UNIL, Faculté de biologie et de médecine, 3e année de médecine

Module B3.6 – Immersion communautaire

Abstract – Group n°41

What are the resources available for the care of a santal child between 0 and 5 years ?

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Introduction

Our study explored the different resources available to the santal community for the care of children in villages near Santiniketan in West Bengal. The santal tribe represents the third largest tribe of India and 3% of West Bengal's population[1]. During our trip, we immersed ourselves in their rich culture, anchored traditions and strong beliefs. Santal communities cherish their children and care for them admirably. We chose to focus on the 0 to 5 age group because we believe it is a period of vulnerability during which family and community implication in child care is essential[2].We based our study on Joan Tronto's definition of care. As well as considering the cultural variation of care and extending it beyond the family and domestic sphere, she defines care as all the activities made to maintain, contain and repair ourselves, others, our environment and our world[3]. Children represent a large part of the santal population and face problems we rarely see in our western societies. Even though India set many National Plans for children, 60% of tribal kids between 0 and 5 still suffer from malnutrition[1]. During our fieldwork, we saw cases of malnutrition, skin infections, malaria, tuberculosis and cerebral palsy. We wondered who the santals turn to for the care of their child. No study had yet been made and we therefore decided to identify the resources the santal families have access to in order to care for their young children.

Method:

The particularity of our research was our interdisciplinary team. The discussion between nursing, medical, anthropology students and a local social worker multiplied our perspectives and enriched our research. Our study was lead with an anthropological methodology preconising observation, immersion and fieldwork adaptation. This method emphasizes the qualitative nature of our research[4] : we coded our results and constructed hypothesis only after our activites on the field. Our study lasted 2 weeks during which we visited 4 different villages around Santiniketan, West Bengal. Due to the young age of our group of interest (0 to 5 years), we sometimes interacted with the children by playing or drawing. We lead focus groups and semi-structured interviews of 3 children, 4 mothers, 3 fathers, 3 grandparents, 2 siblings, other family members (1 aunt), 3 neighbours, 2 doctors, 2 GNM (General Nurse Midwife), 1 ANM (Assistant Nurse Midwife), 1 director of the ASHA (Accredited Social Health Activist) school and 1 ICDS (Integrated Child Development Scheme) worker. The snowball sampling technique helped us to interview various actors. We translated the information from french to english to bengali and santali with the help of an indian student. Debriefings every evening after our fieldwork allowed us to reflect about our day and the data collected.

Results

We identified 7 main resources for child care in santal communities: family, community, environment, food, health system, rituals and beliefs and education centers.

Family is one of the most encountered resource. Parents are very implicated in child care and usually look after the children. If they are occupied in the fields or at work, grandparents are frequently called to babysit. Grandmothers stay with their daughter and newborn grandchild one month after delivery to transmit their maternal knowledge. Santal children become independant very quickly. In fact, from the age of four they are considered capable of taking care of the younger siblings. We regularly saw busy parents asking their older children to take care of the babies.

Santal people show alot of love and affection to the younger ones, even if they don't belong to their own families. In fact, community is always surrounding the santal child. The villagers treat the neighbour's child as their own. There is permanent collective attention towards the children to guarantee securtiy. They reunite for playing, sharing and exploring. We noticed very few quarrels between them : they are taught to share, to respect and to care for each other. For example, we met a deaf and dumb child that was very well integrated with the other kids. They helped him and tried to communicate with him in every way.

The mutual help and trust among the community is impressive : it creates a great athmosphere in which the child evolves. This particular environment allows the santal child to be independant very early in life. The child grows exploring nature, playing with animals and also facing dangers.They use what they find in their environment to invent games (sledging on plastic bags, running after a wheel), they play with and love the animals around them. They don't percieve so many dangers. On the other side, parents are afraid of trafic and ask the children to play away from the roads.

Food resources are necessary for the child's growth and development. For financial reasons, many santal mothers extend the breastfeeding period over 6 months. The ICDS worker is responsible of advising mothers and avoiding child malnutrition. Along with conselling, they provide a simple meal every day to every child under 5. This allowed a reduction of malnutrition in santal children but still hasn't solved the problem. Though many santal families cannot afford varied food for their children, some cultivate vegetables, own cows (milk), goats and chickens (meat and eggs). From 3 years onwards, children eat one basic meal at school every day.

The health system provided by the government is very developed for children in santal villages. Everyday, the ASHA and ICDS worker work together in the village promoting health, particularly for women and children.They play a huge role in prevention, provide the village with medication, register the children's vaccinations and follow up. The ANM comes to the village once per month and performs more specific medical actions. Subcentres and hospitals are used for delivery, complications or more serious issues.The community trusts the health workers and follow their advice. They are grateful for this system.

Rituals and beliefs are still very present in the santal tribe. Concerning children, many are for protection from the evil spirits : burrying ombilical cord and placenta, black spots drawn on children's forehead, piercings, necklaces and bracelets. About the child's health, some traditional doctors perform rituals/ceremonies for sick children during which they give the child an amulet called a ''mala'' that will cure them. If a child is weak, they will hang a cat's tail to his/her waist for energy.

Children are supported by education centers. The ICDS worker evaluates the child's development and language acquisition. At the age of 3, children are sent to nursery school where they learn the alphabet and numbers. At age 5, they start primary school. Many parents told us one of their priorities for their children was education.

Discussion

We identified 7 main resources for child's care in santal communities. Our results were confirmed by litterature[4] as well as a conference organised in the university of Santiniketan where we recieved feedback from local professors, students and santal people. The main limits of our research were the short time of the study and the language barrier. Ou research was limited to villages near the roads. We were surprised by the facilitated access and well organised resources for the children in the santal villages. Even though, progress has to be made around malnutrition and road accidents.

Key words : santal children, 0 to 5 years, resources, health, community, West Bengal, India

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Date : 2.07.2017

Resources available in Santal villages : The care of children between 0 and 5

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CONTEXT

- Community immersion in rural santal villages of West Bengal, India
- Interdisciplinary research realised by medical, nursing, anthropology students & local social worker.
- Santals are the third largest tribe of India and represent 3% of the West Bengal population
- Focus on santal children between 0 and 5 because of the importance of family and community for child care during this period of discovery, transition and vulnerability.

J. Tronto's definition of care : activities made to maintain ourselves, our environment, others, and to live as well as possible in our world. Tronto takes the cultural variation into consideration and extends care beyond family and domestic spheres.

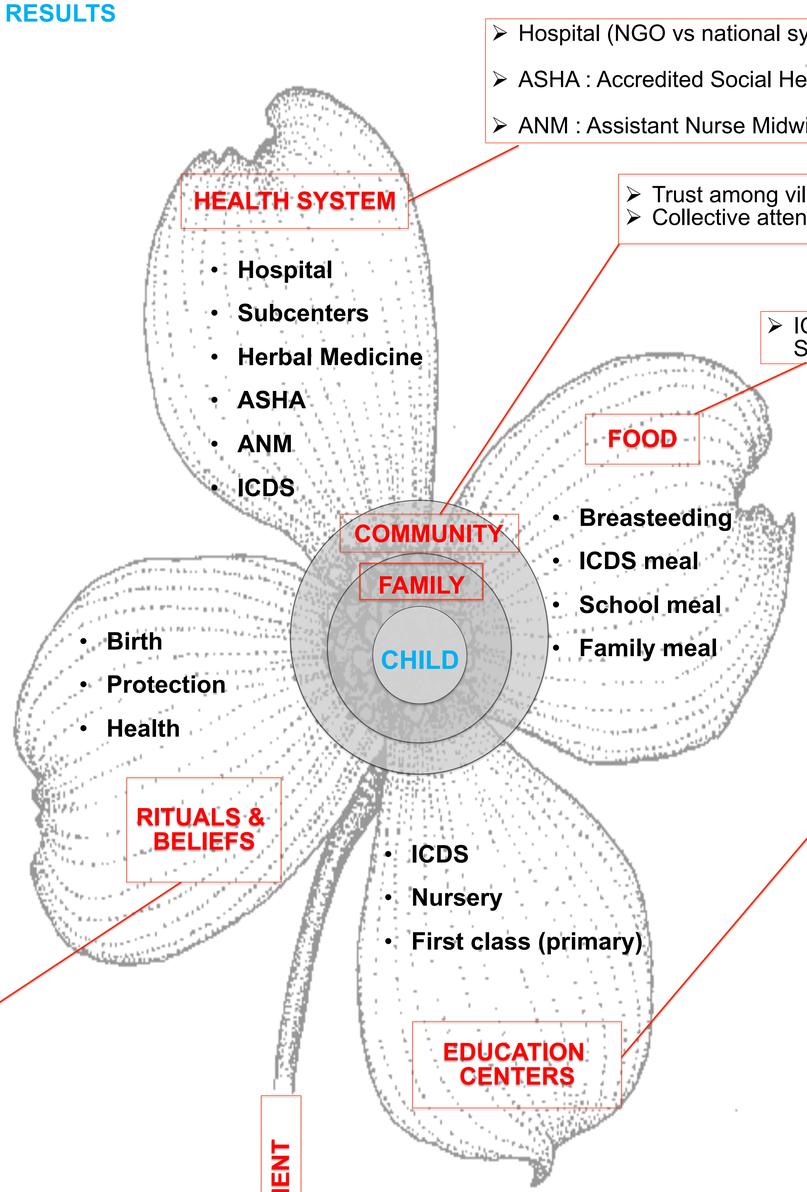
RESEARCH QUESTION

- What are the resources available for the care of a santal child between 0 and 5 years ?

METHODOLOGY

- Anthropological method (observation, immersion, initial floating concepts and research question redefined by fieldwork)
- Pluridisciplinary approach
- Duration : 2 weeks
- Qualitative study (Sardan) : coding/intercoding agreement and construction of hypothesis
- Snowball sampling
- 22 semi-structured interviews: children, mothers, fathers, grandmothers, grandfathers, siblings, neighbours, 2 doctors, 2 GNM, 1 ANM, 1 director of the ASHA school, 1 ICDS worker
- Translation (french <-> english <-> bengali <-> santali)
- Debriefings

RESULTS



- Hospital (NGO vs national system)
- ASHA : Accredited Social Health Assistant
- ANM : Assistant Nurse Midwife

- Trust among villagers
- Collective attention

- ICDS (Integrated Child Development Scheme) : provides one meal per day

- ICDS : informal education, evaluation of child development and language aquisition

Child quote

''My parents let me do alot of things. But they ask me to stay away from the road"

DISCUSSION

- Identification of 7 main resources
- Results confirmed by litterature and feedback from the conference audience in Santiniketan university (presence of member of tribes)
- Suprisingly well organised resources for the child's care and access facilitated
- Impressive mutual help
- Freedom and autonomy of the children
- Perspectives multiplicated by the pluridisciplinary team (influence on method & result interpretation
- Opening: satisfying coordination of the health system. Progress to be made about malnutrition and traffic safety

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We would like to thank KumKum & Ranjit Battacharya, Daniel Widmer, Patrick Ouvrard, Sophia Chatelard,Ilario Rossi, Blaise Guinchard, Bijoy Soura Roy and everyone who welcomed us in India.

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