

REVIEW ARTICLE

Prenatal and Postnatal Healthcare in Odisha

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ABSTRACT

The present paper is an attempt to answer the anthropological question, how the culture, social system, and economic context affect the practices and outcomes of maternal health in a state like Odisha. Based on the relevant literature, including ethnography and community health reports, the narrative reviews only the important issues concerning. The traditional practices of giving birth, family and community support, and community health reports. The results point to obvious deficiencies in the scope and quality of healthcare, especially in a rural setup, which calls for quick intervention through provision of culturally acceptable healthcare services. The paper examines the relationship between a broad range of generic and biological, as well as environmental and lifestyle factors, such as maternal nutrition, stress, and environmental pollution, relating to prenatal and postnatal healthcare. Above all, the need for incorporating cultural and social dimensions into the healthcare strategies has been given emphasis.

KEYWORDS

• Prenatal healthcare • Postnatal healthcare • Maternal health • Rural healthcare • Environmental influences • Culture • Anthropological perspective

INTRODUCTION

In the continuum of maternal and child health, prenatal and postnatal care are crucial phases that have long-lasting effects on health and quality of life. From an anthropological perspective, these medical procedures are intricately linked to historical, social, and cultural settings that both influence and mirror

the experiences of communities. Pregnancy and delivery are not only viewed as medical conditions in India, especially in rural Odisha, but also as culturally significant life events that are enmeshed with customs that emphasise the social and spiritual ties to health (Jena *et al.* 2022). Using herbal medicines and indigenous knowledge systems that reflect

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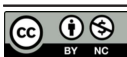
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the community's conception of health and well-being, traditional midwives, or dais, have long maintained a sacred position in maternal healthcare in rural Odisha. However, the clinical guidelines promoted by global health organisations such as the World Health Organisation (WHO, 2013), which prioritise evidence-based, biological approaches to maternal and infant safety, frequently deviate from these culturally imbedded practices (WHO, 2013). To establish an integrated approach that respects local beliefs while advancing medical safety and efficacy, state and national health programs have recently come to recognise the significance of integrating traditional and institutional care systems (Kanrar *et al.*, 2023). The intricate relationships that exist in Odisha between cultural narratives and biomedical frameworks are examined in this review, along with the ways in which these relationships influence maternal health outcomes and draw attention to wider public health policy implications. This study clarifies the opportunities and difficulties in developing inclusive, efficient healthcare systems that respect regional customs while aiming for universally safe health outcomes by comprehending the subtleties of culturally mediated healthcare practices and their relationship to global health standards. Community health workers play an essential role in bridging these cultural and medical divides, as they often serve as trusted figures within the community, adept at delivering healthcare guidance in ways that respect local beliefs while promoting modern health standards. Their influence has contributed to Odisha's comparatively high engagement rates in both prenatal and postnatal care, reflecting a hybrid model that respects the cultural autonomy of PVTG populations while also emphasizing maternal and child health needs (WHO, 2013). Understanding these healthcare patterns among Odisha's PVTGs provides valuable insights for policymakers and healthcare providers aiming to create inclusive, effective maternal healthcare systems that are both culturally sensitive and medically sound.

Navigating Prenatal and Postnatal Care among Odisha's Marginalized Populations

Prenatal Care

By offering a systematic method of tracking the health of both the mother and the foetus,

prenatal care plays a crucial role in lowering maternal and neonatal mortality. Regular examinations, dietary advice, early problem identification, and psychosocial support are all part of it (WHO, 2016). However, traditional beliefs and practices often function as a mediator in the use of official prenatal care services in Odisha. Relying on information passed down through the centuries, many women place a higher value on advice from family members and community health workers than from official healthcare experts (Afzal *et al.*, 2021). Their findings illustrate how community health workers can facilitate better antenatal care-seeking behaviours, especially among women who may be reluctant to access formal healthcare services due to cultural apprehensions (Rai, Haokip, & Mondal, 2023). Long-standing health customs that occasionally run counter to biomedical advice, like routine ultrasounds and iron and folic acid supplements, which are crucial for early risk detection but may be underutilised because of cultural preferences, are reflected in this culturally embedded approach (Rimal *et al.*, 2021).

Postnatal Care

The postnatal phase, especially the first six weeks postpartum, is recognized as a period of heightened maternal risk, requiring vigilant care to address complications that can significantly impact maternal mortality (WHO, 2013). For instance, Garg and Sinha (2023) explore various cultural traditions surrounding antenatal and postnatal periods, highlighting how local beliefs shape maternal healthcare practices. Such insights underscore the necessity of integrating culturally relevant practices into formal healthcare systems to enhance accessibility and compliance. postnatal care necessitates a sophisticated comprehension of cultural and historical backgrounds. Eberhard-Gran *et al.* (2010) offer a historical and cross-cultural viewpoint on postnatal care, arguing that customary practices have a big impact on the mental health of mothers. By challenging the complex nature of postpartum depression and contending that an anthropological perspective is essential for addressing the social determinants of mother health, Stern and Kruckman (1983) further advance this conversation. Healthcare systems can enhance maternal and newborn well-being

by integrating cultural beliefs and customs into postnatal care.

Complications such as postpartum haemorrhage, puerperal sepsis, breast infections, urinary tract infections, thrombophlebitis, and psychological distress represent major health risks if not addressed promptly. In India, these complications contribute to approximately 24,000 maternal deaths annually, accounting for 7.5% of all global maternal deaths, with a maternal mortality rate of 97 per 100,000 live births (SRS, 2019-21). haemorrhage (47%) and sepsis (12%) are the leading causes, underscoring the critical importance of timely and effective postnatal care. Research indicates that Odisha's Particularly Vulnerable Tribal Groups (PVTGs) demonstrate a higher engagement with postnatal care services compared to national averages. Specifically, 98.5% of mothers and newborns within PVTG populations receive timely PNC for both home and institutional deliveries, a significant increase from the national average of 76.1% (SRS, 2019-21). Furthermore, the rate of early initiation of breastfeeding among PVTGs (60.5%) also surpasses the national average (41.7%). However, some indicators remain below optimal standards; for example, newborn weighing rates among PVTGs are slightly lower than the national average (90.3% vs. 92.2%), and early breastfeeding initiation is below the Odisha state average (60.5% vs. 66.9%). These findings point to a complex landscape of maternal healthcare within Odisha, where traditional practices coexist with formal healthcare services. The higher PNC utilization among PVTGs suggests an openness to biomedical intervention within culturally sensitive healthcare delivery, though gaps remain in achieving universal standards in key maternal and newborn health indicators.

A complex web of cultural customs entwined with biomedical healthcare is presented when navigating prenatal and postnatal care among Odisha's marginalised people, especially the Particularly Vulnerable Tribal Groups (PVTGs). Traditional beliefs have a significant impact on maternal health behaviours in many communities, as formal medical advice is frequently superseded by the knowledge of elders and community health workers. This cultural framework, which

places a strong emphasis on shared knowledge and communal support, creates a distinctive perspective on pregnancy and labour. PVTGs exhibit exceptional involvement with maternal healthcare services, especially in postnatal care, where they surpass national statistics in timely service utilisation, despite the difficulties presented by a reliance on traditional practices. Disparities still exist, though, underscoring the ways in which combining ancient knowledge with contemporary medical procedures can improve patient results. In addition to demonstrating the tenacity and resourcefulness of these communities, this dynamic interaction highlights the significance of culturally competent healthcare strategies that respect regional customs while meeting the urgent need for better maternal and newborn health outcomes.

Challenges in Maternal HealthCare

The full physical, emotional, and social well-being of women during pregnancy, childbirth, and the postpartum phase is referred to as maternal health. Motherhood is frequently hailed as a happy and rewarding experience, yet it is also linked to serious risks, pain, and, frequently, death. The World Health Organisation (WHO) estimates that every day, some 800 women pass away from pregnancy-related avoidable causes, with developing nations accounting for 99 percent of these deaths (WHO, 2021). In addition, women who live in rural regions, are from low-income families, and have poor literacy rates have disproportionately higher rates of maternal mortality. In India, a nation grappling with high maternal morbidity and mortality rates, the situation is particularly dire in the state of Odisha, which consistently reports maternal health indicators that exceed national averages. The prevalence of anaemia among pregnant and lactating mothers in Odisha is notably high, reflecting broader issues related to nutritional deficiencies and healthcare access. Several critical factors contribute to the poor maternal health outcomes observed in Odisha, including inadequate healthcare infrastructure and the uneven utilization of available services among different population subgroups. Although initiatives such as the National Rural Health Mission (NRHM) have made significant strides in enhancing healthcare infrastructure and maternal health services, the benefits of these developments have not been uniformly

distributed across regions or demographic groups. The underlying reasons for these disparities are multifaceted, encompassing individual, household, and geographic determinants. Therefore, a comprehensive assessment of maternal healthcare utilization across diverse subgroups considering socioeconomic status, education, and regional variations is essential for informing effective policy interventions. This study aims to evaluate the level and patterns of maternal healthcare service utilization among various groups of women in Odisha, with a particular emphasis on addressing regional, economic, and educational inequalities to enhance service accessibility and reduce maternal morbidity and mortality.

Cultural Traditions and Health Challenges: Traditional Birthing Practices

Traditional birth techniques in Odisha provide complex cultural narratives that have a big impact on tribal groups' prenatal and postnatal care. These rituals are not only traditions; they are part of a deeply held belief system that combines the feelings of motherhood with spirituality, reverence for ancestors, and communal values. The entire pregnancy and delivery process is given deep significance by the celebration of the child's birth, which is frequently seen as the reincarnation of a deceased ancestor. The interaction of cultural beliefs and health practices is highlighted by the rituals surrounding childbirth, which can range from specific taboos and rites around the moment of delivery to dietary restrictions during pregnancy.

Expectant moms follow several traditions designed to protect their health and the health of their unborn child. These could involve participating in protective rituals, avoiding activities, and avoiding particular foods. Pregnant women, for example, frequently avoid going outside during thunderstorms or witnessing lunar eclipses, demonstrating a profound cultural awareness of the impact of the environment on health. Furthermore, despite possible health hazards, these societies' adaptation and resilience are demonstrated by the expectation that women will continue their daily labour during pregnancy.

Rituals or ceremonies are the pivots round which some thoughts about supernatural rotate. Rituals are however nothing but the

implementation of beliefs. Rituals are usually set apart as a body of custom specially associated with religious performances. A ritual may precisely be described as the way of performing religious act that is, of playing, singing, dancing for the gods making sacrifices or preparing offerings (Barua, 1999). A ceremony on the other hand, involves several interconnected and related rituals performed at a given time. Hinduism has left its successful impression upon the tribals religious beliefs and practices. Some of the Sanskritic rituals have been adopted by them without knowing their proper significance. Side by side, they retain their original tribal religion. They have their own way of worshipping their traditional tribal deities. The birth of a child sends the signal of the arrival of the spirit of the deceased person of the house. They consider the coming of a child as the rebirth of one of their ancestors. Therefore, the new born is always given a warm welcome. In certain tribal community's, right from conception to the final purificatory rituals, several taboos (restrictions) are observed by the concerned women. A pregnant woman is subjected to many taboos (restrictions) with respect to her diet and daily activities for her well-being and safe delivery. A pregnant woman in a tribal community ordinarily works till the day of the childbirth except certain restrictions are imposed on her diet and movements (Das, 1961). However, the women remain engaged in their daily chores until a very advanced stage, even sometimes up to the moment when labour pain starts because of their cultural habits as well as for their economic necessity. When a woman knows that she has conceived, she first informs her husband. An expectant mother must observe a series of prenatal taboos. Few of such taboos are- She is not allowed to eat fish, meat and onions. She avoids seeing the lunar eclipse, as it is believed that it effects the growth of the child in the womb. She is not permitted to see or touch any dead body. She is not allowed to come out of her house during a storm, lightning and thunder. She is not expected to shout in alarm, otherwise the child will also have an inborn fear of the same. When wood is put on fire, the charcoal is not to be broken by her, or else the baby will have black spots all over the body. An expectant mother should not sit on a pillow or on the doorway, as it is believed that it leads to difficult delivery.

Nevertheless, even while these customs are essential to the lives of many Odisha women, they also pose problems for maternity healthcare. Reliance on cultural customs can occasionally restrict access to official medical treatments, leaving gaps in vital pregnancy and postnatal care. This disparity can increase health risks, especially in places with low maternal mortality rates and inadequate healthcare infrastructure. Therefore, an anthropological analysis of these customary birth procedures emphasises both their importance in Odisha's cultural fabric and the necessity of incorporating them with contemporary medical methods. By respecting and understanding these cultural narratives, healthcare providers can create more effective, culturally sensitive maternal health interventions that address the unique challenges faced by women in these communities, ultimately promoting better health outcomes for both mothers and their children.

Role of Government Policies in Maternal Health

India has made notable progress in addressing maternal health challenges, evidenced by a decline in the Maternal Mortality Ratio (MMR) from 130 per 100,000 live births in 2014-2016 to 97 per 100,000 live births in 2018-2020 (UNICEF, 2020). Despite this progress, significant challenges remain, particularly in mitigating maternal health disparities across different socio-economic groups and geographic regions. Pregnancy-related complications continue to be the leading cause of death among adolescent girls aged 15-19 years, underscoring the heightened risks faced by this vulnerable demographic.

To combat these challenges, the Indian government has implemented several key policies and programs aimed at improving maternal health outcomes:

1. **Janani Suraksha Yojana (JSY):** This centrally sponsored scheme provides cash assistance to incentivize institutional deliveries among economically disadvantaged pregnant women. By promoting facility-based childbirth, the program aims to reduce maternal and neonatal mortality rates.
2. **Janani Shishu Suraksha Karyakram (JSSK):** Under this initiative, pregnant

women are entitled to free delivery services, including cesarean sections, at public health institutions. This program is designed to enhance access to quality maternal healthcare services without the burden of financial costs.

3. **Pradhan Mantri Surakshit Matritva Abhiyan:** Launched to provide comprehensive and quality antenatal care, this program offers free services to all pregnant women on the 9th of every month. By ensuring timely and accessible prenatal care, the initiative seeks to improve maternal and foetal health outcomes.
4. **Mamata Scheme:** Specific to the state of Odisha, this conditional cash transfer program provides financial incentives to pregnant and lactating women. The scheme aims to enhance maternal nutrition and healthcare utilization by alleviating some of the financial barriers faced by women during pregnancy and postpartum periods.

These government policies collectively represent a multifaceted approach to improving maternal health in India, particularly for vulnerable populations. Beyond national programs, the Odisha government has also launched various state-level health initiatives focused on improving maternal health. These include community outreach programs to raise awareness about maternal health services, training programs for healthcare providers to enhance service delivery, and efforts to strengthen health infrastructure in rural areas. Disparities in healthcare access and utilisation between various socioeconomic classes are among the issues that still exist in Odisha notwithstanding these measures. The government's role in tackling these issues through ongoing policy monitoring, assessment, and modification is still vital. The administration wants to drastically lower maternal mortality and enhance the state's overall maternal health outcomes by concentrating on the needs of Odisha's women.

Trends and Transformations: Analyzing Maternal and Child Health Outcomes through NFHS Data regarding Pre and Post-Natal Healthcare

The findings (Figure 1) from the National Family Health Survey (NFHS-5) reveal

significant trends in pre and post-natal healthcare indicators, particularly concerning child mortality rates. The data indicates a concerning rise in several key mortality metrics, with the Under 5 Mortality Rate, Neonatal Mortality Rate, and Infant Mortality Rate recorded at 42, 25, and 35 deaths per 1,000 live births, respectively, in NFHS-5. This marks an increase from the figures reported in NFHS-4, where the corresponding rates were 50, 30, and 41 deaths per 1,000 live births. While the Perinatal Mortality Rate has shown a slight decline from 36 to 32 deaths per 1,000 pregnancies, the overall upward trajectory in infant and child mortality rates raises concerns about the effectiveness of current maternal and child health interventions. Moreover, Pasa *et al.* (2024) compare findings from the National Family Health Surveys IV and V, providing insights into the reproductive health status in India. Their analysis reflects changes over time and highlights the need for ongoing monitoring and intervention strategies that align with cultural contexts.

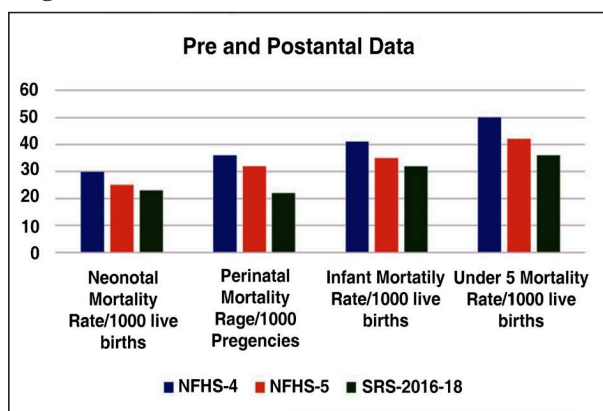


Figure 1: Trends in child mortality rates and improvements in postnatal care based on NFHS-IV, NFHS-V, and SRS-2016-18 data for Odisha, India

Data from the National Family Health Survey (NFHS-5) offers an insightful look at the health of mothers and children, especially when it comes to prenatal and postnatal care. There are indications of improvement, particularly in postnatal care, despite the alarming rise in child mortality rates, as is demonstrated by the Under 5 Mortality Rate, which now stands at 42 deaths per 1,000 live births. An increasing understanding of the vital significance of early healthcare interventions is indicated by the startling increase in postnatal exams for newborns within two days of birth, which jumped from 27% in NFHS-4 to 82% in NFHS-5. This increase indicates the start of the

implementation of health policies intended to improve access to high-quality healthcare. Nonetheless, the ongoing rises in neonatal and infant death rates underscore the urgent need for all-encompassing approaches that tackle the underlying factors contributing to these patterns, such as socioeconomic inequalities, access to high-quality prenatal care, and mother health education. The intricacy of enhancing health outcomes is highlighted by striking a balance between these developments and the enduring obstacles. This necessitates consistent efforts to guarantee that improvements in postnatal care result in measurable decreases in mortality and general enhancements in the health of mothers and children.

Although there is reason for optimism given the notable improvement in postnatal exams, the growing rates of child mortality serve as a sobering reminder of the problems that still exist in the healthcare system. These trends call for a double approach: we must address the root causes of mortality while simultaneously celebrating improvements in early intervention and healthcare access. Comprehensive maternal and child health programs that incorporate education, community outreach, and enhanced access to high-quality prenatal and postnatal care must be given top priority by legislators and healthcare professionals. To establish a strong support network for moms and kids, cooperation between the government, non-governmental organisations, and communities is crucial. We can only expect to convert the advancements in postnatal care into more significant improvements in child health outcomes and, eventually, a brighter future for the following generation if we remain dedicated and find creative solutions. Vigilance, flexibility, and an unwavering pursuit of equity in healthcare access and quality are necessary on the path to attaining optimal mother and child health.

Interplay Between Genetical, Biological and Environmental Factors

Health outcomes for mothers and children are greatly influenced by the interaction of genetic, biological, and environmental factors, especially in culturally diverse and wealthy environments like Odisha, India. By examining these elements from an anthropological perspective, one can gain understanding of how cultural narratives influence prenatal and postnatal healthcare practices. This analysis

highlights the cultural narratives that shape health-seeking behaviours and practices in Odisha while examining the effects of biological conditions, genetic anomalies, and environmental factors on mother and child health.

Genetic Factors

1. **Genetic Anomalies:** Genetic anomalies pose considerable challenges to prenatal health. Conditions such as Down syndrome, which results from an extra copy of chromosome 21, highlight the impact of genetic factors on child development. Inherited disorders, including sickle-cell anaemia and cystic fibrosis, are prevalent in certain populations and can complicate maternal health. Understanding local perceptions of these genetic conditions is vital, as cultural beliefs can influence attitudes towards screening and intervention.
2. **Sex-Chromosome Abnormalities:** Sex-chromosome abnormalities, such as Klinefelter's syndrome and Turner syndrome, have implications for growth and development. The societal stigma associated with these conditions can affect how families approach prenatal care and postnatal support, thereby impacting health outcomes. Culturally sensitive education and counselling are essential for addressing these issues within the context of local beliefs and practices.
3. **Genes Regulating Growth:** Growth-regulating genes, such as the SHOX gene on the X chromosome, play a role in physical development. In Odisha, traditional narratives surrounding growth and health may intersect with genetic understandings, influencing parental expectations and health-seeking behaviours. The integration of genetic education within culturally relevant frameworks can enhance understanding and acceptance among families.
4. **Genetic Risk Factors:** A family history of genetic disorders, chromosomal anomalies, or prior adverse pregnancy outcomes can serve as significant risk factors. Culturally informed approaches to genetic counselling and education

are crucial for promoting awareness and proactive health measures among expectant families in Odisha.

Biological Factors

1. **Maternal Health:** Pre-existing maternal health conditions, such as diabetes and polycystic ovary syndrome, profoundly impact pregnancy outcomes. Furthermore, maternal stress, mental health, and nutritional status are critical elements influencing both maternal and foetal well-being. Cultural narratives around health and well-being shape how women perceive and manage these conditions, affecting their health-seeking behaviours during pregnancy.
2. **Pregnancy Complications:** Complications during pregnancy, including prematurity and low birth weight, are significant concerns. The cultural context may dictate how these complications are perceived and addressed, impacting access to care and the timeliness of interventions. According to Mallick (2021), the incidence of low birth weight is a serious public health issue that is frequently connected to socioeconomic conditions and insufficient prenatal care. According to Mallick's study, tackling the causes of low birth weight necessitates an all-encompassing strategy that considers the social, cultural, and economic aspects that have an impact on maternal health. The maternal health status of India's Empowered Action Group states is also highlighted by Roy and Sen (2020), who offer a comparative study of health indicators that emphasise the necessity of focused interventions.
3. **Infections:** Maternal infections during pregnancy can lead to adverse outcomes for the newborn. Understanding local beliefs regarding hygiene and infection prevention is crucial for developing effective educational strategies that resonate with the community's values and practices.
4. **Nutritional Deficiencies:** Nutritional needs during pregnancy are heightened, and deficiencies in essential nutrients can adversely affect health. In Odisha, cultural practices surrounding food and nutrition may impact maternal dietary intake. Culturally tailored nutritional programs

can help ensure that pregnant women receive the necessary support for healthy pregnancies.

5. **Inflammatory Markers:** C-reactive protein (CRP) levels can indicate inflammation and are linked to postpartum health outcomes. Culturally contextualized healthcare practices that address maternal mental health and emotional well-being are vital for mitigating the effects of inflammation and promoting recovery.

Environmental Factors

1. **Radiation:** Exposure to ionizing radiation during pregnancy has been associated with congenital defects. Understanding local contexts regarding radiation exposure, such as proximity to industrial sites, is important for public health messaging and community engagement.
2. **Air Pollution:** Traffic-related air pollution significantly affects maternal and child health outcomes. In Odisha, cultural perceptions of environmental health can shape community responses to air quality issues and inform advocacy for cleaner environments.
3. **Maternal Drug Use:** Substance use, including smoking and alcohol consumption, presents considerable risks during pregnancy. Culturally sensitive interventions aimed at educating women about the dangers of drug use, framed within the context of local narratives, can encourage healthier choices and practices.
4. **Maternal Diseases:** Diseases such as herpes, rubella, and HIV/AIDS can complicate pregnancy. Culturally appropriate educational initiatives are necessary to enhance awareness and reduce stigma, thereby improving health-seeking behaviours.
5. **Chemical Exposure:** Exposure to hazardous substances, including pollutants and pesticides, has been linked to adverse health outcomes. Community education regarding the risks associated with environmental chemicals, grounded in cultural narratives, can foster proactive health measures.
6. **Family Dynamics:** Family structures, including the roles of fathers and extended family members, play a critical

role in shaping postnatal care practices. Understanding these dynamics is essential for developing supportive networks that enhance maternal and child health outcomes.

In Odisha, local customs and cultural narratives have a significant influence on how genetic, biochemical, and environmental factors interact to affect maternal and child health. For addressing the particular difficulties experienced by mothers and children, this anthropological overview emphasises the importance of incorporating culturally sensitive methods into medical procedures. Public health programs can better support families and encourage healthier outcomes by acknowledging the importance of cultural contexts in influencing health beliefs and behaviours. In the future, promoting the best possible health outcomes for mothers and their children in Odisha would require interdisciplinary partnerships that include genetic counselling, maternal health services, and environmental protections. Incorporating cultural narratives into healthcare procedures can improve community involvement and guarantee that interventions are applicable, successful, and long-lasting.

Social determinants of health, which include the circumstances in which people are born, develop, live, work, and age, have a significant impact on the interaction of genetic, biological, and environmental factors in mother and child health. By influencing families' access to resources and capacity to interact with healthcare systems, these social determinants which include socioeconomic status, education, healthcare access, and community support influence health outcomes. For example, poor diet, environmental exposures including pollution and hazardous living circumstances, and limited access to prenatal care can all worsen genetic predispositions to specific health disorders. To create holistic health interventions that advance equity and enhance the health of disadvantaged populations and eventually create healthier communities it is imperative to identify and address these social determinants.

Social Determinants of Health

Social variables have a significant impact on both prenatal and postnatal health. Maternal health and the environment in which children are born and nurtured are influenced by

several factors, including education, financial level, and access to healthcare resources. Lower socioeconomic position, for example, has been linked to higher levels of stress and less access to high-quality prenatal care, which can have a negative impact on the outcomes for both mothers and newborns. Additionally, neighbourhood safety is important since dangerous surroundings can increase maternal stress, which may harm foetal development. Kinship customs related to delivery, especially those connected to the term “couvade,” are worth examining from an anthropological standpoint. The term, which comes from the French word *couver*, which means “to brood, hatch, or incubate,” was originally used in 1865 by anthropologist Edward Burnett Tylor to refer to customs seen in several prehistoric societies. In addition to allowing the father to form a mystical link with the infant, couvade rites frequently seek to shield the mother and newborn from evil spirits. These practices could involve the father feigning labour pains, nursing the baby, fasting and cleansing, and staying in bed while displaying mental suffering. Nowadays, the term “couvade syndrome” refers to a condition where expectant fathers have mental and physical symptoms like those of pregnancy, including weight gain, back pain, nausea, and vomiting. This syndrome emphasises the social and psychological aspects of parenthood as well as the common experience of pregnancy in family settings.

The interaction of cultural customs like couvade and social variables provides important insights into the intricacies of prenatal and postnatal care. Developing successful interventions that meet the needs of families requires an understanding of how socioeconomic factors and community environments affect maternal and child health outcomes. Additionally, acknowledging how cultural traditions influence health-related behaviours and experiences might improve our comprehension of family dynamics during pregnancy and childbirth, which will eventually lead to better health outcomes for both mothers and babies. To promote equity in mother and child health and inform public health measures, more research in this field is necessary.

CONCLUSION

The significance of cultural narratives in shaping prenatal and postnatal care practices in Odisha is thoroughly examined in this anthropological review. By adopting a holistic framework that integrates traditional knowledge with modern healthcare techniques, we can create a more effective and inclusive healthcare environment. Understanding and honouring local traditions and social determinants of health not only facilitates access to high-quality care but also ensures that interventions are relevant and sustainable within the community context. To foster a healthcare system that acknowledges and incorporates the cultural beliefs of the population, it is essential for policymakers, healthcare professionals, and community leaders to collaborate actively. This cooperative approach will empower communities, enhance trust in healthcare services, and ultimately improve the health outcomes of expectant mothers and their infants. As we strive to build equitable healthcare systems, initiatives must prioritize not only the immediate medical needs of families but also lay the groundwork for long-term, intergenerational health improvements. As legislators and healthcare providers seek to enhance maternal and child health outcomes in Odisha, establishing an environment that promotes collaboration between traditional and institutional healthcare systems becomes paramount. By prioritizing culturally grounded interventions, we can address the unique needs of marginalized populations, ensuring that care is both accessible and relevant, while being sensitive to the cultural contexts in which it is delivered. Ultimately, this dual emphasis on cultural sensitivity and medical effectiveness can lead to improved health outcomes and greater equity in maternal healthcare access. By understanding and addressing the challenges associated with prenatal and postnatal care among Odisha’s marginalized communities, we can inform the development of inclusive healthcare policies and practices that honour cultural narratives while striving for universally safe health outcomes. This approach not only enhances the effectiveness of maternal healthcare systems but also fosters a deeper appreciation of the diverse cultural contexts that shape healthcare practices throughout India.

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