



Reproductive health in a rural Scenario

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ARTICLE INFO

Article history:

Received: 7 March 2012;

Received in revised form:

15 April 2012;

Accepted: 8 May 2012;

Keywords

Health,
Women,
World Health Organization.

ABSTRACT

This paper is the outcome of my two months intensive and in-depth field work conducted in two multi-caste villages of Belgaum District of North Karnataka. The aim of this paper is to know the importance of Reproductive Health hazards of Farm Women Labourers who hails from different socio-economic background and deprived of basic health facilities. World Health Organization (W.H.O.) has defined Health as a “state of complete physical, mental and social well being and not merely an absence of disease or infirmity” (W.H.O. 1948). The Webster dictionary defines health as “the condition of being sound in body, mind or spirit especially freedom from physical disease or pain”. Health to all is the prime motto of W.H.O.

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Introduction

Health is a common theme in every society and has its own beliefs and practices regarding healing diseases and its treatment. Since time immemorial, man has been trying hard to control diseases. The medicine man, the priest, the herbalist and the magician all under took various ways and means to cure man's diseases and there by to bring relief to the sick. In the past health and illness were interpreted in a Cosmological as well as Anthropological perspective. Medicine in the past was dominated by magico-religious beliefs, which were an integral part of society itself. Dubos opines that, “ancient

medicine” was the mother of every Culture. All of these practices are keenly interrelated with environment. During the past few decades the concept of health has emerged as a fundamental human right and a world wide social goal. In 1977, the 30th World Health Assembly decided that the main social target of the government and World Health organization in the coming decades should be “the attainment by all citizens of his world by the year 2000 of a level of health that will permit them to lead a social and economically productive life.” For brevity, called “Health for All”, with the adoption of health as an integral part of Socio-economic development by the United Nations in 1979, health while being an end in itself has also become a major instrument of overall Socio-economic development and the creation of a new social order.

Keeping in view the concept of reproductive health the present study has been conducted in two multi caste villages of North Karnataka which are numerically bigger in size. Women Farm Labourers were selected at random giving appropriate attention for their caste/community and age group. These people were briefed specifically about the importance of the study and how one can take care about one's reproductive health. First of all the informants were informed about some ticklish issues such as pregnancy, miscarriage, abortion, child and a number of other issues involved in it. 250 respondents were selected at random who are sexually active and were totally unaware of the reproductive health and its disorders / hazards. This is true that the women folk are by and large illiterate and hails from agrarian families. Added to this before something is

learnt or known about marriage, husband and children their marriages are celebrated. A series of issues regarding reproductive health has been taken up seriously and meticulously dealt with. Issues such as, Pregnancy, Miscarriages, Absortion, Problems in Child delivery and Menopause were studied carefully. Attempts were made to understand these issues by using both emic and etic perspectives.

Somapur and Kallapur are the two villages selected to undertake this study. These two villages are multi-caste ones and have agriculture as the prime activity. As a result of this in these two villages we could find lot of women folk who work as landless agricultural labourers. These farm women labourers are studied for their reproductive health disorders. In the beginning a pilot study was conducted to study these women folk to understand their overall socio-economic and cultural background. Added to this these women folk were classified on the basis of age and caste. For a clear understanding of the health disorders we restricted the sample size of the women for study from 20 to 45 age group only. On an average in a rural scenario a girl will be given in marriage on an average age of 16 to 18 years. As a result of this, at this age, it is very difficult to know about the reproductive hazards as well. This is due to non awareness of health aspects that too reproductive health illness. Added to this these women folk are totally illiterate and innocent ones. Out of the 250 respondents interviewed 135 women are in the age group of 25-37 and suffering from an innumerable reproductive health disorders which have affected their reproductive life badly. The major problems like, recurrence of frequent white discharge, urinary tract infections, miscarriages, and giving birth to the babies which are not normal and so on, are commonly found among them. Soundatti and its adjacent places are known for dry land cultivation. It requires lot of manual work from morning till evening. Both men and women involve in cultivation of land. Constant work in the fields, without proper hygienic condition makes these women folk to develop a series of health hazards. Especially the carrying women who work continuously without break and rest are prone to loose their pregnancy. As a result miscarriages are more in

number. To find the exact solution to these problems the researcher met Ayurvedic, Homeopathy and Allopathic doctors in the area to whom these women labourers often visit for medical checkup. For many having sexual intercourse it self is a major problem due to several constraints due to multi infections. As a result most of these women folk by and large avoid sexual intercourse to avoid problems, 75 respondents fell under the category of 37 to 45. They are sexually active. The common problems are also confronted them. Yet they are managing them with indigenously available herbal medicine. It is also true that the male life partners often visit to different womenfolk for sex. Hence they may be infected by several Sexually Transmitted Diseases (STDs). Out of 75 respondents 5 respondents are totally frustrated regarding sexual life. They are the chronic patients of reproductive health disorder. Out of remaining 40 respondents only 12 women have got abortion frequently, to avoid unwanted pregnancy, by using both indigenous and modern methods. Several problems have come in the way of having safe sexual life to these women. Malnutrition, Anaemic, Low haemoglobin level, Low immunity has made them totally helpless and burdensome. Only 28 women who are recently married are freely having sex. In their opinion, they are totally unaware of reproductive health disorders.

India, the second most populous country on the globe having more than one hundred crores of population. Almost half of the population constitute women folk. More than 66% of the women live in rural areas working either as housewives or agricultural labourers. Added to this these women folk are from suppressed, oppressed and depressed sections and they are neglected lot. As a result, they find it very difficult to lead a problem free and a meaningful life. Basically India is known as an agrarian economy. Our men folk along with women busily engaged themselves in the cultivation of land and there by produced sufficient food stuffs and became responsible for green Revolution and made the country totally self sufficient in the field of food grains. Since time immemorial women also have contributed their might in various ways according to their capacity with regard to the development of the society. And at the same time, women were exploited, neglected, rejected, abused and most inhumanly treated over the centuries, by Feudal Lords, Zamindars and the Rich upper strata of the society.

India being a patriarchal society wherein only men engaged all status including the right to inherit the property and women were deprived in several ways and became a mere burden to the society. Among such several fields of sheer negligence, their health in general and reproductive health in particular suffered a setback. The health disorders of the women folk were badly neglected or not attended due to gender discrimination which is prevailing in society since long time. As a result, the sufferings, sorrows and feelings were swallowed incessantly by these women folk without being told to others openly.

Socio-Economic Background Of Farm Women Labourers:

India is a country wherein one finds both vertical and horizontal divisions. Unless we know the caste structure it becomes very difficult to arrive at a definite conclusion. The most striking point is that the women agricultural labourers hails from the so called downtrodden sections only. Due to the utter poverty, the women folk from these sections were forced to go out of the family to work as agricultural labourers. When they go like this there is every possibility that in their working place they may not get good drinking water or good food to eat. Some times even the women who are carrying ones are compelled to work heavily from morning till evening without rest. The most unhygienic conditions and also the environment which is

prevailed there is a not conducive to their work. As a result whenever and wherever they get water both hygienic and unhygienic drink and get infected. Due to their resistance they may not feel quickly about the infections but in due course of time they pay for it.

Most of the downtrodden sections do not own agricultural lands. They are landless agricultural labourers hence they go out to work without any alternative to earn a living for themselves.

Social composition of farm woman labourers (castewise and agewise)

Sl.No	Name of Caste	20-25	26-37	38-45	T otal
1	Lingayat	04	02	02	08
2	Jadar	02	03	02	07
3	Kuraba	11	04	02	17
4	Madiwala	04	02	03	09
5	Talawar	26	09	07	42
6	Muslim	12	09	03	24
7	Jain	03	04	02	09
8	Harijan	91	30	13	134
Total		153	63	34	250

With regard to the economic status of the farm woman labourers is concerned. They are living below the poverty line. As a result of this they don't find any alternative other than working as agriculture labourers.

Few reproductive issues were tackled here such as

i) **Pregnancy** : Indigenously known as 'gÅÄ / °ÉÆmÉÖ-É EgÄÄ^ÄÄzÄÄ, indicates a woman who has growing fetus inside her.

ii) **Miscarriages**: Locally known as °ÉÆmÉÖ °ÉÆÄUÄÄ^ÄÄzÄÄ °ÉÆmÉÖ ©Ä¼ÄÄ^ÄÄzÄÄ. It is a spontaneous abortion which takes place unknowingly. A number of causes are responsible for miscarriages. Due to chromosomal or genetic problems, pregnancies failed to develop. Added to this constant work, that too hard work without rest also lead to such miscarriages.

iii) **Abortion**: Indigenously known by the term, (UÄ`sÄðYÄvÄ) (MTP). This is an intentional termination of pregnancy. Unwanted pregnancies can be terminated through various means by using both Ayurvedic and Allopathic methods. Some times through these methods also one cannot have the termination of pregnancy.

iv) **Menopause** : Locally known as ^ÄÄÄIÄÖ æ@ÄÄ^ÄÄzÄÄ/IÄvÄÄZÄPÄæ æ@ÄÄ«PÉ. This is nothing but the absence of menstrual period. The age at which this occurs differs from woman to woman. A number of cultural factors are also responsible for this. This is also determined by environmental and food habits. Menopause means a woman ceases to give birth to a child.

Out of 250 respondents to whom I have interviewed, 119 women were pregnant. 27 women had lost their pregnancy spontaneously due to constant and hard work and without rest. 17 have got abortion on their own to avoid unwanted pregnancy, 47 women have given birth to babies and the remaining 40 women have attained menopause. On an average the respondents to whom I have studied deprived of good health in general and reproductive health in particular.

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