

# Neglect of Women's Health

## Report from Rural West Bengal

by

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ONE and a half hour's train journey from Calcutta is Mathurapur in the district of South 24-Parganas about 22 miles north of the Sunderbans, the "Beautiful Forest" which lies along the Bay of Bengal. The tarmaced part of the seven mile road to Ghoradal *haat* ends abruptly three miles south of Mathurapur. Some blame the local CPI(M) MLA, saying he diverted the construction funds for his own purposes. Others blame the contractors.

In 1985 a voluntary organisation called Jana Sanghati Kendra began working in Dahakanda and Kilya villages which are situated about two miles to the west and one mile to the east of Ghoradal, using homeopathy as a means of establishing a link with the people. Dahakanda has a predominantly Muslim population; Kilya is a Hindu village. Over the last three years, the organisation has expanded its area of activity as far as the Sunderbans to include about 90 villages. Working with small local clubs, Jana Sanghati Kendra has helped to form agricultural labourers' unions and come into contact with many women in their homes. In April 1988, the Paschim Banga Khet Majoor Samiti was established with a membership of nearly 2,000 men and women from South and North 24-Parganas, Midnapore and Bankura, who are campaigning for the passing of an Employment Guarantee Act in West Bengal, as well as the implementation of the Minimum Wages Act.

The area where JSK is working in South 24-Parganas is mainly rainfed and hence there is only one crop a year, except near the canals beside the Ghoradal road where another crop may be cultivated in spring. The water level is 900 to 1,000 feet below the ground, making large scale welling impossible without huge investment. Each

village has only one or two tubewells, although Jana Sanghati Kendra is in the process of sinking deep pipes bought with funds from CAPART. The villagers bathe in the numerous ponds which all but dry up in summer. There are no latrines, so men, women and children alike go to the fields or behind bushes, and when these are submerged in water, use the paths. Such conditions have inevitably affected the people's health.

The only means of communication is on foot, trolley or bicycle (which women never use), along the rough paths. Around Ghoradal where the political parties (CPI-M, SUCI and Congress-I) have their *panchayat* offices, brick tracks have been laid. But in the rest of the region, the village paths and even the main "road" which is people's only link with Calcutta, cause an immeasurable waste of time and energy to thousands of people and untold misery during the monsoon as heavy loads of rice, vegetables and other essential items are transported over slippery mud to and from villages, the *haat* and the station.

Because there is no work for most men during nine months of the year, the anyway less privileged citizens, women, do not work on the fields at all except to glean after the harvest. If they do help in irrigating or transplanting, it is on their family plot and for very brief periods only. Young girls, however, spend a considerable amount of time tending goats and cattle in the fields. Most of the women's time and energy is spent on housework, fetching water, gathering fuel and on child care. The rate of illiteracy of women is about 97 percent though a few better off girls may be educated until class eight or ten before being forcibly married off. An exceptional case is a woman from Dahakanda who was regularly beaten by her husband, left him and refused to return. Her parents had taught her singing when she was small and now she is a professional, living with them and her baby girl. There are no handicraft centres or established women's organisations in the area.

There is a primary health centre at Mathurapur; one homeopath and one allopath and a few unqualified private practitioners in the Ghoradal area.

Dahakanda clinic



Government family planning officers visit the market at intervals to encourage women to have ligations at the primary health centre. The burden of contraception is always borne by the women here which often results in chronic pains and general ill health, compounded by their poor diet and insanitary living conditions.

The following is an account of my experiences of work at the JSK clinic and a tentative analysis of the health records for the period July 1987 to June 1988. The clinics were held once a week, for one afternoon at Dahakanda and for seven to eight hours the next day at Kilya. Only women and children were treated in the afternoon at Kilya.

### **The Excess of Female Adult to Male Adult Patients**

Deducting obstetrical, gynaecological and anaemia cases which were purely female, there were 176 female and 170 male patients at Dahakanda. Complaints relating to female reproductive functions and to anaemia caused the larger number of female adult patients. Anaemia affects about 70 percent of all Indian women. It is the result of loss of blood (during menstruation) and a daily diet lacking in iron, protein and vitamins.

Most women in this area have up to 14 children which is a severe strain on them physically as well as on the family's resources. I was frequently requested for medicine to control their fertility or to reestablish the menstrual flow when women did not want to become pregnant again. Generally, they realised when they had conceived from their own body responses. There was a noticeable reluctance to visit the primary health centre for getting check-ups or pregnancy tests or abortions done. I had referred a complicated gynaecological case to the PHC once but my patient returned to tell me that they complained I always sent them complicated cases. While five percent of all cases were obstetric and gynaecological, under one percent were of male genital symptoms. The presence of a woman doctor is not considered an important factor as reports from other rural clinics run by male doctors indicate that



women's attendance is always greater.

### **Main Symptoms - Gender-age wise**

Most of the adults' gastrointestinal symptoms were of hyperacidity and pain, the former being more common in women. The secretion of gastric acids in an emptying stomach, causing a burning sensation, with a sour taste in the mouth and the formation of gas, occurred generally in the afternoon. The people of

this area do not customarily have tea or snacks at this time (which urban dwellers do) because of poverty, and the daily suppression of hunger results in the common *ambal* and a general weakening of the entire digestive system. Some women had suffered from this complaint for many years. Gastric ill health is also a consequence of the life of the women, bound to a monotonous daily routine and the abject poverty of a severely

underemployed society, which causes anxieties and tensions. Over 90 percent of the gastrointestinal complaints in children were diarrhoea and dysentery. While the presence of worms was not always mentioned as the main complaint, it was obviously a material cause of gastrointestinal sickness in children.

Scabies appeared in almost epidemic proportions amongst children. Bathing in dirty pond water, the inability of the poor to change clothes daily and to use soap when bathing and cleaning clothes, and the underlying factor weakening the people's health - tuberculosis - all contribute to contagious skin diseases. Parasitic rashes were legion, especially on the feet of women, who never wear shoes.

The relatively high percentage of men suffering from respiratory symptoms at both Dahakanda and Kilya is probably due mainly to the habit of smoking, while the lack of resistance to infections such as tuberculosis, pneumonia and bronchitis would explain the high proportion of sick children. Significantly, though six more boys than girls attended the clinics, 10 more girls than boys came with respiratory complaints. Do these statistics reflect any discrimination in nutrition available to girls and boys?

Figures for female and male adult patients at Kilya are not comparable because the afternoon clinic was for women and children only. Nevertheless, it is indicative of women's lower social status vis-a-vis men that 30 per cent of patients suffering from ear complaints were women while there was not a single adult male. All the 28 anaemia patients were women and out of the nine patients suffering from debility and vertigo, eight were women. Twenty two out of the 34 rheumatic patients at Kilya were women.

The figures of trauma patients reflect the rural reality of this area. Out of a total of 80 cases (4.5 percent of all cases), 39 were adult males injured carrying heavy loads or by falls from heights while collecting coconuts, tapping trees or while building and repairing houses. The 26 women patients included some who had been beaten by the husband, as well as

those who had sustained injuries from falls at pond edges. One woman had a backache dating from when she fell carrying water during a pregnancy. There were six boys and girls with trauma complaints.

### **Children's Attendance**

The total number of girls and boys below the age of 15 years was the same, attendance increasing with age at Dahakanda, while at Kilya, the number of boys attending the clinic was higher than girls during eight months of the year with the highest number of new patients coming from the two to five year age group. Baby boys were more prone to sickness in the first year of life than baby girls, and the most vulnerable age for children as a whole was between the years two and five with 45 percent of all children's attendance occurring during these four years, while in the six to 14 year age group encompassing nine years, attendance was only 37 percent. After the age of two, children are weaned from breast milk and become increasingly exposed to the environment and to contact with other people, leading to infections at a time when the body has not yet developed its immune system.

Out of all patients suffering from ear trouble (suppuration or pain) 42.5 percent were girls and 29.5 per cent boys. Possible causes would include low body calcium due to a diet lacking in milk, eggs and other essential factors like protein and vitamins, leading to lower body resistance.

### **Tuberculosis**

About 90 percent of all fevers occurred during the evening and night - a prominent symptom of tuberculosis. If the underlying immunity or general resistance of the human body is weak, then worm, parasitic, bacterial and viral infections will occur. In this area, tuberculosis is rampant, and it is weakening poor and malnourished people on a massive scale. There is also a strain of the tubercular bacillus which is one of the causative factors of leprosy.

### **Women's Condition**

Apart from their poorer health, I found many other indications of women's subordinate status. They all veiled the *sari* over the head, the length increasing in the case of newly wedded and Muslim women.

When I tried to push back the cloth to see the face and gauge her age, the usual response (or should I say reflex ?) was to pull it back over her head, and sometimes I would turn the incident into a brief humorous tussle. The more shy would giggle while the bolder women would keep the cloth over their shoulders just until I completed the prescription when it would again fly back over the head. At the sight of a young boy or man, the veil would be pulled right over the face. It had not occurred to the Muslim women that if a male looked at them this might be considered a "sin" of the male. They also showed some surprise and interest when I told them that the Prophet's wife was much older than her husband and that she had given him his first lessons in business and trading. None of the women ever mentioned her husband by name, and some Muslim women would only tell me their own name after much persuasion, which was indicative of their extremely low self esteem and humility.

Ignorance about the connection between the menstrual function and conception is vast, though women realise that breastfeeding prolongs the "safe period." This is one reason why many women refuse to wean their children until they are two years or older. Muslim women complained of menstrual disorders and leucorrhoea much more than Hindu women. Women were so ignorant about their own bodies' needs and functions and so conditioned in self denial that even in an all-female environment they would only whisper or mutter behind a raised hand about problems concerning the reproductive organs.

The most shameful thing seemed to be prolapse of the uterus. My detailed description of the exercises which could be done to relieve this condition in the early stages usually elicited a noncommittal reaction. It is impossible for most of the women in the area where I work to give themselves so much care and time. The tired and painful womb sagging from the strain of multiple pregnancies and births (of preferably male babies) is like the women's own neglect and suffering which still remains unexpressed and hidden. □

## Taking a Girl Child for Cremation

For you, little girl, what weeping and what wailing?  
And yet all wept. Grandma wept because she had to,  
But laughed in her heart, rid of her home's burden.  
Poor mother shed a few secret tears,  
They dropped but did not touch you. The mourners, like Yama –  
Why should they strain their eyes, for nothing, at someone else's door?  
While one like me thought, why mourn a death so tender?  
And yet all wept, as was the custom, with heads bowed.

We carried you on our shoulders, walked a little, turned a corner.  
There, at a window, was your friend, the same age as you.  
She stared at you, watched this strange game of yours  
Of climbing up and sleeping on others' shoulders.  
She lifted her hands to climb up too –  
We moved on - she saw through the cruel game.  
She flung up her hands, stamped her feet and cried –  
She cried aloud. The unbearable loss of your death  
She alone, in the whole world, felt.  
And I, not meaning to weep, could not hold back my tears.

- **Uma Shankar Joshi, December 1933**

*(translated from Gujarati by Svat Joshi)*

## Sued for Condemning Sati

In 1987, more than 50 lawyers filed a criminal case of defamation in Jaipur, Rajasthan, against Prabha Dixit, the author of an article on Sati published in the November 1-7, 1987, issue of *Chauthi Duniya*, a Hindi weekly based in Delhi, as also against the editor, publisher and printer of the weekly. The complainants alleged that the article maligned the Rajput community.

The article, *Kitni Paramparayen Vapas Layenge Rajput!* (How Many Traditions will the Rajputs Revive!) was written in the context of the Roop Kanwar case and argued that the claim of the self styled leaders of the Rajput community that Sati is a cherished Rajput tradition is untenable, because the practice is in fact dead and is being sought to be revived by urban based vested interests

with a view to consolidating their political influence. The article also pointed out that this revivalism is selective, and asked whether Rajput leaders would like to acknowledge as glorious traditions other practices such as female infanticide and the use of women as pawns in the formation of political alliances as in the *dola* or sending of Rajput women to the harems of Mughal kings.

In 1980, a judicial magistrate at Jaipur issued nonbailable warrants of arrest against the respondents, on the grounds that the latter had failed to appear in court although summons had been sent to them. The respondents, however, say that the summons had never reached them. While the other respondents engaged advocates to secure bail for them, Ms Dixit, a lecturer in history at

Miranda House, Delhi University, has refused to take bail, and has decided that she will appear in the court at Jaipur only if arrested under the warrant and conducted there at government expense.

That a warrant should be issued for the arrest of a person who critiques the glorification of Sati exposes the pretensions of our government. The Anti Sati Act, passed with much fanfare following the Roop Kanwar case, explicitly makes the glorification of Sati a punishable offence. Yet, the glorifiers of Sati are on the offensive and, aided by the legal machinery, are seeking to harass and intimidate their critics, thereby attacking not only the freedom of the press and the right to freedom of expression but actually claiming that any criticism of Sati and its supporters amounts to a criminal act! □