

Women's Health and Cultural Practices: A Critical Gender Perspective of Traditional Assamese Society

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Abstract: Throughout the history, women in every society have continued to face a number of problems in their lives. The health problem is the serious one that women have been facing. There are innumerable health issues and challenges that are interlinked with traditional customs and cultural beliefs. Here an attempt has been made to understand various health issues of Assamese women through a critical gender lens. The Assamese society is strongly based on traditions, customs and old age beliefs etc. However, many cultural practices of Assamese society are directly or indirectly connected to much of the health related issues, whereof the people of our so-called patriarchal society construct those practices. The study again focuses on gender as the reason for women's health problem. The unequal treatment of both men and women in society always put women as the vulnerable section of the society. The paper is descriptive in nature and completely based on secondary literature from various sources to understand women's health problems and its interconnection with cultural practices of traditional Assamese Society.

Keywords: Women, Health, Cultural Practices, Gender and Assamese Society.

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I. INTRODUCTION

Health is the important universal asset for human. Health is a state of complete physical, social and mental being and not merely the absence of disease and infirmity (WHO 1948). Good health provides potentiality to perceive the person. Good health contributes to the production of consumerable services because the better state of health, the greater time available for income generating of productive activities. Good health is the indicator of socio economic development of a country. Therefore, health care is essential for betterment of both human being and society as a whole. Health care is not something that is supported by economic growth but is something that support economic growth (Sen, 2014). A good health is the key factor that has positive impact and contribution towards wellbeing, quality of life and economic development of country. Therefore, health is the important sector for overall development of a country. Human health is influenced by number of factors such as nutritious food, good environmental surroundings, proper sanitation, housing pattern of life style, traditional system, cultural belief, practices etc. The health of men and women in a society is essentially interlinked to their social status. Generally, women are more vulnerable than men in health sector. Throughout the history women in every society has continued to number of problems in their lives. The health problem is the serious one that a woman has been facing. There are innumerable health issues and challenges that are interlinked with traditional customs and cultural beliefs. The health status of human being in a society is affect by numerous cultural practices and behavior of particular society. Every social group and community in the world has particular cultural practices, behavior, and some of those behaviors beneficial to all and some are harmful to other. In this regard, women are most affected portion of every society. The health of the people in every society has been connected with socio- cultural and religious practices since ancient time. Cultural practices and beliefs are the major problems, which push back the improvement of women's health.

Assam is the most populous state of North East with different ethnic, religious and linguistic communities. Assamese is the melting pot of diverse culture such as Mongolian, Indo-Burmese, Indo- Iranian and Aryan origin. There are three distinctive cultural traits can be observed amongst the people of Assam: Vedic or Hindu Culture, The Tibeto-Burman or Tribal culture and Tai Ahom culture. Assam has huge number of tribes and each of these tribe has own culture practices and traditions play a significant role in the society. The Assamese society strongly believes on tradition, custom and old age ideas etc. However many cultural practices of Assamese society are directly or indirectly connected to much health related issues. In this regard, it is important to understand cultural practices and beliefs and its impact on women's health problems in traditional Assamese society. Simultaneously, there is an unequal distribution of health services and facilities among men and

women. Therefore, the paper is focusing the health status of women, who are the marginalized section of society.

II. SCENARIO OF HEALTH INFRASTRUCTURE IN ASSAM

The Constitution of India has directed health care as a responsibility of every state government and the state government has to provide health care to all. The health and family welfare Department of Assam is one of the important departments of Government of Assam. Assam's Health and Family Welfare Department work under the Ministry of Health and Family Welfare. The Health and Family welfare Department of Assam has been categorized into two parts. Health A and Health B. Health A includes all hospitals and health institutions apart from the medical and nursing college, whereas Health B includes all medical colleges and Nursing colleges. The vital Health and Family Welfare Department comprises of total nine sub organizations directorates, Director of Health Services, Director of Health Services(FW), Director of Medical Education, National Health Mission, AYUSH, Food and Drug Administration, Assam state Aids Control Society, Assam Blood Transfusion Council. The Government of Assam has launched a National Health Mission (NRHM) in April 2005 under the Ministry of Health and Welfare. The main objective of NRHM is to provide various health facilities particularly for the rural Area. Under NRHM, there is a district health society, which is headed by the deputy commissioner as chairman and the joint director of health services as secretary. The health society is mainly looks the overall management of programmes. The NRHM has been working to remove and improve the rural-urban inter-state and gender inequalities in matter of health. It focuses mainly the maternal and child health in states. In Assam, NRHM launched three initiatives in 2010, (a) Nutrition counseling cum Management centres, (b) Mamta and (c) Morom.

Nutrition Counselling cum Management Centres established at district level, which tackle the problem of malnourishment(SAM) in children under the age of five years. The Assam Government started the Mamta scheme under National Rural Health Mission whose main aim is to address the issue of Maternal Mortality Ratio (MMR). Mamtas provides newborn kits to mothers who stay on health facilities for 48 hours after delivery to receive post-delivery care. Morom introduced by Govt. of Assam for the poorer section and daily wage workers of society. Weaker section of society or daily wagers cannot afford the cost of medical issues so the scheme includes such daily wagers or poor section of the society. The state government of Assam launched number of schemes regarding maternal health such as Janani Surksha Yojana(JSY), which was launched in April 2005 with an aim to decrease the neo-natal and maternal death in states and provide free drugs and money ₹14,000/- after delivery. Janani Shishu Suraksha Yojana(JSSK) the scheme is working under National Rural Health Mission (NRHM), launched in April 2005 to provide free treatment during delivery and free of cost transport from home to institution. Moreover, government has started or more schemes to provide financial assistance to mothers such as Mamoni, the scheme provides nutritious foods and supplements to pregnant women along with an amount of ₹1,000/- for their second and third antenatal Checkup. Under Majoni Scheme an amount of ₹3,000/- has been fixed for newborn girl child to secure their educational, health and nutritional needs.

In 2010, the state enacted Assam Public Health Act 2010, which seeks to guarantee people's right to appropriate health care- especially towards effective measures of treatment, prevention and control epidemic and endemic disease.¹ The Act provides health care services to improve health status of the people. The health care service in India is categorized into five groups: Public Health Sector, Private Sector, Indigenous System of Medicine, Voluntary Health Agencies and National Health Programme. Public Health Sector includes primary Health Care by establishing primary Health Centres in India. Primary Health Centres in India started in 1952. The main aim of National Health Policy in India is to provide provision of preventive, promotive and rehabilitative health services to the people. The National Health Policy stressed on rural health care system. The rural health care facilities are provided in three levels- a) Village level, b) Sub Centre level, c) Community Health Centres. For 87% of the rural population in Assam, the sub-centers and the primary Health Care Centers are the principal source of providing health care facilities and of service to the needy and vulnerable groups². There are 4621 sub-centres and 1014 Primary Health Centres currently functioning in Assam. Although the primary health centres in Assam has increased from 237 in the period 1881-85 to 1014 in present time but the number of PHC is not enough as per the population of Assam. There is lack of sufficient number of PHC in Assam. Although the Govt. of Assam has started number of initiative and scheme for people but the public health and health services is still poor in Assam.

¹ Coosive Behaviour in Health Delivery in India: Need for affective Regulation (COHED Project); Collusive Behaviour in Health Care and Impact on Consumer evidence from Assam.

² Health and Healthcare In Assam, A Status Report by Indranee Dutta and Shailly Bawari In collaboration with Centre for Enquiry into Health and Allied Themes and Omeo Kumar Das Institute of Social Change and Development.

III. WOMEN HEALTH PROBLEM IN ASSAM

Assam has faces extreme issues about health of women. Women in Assam face higher risk of malnutrition, growth retardation, various diseases and death in the age group 14- 45 years. Women especially in reproduction age more vulnerable in terms of health they face challenges like anaemia, hypertension, malnutrition, high pregnancy risk etc(Tamuli, 2021).Maternal Mortality is an indicator that can measure women health status in a community. In the year, 2010-2012 Assam has the highest Maternal Mortality Rate(MMR) among other states, which is stand at 328 death against all India average. The poor condition of maternal health shows the lower status of women in the society and majority of women in Assam do not get proper health care at the time of pregnancy. As per NFHS report the maternal mortality rate in India as well as Assam has declined during the period from 1998 to 2018. Anemia is one of the serious problem that affect women. According to WHO, almost 40% of pregnant women and 42% of children less than 5 years of age are Anemic. Anemia is one of the serious health problems in the world, particularly among mothers and their babies, which may be a potential cause of high maternal mortality especially among pregnant mothers in Assam. The women in Assam suffer from the problem under nutrition and under-weight.As per NFHS-5 nutritional deficiency and imbalance leads to anemic conditions among women and children. Most of the women from rural area or poor background consume less nutritious food. They have not much idea about necessity of nutritious food for good health. According to report of National Family Health Survey (NFHS-4) approximately 36% of women from Assam had a body mass index (BMI) that was below normal. Anemia was prevalent in 72% of pregnant women and 69% of women who are not pregnant. In addition, teenage pregnancy (15-19) was 61.4% and 13.6% of them were already mothers. In Assam, women's age of marriage is lower than age of men, which affect health of women. The lack of education also interlink with the problem of health because illiterate women are not aware about health. Government of Assam introduced number of schemes and policies that are mostly related to reproductive health facilities system in Assam. In this, regards women's other health problems are unnoticed and neglected by state govt. A large portion of women age group 15-49, per 1000,000 is reported the problem of diabetes, asthma or goiter or any other thyroid problem.

IV. GENDERING CULTURAL PRACTICES AND WOMEN HEALTH IN ASSAM

Gender is socio- cultural and it refers to masculine and feminine qualities, behavior pattern, roles and responsibilities(Bhasin, 2003). Gendering cultural practices is not a new dimension to study. Traditionally cultural norms are practiced based on gender. Feminist writer V Geetha said "Gender is everywhere" so gendering cultural practices and its impact on health is an important area of concern. All the social and cultural "packaging" that is done for girls and boys from birth onwards is "gendering"(Bhasin, 2003). In a society, there are different ethnic communities, whose way of life and perception of health varies greatly from each other due to cultural beliefs, traditions and customs. In every community and society, women are more responsible in maintenance or preservation of their traditions and culture. In the regard women have to follow more cultural practices, whether they are beneficial or not for them. Assamese society has been traditionally patriarchal in nature, where women are subordinate in every domain. The family cultural practices are greatly influenced by gender roles and beliefs. At the same time women, health status is based on the family cultural practices. In every community there are some cultural practices and traditional norm regarding food habits which directly affects women's health. In traditional Assamese society, the male members and child of the family are fed first. In most of the joint families, men and women do not feed together. Although the women member of the family prepare and serve food but they are always the last to eat. Most of the time it also happens that after eating of other member there are little food left to eat for women. In that situation, women are less concern about their food. Such kind of cultural norms also related with women's under nutrition problem. Nutrient food is essential for women that can help to reduce the risk of disease.

The problem of child marriage is not prevalent in Assam, However in every society it is believed that women should marry in their early.Marriage in early age affects women's health. It is noticed that,aftermarriage, they are forced to give birth to baby. It is considered that before marriage girls become adult and if they don't conceive then they will gradually lost their fertility capacity. So, early pregnancy and childbirth creates many health complications of women. Sometimes mother at young age often led to death of women. Due to socio cultural norms, women are expected to be responsible in household comprises. Women have to be busy with all the activities at home like cooking, cleaning home, childcare, washing cloths and utensils etc. Most of the women from rural area have to do animal rearing, fetching fuel, water etc. Women fetching water from rivers and ponds so they have the problem of body ache, ache in shoulders, limbs and waist. Women have to do more work in some social ceremony and religious activities also. Women as mother, wife and in laws has to be busy their whole day in the activities that are within home. Therefore, women do not have much time to take care of themselves, as they are busy in household and allied chores. These types of high household work have adverse effect on the health condition of women causing serious illness. It includes Respiratory problems, backache, body ache, head ache, cold/ cough, diarrhea, dysentery, weakening of eyesight, exhaustion, dizziness, fatigue,

tuberculosis, ulcer, tumors, heart disease etc.³Rural family mostly based on bio-fuel in cooking the pollutant of bio-fuels, which create women's health related issues like respiratory problems, blindness and Asthma etc. In Assamese society, there is cultural practice and belief in menstruation. The first periods of girls is understood as 'tuloni biya' (small marriage) in Assamese society, which is to be celebrated for girls attaining her adulthood or women hood. Manarche in Assamese society is considered as taboo. At that time, she is considered as 'suwa loga' (impure). As per tuloni biya rituals, she has to sleep on floor on straw bed or mat without mattress. The first three days she can eat only fruits, milk and some raw foods, she is prohibited to eat cooked foods. Again she has to maintain all cultural practices in her every menstruation. However, adequate nutritional food and care is essential during menstruation period. In Assamese culture, there is a bathing ritual of girl on her fourth day of menstruation and before fourth day she is restricted to bath. Due to such cultural practices, there is ignorance of proper menstrual hygiene, which led number of negative impact on health. Again, there are many folk beliefs regarding food in the period of menstruation and pregnancy.

Women's unemployment and decision-making power in the family are also the cause of women's vulnerable health status. As per cultural construction on women's and men's roles and duty, a family never taught their boy to cook, clean or other household activities rather boys are taught to be financially independent whereas girls are primarily taught to do household activities. Due to this kind of perspective on girls, there are more unemployment problems among women. The financial dependency is the reason that women hesitate to tell about their health issues. In traditional Assamese society, men are expected to be authoritative in family, who can take all the decisions. The men of the family decide the level of women's access of health care and health related behavior. In male dominated society men's control over women's bodies, their lives, sexuality and reproductive health etc. The male members of the family are considered as superior and women are inferior. Such hierarchical relation between men and women are determined by culturally sanctioned social norms. Prevalence of gender and patriarchy in society leads unequal attitude towards health. Because of discriminatory values, norms beliefs and cultural practices there is an attitude of ignoring women's health issues.

V. CONCLUSION

Physical and mental wellbeing of people cannot be denied for overall development of country. There are number of determinates that affect people's health. Bias in cultural practices also result in many health related problems. The socio- cultural practices and beliefs of society negatively affect women's health and wellbeing. The existing cultural norms, which are based on gender roles, affect both men and women differently. In male dominated patriarchal Assamese society, women are always vulnerable section of society. Women in Assamese society mostly face the problem of malnutrition, anemia, maternal mortality rare, hypertension, pregnancy risk and many other diseases, which are interlink with cultural practices of society. Because, women are always expected to maintains all the cultural norms and practices. Due to stereotypical gender roles, women have to manage the burden of home that lead more health risk. The government of India and Government of Assam has introduced number of health related schemes and initiative. However all women are not attaining the benefit of those schemes equally. The main causes are gender discrimination, lack of awareness, illiteracy, and traditional attitude on health issues etc. The Assamese society is still conservative in nature, where traditional cultural practices are more preferred in every aspect. At the same time, socio-cultural background also plays important role in access of health care. Therefore, it is essential to increase health awareness among people, improve literacy and more public spending on health etc.

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