this profession was for the betterment of my family as there was nobody, so being the eldest daughter in the family built up pressure in my mind. And later this job became part of my life as the years went by. I was very reluctant in this particular profession. When my children grew up and started working, I still visited houses to oil the babies but when I was around 68 years old, I started facing a lot of healthcare issues like knee and leg pain. When I consulted the doctors, they informed me that I should stop massaging because it was creating problems in my legs. Apart from that I also witnessed back pain and started falling sick.

Yet, nobody from my family took this as a profession after me. People who don't know that I have stopped massaging still approach me.

4.2. PROFILE 2: KATHARINA RODRIGUES

Being a neonatal childcare worker was a magnificent experience, says 'Mrs. Katharina Rodrigues'. I was raised in a family with four siblings, including three sisters and one brother. My brother was a carpenter and my sister including me would help our parents in the field. I got married at a very young age and had four children. Taking up the profession of neonatal childcare was my wish as I always wanted to do something for my family. I worked as a '*thell khadpin*' for almost twenty years. For some years, I

would visit a few houses from my village but later when people came to know about me. They would call me and even approach me even before the child was born. Thus, I have oiled babies from Hindu and the Christian religions as there was no objection. But rather a need as I was the only one involved in this profession but later there was another lady in my village and so I decided to stop and relax at home. As my children were earning, they told me to take a break. However, I have massaged my grandchildren after discontinuing this profession.

After birth, the baby must be bathed and massaged because it helps remove the white thing from the body and strengthens the bones. According to me, the baby should be oiled at least for twelve months after birth. Not only the baby but also the woman requires an oil massage, which is done for her body's relaxation.

The process of oiling is quite similar to the one done by others. First, coconut oil is put on the baby's scalp and rubbed slowly, and then the massage is done for the entire body. Later, ingredients like ragi powder, besan, a little water, and eggs are mixed and applied to the baby's body. After this process, the baby is washed with warm water. Once that is done smoke of fragrance is added to the charcoal and later, they are applied powder, and cream, then clothes are worn, and a cloth is wrapped around them so that the baby can sleep peacefully.

I also suggest mothers avoid food such as potatoes and chilies for the first eight months. Food like *maethachi paz*, porridge, *tizan*, and other nutritious foods are advised to be consumed during the first few months because it helps the breast to release more milk. I even recommend mothers not work a few months after the delivery as there is a chance of falling sick which can be passed down to the child. I even suggest the family provide intense care of the mother because there were several cases when a woman

went into postpartum depression and the only thing that helped them was family support.

When I used to provide neonatal childcare services, I not only massage and bathe the babies but also, I washed babies' clothes. But now this has been discontinued. Today, if we look at the pay for neonatal services, pay has been increased. I have even seen people charging 20 thousand to provide neonatal childcare services to the children. Although I see few neonatal childcare workers, they are in great demand and oil four to five babies daily.

4.3. PROFILE 3: *RANGI VARAK*

My journey started as a midwife and then I became a neonatal childcare worker, says 'Mrs. *Rangi Varak*'. I worked as a midwife for 20 years, providing care for mothers and children, including providing women with information about what to consume. Initially, I stopped practicing the profession because of my health and as I live in the interiors of Canacona it has become difficult for me to travel. In the past, I used to travel to far places to provide neonatal services to the babies. Walking far places made me strong, and taking up this profession also motivated me. People have always encouraged me for my work even when I was into midwifery as well as in this profession.

Midwifery as a profession, I guess, started losing its importance after the medicalization. After that, people started approaching doctors, and I lost my interest in this profession. People also started believing on doctors and said that we were not eligible, which created doubt among the people. Moving from place to place, providing healthcare services to all, has become part of my life. When a woman was in labor, I would give them cucumber seed so the baby would be delivered. I also feel that

practicing midwifery after medicalization became very difficult for me to survive, yet people from my village still come near me for natural medicine.

When I entered '*thell khadpin's*' profession, I was always in demand. People would always book me before the delivery happened. People would call me one day in advance asking me to come and visit them. After the baby was born, I would go to their place to provide neonatal services to the mother and the baby.

So, I would walk and go to people's houses to providing neonatal childcare. Massing the baby was done using coconut oil and ingredients like besan, ragi powder, and eggs were used to massage the baby. If the baby is allergic to any of these items, I would tell them to remove the orange, apple, and watermelon juice to apply to the baby's body. In my opinion, applying the juice to babies' bodies helps the baby's body and skin remain cool.

If the baby is sick, I would make *kavaol*, which is a mixture of coconut *soro* (alcohol), and sunflower leaves used. The mixture is placed on the baby's head and is kept for two to four hours. Babies are given a neem hot water bath so that the fever or cold disappears. Apart from that there is another medicine that I provide them which includes ingredients such as

Babies are also given; I would recommend them to get me the following things:
'Koudovo , zaifoll, nolafoll, Saiye bibo, salkkond, lason and ghod, aide hem hanv vantelim ani tem magir havn burgiak pivapak diatle. Hem vokhad hanv aitarachem and budvarchem taka hanv ghaltalim'.

When the babies were facing worm issues, I would apply these things.

Gedna burgechem donnt chadtale tendna taka hanv rito gashun tanchem pottak laitailem'.

When it comes to oil, I used several things, for instance:

*'Nolafoll, zaifoll, holodh, koduv, adhim hem gatem and dhadaita ani magir xizoitem
ani tachim thell kahadun tem thell havn burgiak laitem'.*

According to me, massaging helps a baby to walk within ten months. Nutmeg and jaggery paste are used so that the baby can speak within eight months. apart from that I have even provided medicine for women who were unable to bear the child and after taking the medicine she was expecting and gave birth to a boy.

My way of oiling is quite different compared to others. Firstly, I would apply the oil to the baby's body and keep it for some time. once that is done, I would massage the baby, and after that, the baby was bathed. My journey as neonatal childcare worker has been a wonderful experience. Enduring all my struggles and pain, I am glad today that I have massaged, bathed, and provided neonatal services to the people across Canacona taluka. I also appreciate the fact that people have valued me and my traditional knowledge of '*thell khadpin*'. For my work, people have also rewarded me for my contribution.

Although neonatal childcare workers were in great demand, I feel few people are continuing it like me. Apart from that this profession is also dying because I feel that people have started believing more in doctors than me. I know doctors are imperative but massaging and bathing them is also very important.

4.4. PROFILE 4: SHAMI HASMANI

Working in the Royal Hospital for a few years enabled me to gain some midwifery knowledge. During the time of emergency, I was called by the people to deliver babies. But got an interest in neonatal services says 'Mrs. Shami Hasmani'. I am Muslim and have stayed in Goa for over 30 years. Who was my inspiration and my guide who helped me grab the knowledge and learn it? And 'yes' it was none other than my mother who was a neonatal childcare worker and when I was small, I would go with my mother

to visit people and provide neonatal services. I started to work as a neonatal childcare worker almost 30 years ago. Going house to house and providing neonatal childcare services has become part of my life, and it is also an earning opportunity for my family. People from far-off places call me and book me in advance. According to them, the services I provide are unique, and the massage makes babies strong and healthy. In a day, I visit eight babies, and in the evening, I visit people's houses to give them regular massages.

It differs when it comes to medicine that should be used during neonatal care. I usually tell people the following things: take three bitter guard leaves and wash them in hot water; once that is done take the mother's breastmilk mix both the ingredients together, and feed the baby which will help the baby feel relaxed and all the cold and fever will go away either through vomiting or loose motions. I also suggest mothers use sweet betel, deep it in the oil, make it hot, keep it on the head of the baby for almost 1 hour, and then remove it. This medicine also helps in reducing colds. Apart from them I also tell people to give smoke to the baby by putting garlic skin and '*ajwain*' in it. According to me, to keep the baby always free from all diseases, parents should ensure that the baby's clothes are adequately washed and if anyone in the family is sick then avoid sending them to the baby.

When massaging the baby, I preferably use coconut oil on the baby's head. The massage should be given to the baby for at least six months. I usually mix ragi powder, rice flower, besan, milk, cream, and turmeric powder and apply it to the baby's body, which helps remove the white particles from the baby's body. Afterward, I would apply any baby cream and wrap the baby in cloths.

I have attended families from Christian, Muslim, and Hindu as well. When people approach me, I only hear that I massage very well, listening to them makes me feel proud of who I am today.

I walk to people's houses or go by bus. In my opinion, walking helps me increase my ability to work. It also motivates me to do my work with all the passion and love. My fee structure was low during the initial period, which was 2000 thousand, and now I have increased it to 10,000 with the massage of mothers and babies altogether.

After the delivery, mothers go through a lot of pain, so the doctors initially provide them with all the essentials and foods during this time. I also recommend women use a saree instead of a belt to wrap around their stomachs. The reason for wrapping is that it helps women reduce their belly and enables them to become thin. Neonatal childcare has been significant most families have approached me because, in my opinion, it helps the baby grow and be strong. I don't know what the recent generation is thinking about. Yet, I see people feel that neonatal is very important.

4.5. PROFILE 5: ESPY FERNANDES

My voyage of life into neonatal or '*thell khadpin*' began when, after my marriage, said 'Mrs. Espy Fernandes'. My major interest in this profession was when I saw my people oiling babies including my son, which encouraged me to take up this as a career. It has been almost 25 years since I have been working in this area. I have not only oiled babies who were born during nine months but also have massaged and bathed babies who were born prematurely.

However, I have discontinued this profession because of healthcare problems. Yet, I have faced difficulty while massaging the mother. Not only because of health issues I have discontinued the profession but also because of my children who told me to stop as they felt that they were now able to work for the family and get money to

take care of their parents these words of kindness and love of my children I decided to quit the job.

When it comes to massaging the babies, I would ask the family to get the following ingredients to massage the baby: ragi powder, eggs, and coconut oil. The significant benefit of applying this is that it enables the baby to be strong and helps it grow a little faster. I have attended to all kinds of families; I would walk to people's houses and massage the baby. Sometimes, people would come to my place to pick me up and drop me off at home. I would recommend mothers have *maethachi paz* and rava.

When it comes to a massage for the first month, I will massage the babies only with oil, and in the second month the other mixer as mentioned above. When the baby was allergic to coconut oil, I would use baby oil for the baby. My fee structure differed earlier, it was 2,000 per month and later I increased it to 5,000 per month, including the cost of the mother and the baby.

I was always encouraged by the people for my work, and till today, they have told me to restart the work. However, due to healthcare problems, I am not able to work, but I still massage my grandchild, and this helps me keep the practice alive. Although I see this practice declining, its importance is still seen in Goa.

CHAPTER V

ANALYSIS AND INTERPRETATION

Goa is a state in India's coastal region with a diversified economy and rich cultural legacy. The region's economy is influenced by tourism, hospitality, fishing, arts, agriculture, education, and IT industries. Apart from these fields there are various other traditional fields in Goa which includes '*ramponkars*' (fishermen), '*reindeer*' (toddy-tappers), '*thevoi*' (carpenters), '*poder*' (baker), '*thell khadpin*' (neonatal childcare worker), '*follkann*' (florist), '*nustekar ani naustekan*' (fisherman and fisherwoman), '*vajeen wa vojmai*' (midwives). This profession has been highly valued for the past decades and still is in practice, but out of them some have lost its worth and have been at a declining rate. Thus, tracing them today has become impossible because of the limited data and information that are recorded.

Midwifery and neonatal services are two occupational professions in Goa, which existed since past decades and yet are hardly recognized. Many people today don't know who are midwives, where have been their origin, whether they still exist today or not, and much more. Apart from that there is hardly any information which is available about midwifery and neonatal childcare workers. During the 19th century, some people believed that midwifery was a kind of profession that was practiced without receiving any knowledge. However, Pinto (1986) in his work '*Midwifery in Goa*' claimed that midwifery was a profession that could be taken up by any woman without any education and suitable training. Because he felt that a woman who attends a few labor cases thinks that she knows enough of the practice. According to him, this profession did have much value. But, contradicting his words, the information gathered from the literature shows that midwives received a lot of attention since the past. Since there were no physicians or obstetricians during the olden times midwives delivered

the babies. There were even cases where the mothers herself had cut their umbilical cord. Nevertheless, pregnant women were heavily dependent on midwives for their care and guidance in the past.

A midwife's presence during labor is a memorable experience because she helps the woman bring a new life into the world. However, during the early 19th century we see that traditional midwives played a very important role in traveling to distant places and providing maternal care for the pregnant woman. In the article titled 'Midwifery in India and its Roadmap', the researcher writes that midwifery was a long-standing profession that has evolved alongside humanity. They have been 'with women' at personal and critical life events. In ancient India, the local village '*dais*' was solely responsible for maternal care and midwifery. This indigenous *dais* assisted in childbirth and was consulted during any birth-related issues for mothers (1-2). They were midwives in the literal sense (Chhugani, 2014). Yet, similar instances were seen in Goa when there were traditional midwives, people visited them and requested maternal care for their wives or children. In Goa, midwives were called '*vajeen*' who not only provided maternal services but also paternal services as well but later this profession got separated into two different professions, so later they were known as '*vojmai*' and '*thell khadpin*'. However, there are some places in Goa, where the word '*vajeen*' is interchangeably used because of a lack of knowledge about this particular occupation.

Traditional midwives usually recommend women consume foods that are safe and healthy for them as well as the baby. Whenever a pregnant woman was sick or was facing any health issue the only medication that was given to them was herbs and plants. Traditional midwives or '*vojmai*' usually prepare medicine from the plants and herbs gathered from the forest and from medicinal plants that grew in their surroundings environment. These plants were beneficial and provided nutritious treatment for the

pregnant women as well as the babies. The bond that midwives developed between pregnant women and them was of trust and friendship. Because, whenever the lady felt sick and weak, midwives would encourage them with words that helped them and motivated them. Similarly, during labor Nalcy a traditional midwife always encouraged women by motivating them with words that helped them to divert their minds. Initially, as there were no doctors, people had to depend on midwives. Traditional midwives not only develop a bond with pregnant women, but they also develop a relationship with their family members. Because, if there was another woman who was expecting in the family, then they would always prefer her to provide the maternal care.

Thus, after the arrival of the Portuguese in Goa, many changes took place. As the education system was introduced, Hindus were converted, new religion was formed, temples were destroyed, industrialization, modernization, and medicalization became a part of Goa's ethos. Due to medicalization, there were certain changes and transformations that replaced the traditional midwives with the government-trained midwives. It was also estimated that a large number of people who were well-educated acquired information from the midwives and were later excluded from providing recognition in the medical field. Although traditional midwives were valued earlier but lost their importance after they were excluded from the medical field. Indigenous midwives also suffered discrimination and stigma globally where people started judging their profession claiming that they did not have much knowledge about the field and were not educated (*Partnership between Indigenous and non-indigenous midwives*, n.d.). Unfortunately, midwives were dishonored, and qualified practitioners were called in, chiefly by the better classes.

Portugues role in Goa lasted for more than 465 years which brought in a lot of advancement in Goa. During that time and till today we see trained midwives playing

an essential role in the medical arena. These trained midwives received training from Goa Medical College or the Raibandar Institute of Nursing which was in the year 1963. Initially, in both the institutes midwifery and nursing were two combined courses but the students had the freedom to choose whatever course they wanted to adopt. After taking training in midwifery, students were placed in different places. Some were placed in the hospital whereas some were placed in the interior so that the people could receive maternal care during pregnancy. However, trained midwives also had a larger contribution, because they worked in various settings and were responsible for providing care for the pregnant women and also had to maintain extensive records of births and deaths.

Occasionally, they were even assigned to do work during the unofficial period. One of the midwife stated that after finishing their hospital duties would come home and attend to the pregnant women who were in the villages and who were unable to afford to come to the hospitals. They were very committed to their occupation and always helped the people in need. Similarly, in 1946, the Bhore Committee emphasized the necessity for trained midwives, health visitors, and dais. In 1955, the Shetty Committee advised training Auxiliary Nurse Midwives (ANMs) in health facilities for maternal and child health care, with adequate supervision from health visitors. In 1959, Bishoff, a technical consultant, funded training for two categories of nursing personnel: ANMs and General Nurses and Midwives (Chhugani, 2014).

However, neither the traditional nor trained midwives had ever asked for money from the people. If the family, willing gave them the money they would take it, or else no money would be taken from them. Besides that, if the family was unable to provide them with money, they would normally provide them with sweets such as laddoos, *neureos*. Gain, clothes, vegetables fruits were also provided to the midwives as a

reward. Thus, this shows that both traditional and trained midwives were crucial during pregnancy, providing maternal as well as postpartum services to pregnant women. When the trained midwives came into existence, not all of them provided postpartum care for the mother and the child so, the role of postpartum childcare provider was taken up by *thell khadpin* in Goa.

Thell Khadpin in Goa, also known as neonatal childcare workers or healthcare workers has always played a pivotal role in providing neonatal care for the babies as well as the mothers. They attend eight to nine children per day providing them instance care which includes massaging and bathing. For millennia, Indian and Asian families have used oils to massage newborns and infants. Traditional practices, however, are likely to change as a result of increased access to information and various exposures. Childbirth is now a medical procedure, with professional birth attendants in charge. Oil massage in babies has been demonstrated to improve anthropometric parameters, promote physical growth, and reduce the incidence of unfavorable skin reactions. Emollient treatment, a topical application to infant skin, is particularly successful in hospitalized preterm babies requiring acute care (Chaturvedi *et al.*, 2020). However, in Goa, as well baby massage is considered to be important. Because it increases the ability of babies to gain strength in their body. It also helps in weight gain and also reduces hospital stay and postnatal problems. This massage is provided to the baby for almost 12 months. Hence, neonatal care is not only provided to the child but also to the mother as well. The mothers are also given a massage for a few months because it helps in the healing process as well as it helps to keep away health issues. According to John Bowlby, attachment begins at birth, when children and mothers respond to each other's emotions. Infant massage during hospitalization can help alleviate anxiety and enhance bonding (Mrljak *et al.*, 2022).

Thus, in Goa even before the child is born, *thell khadpin* has been approached to provide postpartum care for the baby. In Goa, people believe that massaging babies with coconut oil will help the baby grow. Oil massage in Goa is a traditional practice and mostly coconut oil has been used to massage the baby. The neonatal childcare workers don't receive any training rather it is passed down by the elders. The study discovered that most family members conduct infant massages, minimizing the requirement for trained specialists and improving emotional attachment. Plant-based oils were favored for massages, as they can provide nutritional benefits, particularly to preterm and low birth weight infants (Chaturvedi *et al.*, 2020). Still, some people adopt this practice by looking at the people who have made them start up this particular job. Neonatal care was provided daily and not on alternate days. Only in the situation if the child was sick, it was advised not to bathe nor to massage the child to avoid any complicated situation. *Thell Khadpin* often traveled by walking, or there would be somebody from the baby's family who would come to pick them up. The neonatal childcare workers also advised mothers on foods they should consume for healing.

Therefore, neonatal childcare workers are also those who work in the hospital but their duration for taking care of children is just seven to ten days. They take care of the baby and bathe them. Thus, the neonatal nurses in the hospitals don't provide massaging services to the baby. Apart from that they also take care of the mother's medicine, her health updates, and even suggested mothers what foods to have for healing. They also recommend other things that can help in bringing up the little one.

5.1. FOODS AND GASTRONOMY: HOT AND COLD FOODS

Pregnancy is an important phase in a woman's life, where she has to take care of herself and the life inside her womb. During this time, she should be careful when it comes to her diet and food intake. The development, growth, and health of both the expecting

mother and her newborn child might be impacted by the increased nutritional needs during pregnancy. It is crucial to comprehend the nutrition knowledge of expectant moms in order to create methods that effectively combat malnutrition and promote healthier eating habits. When a woman is pregnant, the first thing that comes to her mind is what should she consume. Whether she can have those foods or not? Will it be harmful? Will it affect the baby? Is it safe to have this food or not? and so on. Traditional beliefs about foods that are good or bad for pregnant women and how much food is best for successful reproductive outcomes are common in many societies, but they may not line up with contemporary biomedical concepts. For example, in India, a large number of pregnant women's foods are low in calories, protein, and other nutrients, which causes maternal and child mortality. Low nutritional status are also caused by several factors, such as widespread poverty, discrimination against women and female children in healthcare and household food distribution, and inadequate prenatal care. Another common belief in India and other countries is that "eating down," has critically affected the reproductive outcomes (Nag, 1994).

Hence, in Goa, we see many people suggesting women what they should consume and what they shouldn't, because people believe that the consumption of certain foods can harm the baby as well as the mother. To provide the mother and the developing baby with nourishment eating, a balanced diet full of veggies, fruits, lean meats, whole grain foods, and dairy products are advised during pregnancy. But they also keep in mind that not all the foods are healthy for them during pregnancy and should avoid eating certain foods. According to Pinto (1896) Consuming cooked leaves, fruits, and shoots of some plants like *Moshinga* (*Guilandina moringa*), *Kali Dudhi* (*Cucicrbita melopepo*), *Sitaphal* (*anonac*), *Chibda* (*Cucumis melo*), *Nivoltcenti*

(*Ariocarpus integrifolia*), and *Plantago rugeli*, as well as certain species' fruit and vinegar, is forbidden for expectant mothers.

Elders including neighbors, parents, grandparents, and people either recommend some food or tell them to avoid some foods when it comes to fruits, vegetables, fishes, or any other things. For instance, people believe that eating papaya with white seeds in it will definitely lead to miscarriage because during pregnancy papayas contain a material called latex, which can cause contractions in the uterus. People also believe that the consumption of pineapple can either lead to miscarriage or the women may deliver earlier it is because people say that eating pineapple can increase a woman's pressure and headaches such instances happen not only before pregnancy but after pregnancy as well.

Thus, some people also believe that during their pregnancy they did consume papaya and pineapple, but no harm was caused to them or the child. But they believe that, if women consume either of these foods, while aware of its side effects and the consequences of it, then there were chances of having a miscarriage. People also believe that consuming too many mangoes can lead to high blood sugar levels and vomiting which can also lead to miscarriage. However, it is also believed that the consumption of small mangoes can be a very nutritious diet. The women are advised not to have red meat during pregnancy as well as after pregnancy at least for the first three months because it can cause health problems that are very harmful to the baby as well as the mother. There are some agreements on the classification of hot and cold foods, however, there are differences within and across countries when it comes to other countries, like India. Many pregnant women believe that hot foods are bad for them, whereas cool foods are good for their bodies.

Women are advised to consume guava because the consumption of guava helps in preventing anemia. It also helps women increase their calcium level in the body. But consuming it too much could later impact the baby. According to the people of Goa, eating jackfruit is harmful to the baby because it can cause stomach aches. Like they say that:

'Ponnas hailear potanata mann yeta, ani taka lageun borgem morpak shokta, avion saral ponnas kavpak zata, ponn porkoi ponash naih'

People also advised people to consume custard apples, but also told them not to consume them in large amounts because consuming more could cause harm to babies. According to some studies, some states term some foods as cold and hot. Except in rare cases, people in Gujarat, Karnataka, and Uttar Pradesh generally believe that fruits are cold. Unripe fruits, jackfruit, papaya, bananas, and pineapple are all regarded as hot in Karnataka. More fruits, including papaya, pineapple, mango, jackfruit, groundnut, and palmyra, are regarded as hot than cold in Tamil Nadu. Only coconut is regarded as cold in Andhra Pradesh, while bananas, papayas, and mangoes are considered hot (Nag, 1994).

During pregnancy, vegetables including asparagus, tomatoes, beets, yams, bell peppers, parsley, broccoli, leafy greens, escarole, and green peas are good choices to eat throughout pregnancy. Together with vitamins A, B, and C, these vegetables also include protein, fiber, folate, and vitamins C and K. And to help your pregnancy and immune system, think about including other veggies in your diet, including endive or escarole (*Best & Worst Vegetables to eat during pregnancy*, n.d.).

Vegetables like eggplant, ladyfingers, potatoes, and drumsticks should be avoided during pregnancy and childbirth because consuming them can cause various healthcare issues such as abdominal pain, bloating, gas, low blood pressure, heart rate

slowing, and an increased chance of early and premature labor. Yet, Vegetables' 'hotness' and 'coldness' perceptions vary more than fruits. Where vegetables that cause problems are considered hot food while others as termed cold food.

Throughout pregnancy, women are told to avoid seafood like ceviche, *xinnaneo*, *kalvam*, and raw oysters. Apart from that women should avoid fish like sharks, swordfish, king mackerel, tilefish, tuna, *sungotta*, *modso*, etc. should be avoided as there have been cases of people losing their babies as a result of consuming them. While seafood is an excellent source of nutrition and omega-3 fatty acids, some fishes and shellfish have high mercury content, which may be detrimental to the developing neurological system of your unborn child. It is advised by the U.S. Food and Drug Administration, not to eat bigeye tuna, king mackerel, marlin, orange roughy, swordfish, shark, or tilefish during pregnancy (*Do you know which foods to avoid when you're pregnant?*, 2023).

Spices like chilies, pepper, gram masala, etc., should be avoided during pregnancy because these spices are hot in their form and if consumed can cause major health issues. Women are also advised not to avoid consuming salt because of blood pressure. Midwives in Goa also believed that herbs and spices that are not recommended during pregnancy include fenugreek seeds, asafetida, garlic, angelica, and peppermint. Because fenugreek seeds stimulate the uterus, they may result in diarrhea, gas problems, and bloating. Asafetida is a common spice in homes, but because it might lead to miscarriage and blood loss, it should be avoided. Pregnant women should avoid eating garlic since it contains strong, potentially harmful compounds. While angelica is thought to be safe for expectant mothers, it is helpful for effective embryonic implantation. Avoid drinking peppermint tea as it relaxes the uterus and may cause menstruation. Due to the possibility of Salmonella contamination, which

can cause food poisoning and other consequences, such as miscarriage, sesame seeds pose a significant risk to expecting moms (Saha, 2023). Manyara families limit water intake to prevent edematous birth and forbid pregnant women from consuming specific foods and drinks, like eggs and fowl, to prevent bald heads and complications during vaginal delivery (Felisian, *et al.*, 2023)

During pregnancy in Goa, a woman is also advised not to consume alcohol because there are cases where it may impact the child in the womb. Similarly, some studies claim that alcohol throughout pregnancy has no established safety threshold and may cause fetal alcohol syndrome, stillbirth, or miscarriage. See your healthcare provider if you require assistance quitting drinking.

According to the people, nutritious foods should be consumed by the mother of the newborn baby to increase the milk supply which includes eggs, milk, groundnuts, grams, wheat, soybeans, meat, fish, leafy vegetables, fruits, etc. These foods help her to gain requirements such as proteins, fats, carbohydrates, vitamins, and minerals. People also suggest consuming ‘*ajwain*’ (carom seeds), dill seeds, bishop weed seeds, garlic, and dry ginger in regular meals. People advise mothers not to consume foods that cause indigestion and gas, or which doesn’t suit the mother’s system because it will have an impact on the child, which results in diarrhea, stomachache, cold, and other issues. For better milk production mothers are asked to include porridge, gruel, and fenugreek kanji in their diet.

Thus, we see that midwives and the elderly play an essential advising pregnant women during pregnancy. Whereas there were some like, for example, Mrs. *Rangi Varak* as well as Nalcy Fernandes, everything depended on people’s perception. They said that although they recommended people avoid certain foods during pregnancy. When a pregnant woman craves something, then that food should be given to them in

limited quantity. Apart from that women should always be positive while having that particular food, because if they overthink then there are chances that they may face further complications. Nalcy also advised pregnant women to have dinner before 7 o'clock and avoid spicy food, seafood, and red meat. Rita Fernandes recommends foods such as fenugreek seed porridge, *sooji* porridge, and oat porridge for new moms, highlighting its advantages for both postpartum recuperation and the production of breast milk. For the first eight months following childbirth, Katharina Rodrigues suggests avoiding potatoes and chilies and substituting them with particular regional meals like *tizan* and *maethachi paz* for added nourishment. Mrs. Gabriela suggested a postpartum diet including rich vegetables, oats, kanji, and small baby chicken soup. Overall, midwives generally advise to avoid eating certain fruits, vegetables, and spices while pregnant, however, there are significant differences in their precise advice.

5.2. ROLE OF ETHNOMEDICINE DURING PREGNANCY AND CHILDBIRTH

Evidence of using plants and herbs for medicinal purposes dates back to the Middle Paleolithic era when Earth was first inhabited. Ethnomedicine has long been used by tribes in China, India, Romania, and Africa; 88% of people still receive their main treatment from these traditional herbal and medicinal sources thus also termed ethnomedicine (Gagwani & Cheprasov, 2023). Ethnomedicine refers to a field that focuses on the cultural understanding of health and hygiene. It basically studies plants and herbs and their useful properties. The anthropological field of ethnomedicine focuses on the cultural norms and beliefs of various societies while examining their perspectives on health and illness. For instance, medicine is a component of a broader culture including Mayan, Bavarian, British, and Massai medicine. By conducting

fieldwork among members of a specific culture, ethnomedicine aims to obtain an emic anthropological perspective (Quinlan, 2022).

In rural locations, medicinal plants are essential for women's health throughout pregnancy, childbirth, and postpartum care. They address nursing, menorrhea, birth control, and female fertility. Nonetheless, women's expertise were frequently disregarded by Western conventional medicine, which empowers women and challenges male domination (De Boer & Lamxay, 2009). Thus, in Goa, we see the use of ethnomedicines is still in practice and are recommended by the elderly, neighbors, and grandparents. Hence, the traditional midwives believed that herbs and plants have a lot of medicinal value that help pregnant women and newly delivered mothers recover faster. The use of medicinal plants is still used especially during pregnancy and childbirth.

During pregnancy, women notice certain changes in their bodies, like sudden increases in weight, women also face health problems like constipation, high blood pressure, increase in sugar level, and constant vomiting. There are also cases where women can be diagnosed with diabetes. The midwives, neonatal childcare workers as well as the local people provided women with medicine that helped them to overcome all the problems that came their way, before and after delivery. Not only provided medical care for the mothers but also for children as well. Thus, this particular subtopic will speak about different local medications that were provided by the people to the pregnant woman before and after delivery.

During pregnancy, if the woman's skin color changes to black because of high blood pressure and high-temperature levels it irritates the skin which is called *Luti* in Goa. So, the midwives, as well as the elderly, recommend mothers use this particular herb which is called '*luitachem vokhod*'. This medicine helps women to get relief from

irritation and helps reduce the dark skin marks on their bodies. If the skin gets irritated then it is advised to use rice water, it is believed that it helps in cooling the skin and reduces the irritation.



Image 5.1 : *Lutiachem Vokhod*

Sources: Researcher, (09 April, 2024)

Due to the increase in body temperature women also face problems like sudden toothache and eating too much of the medicine prescribed by the doctors including enramycin can impact the child. For example, the child can be born with some disability or might find difficulties in speaking. Apart from that women are also advised to apply the mixer of galangal roots because it helps in keeping the head calm and cool during pregnancy.

As pregnancy is a crucial phase in a woman's life, she faces a lot of healthcare issues, and one search is continued abdominal pain. One of the respondent replied that during belly pain, women are advised to keep hot bags of rice on the abdomen because it is said that if the woman keeps hot bags made of rice it helps in reducing the pain and provides relief. midwives as well as people would also recommend women to consume water made up of tulsi, raisins, mint, lemongrass, etc. if they faced any healthcare problems.

Pressure or pregnancy and childbirth face problems like headaches, high pressure, or become impulsive which is also known as '*muslunt*'. During that time, women are asked to use '*musluntache vokhod*'. These are the roots of a creeper that are dried and after that, a paste is made out of it. This is applied to their head which helps to get relief faster.



Image 5.2 : *Musluntache vokhod*

Source: Researcher, (08 April, 2024)

Pregnancy is a critical stage, requiring pregnant women to avoid spicy food and seafood, which can cause food poisoning, miscarriage, and stomach pain. However, some cases have led to extensive stomach pain, the government-trained midwives would suggest products like 'Carmiside' and 'Gelusil' to alleviate this pain. To lighten the stretch marks on the woman's belly, they should apply olive oil after a bath in affected areas so that there are no darker stretch marks after delivery. Before the delivery, the midwives usually used to oil the belly of the woman so that it becomes easier for them to push the baby.

After the delivery of the baby the umbilical cord was cut with a sharp wood and the baby was cleaned with water from any fresh water sources. Then the child is wrapped in clean clothes, the entire surroundings have been cleaned and new clothes are worn by the mother. Similarly, a study shows that after the delivery, the umbilical cord is tied with a bamboo fiber string, cut by either father or mother, and buried in a

shallow pit near the hut. The husband plays a crucial role in facilitating childbirth and providing support, water, fire, and food. The mother is not allowed to bathe or cleanse herself until the fifth day postpartum but can change clothes and sheets (Lamxay, *et al.*, 2011).

Coconut oil massaging is considered to be part of Goa. When a child is born the first thing that is done to make their body strong is massaging them with coconut oil. However, in the interior parts of Goa neonatal childcare workers not only use coconut oil but also other medicinal ingredients to increase the stability and growth of the child which helps them to walk and talk before they turn one year old.



Image 5.3: Coconut oil

Source: Respondent, (23 February, 2024)

Rangi Varak neonatal childcare worker, who lived in the interior of Canacona suggested boiling ingredients like oil, nutmeg, mace, garlic, *salkond*, *saiye bibo*, etc. and later was applied to the baby. If the baby is allergic to any of the things, they would either ask to substitute the oil with another oil or ask them to remove the juice of orange, apple, etc., and apply it to the baby. If the baby is sick, people usually advise the mother to make a mixer of sunflower leaves and coconut tree alcohol also known as *madacho soro* this particular mixer was known as *Kavaol*.

Shami Hasmani made the scrub by mixing besan, eggs, turmeric, and ragi powder is used by neonatal childcare workers so that white biofilm, known as vernix caseosa goes away and the child's skin is clear with nothing else.



Image 5.4: Scrub used for babies

Source: Researcher, (24 March, 2024)

Nolachem vokhod, which is a medicine that is tied around the waist of the child so that they don't face any gas-related issues. *Nolafoll*, is a medicine that is put in for babies who continually cry before they complete their three months. Thus, this medicine is used to prevent the child from falling sick. People also wore cream and white bangles for the babies because help the child to remain dewormed.



Image 5.5: Nalafoll (Marina seeds)

Source: Researcher, (08 April, 2024)



Image 5.6: Zaifall (Nut meg)

Source: Researcher, (08 April, 2024)

When the child is sick or dewormed, the mixer of sunflower leaves and *madacho soro* is used as a medicine which is put on the head of the baby, for a speedy recovery.

Whenever a child is sick midwives also prefer scrubbing the *rito* and then the paste that they got, they apply it to the child's stomach to lessen the pain and they feel refilled. Besides, ingredients like jaggery and nutmeg were used so that the baby could speak within eight months.

Babies are also given 'pipcol' and 'colicaid' medicine because it helps in reducing infantile colic, or abnormal weeping or fussiness in a healthy child, as well as gas and gastrointestinal pain. Hand, mouth, and foot disease is also a common disease that is seen in Goa, where babies get infected with a viral infection that can lead to fever, skin rash, etc. Babies are also fed porridges, and apart from that honey and feathers are used to clean the infection inside the mouth.

Maethi is also considered an important medication for the woman after delivery. Consuming *maethi* with milk and jaggery helps to increase and cleanse the milk, it also helps in healing the wound of the woman at a faster rate. Mothers are also advised to

have ragi porridge, *sooji* porridge, *madachem goade* which helps the women to increase their strength and gain energy.



Image 5.7: *Mathei* (fenugreek seeds)

Source: Researcher, (01 April, 2024)

Similarly, in the different tribal areas of India women were asked to consume drink a variety of hot mixtures for postpartum recoveries, such as *Tacca chantrieri André*, *Trevesia palmata*, and *Psychotria sarmentosa Blume*, *Zingiber officinale Roscoe* and *Alpinia galanga*, *Lagerstroemia calyculata Kurz*, and *Choerospondias axillaris* which help them to heal from the perineum, retract the uterus, expel lochia, and treat postpartum secondary hemorrhage (Lamxay, *et al.*, 2011).

Regarding medications that ought to be administered during newborn care, there are differences. Hasmani, a neonatal childcare worker advised mothers to wash three bitter guard leaves, and boil them in hot water; afterward, take the mother's breastmilk and combine the two ingredients, this mixer is later fed to the baby which helps the baby feel calm and also reduces fever and cold which eventually go away through vomiting or other non-motor symptoms.

Additionally, she also advised women to use sweet betel, soak it in hot oil, leave it on the baby's head for about an hour, and then take it off. This medication also aids in the prevention of colds. In addition to them, she advises folks to put smoke for the baby by adding '*ajwain*' and the skin of garlic in it. In her opinion, to protect the infant

from illness at all times, parents should make sure that the infant's clothing is properly laundered and if anyone is sick family members are kept away from the child.

Traditional medical knowledge has been undermined by modernization and Western training, which has resulted in the degradation of these traditions. Understanding and sustaining the usage of plants by ethnic minorities requires documentation. Thus, midwives and neonatal played a decisive role in assisting women in maternal as well as postpartum care each of them had different advice to be given to them for example Mrs. Gabriela advised mothers to add *feni* to baby shower water whenever they were sick and had a fever. Rangi Varak uses hot water and oil to relieve labor pains and offers herbal medicines for problems associated with pregnancy. Whereas Rita Fernandes integrates traditional ideas into postpartum care, emphasizing the use of scented smoke for women's recuperation and cologne for babies' development. Inspired by traditional Goan folk medical practices, Katharina Rodrigues proposes natural ways to promote newborn well-being and uses home medicines like sweet betel to lessen colds. Belief in the medicinal benefits of natural medicines for baby health is shown in Shami Hasmani's suggestions for employing '*ajwain*' smoke and garlic peel for neonates. Thus, this shows that each neonatal childcare worker and midwife provided a unique service to the child and the mother before and after pregnancy.

5.3. THE PROCEDURE INVOLVED IN THE DELIVERY AND NEONATAL CHILDCARE SERVICE

We have got a clear idea about the meaning of midwives and neonatal childcare workers. Now, let's look at the procedures and the methods incorporated in providing prenatal and postpartum services. First, in pregnancy, the main detection was to know whether the mother and the baby were doing well or not. During the time of traditional

midwives as well doing the government-trained midwives up to the early 20th century midwives basically used traditional tools to deliver the baby. Although equipment like stethoscopes and fetoscopes were present during that point of time. The traditional midwives, however, used their hands to monitor the growth of the baby. During pregnancy, have to face a lot of health issues that have an impact on the child and the mother. Thus, midwives always recommend women be careful while doing any work because there is a chance that they may face problems in the future.

Nalcy Gauncar also speaks about false and true pain during pregnancy. She said that women during the last few months of pregnancy receive false pain, yet the question is how the midwife would know whether it is false pain or true pain of labor. thus, it is always estimated that midwives can know the difference between true and false labor based on the pattern of the contractions. The midwives would mostly concentrate on the alarm clock, writing down the time of contraction. They believed that true labor contractions start longer than thirty seconds and get longer and more intense over time whereas false labor contractions frequently end, whereas they persist independent of the mother's activity.

One of the respondent, felt that the woman was in labor, she would instruct the family member to get all the essential things for the delivery process which includes a clean towel and hot water. Before starting with the delivery process, they apply oil to the mother-woman so that it becomes easier for her to push the baby. Whereas during the olden times, the methods used to give birth differed depending on the civilization. Midwives aided in childbirth in ancient Egypt, when women gave birth while squatting on two bricks. It was thought that the bricks would facilitate the baby's descent by helping to line the delivery canal. Giving birth was seen as a natural occurrence in ancient Greece, and midwives or other female relatives were typically present.

Childbearing was performed standing up, with women grasping a rope or bedpost for stability. Midwives were present at childbirths in ancient Rome and assisted with labor. The laboring mother would recline on a bed or birthing stool, her legs propped up and assisted by others (Robbins, 2023). Whereas in Goa, a woman sits on a wooden armchair with a huge aperture that allows a couple of fingers to get through. A midwife aids a woman during birth, tying her head to prevent vertigo and wrapping cloth on the xiphoid cartilage to keep the kid in the abdominal cavity. Oil or egg yolk is put on the abdomen to help with childbirth and ease back pain. The genital canal is oiled, and oil is put as far into the uterine cavity as feasible. The woman sits up for several hours to avoid dizziness, syncope, and convulsions. During the puerperal phase, the midwife places a poor patient on a huge cloth that is coiled around their abdomen every day. They use a big cloth and a glass of wine to receive lochial discharge, and they cleanse their genitalia on a square stool. After determining that the perinaeum was unimportant, the patient was put to bed. A drink of country spirits was provided to pique the appetite, followed by coarse rice and curries. The woman consumes the liquor and the long fast, resulting in after-pain that was treated with similar stimulants. The dregs of the drink are distributed to everyone present, especially if the firstborn was a boy baby (Pinto, 1896).

Apart from that there was another method of the delivery process where the midwife would place the woman on a mat, push her stomach, and lift her hands were the traditional methods of birthing. In the case of stillborn children, midwives used to heat oil, smoke local cigars, or breathe soaked with garlic to revive stillborn children. Midwives would scrape at the meatus urinous and ostium vagina if that doesn't work. The placenta is boiled over an open flame of charcoal in oil to retain heat' sometimes for several days or until visible signs of life appear (Pinto, 1896).

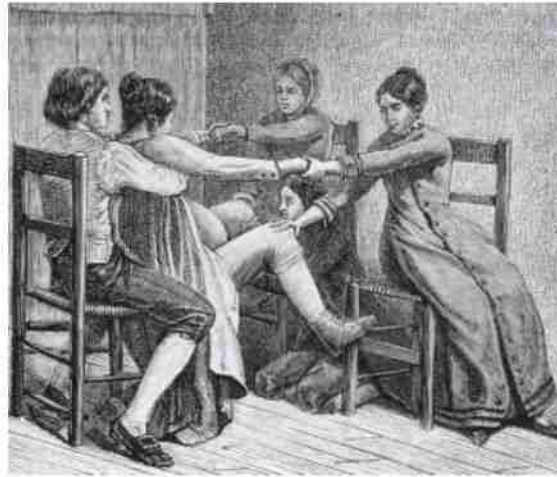


Image 5.8: Procedure adopted during delivery

Source: Paul, et al, (2020, May 29). 19th century midwives. History of American Women. <https://www.womenhistoryblog.com/2014/06/19th-century-midwives.html>

Thus, both the traditional midwives as well as trained midwives used similar procedures for the delivery. After the birth of the child, both the mother and the child should be provided with instance care.

Thell khadpin also known as a neonatal childcare worker in Goa, are women who provide postpartum care for the baby as well as the mother. They provide massaging services for the baby for almost 12 months so that the child receives all the care and nourishment. In Goa, once the child is born, '*thell khadpin*' is called to bathe and provide oil massage for the baby. Neonatal childcare workers usually prefer to use coconut oil for babies which is done first, whereas there are also other ingredients like eggs, ragi powder, turmeric powder, and besan mixed to make a scrub which is applied to the baby later. It is believed that applying this mixture helps to remove the white particles that are present in babies. After that, they are bathe and given fragrance fume. After that, they are wrapped in cotton cloth.

In Goa, before the neonatal childcare worker, started massaging the entire body, they first applied the oil on the babies' head and later to the entire body. The massage of the babies depends on the neonatal childcare workers as some of them use minimal

pressure whereas some maximum pressure. Some neonatal childcare workers believe that putting minimal pressure would not provide the child with the care that they require whereas it was always believed that providing maximum pressure will help the child to strengthen their bone and the entire body. There are similar studies where the mothers frequently steer clear of infant oil massage for a variety of reasons, such as a lack of qualified therapists, unpleasant experiences, medical advice, and time restraints. The procedure entails applying light pressure during a gentle massage, frequently applying pressure on knees, elbows, and joints (Chaturvedi *et al.*, 2020).



Image 5.9: Procedure adopted by neonatal childcare workers

Source: Respondent, (24 February, 2024)

As instructed by the respondent, massage also helps in developing the bond between the mother and the child. It also helps the child to become playful, helps the babies acquire weight, and has healthy skin. Even if the child is allergic to any of the ingredients, then the neonatal childcare worker is well-known about what is the substitute that would cool the baby's skin. Before the child receives a massage, the mother is given the massage because it enables to strengthening of the mother's body. In most of the cases, the mother who had c-sections is highly recommended to take a

massage. According to some studies, massaging a newborn can help them feel less uncomfortable during injections, which is why a variety of pain management techniques are advised in pediatric healthcare. Breastfeeding may be used to reduce injection pain because it is even more effective than massaging a baby (Esfahani *et al.*, 2013). After the entire process, the child is given a bath using baby soap and warm water. Then the child is wiped with a clean towel. Once the neonatal childcare worker applies baby powder as well as lotion and then wrap the baby with a cloth. In Goa, neonatal childcare workers also washed the clothes of the baby but as time went by there were certain changes that were observed where the neonatal only massaged and bathed the baby and did not wash their clothes.

However, various studies across India have shown that infant oil massage is a highly prevalent traditional practice. Similarly, in Goa, the trust in relationship and bond between the mothers and the '*thell khadpin*' is of great importance. Because in such kind of profession, trust is always considered to be an important phenomenon. Apart from that when the child is sick, the neonatal childcare workers always recommend herbal medication so that the recovery process is fast. The neonatal always instructs the family members to keep the surroundings clean and advises them to wear clean clothes for the baby because it helps the child to keep away from harmful infections. Thus, neonatal in Goa, are still part of Goa culture, where the '*thell khadpin*' visits different people to provide neonatal services. Thus, Massage therapy for infants has the potential to alleviate discomfort, enhance jaundice, and promote weight gain. Neonatal childcare workers believe that providing neonatal care for the child doesn't have any adverse effects. Babies are only in a critical situation if they are allergic to any ingredients that are applied to them. Yet, even to get rid of the allergy they have tried to provide them with substitutes which help them to get a cure fast. *Rangi Varak*

also suggested using fruit juice for the babies if they were allergic to oil or the scrub. Thus, we can say that neonatal childcare workers are important because the child develops playful skills and also helps the child to develop bonds with the mother as well as the family members. Studies carried out locally in the Philippines have demonstrated the widespread usage of *Moringa oleifera*, also referred to as malunggay, as a natural galactagogue; nevertheless, there isn't much proof to suggest that it improves the quality of breastmilk. On the other hand, women planning to breastfeed for six months straight may find that moringa capsules are helpful (Magtalas, *et al.*, 2023).

When it comes to providing neonatal services by the workers, if we look at the narratives there are two neonatal that had a different ingredient used during the massaging and scrubbing. In exceptional cases '*thell khadpin*' used various ingredients to make oil and method to make the scrubber. This shows that there were differences in the oils and scrubbers used to scrub the baby.

5.4. RELIGIOUS RITUALS DURING PREGNANCY AND CHILDBIRTH

Religion has always played a role when it comes to pregnancy. Yet, in every religion, people have their own rituals to follow. In Goa, we see that several religious rituals are been followed before the birth of the child and after the birth of the child. Thus, these rituals and practices are considered to be important because they are age-old and are passed down from one generation to the next. Another important reason to follow these rituals was that people trusted that these rituals would guard the baby and the mother from evil eyes. Every religion has strong faith in God, so whenever a woman is expecting the first important thing, they worship God and thank him for the grateful gift that he has given to the couple. In Goa, when a woman is unable to conceive people

from all religions including Hindus, Christians, and Muslims, visit various temples, churches, and mosques praying to God asking for the gift of a child. Similarly, given the strong religious and cultural roots of pregnancy and childbirth, spirituality plays a crucial role in the care provided by nurses and midwives. When women are unable to conceive, they are called infertile.

In Goa and elsewhere, before the child is born several religious rituals are performed which are passed down by ancestors. However, we see that the midwife's belief in the almighty father was of immense power and greater importance. Their belief in God helped them to develop a better relationship with the patient. When a woman when in labor, the Christian midwives prayed to God by reciting bible verses, especially from the gospel of John and Mark, they would also place the statue of Mother Mary on the table in a dark room where the delivery would take place. After reciting the midwives would start with the delivery process.

One of the respondent, also mentioned a religious ritual that has lost its significance. In the past, people had a strong belief in a flower, whose name is not known but still exists. It is the flower that was given to '*sudhir*' Christian families, by their forefathers which has been passed down and used by the people. It was believed that this flower only worked when the woman was in labor and was supposed to deliver the child in the next few hours. The flower was brought to the house of the pregnant woman along with the statue of Mother Mary, while people recited songs and played music. Once the flower was brought, the midwives would do a short prayer and then start the delivery process. People believed that after placing the flower in the water if it bloomed entirely then the baby and the mother were safe and there would be no complications in the delivery process but if the flower blinked then they would think

that there was something wrong. This flower was traditionally brought to by people at their homes by singing songs and playing music.



Image 5.10: Scared Flower

Source: Researcher, (27 March, 2024)

People also believe in solar eclipse and this particular belief till today is seen in all the religious groups. Solar eclipse takes place women should be kept inside the room covering their windows with thick cloths to prevent the rays from reaching them. Thus, similar data was also found during the 19th and early 20th centuries when a woman were dormant for the length of the eclipse. This was done in an attempt to keep the infant from being deformed or disfigured. Because it was thought that seeing a dead body would bring ill luck to her, pregnant a woman was forbidden from visiting or viewing one (Da Silva, 1994).



Image 5.10: Women and Solar eclipses

Source: Sharma, S. C. (2020). *Parentune*. <https://www.parentune.com/parent-blog/is-solar-eclipse-harmful-during-pregnancy/2759>

Similarly, according to the study, Ghanaian, Christian traditional birth attendants (TBAs) rely on spiritual insights to help them navigate pregnancy and childbirth. They control women by manipulating artifacts and plants; some even perceive voices guiding them. Pregnant moms also received both spiritual and physical instruction from some TBA-owned prayer camps. Extended labor was said to signify spiritual confinement within the womb, and some TBAs witness “visions” of expectant mothers arriving to give birth before their physical arrival. The majority of TBAs thought that protracted and obstructed labor is an indication of adultery or infidelity, including taboo or the outcome of relationship issues. To ensure a safe birth, some TBAs also performed rituals and offered prayers after seeing visions and revelations (Aziato, *et al.*, 2016). Thus, in Goa, the prayers and offerings were done by the entire family. Keeping their wife, daughter, and daughter-in-law in prayers asking the almighty God for the safe delivery of the child and the health of the mother.

Earlier in Goa, according to Christian belief, after completing seven months the daughter was taken to her mother’s place. Yet, this ritual has been discontinued today but is still performed by the Hindu religion. According to Hindu tradition, a woman is

taken to her mother's home five months after she is conceived. The woman's brother gave her a saree and green bangles to wear. Later, her mother cooks meals that are served by the mother and contain meat, fish, and sweets. The woman's husband and his spouse visit the mother during the seventh month. The spouse should pick up flowers and *vojjem* (a gift to the in-laws) on his way to their home. When the woman's mother greets her son-in-law outside the home in a saree, she pours water for him to wash up and the meal served to him. The mother's house is always the location of the first delivery. Similar rituals are also performed in the Muslim religion where the pregnant woman is dressed up in a green saree and bangles. They are then made to sight and fruits are given to them as a part of religious tradition this ritual is however known as '*Godh bharai*' in Goa.



Image 5.11: *Godh bharai* ceremony

Source: Chatterjee, T. (2024, February 17). *Godh bharai (the indian baby shower) ceremony*. FirstCry Parenting. <https://parenting.firstcry.com/articles/godh-bharai-the-indian-baby-shower/?amp>

There is a strong belief among the Christian and Hindu religions that the first delivery of her daughter should take place from her mother's place. But if her family cannot afford it, the woman-in-law steps in to ensure that the custom is observed by making an equal contribution. A woman was also considered impure for eleven days after delivery as well during her menstrual cycle. It was thought that by taking part in

a religious event, a woman of that kind spread her impurities to her family or community, which resulted in illness or bad luck. She was unable to take part in any religious rituals. These women were ostracized and placed in quarantine (Da Silva, 1194).

In every religion in Goa, when a woman is expecting her first child, she is taken to her mother's place till she delivers the baby, and seven days after the delivery the woman and the baby are brought back home with love and care. The seventh day was also regarded as '*saoti*' where the mother and the child were brought to their in-law's house and a ritual was performed where fragrance smoke was used to remove the bad things and water was sprinkled to welcome the baby. Apart from that the house was also decorated depicting and symbolizing the coming of new life in the house.

In the Christian religion as well, there is a belief that the child should be Baptized after one month of its birth because before baptism it is believed that the child is full of sin committed by their forefathers so to wipe them out the child is baptized. The priest pours the holy water, applies sacred oils on the forehead, and recites holy bible verses to wash the sins. The baptism signifies a holy cleansing and rebirth ceremony, it is a command to follow Jesus Christ and usher in a new life in the church as well as a spiritual journey.



Image 5.12: Baptism ceremony

Source: Respondent, (10 April, 2024)

Whereas in the Hindu religion, A birth ceremony called *Jatakarma* is done to welcome a baby into the world on the day of birth. The father asks for protection and whispers the name of God in the baby's ear. For ten days, the mother and child are vulnerable and unclean. On the eleventh or twelfth day after birth, a ritual known as *Namakarana* is held to give birth to a new baby, proclaim the child's horoscope, and select a name based on the moon's position in the birth chart (*Hindu Birth and Childhood Ceremonies*, 2018). In Goa, Hindu moms were also allowed to breastfeed a daughter but not a male, presumably because of nutritional disparities and gender variances (Da Silva, 1994).

One of the respondent, also mentioned that among the Hindu and Christian religions, women are not allowed to moved out for first 40 days after the delivery. In Christianity, mothers are advised not to take their children to the cemetery because of the evil spirit that can harm or control them. Thus, the advice given to the mother before the delivery and after the delivery was quite important as people, midwives, and neonatal childcare workers belong to different religions there was always a mutual and understood other religious sentiment. There was no religious differentiation that was seen while providing any of these services (Da Saliva, 1994).

After the delivery of the child, the neonatal childcare workers played a very important role in providing intensive care for the child as well as the mother. Yet, there are some '*thell khadpin*' who only restrict themselves to oiling only babies belonging to Christian families whereas some visit all kinds of families. According to them, they believed that people approached them looking at the service they provided for the neonate. Some of them even mentioned that they have provided neonatal childcare for more than 100 children. This means the bond that the '*thell khadpin*' showed and the way they massaged the babies encouraged them to carry forward this career which is

still in practice in Goa. They are much valued, and it is considered that even before the child is born, they are booked in advance. Thus, this shows that they are still in great demand in Goa.

5.5. BELIEFS AND PRACTICES ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

In every society, there are certain events that people consider true, but whether they are true or false are still not known. Earlier the elderly would always tell pregnant women what to do and what not to do. But the question that arrives in people's minds is are these to be followed? Are they true? If we don't follow it, will it have an impact on their health and affect the baby? and so on. Maternal and newborn difficulties are increased by customs and taboos such as home deliveries, which stem from cultural beliefs and customs during pregnancy, labor, and the postpartum period. Mother and child health are impacted differently by culture, which is defined as the common social beliefs and behaviors of a country. In certain places, certain beliefs and customs were beneficial or detrimental. The health-seeking habits of people are greatly influenced by traditional traditions, which further deteriorate health. It was important to recognize the significance of cultural knowledge and beliefs since traditional practices, especially in rural regions, have poor and inconsistent healthcare utilization (Aynalem, *et al.*, 2023)

Thus, today we see that not all these beliefs and practices are followed, and the reason is medicalization. Because of the professionals, obstetricians, and gynecologists coming into being people have stopped following certain fables and beliefs associated with pregnancy and childbirth. From antiquated beliefs to contemporary traditions, these tales permeate communities, impacting behaviors and attitudes related to childbearing. Some are symbolic practices with cultural meaning, while others overlap

with scientific information, making it difficult to distinguish between medical knowledge and tradition at times.

Let us now explore some of the beliefs surrounding conception and delivery, shedding light on multiple narratives that have persisted over time.

All midwives believed in the presence of God. So, before starting with the delivery process they would recite the prayer of God along with the family members of the pregnant women. Similarly, in the East Gojjam Zone, birthing customs include polishing cow dung, kneeling in the muck, reflecting, crossing the river, roasting barley, brewing coffee, and rubbing butter all over the mother's belly. When the labor became stiff and prolonged, everyone in the home would say "Marima! Mariam! Mariam!" in prayer to Mary. Placing Mary's image on the belly of a woman who was in labor (Aynalem, *et al.*, 2023).

Gender was long thought to be predicted by old wives' stories, which included things like the shape of a baby bump or severe morning sickness. Despite the scientific debunking of these misconceptions, they continue to be amusing. Even if our chances of determining a baby's biological sex before birth have improved, gender can still be predicted in ways that lack scientific validation. It's commonly thought that if a baby's Linea nigra begins above a woman's belly button, it is a male, and if it begins below, it is a girl. There are also instances, different from the widely held belief that having worse morning sickness increases the likelihood of a successful pregnancy. A study done 2004, revealed that women who sought treatment for their nausea and vomiting during pregnancy had a slightly higher chance of giving birth to girls than those who did not that it was believed that it was a baby boy.

Some of the respondent also mentioned the belief that was associated with marriage which was later linked with pregnancy and the gender of the child. If a woman

gets her menstrual cycle soon after seven days of marriage, there are more chances that the woman will have a baby boy, and if it was after fifteen days then it would be a baby girl. Another way to know if a woman is expecting a boy or a girl is to look at their belly. If the woman is carrying a baby boy, her baby bulge is low and if it is a baby girl then the baby bulge will be high. It is untrue that eating spicy food while pregnant might induce labor, cause miscarriages, or cause blindness. Rather, though these links may not be true, spicy meals raise a pregnant woman's risk of heartburn, which could result in a newborn with a head full of hair.

Women should stay inside during the solar eclipse instead of going outside. To prevent any negative consequences, windows should be covered with thick material. It's generally accepted that neither the mother nor the child is harmed if a solar eclipse occurs, and the woman doesn't know about it. But, if the woman neglects after knowing about it then it can cause harm to the baby, like the babies can be born with certain disabilities or can have dark black marks on their bodies. During that time, it is believed that sunlight is very effective, and it can harm the eyesight and the fetus. Apart from that women are also told to avoid working with knives, axe, or doing any household task because this phase is considered to be very harmful for the baby.

People also believed that women should avoid traveling and doing exercises during pregnancy. They felt that exercising and traveling far places can hurt the baby. They are not allowed to tether livestock, sit on doorsteps, use brooms formed from the midribs of coconut leaflets, or perform any other comparable tasks. They are also forbidden from pounding or crushing anything and from using a knife or other cutting tool during an eclipse. For example, it's thought that chopping off a chicken's leg results in the amputation of the equivalent kid, and so forth (Pinto, 1896)

In Goa, we also see the burning of firecrackers concerning the gender of the child. Even after the child was born, if it was a girl people used to put two firecrackers, and if it was a boy then it was four. Sweets are also distributed based on the sex of the child, if it was a male then ‘pedas’ were distributed, and if it was a female child people used to distribute jalebis. In Goa, the girl child was regarded as the avatar of Goddess Lakshmi. Another respondent narrated that earlier there was another belief among the people that two babies should not be kept together because there were chances that their teeth may grow a little late.

After the birth of a child, women are advised to put a thread with some colorful beads, thus, there is a belief among the people that these things help children to straighten their necks. Babies are also tied a thread around this waist and thus, this thread is different for boys and girls. According to some, the thread that are tied around the female baby’s waist, have round beads whereas the thread that are tied around the male baby’s waist has curved beads. The major reason for tying this particular thing is elderly people believe that this helps protect the child from the evil eye or protect the baby from negative attention. It is believed that wherever any person has negativity in their mind concerning the baby the beads break claiming that there will be somebody who might have cursed the baby. Apart from that people also apply ‘*kajal*’ on the baby’s forehead and behind their ears to protect them from evil eyes. Babies also wore black and white bangles to safeguard them from evil eyes.

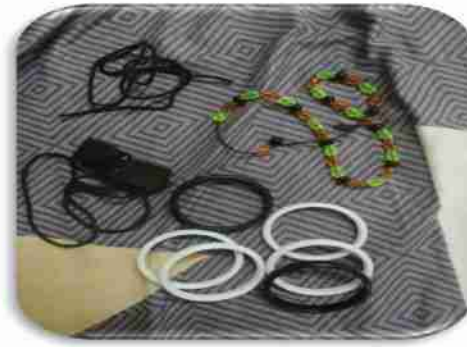


Image 5.13: Things worn for babies to protect them from evil eye

Source: Researcher,(23 February, 2024)

In the interior place of Goa, people also tie the nails of the spider as they believe that it is a child to protect the child from negativity. Whenever a child is taken out somewhere, there is a belief that after reaching home fume is rotates around the child head, to protect the baby from evil eye. In certain cultures, purchasing or opening baby presents before the baby's arrival is said to draw bad luck or even cause problem, such as miscarriages. This superstition is grounded on both magic and terror. It is a misconception of causality that some women hold that disclosing a pregnancy too soon can frighten the spirit of the unborn child. The first trimester has an increased chance of miscarriage (Rogers, 2019).

5.6. CHALLENGES FACED BY MIDWIVES AND NEONATAL CHILDCARE WORKERS

Midwifery is a profession that was a part of Goa tradition where the indigenous midwives traveled to different places to provide care for pregnant women before they delivered. However, their journey as midwives or '*vojmai*' has been interesting but also challenging as well because in this voyage they basically faced problems in traveling and later due to which they had to face a lot of healthcare problems. Apart from this they even had to go through a lot of challenges when it came to the delivery process, complications during delivery, and much more. Although in Goa, there was no

differentiation based on caste and religion there were several areas across India where caste played a very important role. Furthermore, midwives were described as healthcare providers who were accessible to the underprivileged members of society, based in the community, and historically safe. It was believed that despite having a big part in pregnancy and labor, midwives faced distinct challenges depending on where in the nation they worked. Indigenous people were thought to have special needs and status, but they were frequently left out of the delivery of health services and subjected to prejudice and prosecution. (*Partnership between indigenous and non-indigenous midwives*, n.d., p. 1-3).

Nevertheless, a similar situation occurred in India, where the Bengali custom of the dais was criticized and examined in colonial India's health discourses. The Katherine Mayo article "Mother India" illustrates how colonists perceived the *dais* as a symbol of vile, uneducated, and ugly women engaging in terrible deeds (Soman, n.d., p. 1-7). It has been criticized because traditional birth attendants are usually associated with the antiquated Ayurvedic medical system. Following childbirth, the dais often handles the baby's bathing and chord cutting. Many believed that traditional midwives, come from lower caste backgrounds, which stigmatizes their employment and status in society. With time, the colonial understanding of "cleanness," "purity," and "cleanliness" became closely linked with institutional healthcare facilities and upper-caste ideals. In the meantime, traditional midwives, or dais, were viewed as "dangerous," "untrained," and "impure" (Gupta, 2023).

In Goa, during the early period, the midwives did not face any problems related to their profession. The only challenge that most of the midwives and neonatal childcare workers encountered in their journey was traveling issues. As we know around the 18th century there were no proper transportation facilities that were available and because

of this, the midwives had to walk and travel to far-off places. Initially, they never felt that this was an issue because this was their way of life. Traveling and visiting patients was their only job. Thus, it was also considered that midwifery was just a career taken up by the people because they felt that there was nobody to take care of the pregnant women especially those living in the interior of Goa as well as the poor. Apart from that the family would send their son to get her to the patient via a bicycle when the woman was in labor.

The arrival of Portuguese in Goa brought with them new cultural traditions and even medicalization. After Goa Medical College hospital was built, a course was introduced with regards to midwifery and after attending this course the midwives were placed in different places. The traditional as well as trained midwives worked collaboratively during that time, and both had a great knowledge of herbal medicine as well as other medicines. Each of them taught the midwife to spread their knowledge to one another, which later became part of Goa's tradition. Although traveling was a problem for them, they never considered it an issue.

Larissa Gonsalves also mentioned a case where a child was born with an evil horn and suddenly grew and during that time, they had to get permission from the higher authorities to kill the babies as there were beliefs among the people that these babies could cause a lot of problem in the future. Handling the entire process of delivery and bringing new life into the world to the killing of babies has always been a difficult task for midwives. Thus, in such cases, the midwives didn't have any option but rather they had to kill the child.

Most of the midwives narrated that they had to rush in the middle of the night to deliver the child. There was an instance that they had to live in the same house. When the midwife felt that the child would be delivered that night, they had to wait there even

during nighttime. Midwives also at times never received fees for their labor because some families were very poor and were unable to pay and fee. although the traditional knowledge of midwives was passed down, they were never recognized under the medical profession.

Some of the midwives also faced a lot of health issues and so they decided to leave their job. Whereas some left their profession because of medical advancement. Because after medicalization people started trusting the doctor and not them. Midwives even felt that their identity was put down by the doctors claiming that midwives were not trained and so their knowledge was not valuable.

When we talk about neonatal childcare workers the challenges faced by them are quite similar when it comes to transportation. Like the midwives who traveled working, similarly, neonatal workers visited and traveled to places by working. However, they faced challenges later when they realized that due to excessive practice of massaging the babies, they felt difficulties in working. They started having knee issues, hand problems, etc. Because of the delicate nature of their profession and the emotional burden of providing care for infants who have weaknesses and their families, they frequently experience greater amounts of stress and emotional strain. Long working hours and a lack of personnel can also be major obstacles to delivering the best care possible.

5.7. TRANSITIONS IN TRADITIONAL OCCUPATION OF MIDWIFERY AND NEONATAL CHILDCARE WORKERS

Medical advancement in Goa brought about several changes in society, where some occupations are dying, and it has become very difficult to trace this particular occupation. The practice of midwifery is seen less in Goa, due to medicalization and professional obstetricians and gynecologists coming into being midwives' roles have

reduced. Yet, we see that there is hardly any information gathered on this topic concerning Goa. After doctors came to the medical arena they took and gathered knowledge from the midwives and then claimed that midwives were not educated so they were not able to be called healthcare professionals. People also started believing in them and soon after that people started visiting the doctors instead of midwives. In Goa, as mentioned '*vaijeen*' was a common name used for both midwives as well as neonatal childcare workers but later it got separated into two and was later known as '*vojmai*' and '*thell khadpin*' even after the division people would refer to the midwives as '*vaijeen*'. It was also stated that people who were earlier midwives took up the job of neonatal worker because they felt that they didn't have the same value that they received in the past. Similarly, some midwives still practice midwifery where they instruct and provide maternal service to pregnant women but also advise the patient to go and visit the doctors. This shows that although midwifery is practiced on a limited basis after medicalization and medical hospitals. However, there are still some people who seek advice from traditional midwives and only visit the doctors at the time of delivery.

Today, although midwifery exists in a limited number the knowledge, and herbal medicine that they use are passed down from generation to generation. This herbal medicine is still used by people whenever the woman or the child faces any problem home remedies or herbal and plant medicine were and are always considered to be powerful boosts, that help people have a faster recovery. Thus, Traditional midwives not only offered individualized care and cultural support, but they also frequently highlighted natural delivery techniques, which some women found preferable to medical treatments. Throughout the pregnancy and delivery process, they provide emotional support and knowledge, enabling women to make decisions that will

benefit both their own and their unborn child's health. Additionally, traditional midwives frequently collaborated closely with neighborhood groups, supporting maternity and child health education and fighting for the rights of women in the medical field.

Another important change that we have observed in Goa as well as across India is the baby shower. Which originated in the United States almost more than a decade ago. This practice of baby showers is seen today in Goa where people invite their close friends and family to share love and support with the would-be mothers.

Thus, when we talk about the neonatal childcare workers or '*thell khadpin*' in Goa, although they are considered important figures in society, there have been no studies done on this particular field area. Yet, we see that neonatal childcare worker were however greatly in demand and there is still a demand for their services. There are a lot of people who take up this as a profession whereas there are some women who massage their babies. Many people entered into this field because they found it interesting. But, after reaching a certain age, they started facing a lot of issues and had to leave the job. Today, there are even some neonatal childcare workers who have left their services because their children have told them they will look after them. Thus, we see a slight decline in this occupation but the demand for it is at a higher rate. Today, we see people earn more than 10 thousand in months and provide neonatal services for more than eight children per day. Hence, we can say that although the occupation is declining but is of greater importance in Goa.

CHAPTER VI

CONCLUSION

The history and present-day conditions of midwifery and neonatal childcare workers in Goa are a fusion of traditional practices, modern techniques, and cultural beliefs. Traditional midwives, also known as '*vaijeen*' and '*vojmai*', have played a crucial role in assisting women with pregnancy and childbirth by drawing on the knowledge of their predecessors. Those days, experienced professionals and traditional midwives worked together to provide personalized care that was based on traditional knowledge. Difficulties regarding maintaining the traditional past while embracing medical advancements have raised issues regarding transportation restrictions, cultural stigmas, and disparities in healthcare access. Midwives faced discrimination and stigma as a result of historical biases, gender stereotypes, and misconceptions about their expertise. Discrimination against marginalized communities was seen in different parts of India. The government-trained midwives integrate enlightening practices into their approach to care, acknowledging the importance of respecting cultural beliefs. Regardless of obstacles, '*thell khadpins*' are committed to providing compassionate and quality treatment to ensure the best possible results for their little patients and their families. The exploration of Goan traditional midwives and neonatal childcare providers also demonstrates the complex interactions between traditional values, ancient customs, and modern healthcare institutions. These are not only molded by societal norms and beliefs, but they are also actively built and perpetuated by interactions between individuals and their social environment.

The study also provides us with a great insight into the midwives taking care of pregnant women during pregnancy. They not only guided them but also served as crucial figures of support and caring. This demonstrates how interaction is most

important in allowing them to form bonds with one another. The narrative also reveals how people had immense faith in midwives. Despite their important role, traditional midwives are sometimes overlooked and unfamiliar to today's generation.

However, there is an organization called the 'Society of Midwives' which primarily focuses on strengthening midwifery throughout India. Thus, changing policies, encouraging gender equality, and challenging preconceptions through education and awareness campaigns are also necessary to address this issue. Collaboration between midwives and healthcare professionals can help foster diversity. Apart from that when we speak about neonatal childcare workers there are not many studies done in this field similar to midwifery. Although traditional midwifery is at a slow decline and hence even if there are midwives it has become very difficult to trace them. Apart from that, due to aging and the rise of professional doctors, many midwives have left their profession.

Thus, people can explore studies on the topic that have not been explored such as so that people become more and more aware of these occupations which will die in a few more years. Future sociological research on neonatal childcare workers can explore socioeconomic determinants of health, family dynamics, gender roles, and so on. These studies aim to improve health equity, reduce disparities, and examine policies and advocacy initiatives linked to neonatal care.

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APPENDIX I

GLOSSARY

Sr. No	Name	Meaning
1.	<i>Ajwain</i>	Carom seeds
2.	<i>Ball</i>	Baby
3.	<i>Feni</i>	Liquor made from cashew apple
4.	<i>Ghod</i>	Jaggery
5.	<i>Holodh</i>	Turmeric
6.	<i>Lason</i>	Garlic
7.	<i>Luthichem vokhod</i>	Medicine that helps to reduce dark skin color that occurs during pregnancy.
8.	<i>Kavoal</i>	Is a mixture that is made of sunflower leaves and coconut liquor
9.	<i>Koduvo</i>	Is a medicinal herb
10.	<i>Maethiachi paz</i>	Fenugreek kanji
11.	<i>Madacho soro</i>	Coconut liquor
12.	<i>Neureos</i>	Indian sweet dumplings
13.	<i>Paz</i>	Kanji
14.	<i>Parth</i>	Delivery
15.	<i>Rito</i>	Is a soap made out of organic material
16.	<i>Saiye bibo</i>	Green cashew apple seed
17.	<i>Saoti</i>	Seven days after the birth of the child
18.	<i>Salkkond</i>	Is a medicinal sage

- | | |
|--------------------------------|----------------------------------------------------------------------------------------------|
| 19. <i>Sooji</i> | Semolina |
| 20. <i>Tizan</i> | A gruel made of ragi flour and jaggery |
| 21. <i>Ghod bharia</i> | Is a religious ritual ceremony among Hindus and Muslims |
| 22. <i>Kalvam</i> | Oysters |
| 23. <i>Modso</i> | Lemon fish |
| 24. <i>Muslunt</i> | Is a pain that occurs in a women head during pregnancy |
| 25. <i>Musluntachem vokhod</i> | Is a medicinal root that is scrubbed on woman head |
| 26. <i>Vojjem</i> | It includes sweet items which are prepared by the people give to midwives during olden time. |
| 27. <i>Nolafoll</i> | Is a seed that helps in deworming babies' stomach |
| 28. <i>Sungotta</i> | Prawns |
| 29. <i>Theell khadpin</i> | Neonatal childcare workers |
| 30. <i>Xinnaneo</i> | Mussels |
| 31. <i>Zaifoll</i> | Nute mag |