

REPRODUCTIVE HEALTH AND LEVEL OF AWARENESS AMONG TEA GARDEN WOMEN: A STUDY IN BORBAM TEA GARDEN, OF SIVASAGAR DISTRICT, ASSAM

¹Maloy Gogoi, ²Jyoti Prasad Saikia

¹Research Scholar, ²Professor

¹Department of Sociology, ¹Dibrugarh University, Dibrugarh, India

Abstract: woman's reproductive system is elusive and complex system in the body. It is important to take steps to protect it from infections and injury, and prevent problems- including some long-term health problems. Lack of awareness and superstitions are some issues which affect the reproductive health of women. In this context, this paper is an attempt to find out the level of awareness of the Tea garden women regarding their reproductive health.

Keywords: Reproductive Health, Awareness, Menstruation, Social Taboo, Tea garden women

I. INTRODUCTION

Reproductive health has been a great concern for every woman. It is a crucial part of general health and a central feature of human development. Reproductive ill-health have been a apprehension to many stakeholders as maternal mortality and morbidity are very high in developing countries, especially in India compared to developed world. The overall health status, particularly the status of reproductive health, still remains unsatisfactory. The insufficient health services available to women and children are evident from high infant and maternal mortality rates¹. Reproductive health includes “a satisfying and safe sex life free from the fear of disease and free from coercion and violence, the capability to reproduce and the freedom to decide if when and how often, to do so, that is access to both infertility services on the one hand and contraceptive services on other, reproductive choice for women and men, that people have the right to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, access to safe and affordable abortion facilities, safe child-bearing, access to services for the prevention and care of reproductive health problems, both gynecological and obstetric and special attention to adolescents whose reproductive health needs have been particularly overlooked.”²

Women are not only to reproduce the children, but also to ensure the continuation of the family ancestry in general and the human species in particular. They take complete responsibilities to socialize their children. In the socialization process women as mother accept many challenges from their health condition. Even in the entire reproductive process they have to suffer a lot in everyday life. But poor health condition makes them weak mentally for which they fail to adjust with the existing social situation. It deteriorates their social status as they fail themselves to empower in every sphere due to their poor health. Death and illnesses from

¹ Haque. M, (2015): A Comparative Study on Knowledge about Reproductive Health among Urban and Rural Women of Bangladesh, Journal of Family and Reproductive Health, Vol. 9, No. 1, March. 2015

² Jejeebhoy Shaireen (1995): What is Reproductive health? Reproductive health needs in India. Voices, Vol.iii. no.2

reproductive causes are highest among poor women over the world. In developing countries the burden of reproductive problems is particularly severe for women since they are almost always illiterate, disproportionately poor and politically powerless. Health is the state of complete physical, mental and social well being and not merely an absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion political belief, economic or social condition.³

II. SIGNIFICANCE OF THE STUDY

In patriarchal society, it is noticed that women are being considered as a subject of exploitation by their male counterpart in context of reproduction. Even they suffer something naturally as they belong to different kind of anatomy which has ability as well as feasibility to reproduce child. Considering this entire thing it is noticed that women, at the stage of reproductive age, have to suffer more from different kind of disease. Therefore, reproductive health of women is one of the important subject which draws kind attention to all throughout the world. Despite being one of the first countries of the world to launch maternal health programs and one of the signatories of ICPD conference, India is still struggling with a high maternal mortality and morbidity compounded by low utilization of services. Many women, especially in the tea gardens of Assam have to face many complications during their pregnancy period. They even have to work during their pregnancy period for their livelihood. They have not got the proper Antenatal care, postnatal care and because of this the rate of Maternal Mortality Ratio is very high among the Tea Gardens. Superstitions, social taboo, lack of awareness are some other causes which affected the Reproductive health of women. So it is important to study about the problems, complications, faced by the women in our society in general and women of tea garden in particular. Extensive studies on reproductive health helps us to understand the ground level reality which helps the policy makers to adopt various beneficial policies to cop up the situation.

III. FIELD AND METHODOLOGY

As the study was conducted to find out the level of awareness of the respondents regarding their reproductive health; the Borbam Tea garden of Sivasagar district is purposefully selected for the study. Sivasagar earlier known as "Rangpur", the historical city of Assam is situated 363 K.M. east of Guwahati (The capital of Assam). Modern Sibsagar is a fast developing urban settlement. It is the headquarters of the district Sibsagar, a leading tea and oil producing centre. The Borbam tea Garden was established in 1865 and is situated on the South bank of the river Brahmaputra, located between the district towns of Sivasagar and Jorhat and close to the Nagaland border. The Tea garden is owned by the company named "Goodricke" and the name Borbam is derived from 'BOR' meaning very in the local language and 'BAM' meaning highlands, as it was located on the higher grounds on the banks of the river Jhanji. The garden has two divisions, Baghjan and Hulwating which also have specific meaning to their names i.e. Bagh means Leopard which is found in plenty in Baghjan division while Hola means a big drain, and Hulwating has a number of these Holas. The first Manager was Sir William Mckercher.⁴ Total population of Borbam Tea garden is 3,408 consisting of 1678 female and 1730 male. Borbam also has proud linkage with Col. Sir James

³ Preamble to the constitution of WHO as adopted by the International health conference, New York, 19 June- 22 July 1946.

⁴ <http://www.goodricke.com/tea-gardens/assam/borbam>, accessed on 1st June 2017, 11am

Buckingham who was the longest serving Chairman of the Assam branch of the Indian Tea Association. The present study is purely empirical in nature and exploratory research design was applied. In this study the women belonging to the category of 15 to 49 years of age⁵ of Borbam Tea Garden in Sivasagar district was considered as the respondents. To fulfillment of the purpose of this study, purposively 100 Tea Garden women⁶ were selected.

IV. AWARENESS OF REPRODUCTIVE HEALTH AMONG THE TEA GARDEN WOMEN

In the present study an attempt has been made to understand the level of awareness of the tea garden women regarding reproductive health. Awareness of people towards any individual and social issues is exceptionally fundamental for social solidarity in evident sense. If the women try to be aware of reproductive health, it will kept society aside from any problem of reproductive health. Awareness as well as a good reproductive health is essential for both male and female. Health is a very broad concept and reproductive health is a crucial Component of a woman's general health. Studies on 'reproductive and child health' have assumed contemporary relevance after the International Conference on Population and Development (ICPD) held in Cairo in 1994. ICPD approach is based on meeting the totality of people's reproductive health needs particularly those of women and children. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (United Nations, 1995).

The objective of the study is strictly concerned with awareness of the tea garden women towards their reproductive health; In this context a question was asked to them, "whether they have any idea of reproductive health?" In response to this question, it was observed that maximum number of the respondents had no idea about their reproductive health. Out of the total respondents, 38 (38%) respondents have idea about reproductive health and 62 (62%) respondents have no idea about reproductive health. Again those who had idea of reproductive health i.e. (38%) were asked another question "What is reproductive health?" But significantly they have different ideas about reproductive health. The study reveals that out of the 38 respondents only 13 (34.21%) respondents understand reproductive health as safe motherhood, as many as 20 (52.63%) respondents told it as maternal well-being, and 5 (13.15%) respondents consider it as child health. In this study it is observed that, level of education has impact on the respondents in context of the awareness towards the reproductive health. It has been found that, among the 100 respondents, 38% respondents who have idea of reproductive health had been found qualified in comparison to other respondents. They have been asked where from they got the idea about reproductive health. Significantly, it is very interesting that, the respondents expressed that, they obtain the idea of reproductive health from different sources. Maximum number of respondents gathered the idea from their mothers i.e. 18 (47.37%) respondents. As many as 11 (28.94%) respondents get the idea from peer group and 6 (15.78%) respondents obtained the idea from their relatives and only 3 (7.89%) respondents pursued it from mass-media.

In this study it was also noticed that awareness of Reproductive health of the tea garden women and their age is interlinked. In light of this, I have found that the respondents of middle age group i.e. 26-35 have better understanding of reproductive health in comparison to its lower age group i.e. 15-25 and upper age group i.e. 36-above. Awareness of women regarding reproductive health problems certainly helps in prevention and control of those problems. It is a challenging task to increase awareness regarding reproductive health care issues in women due to the social standing of women which increases a gap

⁵ <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/> accessed on 15 August 2017, 10.53am

⁶ The women who lives in the Tea garden area.

between them and the right source of information and also due to the social taboos regarding the discussions on issues like safe sex, unsafe sexual practices etc. The awareness of Indian women on family planning methods has steadily risen up in the last decade (Vinitha et. al. 2007). In the present study the women were asked regarding the knowledge about various family planning methods, safe sex, age for marriage and awareness of reproductive tract infections. The study reveals that, despite being the pioneer country on introducing family planning programme, people from many parts of India still not aware about this programme. Even in this study some respondents did not heard about it. In this study the respondents were also asked about family planning method and it was found that, 48(48%) respondents did not hear about it. On the other hand 29 (29%) respondents heard it from ASHA worker but they did not know what actually it is? The remaining 23 (23%) respondents have proper knowledge on family planning programme and the aim of this programme. The respondents were also asked question regarding maintaining of gap between two children. A serious result depicts from the study regarding it. Majority of the respondents i.e. 79 (79%) did not maintain a gap between two children. It was found due to their lack of knowledge regarding the use of contraceptives. Some respondents expressed that, social barrier; shyness prevents them from using contraceptives. They even have little knowledge on modern contraceptive techniques. On the other hand 21 (21%) respondents said that, they maintain the gap by using contraceptives like condom, tablet, sterilization etc. Health workers and ASHA workers of the Tea garden helped them to gain knowledge regarding it.

The respondents were again asked question regarding early registration of pregnant women and about Last menstruation period. From the study it was found that as many as 57% respondents was aware about the registration of pregnant women. Menstruation is a normal physiological process; however the beginning of feminine cycle is a one of a kind wonder for immature young girls. In India, it is viewed as unclean, impure and their participation in household activities, religious rituals are restricted during this period. To live a healthy, productive and dignified life, it is essential that women and girls are able to manage menstrual bleeding effectively.⁷ In this study the respondents were also asked question regarding maintaining of healthy and hygienic menstruation practices. They were asked a question “Have you faced any problem during menstruation?” and in response to this question As many as 62 (62%) respondents expressed that, they faced problems like over bleeding, itching, stomach and back pain, swollen etc. Interestingly I have found that, out of 100 respondents, a major portion of the respondents i.e. 73 (73%) used indigenous medicines like Ginger paste, Tulsi etc. to treat the menstrual problem faced by them. On the other hand the remaining 27 (27%) respondents expressed that, they visit to tea garden medical and nearest health facilities to consult with doctors. Use of sanitary napkin is seriously low among the respondents, especially among the elder women in comparison to their younger ones. In this study I have found that 56% respondents used the sanitary napkin and other 44% respondents managed by the alternative ways like old cloth, leaf, sand etc. The younger respondents used the napkins in comparison to the older ones. The respondents were again asked question on their preference between home delivery and institutional delivery and it was found that 59% respondents prefer the institutional delivery and other 39% prefers home delivery. Among the 39% respondents, majority of them is uneducated and above the age 30 years.

CONCLUDING REMARKS

The findings of this study suggest that though the women of the Borbam Tea garden have some knowledge about reproductive health, they are not sufficiently aware of it. From the study it was depicts that, proper knowledge and awareness of reproductive health and its related health problems profoundly missing because of poor socio-economic condition and social barriers. Lack of education,

⁷ Menstrual Hygiene. Feminine Hygiene, Gynecology and Menstruation Information, Resources and Products for Dads and Husband, <http://www.mens-trualhygiene.com>, accessed on 2nd October, 11pm

socialization, remains as obstacles to pursue adequate knowledge of reproductive health. Indeed; social taboos, superstitions, still remain as the major role player in our society which influences the minds of people. In this study, a good number of women of the tea garden have been found who suffered from various reproductive health diseases due to lack of proper social support and heavy workloads. Even they also have to work during the pregnancy period. At the same time it is also observed that perception of women in the tea garden towards sexual disease is not adequate. They have a negative attitude towards sex and any hidden Reproductive Health diseases. From the study it was also found that majority of women faced problems during the period of menstruation. They basically used the indigenous medicine to treat the problem. Which is not a good sign for the sake of their health? Tea garden management should organize various awareness programmes to aware the people regarding the problems of reproductive health.

REFERENCES:

- [1] Bang, A.R. et al. 1989. High Prevalence of gynecological diseases in Rural Indian Women
- [2] Barnes L. Diana. 2014. women's reproductive mental health across the lifespan. 1st edition.
- [3] Bhattacharjee et al. 2013. Maternal Health Care Services Utilization in Tea Gardens of Darjeeling, India. *Journal of Basic and Clinical Reproductive Sciences* 2 (2)
- [4] Bhomik, K. 2006. Indian Woman the Ushering of a new Dawn, Mittal Publication, New Delhi
- [5] Borah R et al. 2014. Reproductive Behaviour of Tribal Women Participating in Agricultural Works: An Empirical Study. *International Journal of Social Science* 3 (3): 285-318.
- [6] Devarapalli, P.S. 1996. Maternal Care and obstetric practice among the Konda Gora tribe. *Journal of family welfare* 39.
- [7] Haque. M. 2015. A Comparative Study on Knowledge about Reproductive Health among Urban and Rural Women of Bangladesh. *Journal of Family and Reproductive Health* 9(1).
- [8] Jejeebhoy, S. 1995. What is Reproductive health? Reproductive health needs in India. *Voices*, 3(2).
- [9] Murthy, M.R.S. et al. 2003. Reproductive Health of Fisherman: A case study in East Godavari district of Andhra Pradesh, B. R. Publishing Corporation New Delhi.
- [10] Preamble to the constitution of WHO as adopted by the International health conference, New York, 19 June- 22 July 1946
- [11] Qadeer. I. 1998. Reproductive Health: A Public Health Perspective. *Economic and Political Weekly* 33 (41): 2675-2684
- [12] Rajaram. 2003. Reproductive Health Gender and Development An International perspective, B.R. Publishing Corporation.
- [13] Rathar, A. 2004. Family Planning Practices in third world countries, Adhyan Publishers & Distributor.
- [14] Raveshankar, A.K et al. 2008. Safe motherhood Practice among Indian Tribal communities, Abhijeet Publication, New Delhi.

- [15] Rose, N. 2008. Reproductive Health Awareness among the Tribal Women in Manipur, Concept Publisher.: 9-11
- [16] Saikia J. P. 2014. Gender Themes and Issues, Ajanta Prakashan, Delhi.
- [17] Srinivasan et al. 2007. Reviewing Reproductive and child health programmes in India. Economic and Political weekly 42(27).
- [18] United Nation. International conference on Population and development programme of Action Cairo, "Hopes and realities", The Alan Guttmacher Institute, New York
- [19] Usha Rani et al. 2003. Reproductive Health: Concerns and Constraints of Adolescents. B.R. Publishing Corporation:104
- [20] Vinitha et. al. 2007. Level of reproductive health awareness and factors affecting it in a rural community of south India, Health and Population Perspectives and Issues: 30 (1): 24-44.

