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Editorial

A woman's health is her capital.
-Harriet Beecher Stowe

To a society that nurtures equality, gender equality is no longer a woman's issue but a human issue that affects all. For a reformed society, life is not a competition between men and women, it runs in collaboration. A more inclusive society cares equally for the young, old and the helpless. Women's health today is deemed a global issue and the very concept of 'women's health' has become so immensely entrenched that its very own nature can neither be precisely defined nor accurately redefined. We may attempt to settle ourselves with the key or recurrent issues like mental health, reproductive health, maternal mortality and still add along the nature of health service provision (while it is impossible to name them all). In discerning the status of women's health and wellness, earth, culture and community are apparently strong factors that keep most women entwined and deprived of the minimum healthcare. This in turn prompts overarching questions of development in the field of health and medical sciences facilities. As a developing country, one might wonder how India still has an alarmingly high rate of malnourished women, suicide and Maternal Mortality Ratio (MMR) unlike many others. The seventh volume of Srotaswini attempts to reflect this breath by offering research papers and articles which explore the multiple contexts to highlight women's health as well as specific health questions.

Through the lens of a multidisciplinary approach, researchers have deliberated on highly crucial points that mirror the stark difference between regular health care and women's health care. The papers can be linked by various points: women's experience behind four walls and beyond, the call for women's health priorities and interventions, women's health services and their autonomy in decision making for health care. The undercurrent here cannot be ignored be for long-as individuals/part of societies who are excluded from all important decision making, who have lesser opportunities to employment while bearing most

responsibility for family life, health reform should begin by putting women first. For this, we all need to travel a long road from the battlefield to the peace table. Perhaps, safe water supply may be good to start with and a respectful treatment from health workers in the later part. The research articles in this edition lean on all types of research possible to draw insights into and also to generate empirical evidence to prioritize and protect women's health. In addition, it finds discussions and suggestions of various traditional methods and indigenous practices by women themselves to promote the wellness of women in particular. Further reading of the papers implicitly speaks of our own limitations in understanding these health related problems as real and serious.

We conspicuously lie at crossroads and before us is a long way for all till we reach the point of a shared perspective on women's health across the globe, no matter how different cultures may be. Extraordinary determination from ordinary men and women would suffice to make the impossible possible. We sincerely hope that this volume will help in not just articulating but also stimulating interest in women's health and wellness and finds its way in the process of networking, debating and slowly towards the creation of an empowered society; a society where every woman is rich with health as her wealth.

Jt. Editors
Dr. Rashmi Rekha Saikia
Lalsanlevis Nampui

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Mapping the Research Prospects on Health and Associated Concerns in Elderly Women : A Bibliometric Analysis

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Abstract

A steady increase in the life span of the people leads to a phase of greying population. Increase in the proportion of elderly population brings forth corresponding rise in their care needs. The deteriorating health status associated with ageing especially of women who are more vulnerable to health care and health care access necessitates proper care and prompt attention.

This study presents a bibliometric analysis of publications under the area health and elderly women retrieved from the web of science database from 1990 to 2023. The analysis was carried out using R software 4.3.1 (R Core Team, 2023) by employing 'Bibliometrix' package. An independent analysis was done to comprehend the India context too.

A total of 2672 articles had been selected from the global literature search, in which more than 35 countries have contributed to the scientific literature. More contributions were marked in the year 2022, USA, Sweden and UK had significant output. Broadest collaboration network was evident between USA, China, UK. Though India holds fewer studies in this domain than other nations, it had made noteworthy contributions in key areas which helped in modelling of public policies and programs for the aged women. The results attained will

provide an outline to pursue further research to uncover the hitherto unidentified areas of elderly women and health.

Key words : *Ageing, Health, Elderly women, Elderly care, Bibliometrics, India*

Introduction

A Flip in the population pyramid is an impending phenomenon the world is going to face in near future. It foretells that in the coming decades a major share of total population will be made up by the elderly. The 21st Century started witnessing a quake in demographic structure, which has now turn out to be a foremost concern across the world. The ballooning of elderly population holds a significant impact on sustainable development of the economies.

World Health Organisation reports that by 2030, 1 in 6 people in the world will be aged 60 years or above. This profile change in demographics is happening now in high - income countries. Startlingly by 2050, 80% of the older persons may be living in low and middle -income countries.

Ageing is an extensive concept which has reflective changes on many social, physical and economic aspects of the society (Irudaya Rajan et al. 41-49). A country with a major share of elderly occupants may experience decreasing productivity levels, lower savings, higher government spending etc. (Nagarajan N.Renuga et al. 4-35; Maxime Fougere et al. 24; David Bloom et al. 583; Andrew Sharpe, 82).

Despite the fact that ageing population unveil the progress in medical sciences and technology, living standards and education, the elderly also raise unique social, economic, and clinical challenges, including a growing demand for increasingly complex healthcare services. Chronic diseases, now constitute the leading cause of death and disability among India's old in both urban and rural areas (Rohina Joshi et al.1522). Economic dependence and lack of income security have important implications on the health outcomes of the aged. Various studies have shown a strong correlation between income support and health outcomes of the aged (Nisreen Alwan, 356).

All economies in the world are in the hub of this longevity revolution. Globally, the population is growing both in absolute and relative terms. The mounting proportion of elderly population is predominantly composed of women, who enjoy a longevity advantage over men. The global population of older women was 605 million in 2020 and is expected to reach 1.14 billion by 2050. This feminization of ageing is considered as one of the major challenges to be addressed by world health organisation in its programme of 'active ageing'. (Alan S.Gutterman, 144). The proportion of older women is higher in developed and less developed regions. Increase in the proportion of elderly women is accompanied by a range

of health issues. These elderly women are more vulnerable regarding health care and health care access. (Patricia P. Barry, 71). They are often susceptible to neglect because the society often exhibits gender biases which leads to marginalisation of women. They are often excluded from social, economic and political spheres. When women live longer than men, they experience serious illnesses and multi morbidities which affects their quality of life. (Byles Julie et.al. Crawley Marie, & Hamiduzzaman et al.113). A multifaceted approach is required to address the neglect of elderly women, which involves policy changes, awareness, community initiatives and many more. Efforts should be made to wipe off gender- biased attitudes and should promote inclusivity. Health care, economic opportunities, social services need to be tailored to meet the unique needs of older women. Holistic research is vital to overcome lacuna in knowledge in this particular field.

Indian outlook

India, is an ageing nation with higher proportion of older persons. As per 2011 census the country's elderly population is 104 million (53 million females &51 million males) with a growth rate of 2.7 per annum (S.Irudaya Rajan, 42). United Nations Population Fund's India Ageing Report 2023, projected that proportion of elderly population in India will grow to 20.8 % in 2050 from 10.5 % in 2022. Almost 70% of elderly are women in India (S. Irudaya Rajan, 613-617) .The growing number of elderly population puts welfare and health care system under pressure as it is accompanied by many hitches and comorbidities which has to be tackled appropriately. (Mini S & Anuja, 21651). Hence the burden on the resources of the country increases heavily. Elderly women in India inevitably require more health care options as the socioeconomic inferences of aging are greater for females with higher longevity (Gupta Nidhi, 203-222). The demand for more complex health care facilities increases along with a consequent rise in aged women population. A reform of health care system, which is not ephemeral but long term and intensive is the need of the hour.

Attainment of adequate care for elderly women, requires appropriate knowledge regarding ageing and their complex needs. Ample research in this field is required to fill the research gap.This paper uses a bibliometric analysis method to probe into the arena of research confined to elderly women and related issues particularly health and associated concerns in elderly women. Bibliometric analysis, or bibliometrics, means use of statistical methods to analyse research works like publications, articles, books and other scientific communications. The extracted data gave an over view of patterns and trends in literature and research fronts of health and associated concerns in elderly women in a global perspective. A separate analysis is also corroborated to grasp the Indian literature.

Objectives

1. To assess the dimensions of global literature on health and associated concerns in elderly women through a bibliometric analysis.
2. To identify the key trends in Indian studies focusing on health and associated concerns in elderly women.
3. To provide an insight for forthcoming studies by highlighting the existing research gap.

Materials and Methods

For proper understanding of research distribution in the area of health and related issues of elderly women a bibliometric analysis was performed using the Web of Science (WoS) Core Collection for the period from 1990 to 2023 (both years included). The analysis was carried out using R software 4.3.1 (R Core Team, 2023) by employing 'Bibliometrix' package (Aria and Cuccurulo, 2017). The advanced search option was used for extracting the data from WoS which covers title, topics, abstract, and keywords of the published article under the area health and associated concerns in elderly women. The search query has been fine- tuned as follows "Ageing AND health in women", "elderly women","elderly morbidities OR ailments", "gender disparity in health care", "ageing", "ageing women health issues", "elderly care". The obtained search result was downloaded in.bib format and processed in biblioshiny app a web-interface for bibliometrix. Mappings created with bibliometric analysis, shows the information structure pertinent to the current study area using visual mapping technique.

This search yielded 6420 articles. To enhance the quality of the retrieved data set, a screening of the literature is done and some eliminated. The underlying rationale is that though significant scientifically, they did not focus on topics related to aged women and health instead, explored topics such as: women abuse; fertility and mortality trends; women inequality; health issues in older men, gender disparity at work place; women and management etc. After this preliminary assessment, a total of 2672 articles had been selected, which appeared to fulfil the objective of analysing the global perspective.

To examine the Indian scenario in detail, a separate bibliometric analysis was performed. The keywords used for the search includes: Indian states AND elderly women; India AND elderly health; aged population AND India; Rural OR Urban case studies; Healthcare access AND elderly women; Elderly issues OR Comorbidities; Long-term care AND elderly women. A total of 155 articles were retrieved after omitting the studies that are reported from other countries and those which did not fall under the purview of this study.

The retrieved dataset of corresponding states was mapped on Indian shapefile using QGIS (v. 3.2, https://www.qgis.org).

Results and Discussion

The ageing population signals a collective success story in all spheres of an economy. But this trend of population ageing has many social and economic implications for an economy. The World Health Organisation and United Nations labelled 2021-2030 as a Decade of Healthy Ageing with main motto of building strategies founded on substantial proof to provide wellbeing for the aged population. With proper foresight and planning, nations can manage the challenges arising from an ageing population. Scientific research and studies play a crucial role in disseminating information on core issues associated with older people.

This section presents the outcomes obtained from the performed bibliometric study. It includes Document profile, Annual scientific production and growth of publications, Author Productivity, Source clustering, Country's scientific production, Collaboration analysis, Keyword analysis, Thematic map and Indian shape file showing contributions from different states.

Typology of the Document

The profile of the retrieved documents of global literature was appraised, identifying 4,478 authors. It was observed that 36% of the retrieved literature was single authored with 28.8 % of international co- authorship. And the number of retrieved documents counted to 2672, elucidated in Figure 1. Majority of the publications chosen constituted original research articles i.e. 2419 (90%) followed by 82 (3%) review articles.

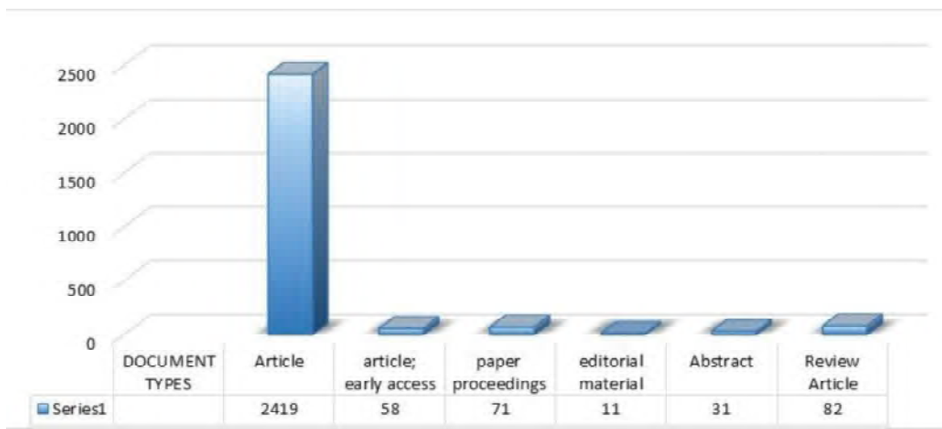


Figure 1 : Document Profile

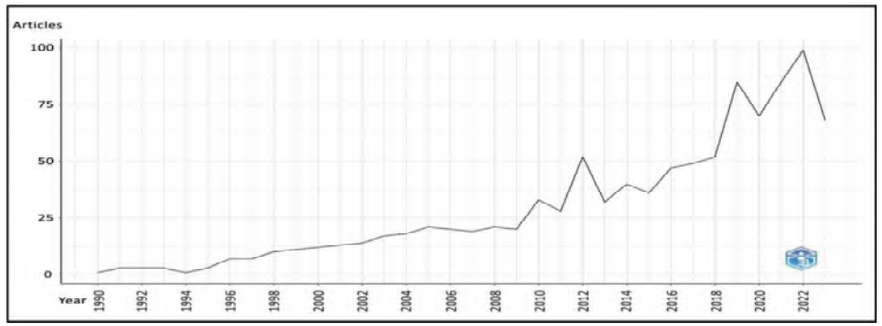


Figure 2 : Annual Scientific Production

Detailed analysis was carried out to understand the timeline and distribution of the retrieved data. It enables to trail the growth and mounting interest in the topic over time. With a total of 2672 documents produced, year 2019 shows a growth in output, while the most output was in the year 2022 with 100 publications. The number of documents published throughout the study period disclosed an upward trend within the last 20 years, as seen in Figure 2. The trend mirrors a societal shift towards a more inclusive approach to elderly women's health care. A holistic method is adopted regarding elderly women's health, including physical, mental and social wellbeing. The chronic diseases prevalent in elderly women like cardiovascular conditions, diabetes and mental health issues have gained a growing importance in recent years. Researchers also focuses on gender specific ageing studies, health care access, hormonal changes and many more. A growing trend in exploring how technological interventions improve health care out comes for elderly women can also be seen. Studies has delved into topics like lifestyle diseases among ageing women, social engagement, anxiety and cognitive disorders and many more. All these have contributed to developing the landscape of research in this field.

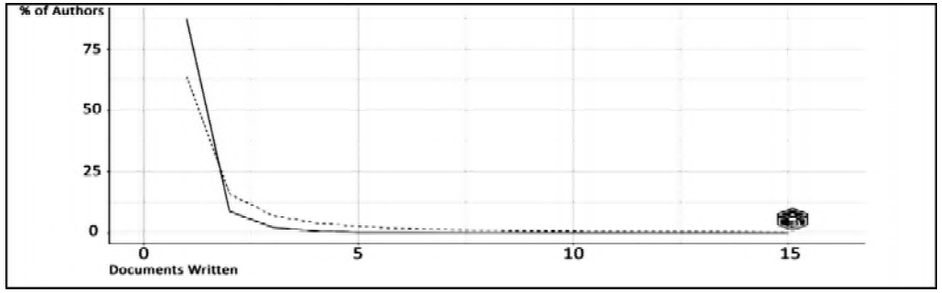


Figure 3 : Author Productivity Through Lokta's Law

Lokta's Law is a statistical tendency which provide a frame work for understanding author's productivity pattern. It describes a power law distribution, which implies that a small percentage of authors are highly productive, they contribute to majority of research output in that particular field. They are often termed as core or elite authors, who always exhibit sustained and fruitful research activity. Whereas majority of authors make insignificant contributions to that particular field of study. Figure 3 shows the author's productivity pattern styled in the scientific publications retrieved for the current analysis. In this scenario Lokta's model efficiently captures the author pattern present in the current datasets. The curve derived after analysis shows an asymmetric distribution with more number of output produced by less number of authors. Over 75% of authors have authored only few articles whereas less than 25% of authors contributed more to the scientific production. The expected value as per the law depicted by the dotted line, closely align with the solid line which shows the observed value.

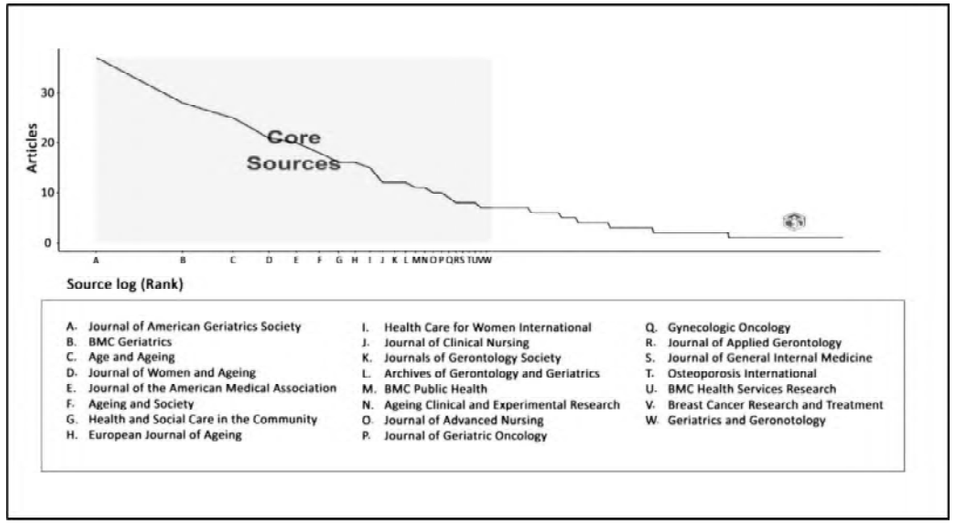


Figure 4 : Source Clustering Through Bradford's Law

Figure 4 elucidate Bradford's law, one among the fundamental laws widely used in bibliometric. It is also known as Bradford's scatter as it is related to scattering of journal articles in scientific journals. It shows the productivity of journal graphically as a scatter plot. The law postulates three zones, core zone which consist of highly influential journals which

published a major proportion of important article in that particular field, in the present study 'American Journal of Geriatric Society' have contributed more to the source list. Followed by journals named 'BMC Geriatrics' and 'Age and Ageing'. Then the middle zone contains a greater number of journals compared to core zone and are of moderate importance, they include 'Journal of the American Medical Association', 'Ageing and Society', 'European Journal of Ageing'. The last zone is the periphery zone which contains large number of journals with only few articles in the given topic.

Scientific Productivity of Countries and its Collaborations

More than 35 countiers have made relevant contributions in the present field of study. Figure 5 shows country-wise scientific production of article retrieved from WoS platform. The map was created through Biblioshiny, a bibliometric software. Research outcomes vary over time and place and it is affected by a range factors like high ageing population, prevalence of health issues, developed health care system, established researh infrastructure, proper government funding, academic institutions. In the present study a varied pattern in countries scientific production is observed. The map in figure 4 portrays different shades which indicates different degree of productiviy. Dark blue with high productivity and grey point to no publications and blue with varied productivity rate. The highest rated country in accordance with the publications made in health and related issues in elderly women from 1990 to 2023 is United State of America followed by Sweden, United Kingdom , Australia etc. India shows varied productivity rate as it is shaded in light blue.

The country collaboration map in Figure 6 shows collaboration relationship between the countries involved in the study related research. It visualises the collaboration pattern between countries based on their scientific publication. USA, China, Australia, UK and sweden are the countries with broadest collaboration network . And least collaboration were marked between Brazil , Australia, South Africa, India etc.

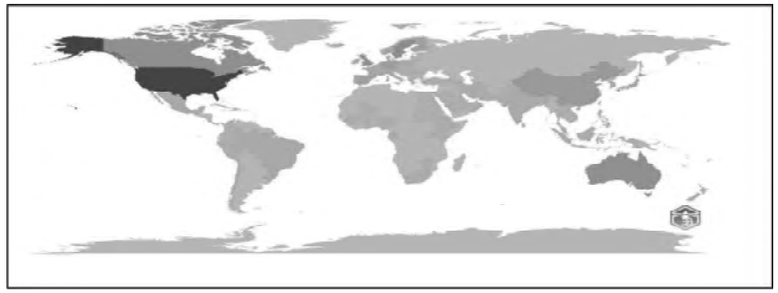


Figure 5 : Countries Scientific Production

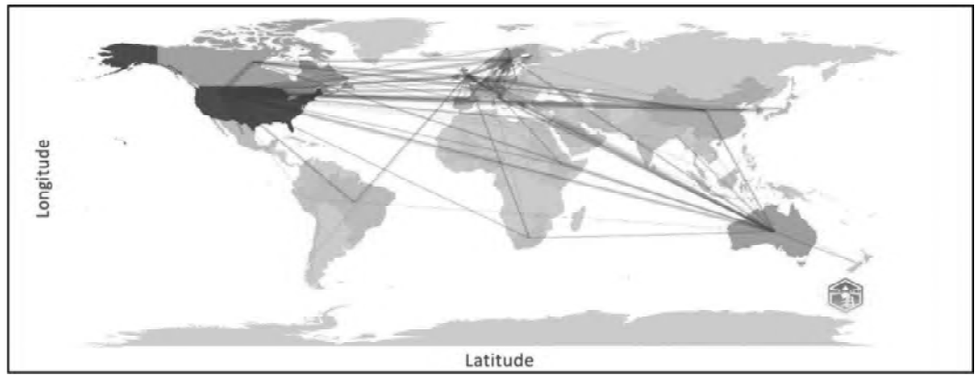


Figure 6 : Country Collaboration Map

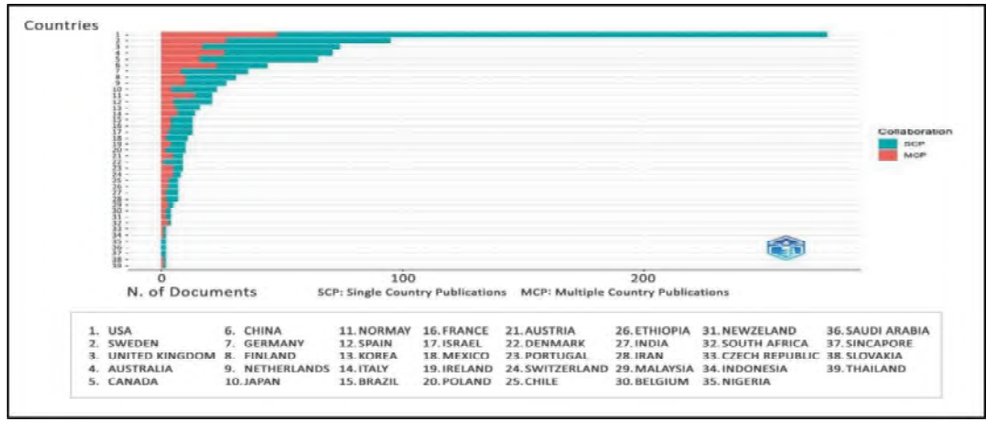


Figure 7 : Country And its Collaboration Type

Corresponding Author's Country and Collaborations

Involvement of different countries in specific research area depicts a strong correlation. Figure 7 reveals the intensity of co-authorship pattern between countries and within the coutries in the discussed topic. There is single country publications and multiple country publications. Even though single country publications counted more for the listed coutries, USA published more number of MCP's (Multiple Country Publications) followed by Sweden, UK, Australia. Multi-authored documents by collaborating coutries should be enhanced so as to bring more insight into this research zone. India has more single country publications

when compared with multiple country publications. But being the most populous contry and a rapidly ageing nation, it needs to widen up the research arena in this particular field of research.

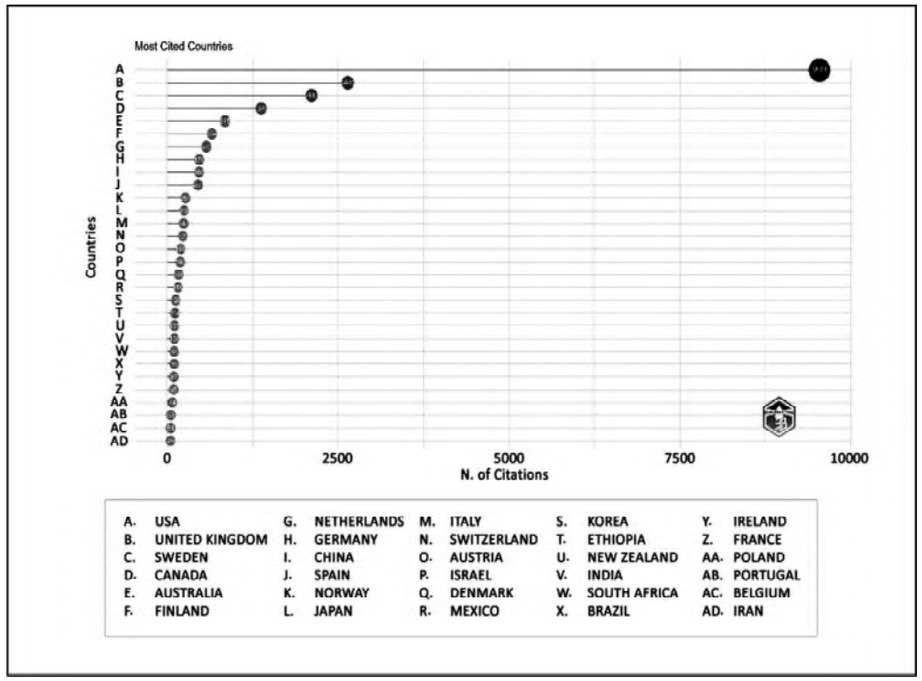


Figure 8 : Most Cited Countries

Citations are used to acknowledge and reference the work which has been previously contributed to the current field of study. In figure 8, the most cited country is USA followed by UK and Sweden. The researchers in these countries have made major contributions to the scientific literature and also research from these countries had significant impact on the research community.

The Co-occurrence network in bibliometric analysis uncovers relationships and patterns between keywords and terms within a data set that means it shows simultaneous occurrence of two or more words. Figure 9 explains the type of network analysis for the global literature. It shows clusters of closely related terms like health, women, care and people. The term adults, quality of life, mortality etc. forms the subsequent cluster.

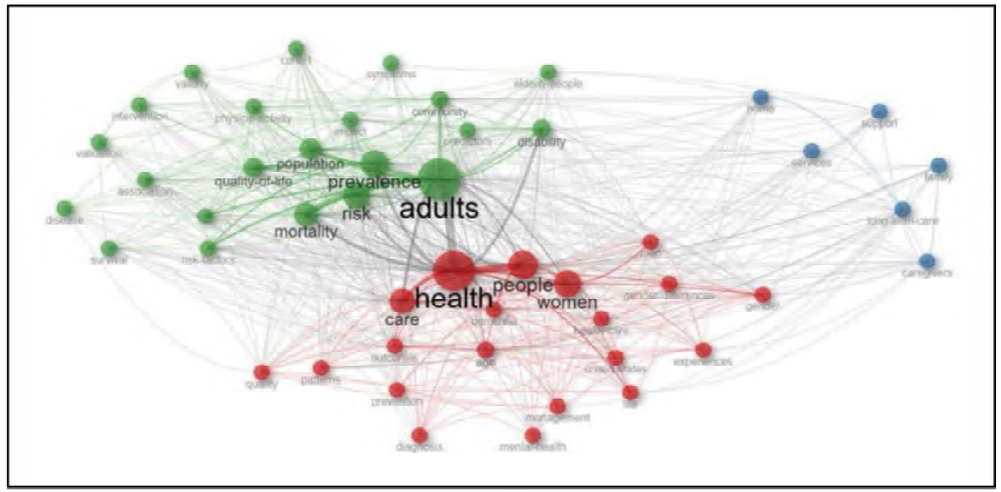


Figure 9 : Co- occurrence Network

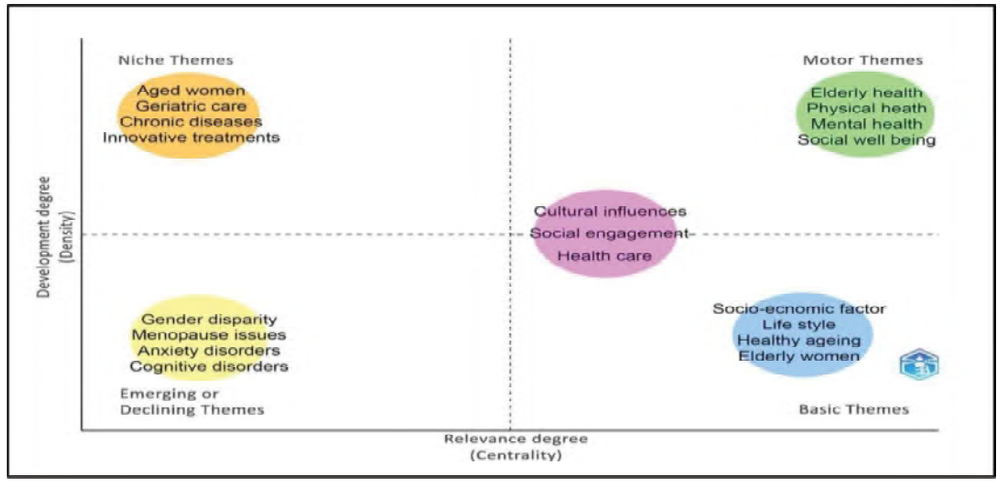


Figure 10 : Thematic Map

Thematic Map

Thematic maps are extensively used in bibliometric studies due to their significance. Through the four quadrants it portrays information regarding current status and future trends in particular field of study. It is derived on the basis of density and centrality. In Figure 10,

Quadrant I is motor themes i.e. main themes which is central and developed. They have very close cluster of keywords with strong association, which include 'elderly health', 'social wellbeing' etc. Quadrant II is Niche themes which are peripheral and consist of areas of rapid development. 'aged women', 'geriatric care', 'Chronic diseases', 'innovative treatments' falls under this section. Emerging or declining themes drops in quadrant III. These concepts may evolve upward and form a new trend, i.e., 'Gender disparity', 'Anxiety' and 'cognitive disorders' likewise. The final quadrant IV constituted basic themes which provides good understanding of the related area. Here concepts like 'healthy ageing', 'socio economic factors', 'elderly women' are basic themes.

The bibliometric study performed using the web of science core collection has led to various interpretations and assumptions which has turn out to be the matter of discussion. A total of 2672 articles were retrieved from global search out of which majority were research articles. The growth of scientific out put on health and associated concerns in elderly women showed an upward trend in the years under the study, it touched a peak in 2022. From 21st century the world is undergoing a rapid change in its population structure, i.e. proportion of elderly and their related issues were increasing steadily. Dealing with their more complex needs became the core concern of the world economy which resulted in mounting studies in this particular arena. The field of geriatrics which emphases on the health and overall wellbeing of older adults are expanding. And there is an increased attention on various aspects of elderly women's health. Numerous research works of relevance were published worldwide by various journals confined to the topic. The Author productivity is fitted in lokta's curve, as the frequency of publication showed an asymmetric relationship. Only less than 25% of the authors produce more than one article during the period of study. Similarly source analysis or journal productivity is assessed through Bradford's law which showed a constantly diminishing productivity. The journal 'American Journal of Geriatric Society' showed up the highest productivity, followed by 'BMC Geriatrics' and 'Age and ageing'.

As per the tabulated data, more than 35 countries made relevant contributions of which majority of the output in the particular field of research were produced by countries like USA, UK, Sweden and Australia. This study also identified the collaboration relationship among the countries. USA, China, Australia and UK are the countries with broadest collaboration network. Where as, Brazil, Australia, South Africa and India marked the least collaborations. Assessing the co-authorship pattern lead to a conclusion that numerous number of publications were made by countries both as multiple country publications and as single country publication. This information is ample to understand current status and future relevance of the topic.

The thematic map offers an outline of the position of each concepts in the quadrants based on density and centrality of the subject. The upper right quadrant shows already developed and recognized themes like elderly health and social wellbeing. The upper left quadrant which consisted of topics of rapid development which is peripheral in nature like aged women, chronic diseases, etc.. Research on prevalence and management of chronic conditions in elderly women such as heart diseases, osteoporosis, arthritis, diabetes etc. has been a focus. Since care economy is gaining popularity across the globe, geriatric care for the aged is of outmost importance. The lower left quadrant contains concepts which may evolve as a new trend like gender disparity, anxiety and cognitive disorders. Studies on cognitive decline, Alzheimer's, dementia etc. have been prominent. And also several studies aims to identify preventive measures and potential treatments. Gender disparity aspects are also studied considering the factors like socio economic status, access to health care etc.. The lower right quadrant shows the basic themes, which provide better understanding of the topic like healthy ageing, socio economic factors, etc.. It is evident that advancement in research in this particular area is occurring and gaining attention in recent years. A mounting recognition of the importance of the topics like sexual health in elderly women, issues related to menopause and intimacy etc. can be observed recently. Cultural perspectives, societal attitude towards aged women, change in health care policies etc. shape the direction of research in the field of aged women and health. This thematic study help researchers to identify important themes with more publications. It provides an insight where to curtail the study and also the themes which require future expansion.

Indian Dimension

In India the elderly population is predominantly female, where women constitute 9% of elderly population compared to 8.2 % of men. The exponential increase in the ageing population in India germinates health problems and sociological issues. These issues are more prevalent in elderly women who outlive elderly men. As most of the women are unpaid care givers, they are financially dependent in their old age and also widowhood with insufficient support from pensions and social security etc. which restrain them from choosing health care facilities. Even though the role of women in families and communities has changed tremendously over the last few decades, they are still responsible for much of the care works done in the families. Elderly women in our nation experiences financial insecurity, poverty, longer period of ill health, and high levels of dependency. Income insecurity is considered as the most significant vulnerability in old age. Proportion of older women's with no personal income and no social pension is high in India (Manpreet Kaur, Jasbir Kaur, 27). Proper knowledge regarding the many needs of elderly women is adequate to ensure good care. Discerning the

plethora of challenges and issues related to feminisation of ageing requires adequate research and scientific studies. An overview of existing literature in India on health and associated concerns in elderly women published in recent decades revealed that there ample studies on population ageing which shed light on matters like health care, social and income security, mental wellbeing, morbidity issues, loneliness, abuse, institutional care, health challenges, covid impacts etc. and also women's studies covering areas like inequality, labour market participation, empowerment, violence against women, health, education etc.. But unmindfully there is a dearth of research specifically focusing on elderly women and their health concerns in India. The map given, highlights the main research subjects and the contributing states in the research related to elderly population in India.

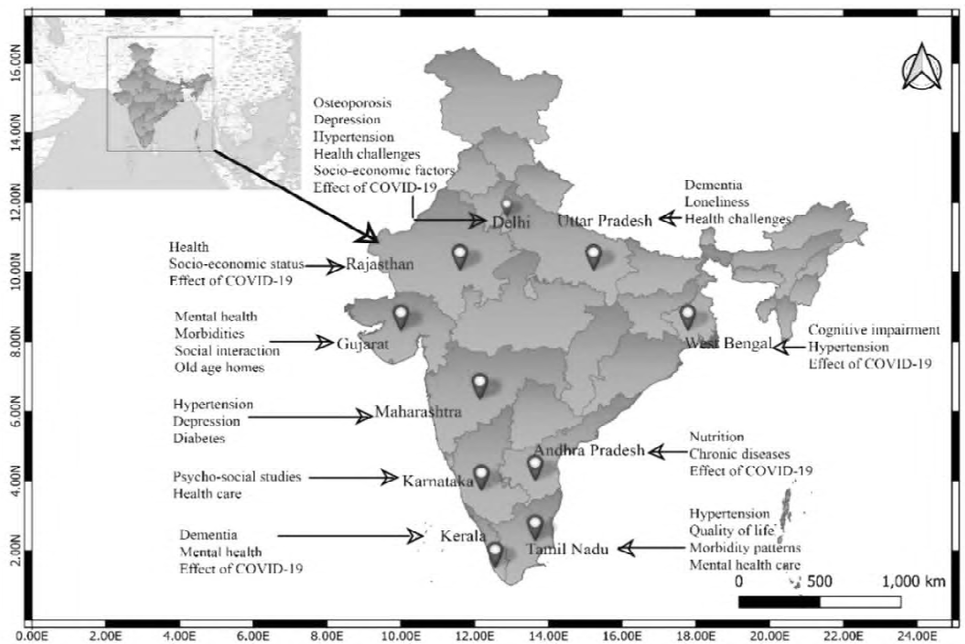


Figure: 11 State Wise Contribution to Elderly Research in India

Based on the available literature and research out put more of such contributions were from Tamil Nadu, Maharashtra, Kerala, Karnataka, Delhi, Kolkata, UP and many more. This may be attributed to the fact that the southern states are the primary contributors

of the ageing population in India (Dey, Subhojit, et al.). And also the occurrence of such works may rely on many factors like regional health priorities, existence of academic institutions, health care structure, proportion of elderly in population and research funding etc.

Many subjects covered under studies are gender neutral in India. It encompasses problems the elderly community faces as a whole. While some research works delves deeply into the specific conditions of elderly women, a study by Dr. Nidhi Gupta highlights the challenges faced by the elderly women, including the aspects like health and social care, cultural, socioeconomic and psychological issues. It underscores the necessity of focused policies and programmes that promotes independent living, health, financial and physical security and also to improve dignity of elderly women in society. (Gupta Nidhi, 203-222). Studies also pointed out that the erosion of traditional value based joint family system and an attitudinal shift in elderly care in India has brought a profound change in the physical and mental wellbeing of elderly especially elderly women. (Rafi et al. 376-392). Loneliness is considered as a predominant psychological problem among elderly women (Singh & Kiran, 464-467). Furthermore studies also examined depression, feminisation, abuse, covid impacts, and prevalence of chronic diseases in elderly women. (Kishore et al.), (Prakasha, M., and Anand Neelakantan), (Patela, Sangram K., and Vishal K., 191-200) (Tomar, Aditi, and Mahbub Hossain, 764-766) (Devi et al. 4447-4451). Studies on health concerns of elderly women in Indian shows a research vacuum. Aspects like geriatric care, psychological issues in shifting social roles, loss of spouse, social isolation, accessibility to quality care, palliative care etc. need extensive research.

Scientific analysis of available literature in this particular field of research, showed a visible increase in publications during the 2021 and 2022 period. This can be attributed to several factors, mainly Covid 19 pandemic which brought significant attention to the health risks of elderly population particularly the more vulnerable elderly women. Gender specific research are yet to gain momentum in the nation but are growing in slow pace. The longevity revolution has prompted more research to meet the unique and complex health care needs of the elderly population.

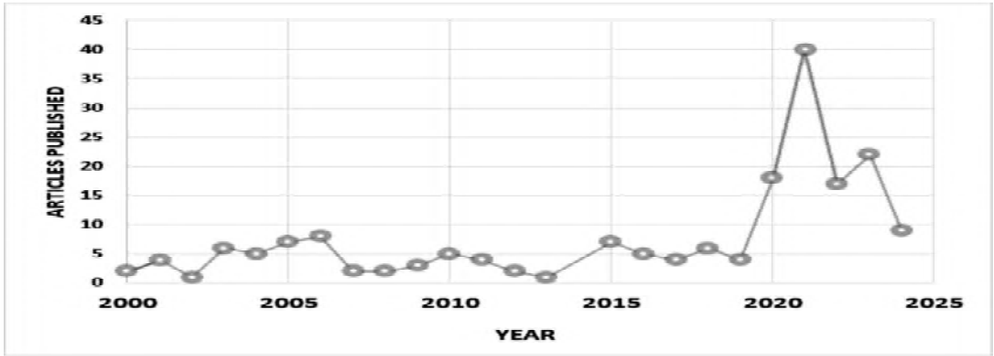


Figure 12 : Annual Publications in India

Conclusion :

This bibliometric science mapping intends to accumulate fragmented knowledge under the study area to provide the future researchers with a scientific insight. For this study, journal articles played the role of core disseminator of scientific information and findings. Several themes and keywords used in this particular study holds the scope for further expansion. More research studies which can provide comprehensive information's in this area may fill up the research gap efficiently.

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Microfinance as a Tool for Socio-Economic Transformation and Improved Women's Health : A Case Study of Jorhat District, Assam

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Abstract

This research explores the socio-economic factors that shape the entrepreneurial landscape of women in the Jorhat District, Assam, and the relationship between these factors, micro-finance, and women's health. The study reveals that socio-economic conditions and the role of micro-finance initiatives impact women's health in the region. Primary data collected through surveys, interviews, and focus groups shed light on the unique challenges, opportunities, and intersection between financial inclusion and health outcomes for women in this area. Studies show a strong correlation between health outcomes and socioeconomic characteristics like education and income. Better socioeconomic standing and more income are linked to greater access to healthcare, a healthier diet, and general well-being. Micro-finance initiatives targeting women have the potential to empower them socially and economically, leading to improved health outcomes.

Key words : *Microfinance, Socioeconomic, Income, Women, Health*

Introduction

Sociologists argue that entrepreneurs naturally emerge from society, and their socio-economic status significantly influences their entrepreneurial traits and overall success in their

entrepreneurial endeavours. However, it's important to recognize that entrepreneurship among women, particularly those promoted through micro-finance initiatives, has a profound impact that extends beyond economic factors. Women's health is an integral part of their overall well-being and success in any entrepreneurial practices. Past research has highlighted how access to micro-finance services can empower women economically by enabling them to engage in income-generating activities. This economic empowerment can have ripple effects on various aspects of female well-being, including health (Mengstie, 2022). As such, this research endeavours to study the socio-economic factors that shape the entrepreneurial landscape of women in the Jorhat District, Assam, and explores the intricate relationship between socio-economic factors, micro-finance, and women's health within this context. The significance of this study lies in its comprehensive exploration of impact of micro-finance on women's empowerment, addressing socio-economic and health disparities faced by women and linking economic empowerment to health outcomes in women. Understanding these disparities helps in designing policies that are more inclusive and equitable.Primary data collected through surveys, interviews, and focus groups sheds light on the unique challenges, opportunities, and the intersection between financial inclusion and health outcomes for women in this area.

Study area

The Jorhat district of Assam, popularly known as the cultural hub of Assam, was chosen as the geographic area for the study. The geographic location of Jorhat is 26°45'N 94°13'E/26.75°'N 94.22°'E. The district had an area of 2,852km^2 with a population concentration of 380 people in a km^2 (Censusof India, 2011).

Objectives

1. To examine the intricate relationship between the income generated by the women entrepreneurs from their businesses and socio-economic parameters.
2. To assess the success levels of the sample women entrepreneurs with respect to age, caste, education, and religious background along with their physical and mental health conditions.
3. To explore the correlation between financial achievements and women's health status.

Materials and Methods

Selection of Sample Women Entrepreneurs

In the Jorhat district, there is a total of 12,405 Self-Help Groups (SHGs), with 11,712 of them being exclusively comprised of women. For the current research, we first categorized the studied SHGs and women SHGs based on their respective Development

Block locations. After this categorization, we determined that women SHGs is 5%, situated in each of the eight Development Blocks would be included in our sample. These selected SHGs had to meet specific criteria, including having a minimum of three years of operation and a connection with a bank. As a result, we identified 206 women SHGs that met these criteria and were chosen randomly from each Development Block. Our study primarily relies on collecting primary data through direct, structured questionnaire-based personal interviews with two representatives from each of the selected sample groups, with one of them holding an official position within the group. In total, 412 rural women engaged in various forms of business through Microfinance were interviewed. Aim of the study was to determine the factors that hinder the growth of entrepreneurship among women in rural areas. Specific questions about women's health have been integrated into the structured questionnaire to focus on aspects such as access to healthcare services, nutritional practices, maternal and child health and mental health to know the health status of the members of the SHGs.Physical and mental health depend upon the living conditions of people. Therefore, housing and sanitary conditions were also recorded, where observations were made for housing type & condition, potable water sources, power supply, use of cooking gas, sanitation measures, etc. A self-rated health status questionnaire was also designed to gather information directly from individuals about the perception of their own health conditions.

Test of Entrepreneurial success

To investigate the degree of business success reached by the sample of female entrepreneurs who were supported by microfinance the average income earned over the previous three fiscal years 2017–18, 2018–19, and 2019–20 was used as the reference point. It is essential to make clear that the degree of entrepreneurial success can be considered using a variety of indices, such as the percentage of installed capacity used, profitability ratio, ROI, and many more. However, according to the nature of the study, the sample women entrepreneurs' income—who had little to no financial freedom before starting their current business—is thought to be a more significant criteria in determining their level of success or efficiency in the business. The "Success" of entrepreneurs for the current study is classified as the following within this framework:

Table 1 : Success levels of entrepreneurs according to their annual income

Level of Success	Yearly Income (Rs.)
NS- No Success	Less than Rs.10, 000
LS- Low Success	Between Rs. 10,001 -- 40,000
MS- Moderate Success	Between Rs.40,001 – 60,000
HS- High Success	Between Rs.60, 001 – 100,000
EHS- Exceptionally High Success	More than Rs 1,00,000

Data Validation and Rapport

To enhance data validity and accuracy, necessary rapport has been made with the concerned banks to cross-check the information received from the SHGsamples and their members.Additionally, secondary sources have been used to corroborate the primary data where necessary.

Data Analysis

In analyzing the collected data, statistical methods, including Chi-square tests, was used to assess the success level achieved in their business endeavours by the female entrepreneurs promoted through micro-finance. This analysis was conducted while considering the socio-economic factors as well as women's health-related aspects, which have been integrated into the data collection process.

Results and Discussion

Age of the entrepreneurs and Their Success Level

Investigation was made to correlatethe link between the degree of business success and the age of the sample entrepreneurs (Table 2).

Table 2: Age-wise division of the sample according to their degree of success

Level of Success (%)	Age Group of the Entrepreneurs					Total (%)
	<30	30-40	41-50	51-60	>60	
No Success	12.5	10.47	9.09	6.67	33.33	10.68
Low Success	41.67	39.82	36.36	40.00	50.00	39.56
Moderate Success	29.17	29.94	30.30	33.33	16.67	29.85
High Success	8.33	14.67	18.18	13.33	0	14.32
Exceptionally High Success	8.33	5.08	6.06	6.67	0	5.58
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Field data

NB: Bracketed figures represent percentage of column totals.

Table 2 clearly demonstrates that over sixty percent of the sample entrepreneurs associated with each age group had low to moderate success. Those between the ages of 41 and 50 attain the highest percentage of success (24.24%), followed by those between the ages of 51 and 60 (20.00%). In contrast, similar success levels are reported by 19.75% of the sample SHG entrepreneurs of age range of 30–40 years as well as 16.66% of those associated with age group of below 30.

Interestingly, none of the sample's female entrepreneurs over 60 achieved high success or exceptionally high success levels; a sizable share (83.33%) were stuck at low and no success levels. Thus, it is evident that:

a) The majority of the sample of female entrepreneurs who are supported by micro-lending end up with either low or moderate success.

b) While entrepreneurs from practically every age group have attained High to Exceptionally High Levels of Success in one way or another, the majority fall between the ages of 41 and 60.

c) In terms of commercial success, people of age group below 30and above 60 (highest age group) had recorded the lowest performance.

Therefore, Table 2 rules out any causal association between the entrepreneurs' ages and the success of their businesses.

Chi-square test results, which showed that the computed χ^2 value (0.60) was less than the found χ^2value at 5% level of significance for 10 degree of freedom (18.3), further supports the conclusion that level ofsuccessof the female entrepreneurs with their ages were not correlated. It follows that there isn't enough evidence to say that the respondents' age backgrounds and degree of achievement are connected.

According to Sharma (2013), there is no correlation between the age of entrepreneurs and their degree of success, according to a study done in the Tinsukia area of Assam.An independent relationship has been found between the age and success level of entrepreneurs in four Indian states (Odisha, Andhra Pradesh, Bihar, and West Bengal) by Panda (2002).SimilarlyBorah & Borah (2009) reported that 29.30 per cent of the SHG members were within the age group of 21- 30 years whereas 48.70 percent were within the age group 31-40 years.

Nonetheless, the results of an empirical investigation conducted in the state of Kerala (Nair and Pandey, 2006) indicate that success in entrepreneurial endeavours was positively correlated with age maturity.

Entrepreneurs'Caste background and Size of Yearly Income

Research shows that certain castes once controlled the majority of entrepreneurial activity in certain parts of our nation. As a result, among these groupings of people, business success predominated. Taking the aforementioned into consideration, an attempt is made to investigate the extent to which the sample entrepreneurs' annual income amounts are related to their caste affiliations in the immediately following section. This is demonstrated in Table 3.

Table 3: Average Yearly Income and Entrepreneurs' Caste Background

Caste	Respondents %	Yearly Income (Rs.)	
		Total	Average
General	3.64	6,02,055	40,137
Schedule Caste	16.26	30,05,218	44,854
Schedule Tribe	29.37	60,23,501	49,781
OBC	43.45	88,43,674	49,406
MOBC	7.28	14,03,052	46,768
Total	**100%**	**1,98,77,500**	**48,246**

Source : Field data

NB: Bracketed figures represent percentage of column totals.

According to Table 3, the largest (Rs. 44,854) average yearly income is obtained by the women entrepreneurs who were from the Scheduled caste background. Next in line are the Scheduled Tribe Caste (49,781), OBC (49,406), and MOBC (46,768). The general caste category's average yearly income, at Rs. 40,137, is the lowest.Therefore, it is reasonable to assume that the sample women entrepreneurs from lower castes are able to earn more money than those from the general Caste Category.

Success Level and Entrepreneurs'Caste Background

Table 4 establishes a link between the sample entrepreneurs' success level and their caste origin. It shows that a minimum of 50% percent of the sample women entrepreneurs who fall into each caste category exhibit extremely low performance, tying with either low success levels or no success. The fact that over 68% of the sample women entrepreneurs in each caste category have low or moderate success levels is disheartening.

Table 4 : Success Level and Entrepreneurs' Caste Background

Level of Success	Caste Background (%)of the Entrepreneurs					Total %
	General	Schedule Caste (SC)	Schedule Tribe (ST)	OBC	MOBC	
No Success	13.33	10.45	9.92	11.17	10.00	**10.68**
Low Success	40.00	40.29	39.67	39.66	40.00	**39.81**
Moderate Success	33.33	229.85	30.58	529.05	30.00	**29.85**
High Success	13.33	14.93	14.88	13.96	13.33	**14.32**
Exceptionally High Success	0	4.48	4.96	6.14	6.67	**5.34**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source : Field data

NB : Bracketed figures represent percentage of column totals.

It is also evident from Table 4 that the greatest percentage (20.10%) of sample entrepreneurs who are associated with the High Success and Exceptionally High Success Levels come from the OBC caste category. Following this are SC (19.41%), ST (19.84%), and MOBC (20%). It is noteworthy that out of all the entrepreneurs in the General Caste category, only 13.33% have reached a High Success Level, and none have reached an Exceptionally High Success Level. Therefore, it is evident that there is no correlation between the sample women entrepreneurs' degree of company success and their castes.

The Chi-square Test results also support this inference. The χ^2 value (1.216137603) is lower than the tabulated χ^2 value at 5% significance level for10 degree of freedom (18.3). So, it may be said that there is no association between business success andcaste background of the respondents. However, Sharma, 2007 observed some relationship between success levels and the entrepreneurs'caste background in a studyconducted in Tinsukia district of Assam.

Entrepreneurs'Educational Background and Size of Yearly Income

It is commonly perceived that those with better educational backgrounds make more money than those with lower educational backgrounds. In light of this, an attempt has been made to investigate the relationship between the sample women entrepreneurs' income and education levels which has been depicted in the Table 5.

Table 5 : Entrepreneurs' Educational Background and Size of Yearly Income

Level of Educational	Sample (%)	Annual Income (Rs)	
		Total	Average
Just Literate	6.55	13,09,700	48,507
Under-Matriculation	34.71	60,48,900	42,300
Matriculate/ Intermediate	29.13	60,12,000	50,100
Under Graduate	24.27	53,25,000	53,250
Graduate and above	5.34	11,81,900	53,723
Total/Average	**100%**	**1,98,77,500**	**48,246**

Source: Field data

NB: Bracketed figures represent percentage of column totals.

From the table 5 it is evident that the sample entrepreneurs with the highest education level*i.e.* graduate or above earn the highest average yearly income of Rs. 53,723, followed by undergraduates (Rs. 53,250/-), matriculated/intermediate (Rs. 50,100/-), and just literate (Rs. 48,507/-). Those who were under the matriculationlevel of education earned the least average yearly income of Rs. 42,300. Table 5 demonstrates that the sample entrepreneurs in general with better educationallevel were able to earn more quantity of money in comparison to others.

Entrepreneurs'Educational Background and their Success Level

Entrepreneurial success is commonly linked to educational attainment, but low-income individuals can achieve significant success. It's crucial to investigate if there's any relationship between educational backgrounds of women entrepreneurs'andtheir level of success.Table 6 shows that over 60.0% of women entrepreneurs achieved low to moderate success levels, with low success being more prominent. Under- metric women entrepreneurs achieved the highest success rate (27.00%), followed undergraduate (21.00%), just-literate (18.51%), and graduate or above (18.18%). Only 9.16% of Matriculate/Intermediate women entrepreneurs achieved high success levels.

Table 6 : Entrepreneurs' Educational Background and their Success Level

Levelof Success	Educational Background of the of Entrepreneurs (%)					Total (%)
	Just Literate	Under-Matric	Matriculate/ Intermediate	Under Graduate	Graduate and above	
No Success	11.11	11.19	10.83	9.00	13.64	**10.68**
Low Success	40.75	34.97	45.00	41.00	36.36	**164 39.81**
Moderate Success	29.63	25.87	35.00	29.00	31.82	**29.85**
High Success	14.81	22.38	3.33	17.00	9.09	**14.32**
Exceptionally High Success	3.70	5.59	5.83	4.00	9.09	**5.34**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Field data

NB: Bracketed figures represent percentage of column totals.

The calculated value of χ^2 (20.72888441) is more than the table value of χ^2 at 5% level for11 degree of freedom (19.7). So, it can be said that there is a significant relationship between entrepreneurs' educational backgroundand their successlevel.According to a research (Ummah & Gunapalan, 2012) carried out in Sri Lanka, a woman's entrepreneurial performance among households led by women is predicted by her family history, personality traits, and institutional supports. Therefore, it is reasonable to assume that a certain degree of education is necessary for entrepreneurship success. A research by Ramposo & Paço (2011) indicated that entrepreneurs with higher education levels typically understand company strategy and financial management better, which lends credence to this claim.

Education also gives people the know-how to adjust to shifting market dynamics and technology breakthroughs, which increases their chances of success in the field of entrepreneurship.

However, Panda (2002), could not find any relationship between educational attainment and entrepreneurial success in a study conducted in the states of Odisha, Andhra Pradesh, Bihar and West Bengal. Mamoni Sharma (2007) also did not find any significant relationship between the level of education and success level of the entrepreneurs.

Relationship between entrepreneurial Success and female Health Status

Research indicates that access to microfinance services empowers women economically, improving their health, access to better healthcare and improved nutrition,

leading to better living conditions.The study of self-rated health status contributes to a comprehensive understanding of health by incorporating individuals' subjective perspectives.

Maternal Medical care of the entrepreneurs during pregnancy

Pre and postnatal medical treatments and consultations have a crucialpart in ensuring the well-being of both mother and foetus/ newborn throughout the pregnancy and after childbirth. Figure 1 depicts the key health services available and availed by the pregnant women of the study area.

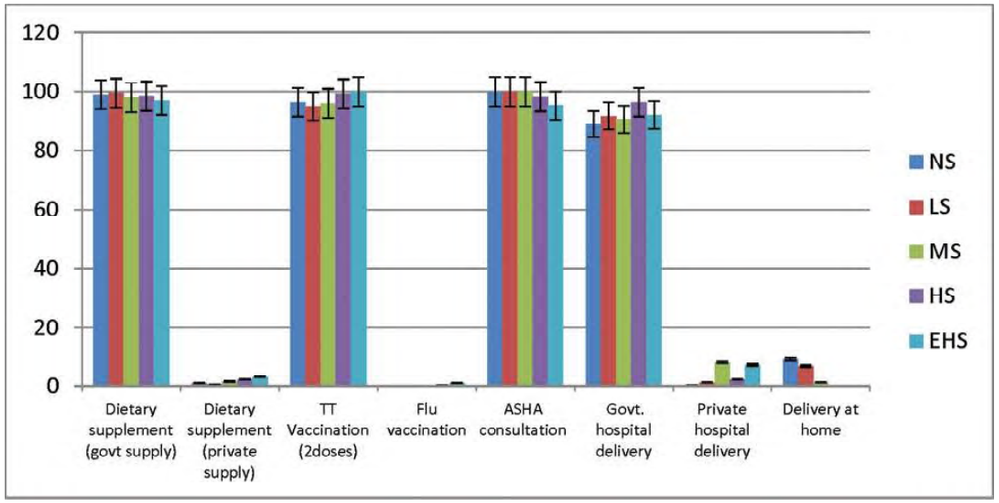


Figure 1: Percentage of the entrepreneurs availing maternal medical care during pregnancy.

Figure 1 shows that almost all the respondents of the study area are aware of the government schemes provided for the pregnant women and they are also availing those facilities. Very few families could afford some extra dietary support for the pregnant women in terms of dietary supplements (1-3%). Fluvaccination was availed by 0.2-1% of the respondents only from HS and EHS category. Interestingly, few of the families belonging to NS, LS and MS (1.2- 9.3%) living in comparatively remote areas could not afford vehicles and had to depend upon local midwifery for delivery. Although families having more income due to successful SHG activities could afford more maternal medical care facilities but the difference between the success groups were not significant. Ali and Chauhan (2020) had similar observations; where they stated that since the execution of National Rural Health Mission (NRHM) in 2005 maternal health care facilities have been improved all over India

and inequality among various economic classes has been reduced in Assam and few other Indian states.

Families of the entrepreneurs availing vaccination for children:

Children and newborns must receive vaccinations in order to prevent a number of diseases. Immunisations against childhood diseases such as polio, whooping cough, tubercular meningitis, measles, chicken pox, etc. are used as preventative measures.

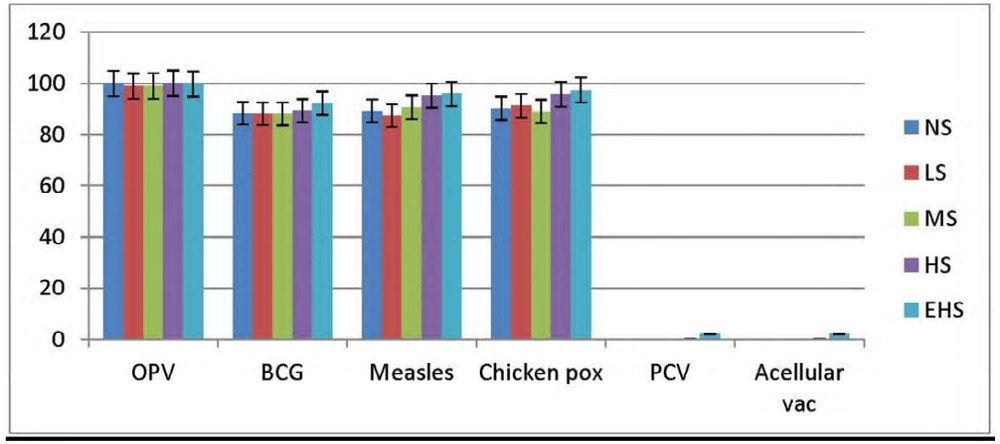


Figure 2 : Families of the entrepreneurs availing vaccination for children

Study of Body Mass Index (BMI) of the entrepreneurs:

Based on height and weight (body weight in m^2 and body weight in kg), BMI calculates an individual's estimated body composition. For women, a preferable BMI ranges from 18.5 to 24.9. The World Health Organisation (WHO) considers BMI less than 18.5 to be the threshold for chronic energy insufficiency; those who fall outside of this range are considered to be overweight and underthe risk of clinical obesitydevelopment.

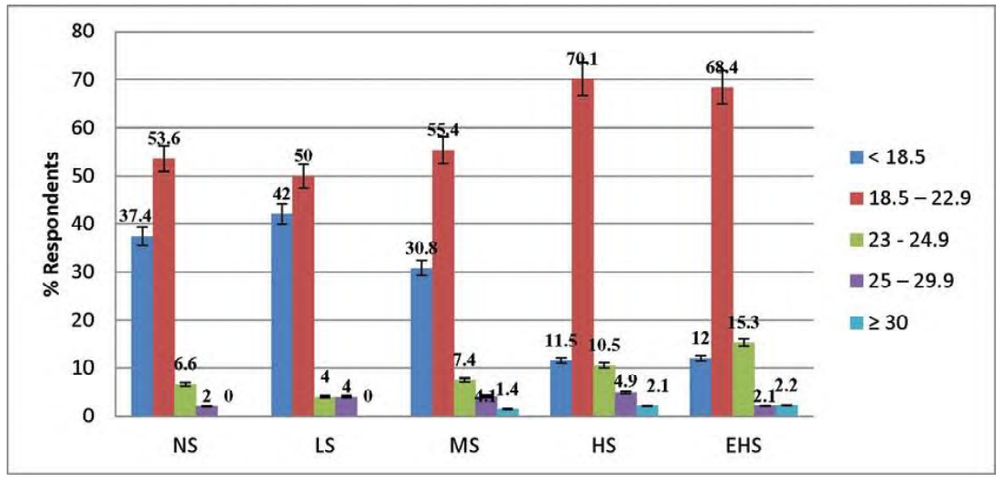


Figure 3: Body Mass Index (BMI) of the of the entrepreneurs (%)

From the present investigation depicted in figure 3 it was observed that most of the respondents had normal BMI, but 37.4%, 42%, 30.8%, 11.5%, 12% and 2.1% of the respondents from the groups NS, LS, MS, HS had EHS respectively were suffering from chronic energy deficiency. It is observed that energydeficiency is counter proportional to the family income. This may happen due to less nutrition in proportion to physical labour. Similartype of study among 469 adult males in a Bangali slum areaat Dumdum, (Kolkata)was conducted to determine relation between the family income and body mass index (BMI) and chronic energy deficiency. The results showed that all variables significantly positively correlated with BMI, with overall chronic energy deficiency being 32.0% (Chakraborty *et al*., 2009). In addition to being the most socioeconomically disadvantaged communities, they also suffer from the highest rates of under-nutrition in both adults and children and typically have low average BMIs. (Chakraborty and Bose, 2014; Kshatriya and Acharya, 2016a). According to the findings of a nationwide survey conducted in India in 2019, the prevalence of underweight BMI among those earning less than 100,000 Indian rupees annually was higher than that of people in other income categories (Kibria, Swasey, and Hasan, 2019)

Deficiency symptoms and Psychological Problems of the entrepreneurs

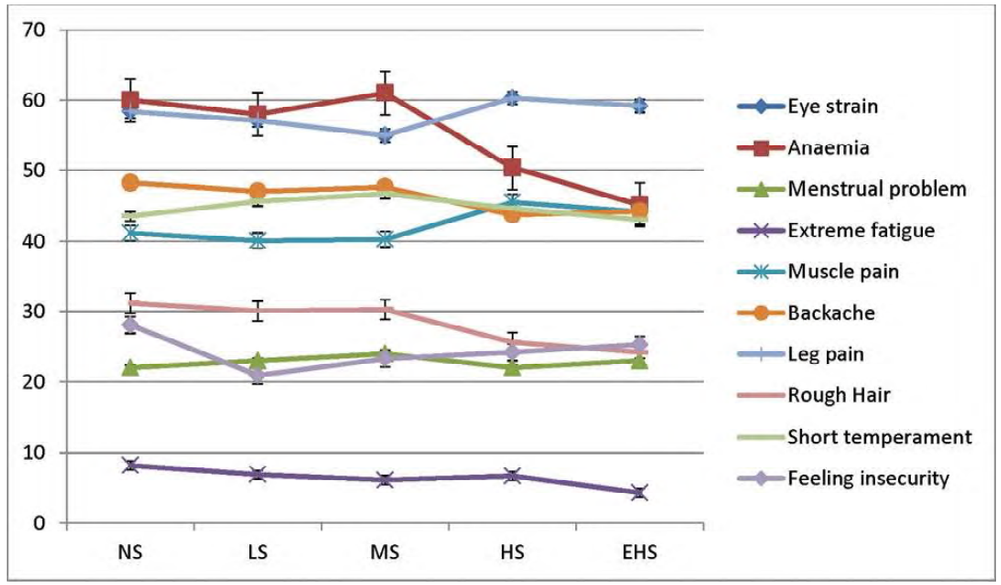


Figure 4 : % of Deficiency symptoms and Psychological Problems among the members of SHG

Major problems dealt with the present study associated to deficiency symptoms and psychological problems were eye strain, anaemia, menstrual problem, extreme fatigue, muscle pain, backache, leg pain, rough hair and short temperament and feeling insecurity. From figure 4 it is clear that most of the health associated and psychological problems were negatively correlated to annual income.But health issues like muscle pain, leg pain and eye strain increased a bit with the increase in the annual income. These groups of respondents were observed to be engaged in watching videos in smart mobile phones and television serialsmore than the respondents of the lower income groups. Digital eye strain is a common problem occurring due to increase in screen time (Kaur et al., 2022; Chu et al., 2023). The problem affects the female folks more than their male counterparts. Muscle pain and leg pain may occur due to lack of physical activity, which becomes more conspicuous amongst the older adults (Verbrugge and Jette, 1994). One of the biggest issues that women deal with most frequently is extreme exhaustion. Extreme exhaustion is related to malnourishment and anaemia. Present study shows that anaemia (60%) and extreme fatigue (8.2%) is significantly prevalent in the NS group. In a study by Bhuyan (2017) on female tea labourers, 57% were

malnourished, 59.55% were anaemic, and around 98% were extremely tired. Rough hair, eye strain, and menstrual issues were additional issues that over 62% of female labourers had to deal with. Present study also shows that women belonging to the lower income groups have to face such problems more than that of the higher income groups, though the difference between those groups were not found significant.

Increase in the annual income of a family provides the members a sense of economic security to combat with future financial challenges. Present study indicates the same. Psychological problems were significantly less in the EHS group than the other groups except HS group. Anxiety and depression are two mental health conditions that are more common in those with lower relative incomes. (Eibner, Sturm and Gresenz, 2004).Financial security is seen to be very much related to mental calmness in different studies in various parts of the globe. Suicide rate in the US rose during the time of recession (Source: Press TV website. 24, 2009). Sareen et al. (2011) also had similar opinion that a decrease in home income is linked to a higher risk for incident mental illnesses, and low income levels are linked to various lifetime mental diseases and suicidal attempts.

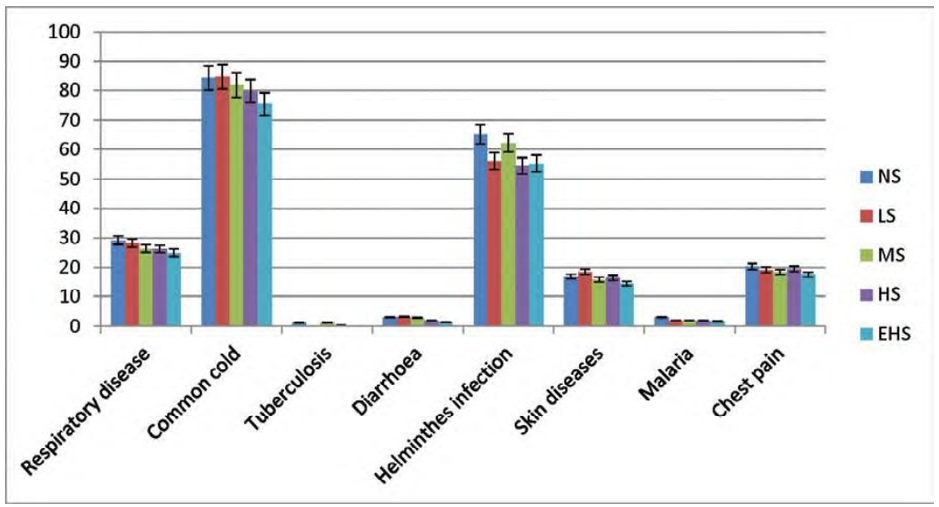


Figure 5 : % Prevalence of Infectious Diseases among the entrepreneurs

Prevalence of Infectious Diseases among the Entrepreneurs:

Respiratory diseases, common cold, helminths' infection, skin disease and chest pain are common infectious disorders that were found prevalent among women. The trend

of disease prevalence was inversely proportional to the income group. But significant variationswere found only for common cold and helminths' infection between LS (84.7%) & EHS (75.4%) and NS (65.2%) & HS (54.5%) groups respectively.It is thought that a variety of environmental conditions, unhygienic ambience, including dust, pesticides and insecticides used in the paddy fields and other plantations, smoke produced during wood-fire cooking,lack of warm clothes during the winter, lifting heavy loads during farming and domestic chores, etc., were the root causes of all these issues. Poor hygienic conditions and lack of health and hygiene-related knowledge cause individuals to get intestinal disorders such as cholera, helminthes infection, skin infection and diarrhoea, which affect 57.50%, 25.50%, 46% and 60.50% of thetea labourer population respectively (Bhuyan, 2017).

Housing and sanitary conditions of the entrepreneurs

Maintenance of personal and house hold hygiene also depend upon the economic conditions of the people. Housing and sanitary conditions were very poor in the studied area (Figure 6). Most of the people lived in Kuccha houses (56.54%), followed by semi pucca (33.9%) and pucca houses (9.3%). It was observed that only 3.6% and 1.1% of SHG members of the NS group had semi- pucca and pucca houses respectively whereas 72.2% and 22.4% respectively from EHS group had semi- pucca and pucca house and difference between these groups were significant.This indicates that members of the SHGs especially from HS and EHS groups could contribute towards house building when they had some surplus income, thereby making their lives more comfortable. Irrespective of family income, 83.96% of people of the study area availed water supply facilityprovided by the government and differences between the SHGs were not significant. On an average, 45.29% of respondents did not have a bathroom and 47.28% had leaking roofs. Significant difference was observed among different success groups from the HS and EHS groups, which had better performance than the other three groups, viz. NS, LS and MS groups. Electricity and LPG connections were also very poor (average -36.63% and 48.78% respectively). In both the cases MS, HS and EHS groups had significantly more connection and connection continuation rate. It should be noted that many of the families availed free electricity and LPG connections, but after the free period been over they could not afford both the facilities and both the supplies were disconnected by the respective authorities. Similarly, use of sanitary pads during menstruation and other sanitary measures were observed to be significantly poor among the SHG members from the NS (2.3% & 85.4%) and LS (6.8% & 86%) groups than the other three groups. Housing is obviously a major factor in determining one's level of well-being because our living environment and surroundings play a significant role in our daily lives (Navarro et al., 2009; Andrews et al., 2011 and Pevalin et al., 2017) opined

that poor housing conditions have detrimental effect on the dwellers health and economic prosperity(Barnes et al., 2011) as well. Mental health (Goux and Maurin, 2005) and educational performance also negatively influenced by living conditions (Pevalin et al., 2008 and Navarro et al., 2009).

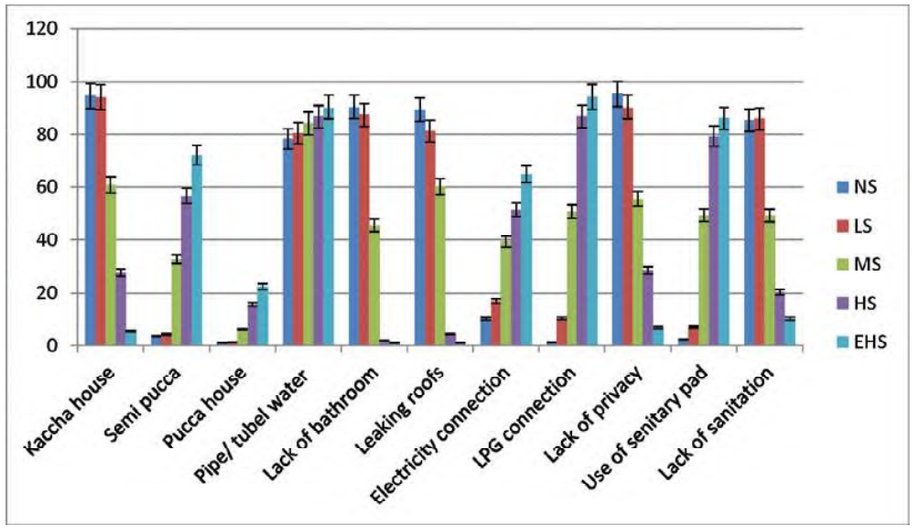


Figure 6 : Housing and sanitary conditions of the entrepreneurs

Self-rated health status of the entrepreneurs

Studying self-rated health status is important as it provides valuable insights into individuals' subjective perceptions of their own well-being, influencing healthcare decisions and predicting future health outcomes. Additionally, it serves as a practical and cost-effective method for assessing overall population health and identifying disparities. It is helpful for improving population health as well as healthcare policy, public health initiatives, and interventions. The range of pre tested dimensions for the study of self rated health status to assess the individual perception about the own health status (both physical and psychological) were general health perception, physical health, mental health, functional limitations, energy and vitality, sleep quality, regular physical activity, overall life satisfaction (Figure 7). Respondents rated themselves in three categories, viz. good, fair and poor.

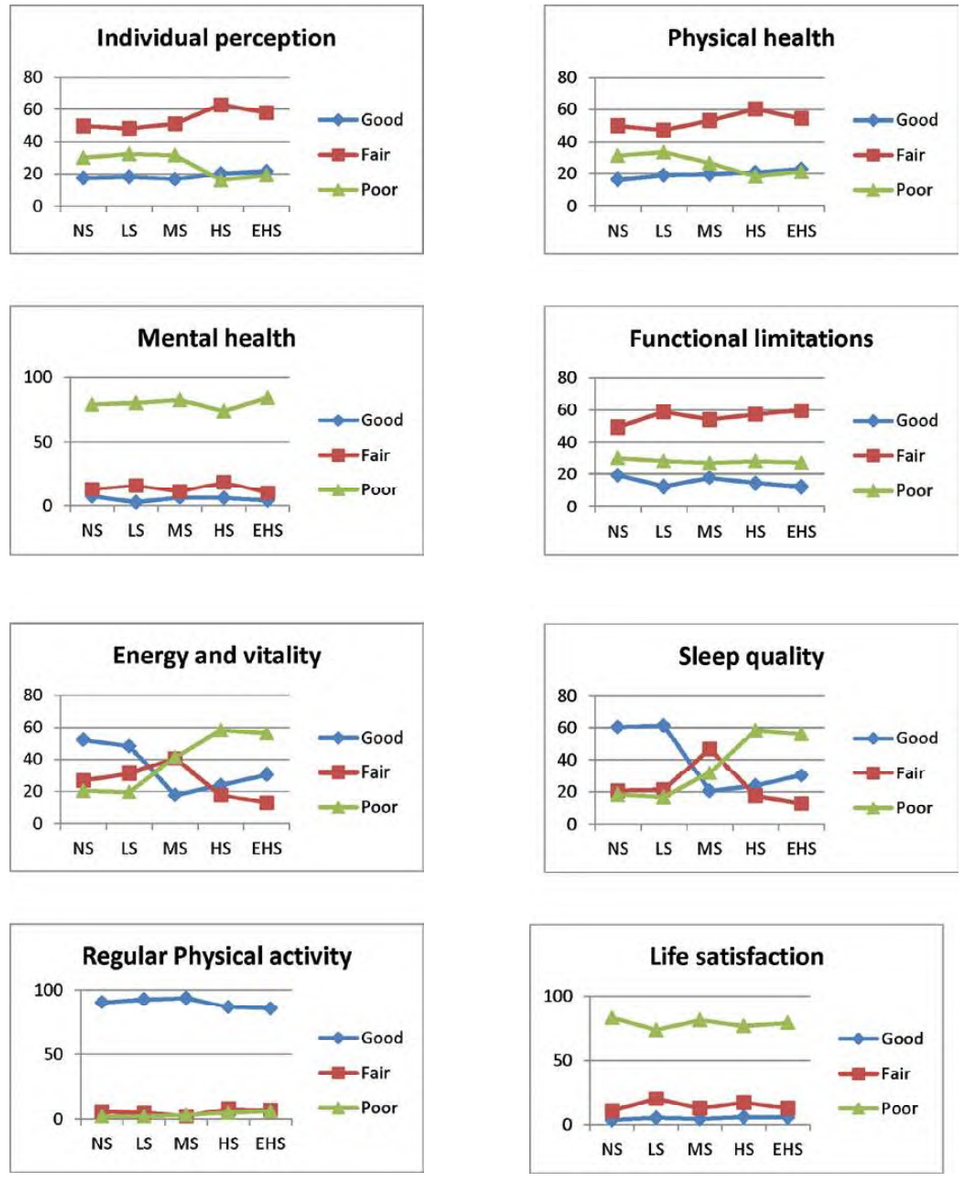


Figure 7: Self rated health status of the entrepreneurs

Accordingto a study on 27 community by Idler and Benyamini (1997), simple global assessments of self-rated health state appear to have excellent predictionvalidity for mortality which is independent of additional behavioural or medical risk variables,studies. Longitudinal research (Mor, 1989; Idler and Kasl 1995; Wilcox, Kasl, and Idler 1996; Farmer and Ferraro 1997; Ferraro, Farmer, and Wybraniec 1997) had also observed that self-rated health can project the development of impairment, wherethey developed a binary measure ofoutcome (1 = fair or bad; 0 = excellent, very good, or good) (Idler and Benyamini, 1997). The multi-level analysis's findings showed that economic inequality had a slight but statistically significant negative impact on self-rated health (Kennedy et al., 1998). Presentstudy also observed the same. Individual perception of own health status was found to be inversely proportional to the income levels which was statistically significant for NS and LS SHG members. Every society has its own definition of customary standard of living, which had been termed as "community defined standard of decency" by Veblen 1918. If this standard is beyond achievable due to economic backwardness, life becomes jeopardized. Inequality in income effects health via psychological impact of social comparison as found by Merton & Rossi 1950 and Stouffer et al., 1949; in two separate observations.

Conclusion

In the socio-economic landscape of Jorhat district, Assam, micro-finance initiatives have emerged as a potent tool for poverty alleviation and economic empowerment. These initiatives have the potential to change the lives of women in particular, as they often serve as the primary beneficiaries. This study investigated not only the economic implications but also the profound impact of micro-finance on various aspects of women's health and well-being within the region. Better socioeconomic standing and more income are linked to greater access to healthcare, a healthier diet, and general well-being. (McMaughan, Oloruntoba and Smith, 2020). According to Dressler (1996), there is a common cultural paradigm of what constitutes an acceptable quality of life in many cultures. Dressler employed the phrase "cultural consonance in lifestyle" to describe how well people are able to adopt the cultural model of living. There are negative health implications when people try to live up to the societal standard yet fall short. Dressler has shown that, in spite of controlling other risk components like obesity, colour of skin, education,occupation, and income; the degree of disappearance from cultural consonance is the strongest predictor of SBP (systolic blood pressure) in studies done in the United States (1998a) and Brazil (1996). Therefore, policymakers should emphasis on to boarder economic forces and encourage SHG like activities to develop the health of marginal people especially the women. Moreover, maintenance of hygiene and sanitation to lead a healthy life not only depends upon economic

condition but also on the awareness of the people. Frequentorganisation of awareness programme on health and hygiene by the government or NGOs therefore becomes very essential.

The study underscores the critical link between economic empowerment through entrepreneurship and improvements in women's health. By examining how economic stability can lead to better health outcomes, the research provides insights into the broader benefits of empowering women financially. Access to financial resources enables women to make informed decisions about their healthcare, invest in preventive measures, and seek timely medical treatment. Additionally, the increased income generated through micro-finance can alleviate financial stressors and provide a sense of security, positively impacting mental well-being as well.

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Nurturing Family well-being: Role of Women with Special Reference to the Anganwadi Workers in Enhancing Maternal and Child Health

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Abstract

Family health and well-being are essential pillars in the construction of a prosperous society. The Integrated Child Development Services (ICDS) Programme in India, initiated in 1975, focuses on improving child health and maternal well-being. Anganwadi Workers (AWWs) are the core of this initiative to deliver the services to the target groups. This study delves into the multifaceted roles of AWWs, shedding light on their pivotal contributions to family health and community welfare. The study is based on secondary data sources to analyse the trends and insights to provide a comprehensive overview. Operating within the ICDS framework, AWWs provide a range of crucial services, including supplementary nutrition, immunization, health check-ups, referral services, preschool education, and health education. Their responsibilities extend beyond these services, as they organize meetings with mothers to emphasize the importance of breastfeeding, nutritional guidance, child care, maternal health counseling, and education. During the COVID-19 pandemic, AWWs played an indispensable role. They collaborated with health authorities, conducted community surveillance, advocated preventive measures, ensured sanitation, and distributed nutritional support despite center closures. The ICDS program in India expanded from 5,422 projects in 2005 to 7,075 projects as of March 31, 2024, with SNP beneficiaries rising to 981.20 lakh. Its impact is reflected in the Infant Mortality Rate drop from 131.9 in 1975 to 25.5 in 2021 per 1000 children born. AWWsdedication to community health and resilience during crises highlights their crucial role in protecting vulnerable populations of the nation.

Key words: *AWWs, ICDS, SNP, Child, Maternal Health*

Introduction

Family health and well-being are fundamental factors that contribute significantly to the overall development of a prosperous society. A family's happiness is not limited to the absence of illness but also includes physical, mental and social aspects. A healthy family is the foundation for community development and progress, fostering an environment conducive to personal growth and social harmony. The well-being of a healthy family originates from the wellness of its individual members, particularly from the well-being of women. When women are healthy, it positively impacts the overall health and prosperity of the family. Maternal health plays a critical role in shaping the well-being of children during their vulnerable early years. Recognizing the immense importance of both child and maternal health, the Government of India introduced the ICDS scheme on 2nd October, 1975. The main goals of this comprehensive Programs are to improve the well-being and development of children aged 0 to 6 years and to focus on maternal health. In addition to lying foundation for holistic psychological, physical, and social development of children, the scheme focuses on empowering mothers and improving their ability to address their children's health and nutritional needs through education on proper nutrition and health practices**.** The services under the ICDS are delivered through the vast network of the Anganwadi Centre (AWC). AWC is a child and maternal care center under the ICDS which is located within the village or slum area. It is the primary service delivery point of the ICDS. AWCs operate from school Premises, panchayat buildings, community buildings, Government buildings, houses of the AWWs or Anganwadi Helpers (AWHs), rented buildings and also from the open space. AWCs are managed by the AWWs.

AWWs are the voluntary female workers selected from the local community to deliver the services under the ICDS. The various administrative units of the ICDS within the districts are known as ICDS Projects and it functions under the supervision of the Child Development Project Officer (CDPO). AWWs are prime service delivery functionaries under the ICDS Programme. AWWs are associated with the providing of outreach services to the weaker section of the society who are in need of immunization, healthy food, clean water and toilets and a congenial learning environment for children. AWWs extend their duties far beyond the fundamental ICDS Programme. They serve as DOT providers for tuberculosis patients (RNTCP), aid in Pulse Polio Immunization (IPPI), offer motivation for Tubal ligation

cases in Family Planning and many more. Additionally, they hold membership in essential committees like Sakhimandal, Matrumandal, Mahilamandal, and the Village Health Committee. (Desai et al., 2012). The invaluable contribution of AWWs and other healthcare professionals in delivering essential healthcare services to India's vulnerable communities deserves recognition and appreciation both from the community and the Government (Kalne et al., 2022). The Uttarakhand State Government has provided life insurance of Rs. 4 lakhs to support AWWs by recognizing their crucial role as frontline warriors in the battle against COVID-19 (Das, 2020). Overall, AWWs play a vital and diverse role across multiple national health initiatives, showcasing their broad impact and involvement beyond the core ICDS activities.

Objective of the study

The Objectives of the present study are

(i) To Highlight the Health care services provided by the AWWs and

(ii) To highlight the status of beneficiaries of Supplementary Nutrition Programme (SNP).

Methodology and scope of the study

The present study relies on secondary data collected from diverse sources such as government publications, relevant books and journals, as well as various website. While AWWs offer a broad range of healthcare services to the community, this study focuses solely on the SNP. AWWs are exclusively responsible for delivering this health supplementary service to mothers and children, aiming to address and bridge their nutritional gaps. The SNP service rendered during the period spanning from 2014-15 to 2018-19 has been considered for the purpose of the present study.

Result and Discussion

Services under the ICDS

AWWs basically provide six services under the ICDS and these are

Supplementary Nutrition: SNP under ICDS focuses on providing supplementary feeding and growth monitoring for children below six years and pregnant/nursing mothers to prevent deficiencies like vitamin A and nutritional anemia. AWWs identify beneficiaries through community surveys and make arrangement to provide supplementary nutrition feeding to the children and expectant and nursing mothers.

Immunization: Immunization programmes within ICDS aim to prevent child mortality, disability, and malnutrition by vaccinating women and infants against poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis, measles, and protecting pregnant women from tetanus to reduce maternal and neonatal mortality.

Health check-ups: It encompassing children below 6 years and antenatal/postnatal care

for expectant and lactating mothers, conducted by AWWs in collaboration with Primary Health Centre (PHC) staffs, offering services such as regular health check-ups, diarrhea treatment, medicine distribution and many more.

Referral Services: During health check-ups, AWWs promptly refer sick or malnourished children to the nearest Primary Health Centre or sub-center for immediate medical care. Additionally, they're trained to identify disabilities among young children, maintaining a register to refer such cases to the Medical Officer at the Primary Health Centre or its sub-center.

Non-formal Pre-School Education (PSE): It is one of the pivotal ICDS services delivered by the AWWs through AWCs, caters to children aged 3-6 years in a natural and stimulating environments for optimal growth. AWWs use visual tools and joyful learning equipment, aiming to support lifelong learning and holistic development of the children from underprivileged communities for their comprehensive development.

Nutrition and Health Education: Nutrition and Health Education (NHED) sessions are conducted by the AWWs for mothers, pregnant women, and adolescent girls. These sessions aim to empower women, particularly those aged 15-45, by enhancing their capacity to manage their health, nutrition, and overall development, along with providing information on balanced diets to promote healthier food habits and increased awareness.

Roles and Responsibilities of the AWWs

Ministry of Women and Child Development has defined roles and responsibilities of AWWs under ICDS and they need to

i. Weigh the child in every month or at a stipulated periodical interval and record the same on the growth card to represent graphically. They also need to produce those cards before the Medical or Para-Medical officer on their visit.

ii. AWWs conduct community survey once in a year in the respective area of work of all the families, especially of the mothers and children.

iii. AWWs conduct non-formal Pre-School Education for the children belonging to the age group of 3 to 6 years by creating a joyful learning environment.

iv. AWWs make arrangement to provide supplementary nutrition feeding to the children and expectant and nursing mothers.

v. AWWs create awareness on health and nutrition related issues and counsel with the mothers on breastfeeding and young feeding practices. They motivate the married women to adopt the family planning and create awareness regarding birth control measures.

vi. The information on birth and death as gathered by the AWWs are shared with the Panchayat Secretary or Gram Sabha Sewak or Auxiliary Nurse Mid-wife (ANM)

or with any authority that has been designated as the Registrar or Sub-Registrar of the birth and death in her area of operation.

vii. AWWs visit the houses in the community to educate the parents for effective growth and development of the child. Special emphasis is given on the new born babies.

viii. AWWs work jointly with the health workers for immunization, health check-ups of the children and mothers, antenatal and postnatal check-ups etc.

ix. AWWs also maintain stock of the Iron Folic Acid Tablet (IFA) and Vitamin A tablets and assist the ANM workers for its administration.

x. AWW works as the liaison with the other institutions or groups (Mahila Mandal) in her village or area of operation to involve the female school teachers and girls of the primary and middle school who are pertinent to her functioning.

xi. AWWs assist in the implementation of the Kishori Shakti Yojana (KSY) and create awareness among the adolescent girls and their parent and also in the society in general by organizing awareness Programmes, campaigns etc.

xii. It is the duty of the AWWs to assist in the implementation of the Nutrition Programme for Adolescent Girls (NPAG) and maintain records in the prescribed formats provided under the NPAG scheme.

xiii. AWWs identify the cases of disabilities or malnourishments on her home visit who require special medical attention are referred to the regional Public Health Center (PHC) or District Disability Rehabilitation Centre.

xiv. AWWs assist in organizing the Pulse Polio Immunization (PPI) drives.

xv. In emergency cases due to diarrhea, cholera etc. AWWs contact the ANM workers to take the preliminary action.

Role of AWWs towards the mothers

AWWs host meetings for mothers to address various health concerns related to both children and mothers from such meetings the vital role of AWWs can be realized towards healthcare for both mothers and children. Such meetings primarily focus on the following key issues :

Breastfeeding: AWWs facilitates discussions about the benefits of breastfeeding and provide guidance and support to mothers to encourage and support proper breastfeeding for child health.

Nutritional advice: They advise mothers on the preparation and consumption of nutrient-rich foods essential for their own health and that of their children, emphasizing the importance of a healthy diet balance.

Child Care and Development: Discussions revolve around providing appropriate care for children and supporting their overall development, including mental, physical and emotional aspects.

Health and Hygiene: AWWs emphasize the importance of maintaining and promoting hygienic practices to create a healthy environment that benefits both mothers and their children.

Maternal health counseling: AWWs offer comprehensive guidance to mothers, covering various aspects such as prenatal care, postnatal recovery, family planning, and addressing potential health concerns. The aim of these sessions is to empower mothers by providing them with knowledge on the maintenance of their health during and after pregnancy, while ensuring that they are well informed about potential health problems and available healthcare resources.

Importance of education: AWWs emphasize the key role of education, advocating for parents to prioritize their children's learning as a fundamental aspect of promoting inclusive growth and development in future. They emphasize education as the foundation for unlocking opportunities, strengthening critical thinking skills and helping children realize their potential in different areas of life.

Beneficiaries and the services

AWWs extend services under the ICDS Programme to diverse beneficiary categories. Table no. 1 illustrates the array of health and additional services rendered to the beneficiaries.

Table 1 : ICDS beneficiaries and the services

Target Group	Health check-ups and treatment	Nutrition related services	Educational services
Children below 3 years	• Health check-ups • Immunisation • Deworming • Basic treatment of minor illnesses • Referral services for more severe illnesses	• Supplementary feeding • Growth monitoring (Monthly weighing, weight recorded on the growth chart) • Take-home rations (THR)	
Children aged 3-6 years	• Health check-ups • Immunisation • Deworming • Basic treatment of minor illnesses • Referral services for more severe illnesses	• Supplementary feeding • Growth monitoring (Quarterly weighing, Weight recorded on the growth chart)	• Early Childhood Care (Day-care) • Pre-school education • Nutrition and health Education
Adolescent girls aged 11-18 years	• Health check-ups • Treatment of minor illnesses • Referral services for more severe illnesses	• Take-home rations (THR)	• Non-formal education focusing on home-based and vocational skills • Nutrition and health Education
Pregnant Women	• Health check-ups • Immunisation • Referral services	• Take-home rations (THR)	• Nutrition and health Education
Nursing Mothers	• Health check-ups • Referral services	• Take-home rations (THR)	• Nutrition and health Education
All women (15-45 years)			• Nutrition and health Education

Source: Evaluation Study on Integrated Child Development Schemes (ICDS), Vol. 1, Govt. of India. 2020

Table 2 : Progress of ICDS Projects in India as on 30.06.2020

Year	No. of sanctioned ICDS Projects	No. of operational ICDS Projects
2005	5671	5422
2006	6118	5659
2007	6284	5829
2008	6284	6070
2009	7073	6120
2010	7012	6509
2011	7015	6722
2012	7075	6908
2013	7075	7025
2014	7075	7067
2015	7075	7072
2016	7075	7073
2017	7075	7074
2018	7075	7075
2019	7075	7075
2020	7075	7075

Source : Ministry of Women and Child Development. Govt.of India. 2020

Table 2 illustrates a consistent rise in the number of sanctioned and operational ICDS projects from 2005 to 2020. Up to 2018, there was a gap between the sanctioned and operational ICDS schemes. According to the schematic norms of the ICDS Scheme, the Government of India is responsible for planning and policy issues and State Governments are responsible for implementation of the scheme. The reasons for gap between the sanctioned and operational ICDS projects across the country due to administrative, procedural, and legal delays by the State Governments and Union Territory Administrations. Over time, the gap between sanctioned and operational projects diminished, culminating in full alignment by 2018, with all sanctioned projects becoming operational. This trend signifies a successful progression in translating sanctioned initiatives into operational ones, ensuring a more comprehensive implementation of ICDS services. Presently a total number of 7025 ICDS projects are functioning in the country.

Table 3 : Number of SNP beneficiaries (pregnant and lactating women) 2014-15 to 2018-19

States	2014-15	2015-16	2016-17	2017-18	2018-19	% Share (2018-19)
Andhra Pradesh	805143	728068	724841	611035	654975	3.81
Telangana	466985	419525	385044	362781	400000	2.33
Arunachal Pradesh	30233	29757	26112	24517	24517	0.14
Assam	691237	691237	691237	683549	594296	3.46
Bihar	1716981	1662181	1662181	1163378	1404672	8.17
Chhattisgarh	493718	493718	453704	455626	493800	2.87
Goa	15909	15853	16077	15050	14637	0.09
Gujarat	757219	809268	754890	744902	744902	4.33
Haryana	316855	287802	277457	263976	263553	1.53
Himachal Pradesh	102728	101161	100913	97867	96365	0.56
Jammu & Kashmir	92021	92021	102464	133140	159609	0.93
Jharkhand	706032	660264	798312	758842	718337	4.18
Karnataka	993802	993802	993802	1055470	895465	5.21
Kerala	159801	162595	188560	259178	304349	1.77
Madhya Pradesh	1340084	1470362	1402205	1443235	1426266	8.30
Maharashtra	1126895	1105541	997423	1004602	961743	5.60
Manipur	75010	75010	75010	67208	67208	0.39
Meghalaya	78538	86292	81896	82802	73879	0.43
Mizoram	20313	24388	20530	28150	28150	0.16
Nagaland	62508	56514	49441	46165	34366	0.20
Odisha	793324	785918	785918	725129	725129	4.22
Punjab	261844	259331	243014	186289	186289	1.08
Rajasthan	892369	881413	871058	866794	875613	5.09
Sikkim	4441	5396	5396	6000	5800	0.03
Tamil Nadu	670337	655427	667409	665067	732488	4.26
Tripura	77264	77264	67804	71074	69304	0.40
Uttar Pradesh	4853101	4934881	4186266	3882027	3548330	20.65
Uttarakhand	162684	181738	179248	169495	177003	1.03
West Bengal	1374924	1333887	1289849	1320684	1366355	7.95
A & N Islands	3277	3157	2806	2621	2375	0.01
Chandigarh	10415	8323	8732	7653	7231	0.04
Delhi	162462	144362	144362	115543	114264	0.66
Dadra & N Haveli	3177	3209	2998	3523	3523	0.02
Daman & Diu	1103	1103	1103	1451	1451	0.01
Lakshadweep	1666	1666	1666	1148	1148	0.01
Puducherry	9205	9934	9189	9245	9157	0.05
All India	**19333605**	**19252368**	**18268917**	**17335216**	**17186549**	**100.00**

Source: Evaluation of ICDS Scheme of India, Niti Aayog, 2020

Table 3 displays the number of SNP beneficiaries, primarily pregnant and lactating women, across various states in India from 2014-15 to 2018-19. The data reveals fluctuating trends in beneficiary numbers over these years, with some states experiencing variations in enrollment. States like Uttar Pradesh consistently held the highest number of beneficiaries, contributing to around 20.65% of the total share in 2018-19, while smaller states like Lakshadweep and A & N Islands had notably lower percentages, at 0.01%. Despite fluctuations, the overall number of SNP beneficiaries across India remained substantial, with a slight decline from 19,333,605 in 2014-15 to 17,186,549 in 2018-19.

Table 4 : Number of SNP beneficiaries (children, 6 months to 6 years), 2014-15 to 2018-19

States	2014-15	2015-16	2016-17	2017-18	2018-19	% Share (2018-19)
Andhra Pradesh	2382866	2631659	2575806	2361549	2264402	3.22
Arunachal Pradesh	222956	226323	206669	189060	189060	0.27
Assam	3310885	3310885	3310885	3562673	3030677	4.31
Bihar	9967439	9892618	9892618	4940640	5969856	8.48
Chhattisgarh	2055307	2055307	1963485	2013902	2216000	3.15
Goa	57419	58719	57584	56630	52996	0.08
Gujarat	3185697	3269470	3141989	3104693	3104693	4.41
Haryana	1105095	996751	924226	883607	839339	1.19
Himachal Pradesh	458955	449511	449087	427449	398112	0.57
Jammu & Kashmir	295039	295039	845074	731676	798450	1.13
Jharkhand	2840711	2961485	3180362	2634116	2744555	3.90
Karnataka	3997286	3997286	3997286	4036695	3948737	5.61
Kerala	856427	874831	699638	747654	815494	1.16
Madhya Pradesh	5935835	5526328	6291588	6607796	6571443	9.34
Maharashtra	5983249	5940882	5585804	5312961	5196154	7.38
Manipur	355176	355176	355176	340984	340984	0.48
Meghalaya	440399	468579	476923	489738	454119	0.65
Mizoram	77974	109179	80360	155222	155222	0.22
Nagaland	302940	292059	289575	287537	278810	0.40
Odisha	3872777	3823385	3823385	3918422	3918422	5.57
Punjab	937773	945504	888728	671496	671496	0.95
Rajasthan	2868934	2781462	2744718	2616106	2667157	3.79
Sikkim	23288	25316	25316	30500	24500	0.03
Tamil Nadu	2452140	2452506	2448525	2394243	2440152	3.47
Telangana	1691079	1574455	1518128	1457408	1500000	2.13
Tripura	299116	299116	314957	344859	332353	0.47
Uttar Pradesh	18445336	19126779	16043369	14334752	12392606	17.61
Uttarakhand	632102	684721	663207	607332	597062	0.85

West Bengal	6871904	6631338	6462646	6117637	5911318	8.40
A & N Islands	12550	12781	12065	10568	9591	0.01
Chandigarh	55806	53188	50770	47506	48547	0.07
Delhi	846467	697158	697158	451407	437046	0.62
Dadra & N Haveli	19725	19379	19008	19363	19363	0.03
Daman & Diu	6308	6308	6308	5150	5150	0.01
Lakshadweep	4652	4652	4652	3450	3450	0.00
Puducherry	27812	28781	26398	26936	26806	0.04
All India	82899424	82878916	80073473	71941717	70374122	100.00

Source : Evaluation of ICDS Scheme of India, Niti Aayog, 2020

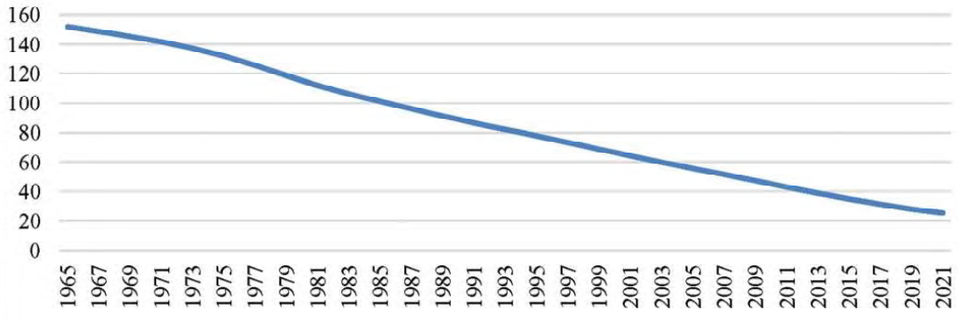
Table 4 presents the number of beneficiaries (children aged 6 months to 6 years) under the SNP across various Indian states from 2014-15 to 2018-19. Uttar Pradesh consistently had the highest number of beneficiaries, accounting for around 17.61% in 2018-19, while states like Lakshadweep and Dadra & Nagar Haveli had relatively lower percentages. Overall, there was a notable decline in the total number of beneficiaries nationwide from 82,899,424 in 2014-15 to 70,374,122 in 2018-19, reflecting fluctuations in enrollment within this age group across states. Disruptions in the supply of supplementary nutrition can adversely impact the provision of other services at Anganwadi Centers (AWCs). Dissatisfaction with the quality or availability of supplementary nutrition has occasionally led to discontent among parents regarding the overall services provided under the ICDS (Chudasama et al., 2013).

Table 5 : Infant Mortality Rate of India from 1965 to 2021

Year	Deaths per 1000 Live Births	Annual % of Reduction of IMR from the Previous year	Year	Deaths per 1000 Live Births	Annual % of Reduction of IMR from the Previous year
1965	152		1994	80.1	2.55
1966	150.3	1.12	1995	78	2.62
1967	148.7	1.06	1996	75.8	2.82
1968	147.1	1.08	1997	73.5	3.03
1969	145.4	1.16	1998	71.3	2.99
1970	143.5	1.31	1999	68.9	3.37
1971	141.6	1.32	2000	66.7	3.19
1972	139.5	1.48	2001	64.4	3.45
1973	137.2	1.65	2002	62.1	3.57
1974	134.6	1.90	2003	59.9	3.54
1975	131.9	2.01	2004	57.8	3.51
1976	128.7	2.43	2005	55.7	3.63
1977	125.4	2.56	2006	53.6	3.77
1978	121.9	2.79	2007	51.5	3.92
1979	118.5	2.79	2008	49.3	4.27
1980	115.2	2.78	2009	47.2	4.26
1981	112	2.78	2010	45.1	4.45
1982	109.1	2.59	2011	42.9	4.88
1983	106.3	2.57	2012	40.9	4.66
1984	103.7	2.45	2013	38.8	5.13
1985	101.2	2.41	2014	36.9	4.90
1986	98.7	2.47	2015	35	5.15
1987	96.2	2.53	2016	33.2	5.14
1988	93.6	2.70	2017	31.5	5.12
1989	91.2	2.56	2018	29.8	5.40
1990	88.8	2.63	2019	28.3	5.03
1991	86.5	2.59	2020	26.8	5.30
1992	84.3	2.54	2021	25.5	4.85
1993	82.2	2.49			

Source : The World Bank Data. Available at https://data.worldbank.org/

Figure No. 1: Deaths per 1000 Live Births



The Infant Mortality Rate (IMR) in India exhibited (Table 5) a consistent decline from 1965 to 2021, with a notable shift occurring following the implementation of the ICDS in 1975. Pre-ICDS, the IMR stood at approximately 131.9 deaths per 1000 live births in 1975, steadily decreasing thereafter to 25.5 deaths per 1000 live births by 2021. Importantly, the period post-ICDS witnessed an improved annual percentage change in the IMR, indicating the effectiveness of initiatives specifically directed at mothers through the ICDS Programme. This positive transformation underscores the significant impact of ICDS interventions on maternal and child welfare, contributing to the substantial reduction in infant mortality rates in India.

AWWs and COVID-19 pandemic

During the COVID-19 outbreak, the AWWs played a pivotal role in community support and health initiatives. In cooperation with the Ministry of Health and Family Welfare (MoH&FW), they actively participated in surveillance activities and community-level tasks. In addition, AWWs facilitated the mobilization of self-help groups (SHGs) to raise awareness about COVID-19 prevention measures. They took responsibility for ensuring proper sanitation at the AWCs, as well as providing health education to children and their parents regarding safety protocols. In addition, AWWs and Helpers carried out key door-to-door surveys and community surveillance activities in order to identify possible cases and ensure the well-being of community members. While the AWCs remained closed during the pandemic, AWWs diligently distributed non-raw rations under the SNP every 15 days. They ensured delivery of these rations to beneficiaries, including children, women, and lactating mothers, ensuring that they received essential nutritional support despite the closure of these centers. Overall, AWWs played a multifaceted role during the COVID-19 pandemic, including community

involvement, awareness-raising, sanitation efforts, and the crucial distribution of nutritional support to vulnerable beneficiaries, thereby continuing to serve the welfare of the community even in difficult circumstances.

Conclusion

The purpose of ICDS is to improve the quality of human resources of the nation by reducing the malnutrition of the children and mothers. As of March 31, 2024, the ICDS program continued its operations with 7,075 projects with 13,95,032 numbers of operational AWCs and the number of registered beneficiaries under the SNP increased to 981.20 lakh (Annual Report WCD, 2023-24). In this context, the role of AWWs emerges as indispensable. AWWs, often the unsung heroes in the realm of community health, play a pivotal role in promoting and sustaining family health. These dedicated frontline workers operate at the grassroots level, bridging the gap between healthcare services and the community. Their tireless efforts in educating mothers about sanitation and health-related precautions, providing early childhood development interventions, and addressing the mental health concerns of mothers have a profound impact on the well-being of families in India. In a country where access to quality healthcare can be limited, especially in rural areas, AWWs serve as beacons of hope, ensuring that mothers and their children receive the essential care which they need to thrive. They serve as catalysts for positive social change and make a significant contribution to the well-being of families and society as a whole.

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Traditional Food Culture for Women's Health in Assam - A Study in Historical Perspective

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Abstract:

Assam, a major territory of the North Eastern part of India, is very rich in natural resources like fruits, vegetables, grains, medicinal herbs and varieties of fish and animals etc. due to its unique physiography and climatic condition. This richness of biological wealth has an influence on the cuisine to traditional medicines, of the region which have been reflected in health supporting food habits with full of seasonal plants and plant-parts including vegetables along with fish, meat and in some occasions milk products. The various folk beliefs regarding food and the indigenous eating and cooking practices also form a part of the intangible cultural heritage of the restorative communities in the region. The study revealed that different food items and associated ingredients are very helpful for the improvement of the overall health of women, and this is also reflected in the expertise of the womenfolks in differentiating the edible and inedible components, during different phases of growth of women. This paper tries to study and to document the traditional healthy cuisines of Assam which are considered good for women's health. Women belonging to the different tribes and communities of the region, play a key role in society, polity and economy since historical times. Hence good health of women is a major concern. Every woman of a traditional society thus became a repository of knowledge on medicinal plants, not only for the women but also for all the members of a family, society or community. The traditional Assamese societies irrespective of tribe, tradition and locality favoured a few nutrient rich supplements suitable for women's health which are still in use in the contemporary society, like Panchamrit, Hukoti, Poita-Bhaat, *Jal* curry, and *kora* which are rich in protein, calcium and different vitamins.

Key Words : *Traditional, Food Culture, Assam, Woman Health, Historical Perspective*

Introduction

Assam is located in between 24 º 8/N to 28 º 2/N latitudes and 89 º 4/E to 96 º/ E longitudes and is the largest North East Indian state in terms of population with a total geographical area of 78, 438 km^2 (30, 285 sq. miles). The state is bordered by Bhutan and Arunachal Pradesh of India to the north; Nagaland, part of Arunachal Pradesh and Manipur in the east; Meghalaya, Tripura, Mizoram and Bangladesh to the south; and West Bengal to the west. A significant geographical feature of Assam is that it is the confluence of three of six physiographic divisions of India – the Northern Himalayas (Eastern Hills), Northern Plains (Brahmaputra plain) and the Deccan Plateau (Karbi Anglong). Throughout the ages, the state has received people of different strains, who brought with them, noble ideas and means of production to mingle together with the aboriginals and had enriched its culture including food habits. It is well known that womenfolk are always considered as the custodian of social roles and customs (Bhattcharjee, 2021). In any traditional society, women have been seen to protect the same and used to pass it on to their next generation, whether it is related to cooking or its recipe for the benefit of health, hygiene and overall well being of each and every members of the society in general and family in particular.

Like every place which has its unique cuisine as a mark of identity, Assam, is proud to have a diverse as well as restorative, health-giving food habit, including season-based cuisines. Due to cultural diversity in the state, people consume both dry and fresh foods. Every community living in the state possesses certain significant food culture against a number of diseases and ailments as remedial measures. Folk beliefs on food and the indigenous eating and cooking practices too constitute a part of cultural heritage to a community, which is not only intangible but also the sign of its cultural identity.

It is also well known that women folks are more acquainted with food items and associated ingredients for a healthy family which has been reflected in their expertise in differentiating the edible and inedible components (Goswami & Thakur, 2019), particularly during ailments including gestation periods of any woman or mother. They also understand the benefits of different traditional dishes during different phases of life cycle of a woman such as, menstruation, pregnancy, childbirth, etc. Through the inherited knowledge, women of a traditional society understand to avoid high energetic/acidic/alkaline food items to get relief from unwanted stomach ache or heavy bleeding during menstruation period (Goswami

& Thakur, 2019). They were very selective and sensitive too, in consuming foods to protect the fetus as well as to improve lactation (Bhattcharjee, 2021). As healthy food habit in consonance with the available bio-resources in the vicinity, align a unique cultural identity to a tribe or a community, understanding these cultural heritages on food is therefore very important, as these may provide valuable clues to health care and well being of each and every member of the society or community in the present state of knowledge economy. In this paper, an attempt has therefore been made to study about women's health care in relation to the traditional food culture of Assam.

Review of Literature:

There are a very few works on traditional food culture for women's health from historical perspective.

From "The Comprehensive History of Assam", vol-III, Publication Board Assam, 1994 by H.K. Barpujari (edited), one can know about traditional food culture of Medieval Assam. But little information is found about food items related to women's health.

From "Axamar Janagosthiya Lokakhadya" edited by Ansuman Das, Aank-Baak Publication, Guwahati, 2012, one can know about traditional food culture of various tribes of Assam. Though informative, information is found on food items related to women's health is scattered.

From the research paper titled "Traditional healthy foods and practices during pregnancy in India: Mini Review" by Varleen Kaur, et.al., published in *IARJSET*, Vol.8, Issue.8, August 2021, one can know about traditional healthy foods of India, which are considered healthy during pregnancy. But little information is found in case of Assam.

"Folk beliefs of food avoidance and prescription among menstruating and pregnant Karbi women of Kamrup District, Assam" written by Ritu Geu Goswami, et.al., published in *Journal of Ethnic Foods*, 2019 is a very important research paper to know about traditional food culture related to only the Karbi women of Assam.

"Ethno-medicinal use of plants for menstrual related disorders among the people of lower Assam of India" by Trishna Kalita, et.al. published in the International Journal of Ayurveda Medicine discussed traditional herbs used in Assam for menstrual disorders. But other health related issues of women have not been mentioned here.

"Food and Nutrition: A Study of the Misings of Assam" by Pratisha Kumari Saikia, published in International Journal of Movement Education and Social Science, vol.7, Issue 2, 2018, is an informative research paper to know about traditional food culture of the *Mishing* tribe. But from this paper one can get knowledge about that particular tribe only.

There are some historical works like William Robinson's *A Descriptive Account of Assam,* Bhabani books, Guwahati, 2011, S.L Baruah's *A Comprehensive History of Assam*, Monoharlal Publisher, New Delhi, 2015, W.W. Hunter's A Statistical Account of Assam, Vol-I, B R Publishing, 1982 and many other. Rom these, one can get information about traditional food culture, but very little information is found related to women's health.

The above-mentioned works provide only a glimpse of about the traditional food culture and lacks to provide further information on foods specifically related to women's health in Assam. Hence the present paper attempts to find out traditional food culture of various tribes of Assam (S.L.) which are mainly beneficial for women's health.

Objectives:

The main objectives of this paper are-

1) To study about the traditional food items which are considered good for women's health in Assam.
2) To document various traditional healthy cuisines of Assam.

Methodology

This paper is based primarily on available secondary sources, like, articles, research papers, magazines, books, internet etc. including some writings of British officials. To validate the gathered information, personal communications or oral interviews were conducted with a selected group of respondents, both women and men belonging to different communities and tribes throughout Assam.

Result

Food is an integral part of every culture as it plays an important role in growth and physiology of any organism including human beings. Food provides everything from energy to medicine and help human being particularly to get rid of ailments and preventing diseases. Interacting with Mother Nature since nomadic days people could understand the medicinal and healthy values of bio-resources available in their vicinity which also indirectly generate a typical food habit that is maintained in the society as culture, can be termed as 'food culture' hidden in that society. Cooking and eating traditional food items thus become an integral part of any society where womenfolk have been actively engaged from selecting, gathering, preserving, fermenting, cooking and serving to each and every member of the family including their pets. With the acquired knowledge in identification and selection of food items along with the ingredients used from the peers and elders across generations, womenfolk render support to a community in general and a family in particular to keep the members including the women away from malnutrition and other diseases.

Each of the different stages of women's health is significant, be it menstruating stage, pregnant stage, post-partum stage, menopausal stage, etc. Food habits are thus constructed and framed according to the needs of the physical condition of the person concern. Immense attention has therefore been provided to food and nutrition in every society. As a custodian of cultural heritage, womenfolk have been taking the responsibility by rendering support in managing and maintaining healthy food habit to the family members including women in need, following the elders and traditional healers. They too organise a few rituals to maintain good health of girl children to old women and married to lactating mothers by offering nutritious food items with essential elements necessary for a woman.

Assam houses a number of edible herbs, leaves, fruits and roots of many plants which are beneficial for human health. These unique bio-resources make the culture and traditions of the region very rich and diverse particularly amongst the tribes which include *Mishing, Karbi, Garo, Rabha, Bodo, Dimasha, Deuri, Tai Phake, Tiwa, Sonowal, Ahoms, Kachari, Rajbanshi* etc. Different Ethno-botanical study reveals the usage of as many of 3000 species of medicinal plants, 300 species of fern, 700 species of herbs (Bhattacharrya,1998) by the different aboriginal tribes of Assam.

Sources revealed that people of Assam prepare healthy dishes out of vegetables, fish, meat, pulses, spices etc. and recipes are very unique to tribe to tribe. From pickling to sun-drying and fermentation to smoking; food processing technology are quite similar amongst the tribal peoples and all these traditional preservation techniques play crucial role to maintain/ change flavours, colours and texture as per need of human body. Around 85 per cent of the respondents which includes 40 per cent male participants accorded that women seem to acquire the knowledge of the methods from their mothers, grandmothers, elderly relatives and neighbours. Fermented food is one of the specialized and medicinally augmented delicacies widely prevailed within all communities of Assam. Bamboo shoot fermentation and rice beer preparation are two best fermenting traditional technologies of the peoples of Assam which squeeze out the inherent medicinal values of the product for well being of the local people. Though during post globalization era, sometimes we see a few negative narrations on the traditional herbal cuisine and medicines as pointed out by a group of 30 percent of respondents, cultural implication has been found to be prevailed since earlier days which were agreed by almost 86 percent of respondents. Traditional societies are still maintaining the similar cooking, fermenting, serving and consuming pattern to get the benefit of those foods, medicines and decoctions.

Since women of Assam belonging to each and every tribe and community residing both in hill and valleys of Assam are playing important roles in society, polity and economy

since historical times by participating in every sectors of life activities including ruling and decision making, fighting against enemy, rendering service in, agriculture, horticulture, sericulture, livestock rearing, pottery making, basket making, spinning, and weaving (Baruah, 2005), good health was a major concern since historical days as pointed out by almost all the respondents. Assam has had a unique tradition of food habit specific to womenfolk since past (Bhattcharjee, 2021). Every woman of a traditional society could be viewed as the repository of knowledge on medicinal plants not only for the women but also for all the members of a family, society or community. They also have a good knowledge on some specific food and diets for women's health of all ages which are still prevalent in the society since time immemorial. During puberty, menstruation, pregnancy and post partum period, traditionally some foods have been accepted and some are avoided. For example, during puberty period girls are allowed to eat only fruits and boiled rice which has been maintained in every traditional society of Assam (Bhattcharjee, 2021). Sometimes, fish, meat, egg etc. are also not offered during that period. Even during menstruation, women of *Karbi* tribes do not eat meat, fish and eggs which are practising in some other tribes too, may be due to cultural infusion in recent years. Such high energetic foods may be responsible for stomach ache or heavy bleeding during menstruation period. Sour fruits like tamarind, pickles, curd etc. are avoided during that period too (Goswami & Thakur, 2019). It is noteworthy that this traditional knowledge is not only confined to the *Karbi* tribe but also is prevalent among all tribes of Assam. Some foods like coconut water, vegetable soups, fermented rice etc. were considered good during menstruation period. *Fermented rice or Poitabhat* is included during this period with a belief to keep the stomach function normal (Goswami & Thakur, 2019).

Rice has been the staple food since ancient days in this part of the country. Rice pudding called "payasa" or "paramanna" was a favourite dish of Assamese people (Baruah, 2015). The Padmapurana of Narayandeva has mentioned few items of Assamese cuisine, such as – *Maah'or Dal* (Moong Black Gram), *Jali komora* (Tender pumpkin), *Kachkol* (Green Banana), *Bet-gaj* (Cane shoots), mashed brinjal, Kosu, leafy vegetables like *Paleng* (Spinach) and many more (Borpujari, 1994). People of Assam had good knowledge on cooking combinations like *Xol* fish or Snakehead murrel with radish, the *Kawai* fish (Climbing perch) with *Laffa/Narasingha* (Mallow Leaves/Curry Leaves) or with bottle gourd and *Tengesi Sak* (Indian Sorel), *Rou* fish (Rohu) with *Ou* (elephant apple), *Moa* fish (Indian carplet) with Babori (Crown daisy) etc. Tribes in Assam commonly prepare two types of pickles from mustard seeds (*Kahundi* and *Kharali*). Another important ingredient is the *Khar* made from ashes of dried banana plants which is alkaline in nature and they think it

improves digestion and reduce acidity (Deka and Talukdar, 2007). They also used clove, cardamoms, camphor etc. to make food delectable (Borpujari,1994).

If one sees the lifecycle of a woman; pregnancy is found to be an important phase in women's lives. Immense nutritional care hence, needs to be taken to keep mother and foetus well. While all nutritious food, medicines and care are provided, attention is also simultaneously received by her from the elders to foods or ingredients that need to be avoided during the period. The traditional food items offered to pregnant women are almost similar amongst the tribes of Assam; only the verbal or non-verbal names of items are different. For example, "Hukoti", a special kind of dry fish recipe is a favourite traditional delicacy not only to Assamese society, but also must offered food items to women of different ages including pregnant women and adolescent girls to provide protein and calcium or other mineral supplements get out of it. It is a popular painkiller and proven anti-inflamatory (Sharma, et al., 2013) also. Tai Phake, Khamtis, Mishings, Karbi and Dimasas along with a few other hill tribes traditionally use it as a local remedy against malaria. British writer William Robinson (Robinson, 2011) specially mentioned the preparation methods of "Hukoti" in his book. He said that small fish were sundried and preserved for off season uses by almost all tribes residing in Brahmaputra floodplains (Robinsion, 2011). *Tai Phake* tribe or *Tai Phakials* use the word "Pa-nau" for "Hukoti". The *Khamtis* use the word "Pa heng" for dry fish powder. The *Mishings* tribe called it as "Namshing".

Further, leafy vegetables are also a good source to vitamins and minerals to men and women of all ages including pregnant women who need a balanced diet during the period. A list of leafy vegetables, locally known as 'Xak' is depicted in Table 1 which are traditionally believe to be healthier during pregnancy and lactating periods.

Table 1 : Leafy vegetables (Xak) traditionally used by Assamese women folk during pregnancy

Local Name	**English Name**	**Scientific Name**	**Source**
Horiyohxaak	Mustard	*Brassica juncea*	Cultivation
Kolmou	Water spinach	*Ipomoea aquatica*	Wild /Water bodies
Dhekia	Fiddle head fern	*Diplazium esculentum*	Wild
Palang	Spinach	*Spinacia oleracea*	Cultivation/ kitchen garden
Dohi kosu	Taro-stem	*Alocasia odora*	Wild
HatiKhutura	Spiny amaranth	*Amaranthus spinosus*	Wild
Meethi	Fenugreek greens	*Trigonella foenum-graecum*	Cultivation/ kitchen garden
Piralipalang	Ceylon spinach	*Talinum fruticosum*	Cultivation/ kitchen garden
Jilmil	white goosefoot	*Chenopodium album*	Wild
Maricha	Amaranth	*Amaranthus hybridus*	Wild
Khutura	Green amaranth	*Amaranthus viridis*	Wild
Puroixaak	Red vine spinach	*Basella alba*	Cultivation/ kitchen garden
Mula xaak	Radish	*Raphanus sativus*	Cultivation/ kitchen garden
Babori	Crown daisy	*Chrysanthemum coronarium*	Wild
Lofa xaak	Chinese mellow	*Malva verticillata*	Cultivation/ kitchen garden
Kola kosu	Black elephant ear	*Colocasia* sp.	Wild
Purnonova xaak	Dichondra	*Boerhaviadiffusa*	Cultivation/ wild
Suka xaak	Spinach dock	*Rumex acetosa*	Cultivation/ kitchen garden

Source : Bhuyan (1998); Khanikar (2018)

Food avoidance is too a matter of concern for women which is reflected in their food habits. In traditional Karbi society; duck, pork, papaya, pineapple, plantain flower (*koldil*), bottle gourd (*jatilao)*, white gourd (*kumura*), sour food, sugarcane, bitter vegetables etc. were advised to avoid in the first trimester of pregnancy (Bhattcharjee, 2021). These beliefs were also prevalent within other tribes of Assam also. Without going through scientific interpretation, women of those tribes still maintain such tradition (Goswami & Thakur, 2019). Bottle gourd and white gourd were avoided traditionally up to delivery time to prevent cough and cold. To avoid feeling of nausea and headache, bitter food is advised to exclude during that period from the diet list. There is a traditional belief that if plantain flower is eaten during pregnancy, the foetus will grow "giant" like the plantain flower. Whereas, scientific submission is that plantain flower contains non-heme iron and high fibres which are good for health though it is not absorbed by the body in absence of vitamin C (Goswami & Thakur, 2019).

Mishing pregnant women are generally administered boiled food with medicinal plants (Saikia, 2018) like, *Bhedailota* (Skunk vine), *Pudina* (Mint), *Bor manimuni* (Asiatic pennywort), *Soru manimuni* (Lawn pennywort), *Man dhania* (Long coriander), *Mosondori* (Heart leaf), *Norosingho* (Curry leaf), *Mati kaduri* (Sessile joyweed), *Tangasi* (*Oxalis corniculata*), Modhuxulung (*Polygonum microcephalum*) and many more. All these herbs are considered healthy during pregnancy. The *Karbis, Rabhas, Bodos, Khasi* and *Garos* too include such herbal mixture diet with local chicken / dry or fresh fish during pregnancy (Bhattcharjee, 2021). But pregnant women are also advised not to eat leafy vegetables at dinner time (Das, 2012) to avoid symptoms of acidity during night time as they need sufficient sleep to keep their body fit.

It is the tradition in each and every tribal and non tribal societies of Assam to offer a special food, "jala-anja" or jala curry prepared with black pepper to revive strength of the lactating mothers during post partum period. Other traditionally used food at post partum stage are- *Xukloti* (Pogostemon), *Kola kosu* (Black elephant ear), *Kolmou* (Water spinach), *Amita* (Papaya), *Jaluk* (Black pepper) and many more. Water spinach and papaya help in improving lactation, as they believe. Moreover, some locally available plants/plant parts (Table 2) are being used in different Assamese societies from plains to hills to overcome few health issues other than pregnancy but related to women (Kalita, et al., 2022; Bora, et al., 2016). However, all these plant-based cuisine are seen to be a part of regular diet among the rural folks during ailments and recovery.

Table 2: Plants traditionally used by Women in Assam against different ailments

Name	Scientific Name	Process	Benefits	References
Satmul	*Asparagus racemosus*	Raw and Cooked	Satmul gives energy and enhances fertility.	Bora, et. al., 2016
Amlokhi	*Phyllanthus emblica*	Raw and dried	This is used to stop vomiting of pregnant women and others. It is also used to treat scanty menstruation.	Bora, et. al., 2016
Dubori bon	*Cynondon dactylon*	Raw	Juice is used to stop excess bleeding during the menstruation period.	Taid, et.al., 2014; Bora, et.al., 2016
Lajukilota	*Mimosa pudica*	Raw	Root is used to cure menstrual discomfort & toothache	Kalita, et.al., 2022
Pategoja	*Bryophyllum pinatum*	Raw	Fresh juice of leaves is used to stop heavy menstrual bleeding.	Kalita, et. al., 2022
Joba Phul	*Hibiscus rosa-sinensis*	Raw & cooked	Flowers are dried in sunlight and dried pieces are boiled in water to drink. This water is good for heavy menstrual bleeding.	Bora, et. al., 2016
Kola Jaluk	*Pepper nigrum*	Raw	It is used to stop heavy and prolonged bleeding along with jiggery.	Bora, et.al., 2016
Sojina	*Moringa Oleifera*	Raw	Fresh leaf juice is used for menstruation pain.	Kalita, et. al., 2022
Bholuka bah	*Bambusa balcooa*	Raw	Tender shoots and leaves are used to cure painful menstruation.	Bora, et. al., 2016

Salkuwori	*Aloe vera*	Raw	Pulp of this plant is used for scanty menstruation	Kalita, et. al., 2022
Neem	*Azadirachta indica*	Raw	Leaf juice is used for irregular menstruation	Kalita, et. al., 2022
Haldhi	*Curcuma longa*	Raw	Rhizome of this plant is used for menstrual discomfort	Bora, et. al., 2016
Bhimkol	*Musa balbisiana*	Raw	Fruit cure menstrual irregularities	Bora, et. al., 2016
Kona simolu	*Commelina benghalensis*	Raw	Used for irregular menstruation	Bora, et.al., 2016
Titakerela	*Momordica charantia*	Raw	Leaf juice is used to treat irregular menstruation, abortion	Bora, et.al., 2016
Tita vekuri	*Solanum violaceum*	Raw	Root is used for menstrual discomfort.	Kalita, et. al., 2022
Ashok	*Saraca asoca*	Raw	Bark is used for menstruation pain.	Bora, et. al., 2016
Era	*Ricinus communis*	Raw	Young leaves of era plants are used for painful menstruation.	Bora, et.al., 2016
Boch	*Acorus calamus*	Raw	Rhizome is used for menstruation pain.	Bora, et. al., 2016
Keya bon	*Cyperus rotundus*	Raw	Leaf is used for gynecological disorder.	Bora, et. al., 2016

Discussion:

Traditional Assamese societies irrespective of tribe, tradition and locality favour a few nutrient rich supplements suitable for women's health which are still in use in the contemporary society.

A few are depicted below-

Panchamrit: Panchamrit (Illustration-1) is a combination of two words, *Pancha* meaning five ingredients and *amrit* which means the divine nectar of Gods that grant immortality. The

tradition of making and feeding "Panchamrit" during any good occasion is believed to be good omen. So, when the woman is in her fifth month of pregnancy "Panchamrit" is fed by the women of the family. This special dish, as the name suggests, is prepared by five ingredients – curd, milk, honey, sugar and ghee, each of the ingredients having their own medicinal properties (Figure 1). According to Ayurveda, these five ingredients have immense health benefits when combined in correct proportions. Curd is beneficial for digestion and its probiotic properties, milk for calcium, honey for antibacterial action, sugar for taste and easy digestion, and ghee is important for overall health, strong bones and gut health. It is said to nourish reproductive tissues, nervous tissues, fatty tissues, muscle tissues, blood and bones in order to provide strength, immunity and vitality. It is said to boost up the health of both mother and foetus if consumed during pregnancy (Das, 2009).

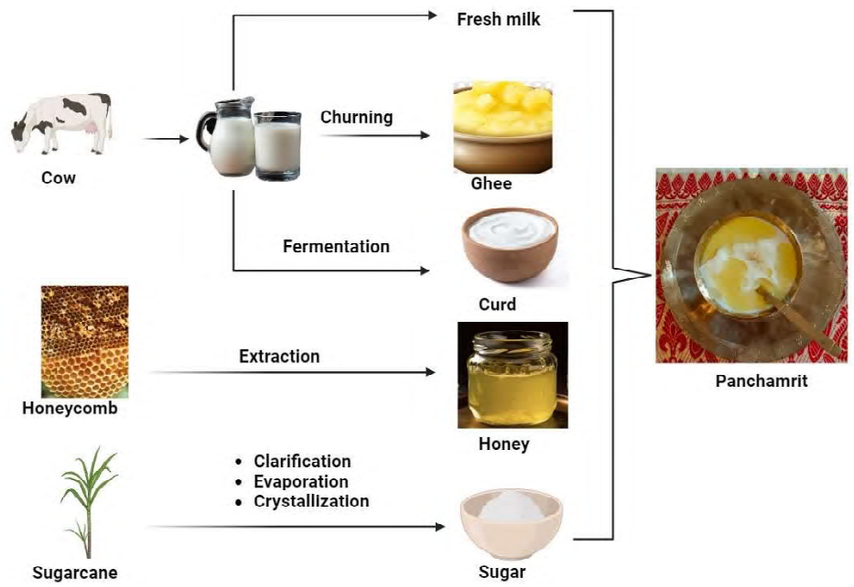


Figure 1: Process of preparing Panchamrit

Hukoti and black elephant ear plant curry: *Hukoti* (Figure 2) is a dry fish product made from various types of fish from times immemorial by different tribes of the state like *Tai Phake, Mishings, Khamtis, Motok, Moran, Ahom* and many more. For its preparation, different varieties of fish were collected from the nearby water bodies. After collection the

fishes were properly treated to remove its scales, fins and intestines, however for larger fishes, only the scales and fins were removed. They were then mixed with salt and turmeric and kept in a container for 8-9 hours. Then they were washed and mixed with salt and turmeric and sun-dried. Later the dried fishes were ground to a powdery form using a *dheki* (traditional mortar and pestle). Then powdered *borkosu* (a variety of taro) stems were mixed with the dry fish powder and packed in bamboo cylinders (*sunga*) before keeping on bamboo racks over the kitchen fire (*dhuwa sang*) to completely dry. It is popularly used as a painkiller and also used as a local remedy to cure malaria. Tribal people of Assam prepare various dishes using *hukoti* and black elephant ear plant (*kola kosu*). Thengal kachari tribe prepares *hukoti* and *kola kosu* curry with black pepper or *kola jaluk. Hukoti* contains various bioactive compounds which act as painkiller (Sharma, et al., 2013). *Kola kosu* contains steroids and flavanoids (Prajapati, et al., 2011) which has various pharmacological properties like anti-inflamation and analgesic and is considered effective at post partum period as it reduces body pain (Das, 2012).

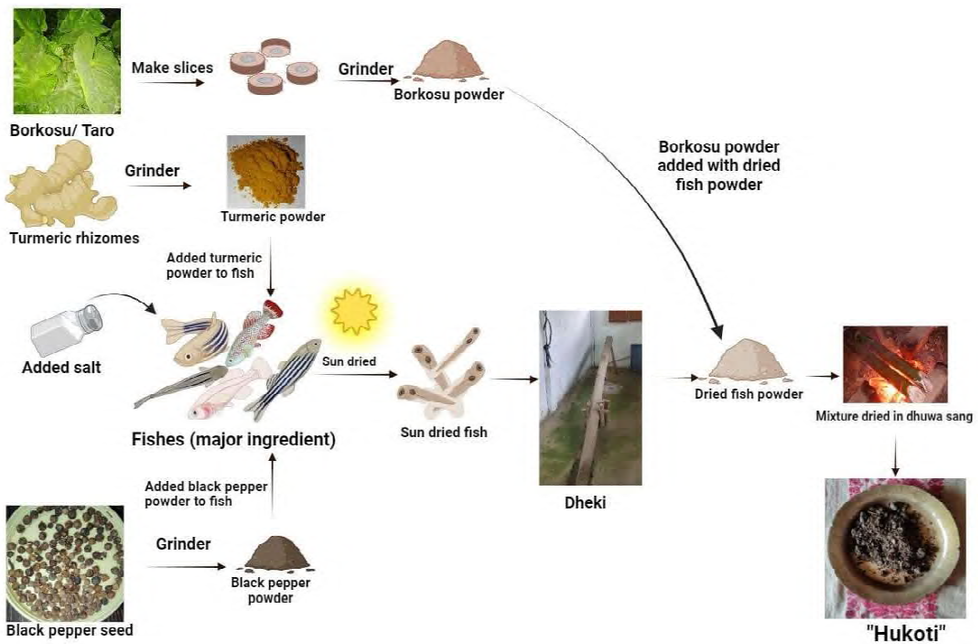


Figure 2: Process of preparing Hukoti

***Poita bhaat* or Fermented rice:** *Poita bhaat* (Figure 3) is prepared by soaking leftover cooked rice in water overnight for fermentation. Traditionally it is served as a breakfast dish with *aloo pitika,* i.e., potatoes mashed with mustard oil, onion and green chilies. It is considered as a food of the common villagers throughout Assam. Potato and mustard oil are added to enhance taste and aroma. Onion possesses numerous rich active compounds like flavanoids, phenolic glycosides, organosulphur compounds which has numerous health advantages including anti- inflammatory, anti-oxidant and anti-microbial properties. Chillies are also added for taste and for its anti-oxidant properties. (Stoica, et al., 2023). It emerged as a way to prevent the spoilage of cooked rice, particularly in earlier days when refrigerator was not there. It is commonly eaten during the summer, due to the belief that it has a cooling effect on the body. It is also a good source of nutrients and its cooling properties produces a soporific effect. Young girls who face menstrual cramps are often served with "poitabhat" for these reasons. Fermented rice is one of the best ways to manage many menstruation related problems as it has probiotic properties to break down proteins, enzymes in the diet which is easy to digest by all.

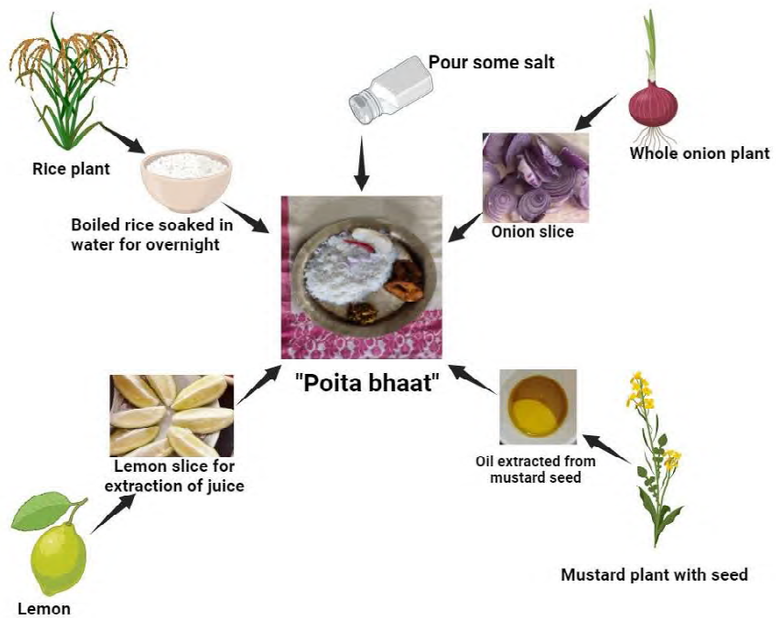


Figure 3 : Process of preparing Poita Bhaat

***Jal* curry:** After child birth it is a custom of Assamese society to offer *jal* curry to the new mother during post partum period. *Jal* curry is prepared by different tribes by various ways. Some tribes prepare *jal* curry using local chicken, black pepper, lawn pennywort, skunk vine, garlic, ginger, clove, cinnamon etc. This preparation is very delicious and considered very effective at postpartum stage as all the components have either protein or anti-oxidants which provides energy and helps to reduce body pain (Das, 2012). Moran tribe prepares *jal* curry using peasant's meat and black pepper. This tribe add *Posotiya* (*Vitex negundo* L) and *Loffa* (*Malva verticillata* L) in cooking jal curry for lactating mother, particularly at post delivery stage. *Posotiya* is commonly known for its anti-oxidant and anti-inflamatory and analgesic potential and particularly for hormone related activity like balancing estrogen levels (Vishwanathan and Basavaraju, 2010). *Loffa* contains valuable phenolic compounds like transferulic acid, trans-ferulic acid methyl esterb-D-galactopyranoside and -D-glucopyranoside, (–)-secoisolariciresinol-92 -O-abenzyl- which are highly beneficial for their anti-oxidant properties. The *Tiwa* tribe prepares *jal* curry using few local breeds fish. Climbing perch or *Kawai mass*, Snakehead murrel or *Xol mass*, Swamp eel or *Kuchia*, spotted snake head fish or *Goroi mass* are considered good for such preparation with black pepper, skunk vine, curry leaves, onion, ginger, cumin seed, garlic etc. (Das, 2012). Fish contains myriad important compounds like omega-3 fatty acids, proteins, vitamins, minerals and choline (Domingo, 2007) which are beneficial for post-partum stage (Benvenga, et al., 2016) and lactating women (Furuhjelm, et al., 2009). Fish or meat *jal* curry is sometimes prepared with elephant ear plant and black pepper for new mothers.

Kora: This preparation is prevalent within the *Tiwa* tribe. Clove, cardamom, black cumin, white cumin, cinnamon, black pepper, raw turmeric, ginger, potato, lawn pennywort, Asiatic pennywort- are grinded together as mixture with a *pihona* (a traditional kitchen grinder) and then, baked wrapped with banana leaves. It is believed that this food item is very effective to cure internal injury due to its high medicinal and anti-oxidant properties (Das, 2012). It provides relief during delivery and also a supportive traditional medicine during post partum period.

Conclusion

The rich food culture that has been maintained in traditional societies in Assam irrespective of tribes and communities residing from hilly terrains to flood plains provide support to maintain good health of women including adolescent girls to lactating mothers which is also supported by 80 percent of the respondents who were interviewed during the study. Though a marginal of 30 percent respondents expressed their concerns over influence of urbanization and invasion of western dietary habits, majority of the respondents rejected

the narrative as they have the opinion that traditional food habits are still relevant from the point of view of human health in general and women health in particular. Traditional cuisine is therefore gaining stronghold in urban centers in recent years as well.

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Accessibility to Maternal Health Care Facility in Rongmongve Block of Karbi Anglong District of Assam

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Abstract

Maternal Health refers to the health of woman during pregnancy, childbirth and postnatal period (WHO). Women's health in reproductive age-span is risky due to complications during and following pregnancy and childbirth or abortion. As per World Health Organization, "Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". Maternal health care services are essential for the health and wellbeing of mothers, as well as their children, affecting the overall population and its health and nutritional status. Inequalities in access to quality health services due to physical and socio-economic factors are a challenging task for health care providers. This paper aims to highlight the accessibility in maternal health care facility in selected 27 sampled villages in Rongmongve Block in Karbi Anglong district of Assam. The study followed descriptive research design for interpreting the findings. The data so obtained have been processed using statistical analysis and conclusions are drawn accordingly. Of the total 607 respondents comprising women ages between 18-50 years, 58 per cent of them have availed postnatal care indicating positive effort to maternal health care services. On the other hand, 61 per cent of maternal women were delivered their babies at home showcasing the inaccessibility of maternal health services in the block due socio-economic and physical constraints. Unequal distribution of health infrastructures, disperse pattern of settlement and lack of transport service have strong implication of accessing maternal health care facility in the study area.

Keywords : *Access, Antenatal, Childbirth, Healthcare, Maternal, Postnatal*

Introduction

Level of human development can be accelerated when health status of the citizen are healthy. Status of health greatly depends on the healthcare practice and availability of health care services in the country. Reproduction rights of woman and the right of survival of a child constitute the primary health care services. Maternal mortality can be avoided by providing adequate health care services such as antenatal care during pregnancy, assistance of trained physician or trained medical practitioners receive adequate and timely postnatal health care services. Besides these, immunization of pregnant woman against tetanus also reduces the maternal and neonatal mortality. Maternity mortality rate in India is 408 per 100,000 live births. This amounts to more than 4 million females deaths due to pregnancy related causes every year (Mishra, 2007). The Government of India has been undertaking bold initiatives for the improvement of the health policies and programme. Promotion of maternal and child health is one of the notable objective of family and welfare programme in India. This service in India has been initiated by necessary support from World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF). The government of India in 2015 launched 'Dakshata' programme prime important is given on rapid delivery of quality healthcare services to women for safety of pre and post-delivery periods. With regard to maternal and child health care systems the government has been providing antenatal care service including three antenatal visits, iron prophylaxis for pregnant woman and lactating mothers and two doses of tetanus toxoid vaccine. In order to reduce infant as well as maternal mortality, institutional deliveries or have deliveries by trained health practitioners is hour of needs. Provision of postnatal care, immunization of children are the other programmes for reducing maternal and child morbidity and ultimately aim at improving the standard of life in the entire society. The vaccination of children against tuberculosis, pertussis, diphtheria, measles, tetanus and polio is a turning point of child health care system in India. In order to comprehend the accessibility of such policies and programmes, relevant studies bear significant.

Few related work on maternal health care services is cited herewith.

Kumar et al., (2015) in their paper "Inequality in the utilization of maternal healthcare services in Odisha, India" found that the utilization of maternal healthcare services was considerably low in Odisha along with wide variation by region, economic standard, and literacy level.

Ghosh et al., (2020) in their study reveals that interventions through the (National Rural Health Mission) NRHM/National Health Mission (NHM) brought about remarkable decreases in both the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). It was noted that institutional delivery increased by 40.2 percentage points during the 10 years of the NRHM/NHM as against a mere 12.6 percentage point increase during 1992-93 to 2005-06 (the pre-NRHM era). They also found that inequality in rates of institutional delivery has also declined considerably.

Singh et al., (2012) studies the patterns of socio-economic inequality in the utilisation of maternal health care in rural Assam. The paper reveals that the level of maternal health care utilisation in Assam was still low characterised by a considerable district level variation. They found that there was a large socio-economic inequality in utilisation of all three kinds of maternal healthcare in rural Assam.

Gogoi et al., (2014) attempts to understand the relationship between use of Reproductive and Child Health (RCH) services and reproductive health complications (during pregnancy, delivery, and post-delivery) in the state of Assam using the data of third wave of District Level Household and Survey, conducted during 2007-08. The paper reveals that level of reproductive complication (pregnancy, delivery, and post-delivery complications) was higher in the state, particularly delivery complication highest than other form of complications. It also observed cross-section variation in pregnancy complication (pregnancy, delivery, and post-delivery complications) in the states was found higher among urban women than rural women. It was also observed that reproductive complication was higher among educated women than that of less educated women.

Zaman and Begum (2014) in their paper on Maternal mortality at a rural medical college of Assam - a retrospective studies found that there were 73 maternal mortality amongst 10291 live births over the period of study giving an Maternal Mortality Rate (MMR) of 709.35 which was much higher than that of Assam state. Eclampsia was the most common cause of maternal death. The paper stated that maximum maternal deaths were observed within 12- 24 hours of admission, maximum number of maternal deaths was seen in the age group 18- 23 years and most of the women had no Antenatal care (ANC).

Deka et al., (2022) highlighted the maternal health facilities available in different districts of Assam based on different maternal related indicators and identified the block of

districts where the mothers are vulnerable to modern health services. A composite Maternal Health Care Index (MHCI) was constructed through some indicators that reflect the maternal health care. The studies found that there are six contiguous districts which are utilizing very poor level of MHC facility in the state with respect to the particular maternal health indicators.

The present study entitled "Accessibility to Maternal Health Care Facility in Rongmongve Block of Karbi Anglong District of Assam" would bring brief information on maternal health care facility in the study area. Study on maternal health care facility in the district as well as in the block found rare. Keeping in mind, this study is undertaken to fill this gap for proper understanding of maternal health care services in the study area.

Objectives

1. To comprehend the status of healthcare infrastructures in the study area.
2. To highlight the maternal healthcare facility in the study area.
3. To suggest workable measure for improvement of maternal healthcare in particular and healthcare infrastructures in general in the study area.

Database and Methodology

Required data is collected from randomly selected sample villages in Rongmongve block through structured questionnaire. At first 27 samplevillages in the block have been selected and from that selected sample about 25 per cent of the total households are taken into account for the study. The data is collected through structural questionnaire by physically visiting the selected sample villages by the second author. Secondary sources of information such as books, journal, report and others have been used for this research work. Keeping the objectives in mind, the collected data have been processed using simple statistical analysis and conclusions are drawn accordingly. The study followed descriptive research design for interpreting the findings.

Study Area

Rongmongve is one of the Community Developmental (CD) Block in Karbi Anglong district of Assam. It is located between 26° 14'N to 26' 35' N and 93°00' E to 93° 30'E.

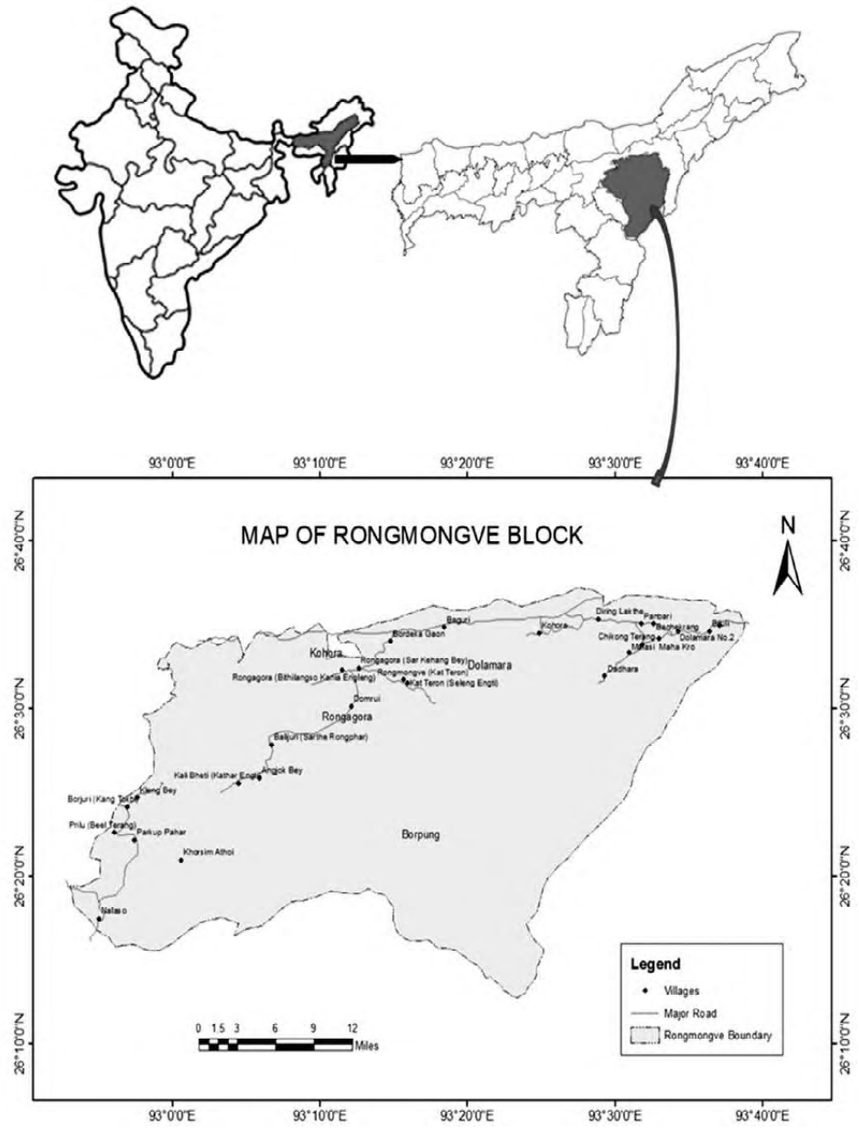


Figure 1 : Map Showing Study Area
Source : Prepared by the author using GIS techniques

Bounded by Nilip CD block in the east, Langsomepi and Bokajan CD block lies to the south. To the west lies Samelangso CD block and Nagaon district. The northern part is bounded by Nagaon and Golaghat district (Figure 1). According to 2011 census, there are total 176 inhabited villages accounting for 32,773 populations of which 16,694 persons and 16,079 persons are males and females respectively. Percentage of total literacy rate was 54.41 of which 62.42 are males and 46.03 are females. Constituting 81 per cent of population are dependent on primary activity which includes cultivators, agricultural labourers and household worker. The remaining 19 per cent of population are other worker which includes service, small business and other non-agricultural activities. The sex ratio of this CD block is 963 which are higher than the district sex ratio of 951 as per 2011 census. The block is totally a hilly region only small patches valley is seen to the northern fringes bordering the plain district of Nagaon and Golaghat. The region is covered by plenty of vegetation as it is located close proximity to the World famous Kaziranga National Park. The region experiences a normal cool weather condition during winter while hot and scorching like condition during summer. Urban local bodies were newly declared by the Karbi Anglong Autonomous Council authority, one being located at Dolamara and the other at Rongmongve. Rural population will attract these urban centres and will entertain the benefit and facilities provided by the concern authority which ultimately develop the entire region.

Results and Discussion

(a) Demographic Background in the Sample Villages : From the selected 27 sample villages, the population accounted for 11110 persons of which 5573 (50.16%) are males and 5537 (49.83%) are females respectively (Table 1). Of the total 2107 households, 1915 households are farmer, 101 households are government service holders, 69 families are engaged in various small business and the rest 22 households are working in different private sector services. Regarding about social category, 86.80 per cent of households belong to Schedule Tribe community, 12 per cent of households are other backward classes. The General and Schedule Caste households found least number with 0.99 and 0.18 per cent respectively. The highest numbers of households with 462 is recorded at Dolamara No.1 while with only 15 households at Prilu is the least number of households. It is clear from the data that only few villages have over hundred crossed households viz:- Dolamara No.1 having 462 households with 1850 populations, Dolamara No. 2 has 250 households with1302 populations, Kakojan numbering 159 households with 805 populations and the rest 24 villages were less than hundred households. It is observed that except Dolamara and Rongmongve the other areas found with least number of household as well as people. Recently these two villages were declared as town by Karbi Anglong Autonomous Council authority

to attract rural population for easy access of developmental schemes and programmes in the areas.

Table 1 : Demography of the Sample Village

Name of the Block	Sampled Village Selected	Households	Male	Female	Total
Rongmongve	27	2107	5573(50.16)	5537(49.83)	11110

Source: Field Survey, 2021 & 2022

* Figure in the parentheses is percentage of the total population

(**b**) **Demographic status in the Sampled Households :** From the selected 27 villages covering 2107 households only 39.10 per cent (824 households) is taken into account for this study (Table 2). The sampled households have 4432 population of which 2266 and 2166 are males and females respectively. Regarding about the occupation pattern 67.23 per cent households are primarily engaged in farming, 13.22 per cent households are daily wage labour, 11.28 per cent households are engaged in small business, 3.88 per cent households are in government service, 2.30 per cent households are engaging in other activities and 2.06 per cent of households are engaged at private sector activities (Table 3).

Table 2 : Demography of the Sample Households

Sl. No	Name of the Sampled Village	Total House holds	Sampled House holds	Population		
				Male	Female	Total
1	Angjok Bey	62	14	37	30	67
2	Bachekrang	36	11	34	39	73
3	Bagori	75	23	59	67	126
4	Balijuri	25	21	59	54	113
5	Bijuli	92	28	70	72	142
6	Bordeka Terang Arong	77	38	86	92	178
7	Borjuri	22	12	34	43	77
8	Dadhara	60	31	79	82	161
9	Diring Lekthe	57	22	63	50	113
10	Dolamara No.1	462	146	380	376	756
11	Dolamara No.1 Chikong Terang	41	41	122	105	227
12	Dolamara No.2	250	75	196	184	380
13	Domrui	85	25	65	69	134
14	KatTeron Rongmongve	72	28	72	80	152
15	Kat Teron Silim Ingti	51	20	49	55	104
16	Kakojan	159	48	149	119	268
17	Kali Bheti	45	11	29	29	58
18	Kleng Bey	61	22	68	49	117
19	Kohora	66	14	31	24	55
20	Khorsim Athoi	36	27	80	76	156
21	Malasi Sarthe Kro	51	51	147	145	292
22	Nalaso	37	25	76	91	167
23	Panbari Moti Terang	55	16	66	48	114
24	Parkup Pahar	20	20	51	46	97
25	Prilu	15	13	30	40	70
26	Rongagora Bithilangso	41	21	71	52	123
27	Rongagora Sarkehang	54	21	63	49	112
Total		**2107**	**824**	**2266**	**2166**	**4432**

Source : Field Survey, 2021 & 2022

Regarding the social category of the sampled households, 96.72 per cent households belong to Schedule Tribe community, 1.94 per cent of households accounted for Other Backward Class. The General and Schedule Caste households found least number with 0.48 and 0.84 per cent respectively.

Table 3 : Occupation Patterns of the Sample Households

Total Sampled Village	Total Sampled Households	Occupation of the Sampled Households					
		Govt. Service	Pvt. Service	Farmer	Labour	Business	Others
27	824	32 (3.88)	17 (2.06)	554 (67.23)	109 (13.22)	93 (11.28)	19 (2.30)

Source: Field Survey, 2021 & 2022

* Figure in the parentheses is percentage of the total households

(c) Health Institutions : Health Care services in the district are administered by the Joint Director Health Services and the Department of Health and Family Welfare, Government of Assam, headed by Additional Chief Medical and Health Officer. The health workers along with other paramedical staffs have been working untiringly with assistance from the district administration as well as number of NGOs to ensure the availability of health care services in the entire district. As per the present norms, each Primary Health Centre (PHC) is supposed to serve a total population of not more than 20,000 persons in tribal and hilly regions and 30,000 persons in non-tribal and plain areas. Further, each Community Health Centre (CHC) is supposed to serve a total population of 80000 persons.

As a whole in block level there are total eleven health institutions which include 4 Mini Primary Health Centre (MPHC), a Medical SC, and 6 Sub-Centres (SC). Of the total sample village, only 5 health institutions and 4 private pharmacies are functioning (Table 4). Though Rongmongve is a Community Development (CD) block but till date no Block Primary Health Centre (BPHC) has been established yet. In term of health care services it is being partly control from Chowkihola BPHC in Dolamara and Malasi areas whereas Rongmongve and Parkup areas is brought under Howraghat BPHC. It is observed that 59 per cent of sample villages are located within 0-5 km radius while 41 per cent of sample villages are apart from 5 km distance from health centres.

Table 4 : Health Care Facility Available in the Sample Villages

Health care facility	Health centre available in the Sample Villages
SC/MPHC	5
Pharmacy	4
BPHC	0
Referred Health Centre	0

Source : Field Survey and compile by the author, 2021 & 2022

Within the radius of five kilometres may not be a matter of concern in plain and developed areas but in case of hilly terrain it creates huge problems for proper accessibility not only health but in all sphere of amenities of development. This indicates disperse pattern of settlement with least households which ultimate hindrances for implementation of developmental schemes particularly health care sector in this block. Patient requires for further treatment is preferably referred to Bokaghat, Nagaon and Diphu as there is paucity of better treatment facility within the block. Facility of ambulance for patient is not available and thus public have to hire private vehicle at their own cost for further treatment to near and far off place. Charges of hired vehicle depend upon distance as well as road condition of the areas.

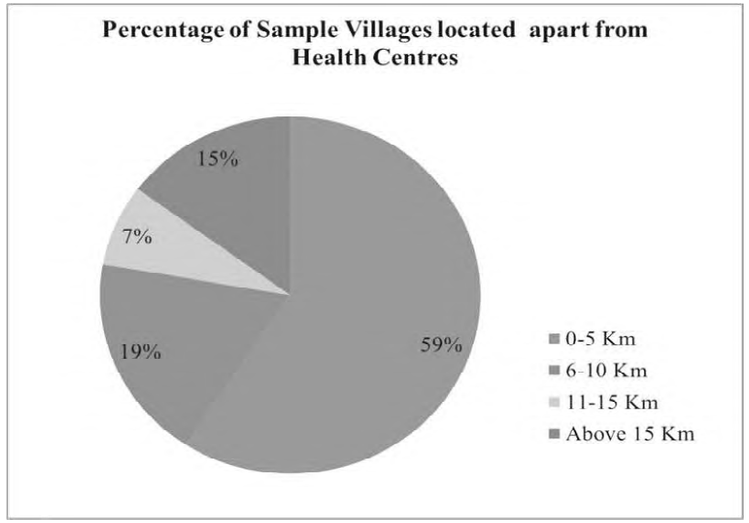


Figure 2 : Sample Village Located apart from Health Centres
Source: Prepared by author based on field data, 2021 & 2022

(d) Manpower : Adequate strength with dedicated health worker probably added accessibility level of health care services in the area. Workings round the clock with effortless energy will definitely not only safe lives but also making a healthy and wealthy citizen of the country. It is observed from the given (Table 5) that the entire CD block has only 3 doctors covering 32,773 populations. This means each doctor has to cover more than ten thousand population which is par above the WHO Standard of 1:1000 (each doctor has to cover 1000 population).

One each General Nursing and Midwifery (GNM) and Auxiliary Nurse and Midwifery (ANM) is found at Dolamara MPHC, two each GNM and ANM at Rongmongve MPHC and Malasi Pathar MPHC respectively. At Sub-Centre level Auxiliary Nurse Midwifery is available assisted by ASHA (Accredited Social Health Activist) and AWW (Anganwadi Worker). The latter two are the assisted health activist at grass root level. There are total 17 ASHAs and 51 AWWs health activists working at their respective areas under the study area (Table 6)

Table 5 : Manpower available at Health Centre under Rongmongve Block

Health Centre	Manpower Strength (in Numbers)								
	Physician	GNM	ANM	Pharmacist	Lab. Tech	FA	Health Educator	ABPM	Grade-IV
Dolamara MPHC	1	1	1	1	1	0	0	0	0
Rongmongve MPHC	1	2	2	1	1	7	0	1	1
Malasi Pathar MPHC	1	2	2	1	1	1	1	1	1
Dirring SC	0	0	1	0	0	0	0	0	0
Mauzadar gaon SC	0	0	1	0	0	0	0	0	0
Dolamara SC	0	0	1	0	0	0	0	0	0
Rongmongve SC	0	0	1	0	0	0	0	0	0
Silimkhowa SC	0	0	1	0	0	0	0	0	0
Rongagora SC	0	0	1	0	0	0	0	0	0
Kali Bheti SC	0	0	1	0	0	0	0	0	0
Parkup Pahar MSC	0	0	2	0	0	0	0	0	0
Total	**3**	**5**	**14**	**3**	**3**	**8**	**1**	**2**	**2**

Source : Field Survey and compiled by the author, 2021 & 2022

Table 6 : Assisted Health Activists in the sample Village

In Sample Village	ASHA (in Nos)	AWW (in Nos)
27	17	51

Source : Field Survey, 2021 & 2022

(e) Maternal Health Care and Accessibility : Provision of maternal health care services for safe motherhood is one of the vital components of the Reproductive and Child Health (RCH) programme. This programme provides service for antenatal care which includes three antenatal care visits, iron prophylaxis for pregnant women, and at least one dose of tetanus toxoid vaccine and natal care which encourage for healthy and safe delivery for both mother and child. This facility can avail at any government run health centres or even Non-Government Organizations (NGOs), private operated health centres. The main strategies of maternal health lies:- early detection and registration of pregnant women at Sub-Centre (SC) level, early detection of high risk pregnancies at SC level, strengthening of referral services, to promote Institutional delivery, Post Natal Care services. Of the total 27 sample villages numbering 607 women are taken into account and discussed about their maternal health care facility in the respective areas (Table 7). The reproductive age of women ranges between 18-50 years of ages are found in the study area. As per the data obtained from the field, number of live births in last decade (i.e. from 2011-2021) in the sample villages were recorded at 1030 live births. At Dolamara No. 1 village with 148 live births is at the top, followed by Dolamara No. 2 with 89 live births while with only 9 live births is found at Kohora (Chandrasing Rongpi) village during this period. Place of delivery with number of live births in the sample villages is again shown in (Table 7). The data shows that only 39 per cent of women are found institutional delivery whereas 61 per cent of live births are delivered at home. The reason behind this is due to disperse pattern of settlement and lack of awareness about maternal health, social and economic setup of the households.The block is entirely situated periphery zone witnessing rural and disperse pattern of settlement features which encompasses complex problems of accessing health care services. This nature of settlement has devoid of governmental schemes for rural development such as road, education, health and many more etc. In 2021, a pregnant lady of Dolamara No. 2 could not reach health centre on time, unfortunately expired on the way due to poor road condition. Such types of problems have been facing by the locality in the study area.

Table 7: Maternal Health Care Facility in Sample Villages

Name of the Village	Total Respondent	Age of the woman (Yrs)	Number of live birth in last 10 years (2011-2021)	Place of delivery with number of child		Facility for maternal women's in last 10 year (in Number)			
				At Health Centre	At Home	Anti Natal		Post Natal	
						Yes	No	Yes	No
Angjok Bey	14	20-45	27	0	27	14	0	5	9
Bijuli	19	20-48	39	12	27	19	0	12	7
Bachekrang	6	20-50	11	8	3	6	0	4	2
Balijuri	12	22-50	18	16	2	12	0	11	1
Borjuri	11	20-45	17	1	16	11	0	10	1
Bagori	15	18-35	24	22	2	15	0	2	13
Bordeka Terang Arong	25	22-50	33	21	12	25	0	15	10
Chikong Terang	31	19-48	61	32	29	31	0	15	16
Domrui	20	19-49	30	22	8	20	0	10	10
Dolamara No.2	53	18-48	89	46	43	53	0	31	22
Dadhara	15	22-43	22	12	10	15	0	9	6
Diring Lekthe	17	20-50	25	7	18	17	0	7	10
Dolamara No.1	98	20-50	148	34	114	98	0	70	28
Kakojan	44	20-40	81	23	58	44	0	25	19
Kali Bheti	7	22-30	11	1	10	7	0	1	6
Kleng Bey	21	20-40	44	0	44	21	0	0	21
Khorsim Athoi	26	19-50	45	3	42	26	0	3	23
Kat Teron Silim Ingti	14	19-45	19	12	7	14	0	14	0
KohoraChandrasing	7	28-39	9	6	3	7	0	6	1
Malasi Maha Kro	32	19-47	48	30	18	32	0	32	0
Nalaso	25	20-50	45	9	36	25	0	9	16
Parkup Pahar	18	23-45	39	6	33	18	0	8	10
Prilu	13	25-45	26	7	19	13	0	4	9
Panbari Moti Terang	18	22-45	31	11	20	18	0	11	7
Rongagora Bithilangso	11	29-44	22	14	8	11	0	9	2
Rongmongve Kat Teron	19	23-48	32	17	15	19	0	19	0
Rongagora Sarkehang	16	18-50	34	25	9	16	0	13	3
Total	**607**	--	**1030**	**397**	**633**	**607**	**0**	**355**	**252**

Source: Field Survey and compiled by the author (2021 & 2022)

There was also a big gap between the ANC and Post Natal Care (PNC) services for maternal health in the sample villages. Of the total 607 maternal women, all the women availed in case of antenatal care services. This shows a positive index of maternal health of

pregnant women in the area. On the other hand, 58 per cent of maternal women are availed for postnatal care whereas 42 per cent of them are not fully accessed due to physical and socio-economic constraints.

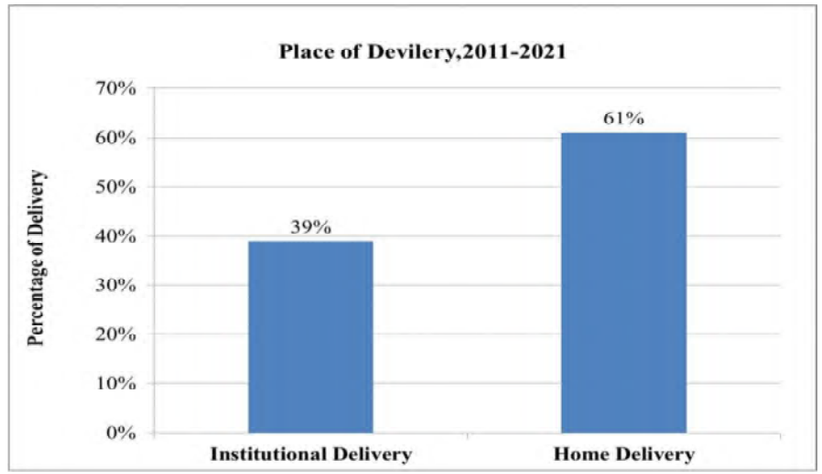


Figure 3 : Place of Delivery
Source : Prepared by author based on field data, 2021 & 2022

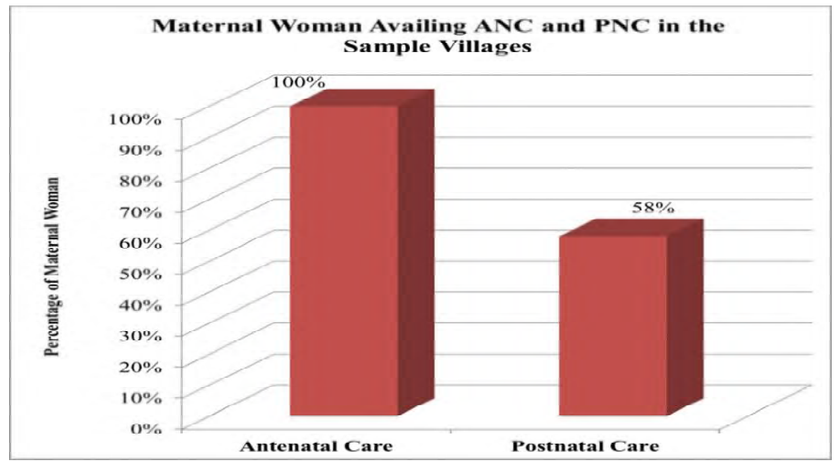


Figure 4 : Maternal Women Availing Antenatal and Postnatal Care
Source : Prepared by author based on field data 2021 & 2022

Finding and Conclusion

The health care system of the entire district is same as the other districts have in the state. It is a natural fact that the degree of provision and implementation of health care service differs from area to area as well as region to region due to certain determining factors. Larger geographical area with hilly terrain encompassing lack of road and transportation network is the main reason for unequal concentration of health centres. In the sample village only 5 health centres and 4 pharmacies are operating where required strength of health care services are not met the number of population served. Manpower in term of doctor-population ratio found at 1:10,924 which is above the WHO standardized norm of 1:1000 population indicating shortage of doctor in the study area. There are total 17 ASHAs and 51 AWWs health activists working at their respective areas in the study area. Of the 607 respondents (women), during the decade 2011-2021 the live births were recorded at 1030, the highest being at Dolamara No. 1 village with 148 live births whereas the least with only 9 live births were found at Chandrasing Rongpi village, Kohora. Accounting 61 per cent of live births have been delivered at home whereas only 39 per cent of them happened at health centre. This indicates a matter of concern for maternal health care services in the study area. Same per cent of pregnant women have availed ANC service while PNC accounted for 58 per cent. Constituting 42 per cent of maternal women were devoid of PNC due to physical and socio- economic constraints of the study area.In 2021, a pregnant of Dolamara No. 2 was expired on the way to health centre but poor road condition hindrance to save her life.

Based on the above information conclusion can be arrived at that maternal health care services in the sample villages in particular and as a whole block in general are not well developed due to unequal distribution of health centres, disperse settlement, lack of developmental activities especially road, transport and communication network. In order to chalk out such complex problems the district administration particularly Health and Family Welfare department should come forward for provision of quality maternal health care services in the area. Stakeholder of both government and non-governmental organisations and the local people should take strong initiatives for equality health services by assisting health workers and organising health awareness programme in the area.

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Pervasiveness of Traditional Contraceptive Methods : Aspects on Contraceptive Adoptions among Women in Phansidewa Village of Darjeeling in West Bengal, India

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Abstract:

A woman's socioeconomic status can have a significant impact on her awareness and decision-making regarding contraceptive use. Providing access to contraception methods and endowing women with proper acquaintance, knowledge and reproductive choices is a recognized and worthwhile elucidation to accomplishing gender equivalence and impartiality. The study conducted in 2021 on 500 married women living in Phansidewa Village of Darjeeling in West Bengal, India, exposed that a substantial section of women had inadequate knowledge about the usage of contraceptives. This finding under scores the urgent need for greater awareness and education regarding family planning methods. The study also highlighted that the external barrier protection method was considered the most important contraception technique by the majority of women, further emphasizing the significance of promoting the traditional methods of contraception in the studied village as an effective and accessible practice of contraception. Relatively socioeconomic status, livelihood, age, education, and social aspects are vital factors for the adoption of contraceptives in relation tothe socio-economic condition of the village people. The consequence of side effects from the use of different types of modern contraceptives has also been evaluated. In this analysis, ANOVA Test was employed to examine the data statistically. It is imperative for the government to pay attention to these factors and ensure that concerted efforts are made to benefit everyone in the context of family planning.

Keywords : *Contraceptives, Women, Modern Contraception Methods, Factors, Side Effects*

Introduction

The endowment of a wide range of reasonable, effective, and innocuous contraceptive methods is an important constraint to meet the family planning requirements of women (Blumenberg et al., 2020). Access to a diverse selection of safe, effective, and affordable contraceptive methods is crucial for meeting the needs of women who seek family planning. It is important to consider that each contraceptive method has its unique benefits and drawbacks. By providing a range of options, individuals can make informed decisions about their reproductive health and achieve greater control over their lives. According to a national study conducted in 2005, India's demand for family planning satisfied (DFPS) with modern contraceptive methods was 70% (Ewerling et al., 2018). However, the historical focus of family planning policies in India was primarily aimed at controlling population growth, with a focus on sterilization, which was mostly targeted towards women. Nonetheless, the government's policy has since changed, as outlined in the 2014 Family Planning 2020 action plan (Government of India. India's Vision FP, 2020). India has an enduring convention of using inducements to embolden both women and providers to endorse contraceptive use and population control (Visaria & Ved, 2016). However, this approach has been accompanied by decades of reports highlighting unsafe conditions, particularly in sterilization camps. Therefore, it is critical that we shift our focus to quality rather than quantity to ensure the highest quality of family planning care (HRW India – 2012). Despite these policy alterations, in India, only 47.8% of married couples are present consumers of modern contraceptive methods, signifying that there is still much work to be done. The median age of women in India who undergo sterilization is 25.7, and women with lower education levels and greater fecundity are more likely to be sterilized (IIPS/India II for PS, 2017). Extensive research has consistently shown that female education significantly impacts various social, economic, and demographic factors, including age at marriage, employment status, fertility, and the use of contraceptives (Bulatao & Lee, 1983; Islam, 1991). The provision of greater autonomy to women leads to a substantial increase in contraceptive use (Morgan & Niraula, 1995). The impact of "son preference" on fertility and contraceptive use cannot be ignored. Couples who are influenced by this preference may continue to have children until they have a son, which can have negative effects on the health of the mother and the family as a whole.

Therefore, it is crucial to address and overcome this preference to ensure better health outcomes for women and families (Jeffrey & Basu, 1996). According to a study conducted by Barman, socioeconomic status, age, and number of live births significantly influence women's contraceptive use (Barman, 2013). In keeping with demographic transition concepts (Bongaarts & Watkins, 1996), the diffusion of contraceptive approaches started among the elite and then extended to the commonalities with the same language and culture. In the context of West Bengal, it is not conceivable to attribute fertility transition to the Family Planning Programme, as West Bengal has not ever had the kind of aggressive or even effectual family planning campaign or program that several other parts of the country have incorporated at different times (Basu & Amin, 2000). Despite policy changes, the use of reversible contraceptive methods and male sterilization is still low in India, with female sterilization continuing to be the dominant method, accounting for two-thirds of the total contraceptive use. It is imperative to continue working towards providing greater access to a diverse range of safe, effective and affordable contraceptive methods to meet the needs of women for family planning.

Conceptual background

Factors that affect the use of contraceptives range from individual attributes to socio-cultural institutions and access to healthcare services. Female sterilization and IUD are the most popular long-term methods, with female sterilization being the preferred method of permanent birth control (Kumari, 1998; Government of India, 1997). Women's status has a significant impact on their use of contraceptives and fertility rates (Dyson & Moore, 1983) in society. Empowering women with greater autonomy has been shown to increase contraceptive use (Morgan & Niraula, 1995). Studies conducted in India and Bangladesh have shown varying results on the use of contraceptives among different religious groups. In a work, it was depicted that even though the average number of children bornin a Muslim family or a Christian family is greater than that in a Hindu family, the recognition of the sterilization method of contraception to bound family size was greater in the case of Muslim and Christian families in comparison to Hindus (Dutta et al., 1990). In contrast, a study of contraceptive practice in Bangladesh showed that Muslim women were less fond ofusing contraception than Hindu women (Islam, 1991). In order to identify areas that may require help and improvement, the present study aimed to comprehend married women's perspectives, opinions, and Practices about contraceptive practicesin the study area.

Aims and Objectives

The study sought to assess the views, perspectives, and behaviours of married women in the studied area with regard to contraceptive methods, with the aim of identifying potential

areas for enhancement and assistance. The following objectives were pursued in order to achieve the goal:

1. Examining the socio-economic status and its impact on the use of contraceptives.
2. Identifying the most widely accepted and preferred contraceptive methods among women and the factors that influence their usage rates.
3. Develop more effective family planning programs that consider women's preferences and comfort levels.

Thus, the study's objectives were to thoroughly document the factors that influence family planning uptake in the study area from the perspective of households, to offer new insights into the adoption of contemporary contraceptive techniques and to guide subsequent initiatives better to promote family planning and to evaluate married women's understanding, perspectives, and habits around contraceptive techniques.

Methodology

The present study, conducted in 2021, aimed to examine the knowledge and usage of contraceptives among 500 married women between the ages of 18 and 50 residing in Phansidewa Village of Darjeeling in West Bengal, India. A face-to-face interview method with pre-defined questionnaire forms was arranged to obtain data. This approach provided a direct means of eliciting responses from participants and allowed for an in-depth exploration of the research topic. The interviews were conducted to ensure consistency and minimize potential sources of bias. The study findings revealed that the participants' knowledge of contraceptives was limited, and there was a lack of awareness about different contraceptive methods and their usage. The data collected also encompassed information on the women's age, educational qualifications, family structure, occupation, social compulsions, and any prior knowledge or inconvenience in using contraceptives. The article also explores whether the married women who participated in the interviews who use contraceptives experience any side effects or how they are affected. In this study, the ANOVA Test was employed to evaluate the data statistically that allows for the comparison of multiple groups to determine if there are significant differences among them. Also, the study's results could be used to design effective family planning programs that consider the preferences and comfort levels of women.

Results

Most of the families that participated in this research work belonged to the nuclear family, although the rest of the family lived in another distant part of the neighbourhood and joint family means the family studied where a married woman lives with her husband, her mother, and father-in-law but no other members of the same family live together.

As depicted in Table 1, based on the socio-economic standing of all the respondents, it was found that among the 500 married women, 20.2% of women were in the age group of 18-20 years, 29.8% of women in their 20-30 years of age, 15.2% in the age group of 30-40 years and 34.8% belonged to the age group of 40-50 years.

In terms of livelihood, a large proportion of women earn at least a small amount to run the household and contribute to the domiciliary. Although government jobs were not predominantly noticeable, 3.8% of women were attached with state government jobs and 12% of women earned their living by working in different private sectors. 37.4% of the women in the same village work as daily laborers or monthly laborers on the land owned by others, while 18.4% of women work on their own land. Several married women in the village also earned by selling various items, of which 10.6% of women were engaged with selling various products of their own or other's farm or land. There are 17.8 percent of married women who do not do any outside work and do not involve themselves in earning, they are only engaged in domestic work at home.

A large proportion of the studied women in this village are almost uneducated, the data found shows that almost 50% of the studied married women are illiterate. 11.4% of women have studied up to lower primary and 13.8% of the married women have education up to upper primary. 11.2% of women are educated up to secondary standard and 8.2% of women are educated up to higher secondary. The number of married women who have graduated is very low at only 4.2% and the most educated married women are only 1.2% who are postgraduate.

A positive aspect emerges in the case of women in this rural social system where it is seen that most of the women, 58.4% do not have any serious health issues in that sense. However, about 20.6% of married women were malnourished from birth due to childhood malnutrition, which was found to affect them even after marriage. 15.8% of women have physical ailments due to various minor physical infirmities like weakness, aches, mild fever, cold, indigestion, and other issues. Again 5.2% of the women who were interviewed had various critical physical infirmities and those critical health issues could not be cured easily in that case, they had to go through long-term treatment, operations, or sometimes not curable at all.

In terms of religion, among the married women, a major part, 91.8% of women are of Hindu religion. There are 6.8% of women who belong to the Muslim religion and a very small 1.4% of women belong to the Christian religion. But what is very remarkable is that though the women of the three religions live almost side by side in houses, there is no lack of

affinity among them and everyone extends a hand of companionship to everyone on different issues in different fields.

Table 1 : Distribution of respondents by different socio-economic status

Variables		**No. of Women among 500**	**Percentage**
Age (years)	18-20	101	20.2
	20-30	149	29.8
	30-40	76	15.2
	40-50	174	34.8
Occupation	Govn. Job	19	3.8
	Private Job	60	12
	Labour (others land)	187	37.4
	Work in own land	92	18.4
	Selling own or other farm/land products	53	10.6
	Housewife	89	17.8
Education	Illiterate	250	50
	Lower Primary	57	11.4
	Upper Primary	69	13.8
	Secondary	56	11.2
	Higher Secondary	41	8.2
	Graduate	21	4.2
	Post Graduate	6	1.2
Health issues	No health issues	292	58.4
	Malnutrition	103	20.6
	Ill health	79	15.8
	Other critical health issues	26	5.2
Religion	Muslim	34	6.8
	Hindu	459	91.8
	Christian	7	1.4

Although the studied villages are located in highly rural areas, when interviewed about the use of contraceptive methods, a positive impression was reached that most families use modern methods of contraception along with traditional methods. Table 2 illustrates that 87 out of 500 women were using barrier condoms as a contraception method which is about 17.4% of the married women. Although 82.6% of women were not interested in using barrier condoms as a contraceptive method, as many had no knowledge about it, many thought it was not comfortable, some were using other types of contraceptives, and also had to rely on their husband's decisions. But in its favor, there were about 17.4 percent of married women who said there were no side effects, and some of the benefits of using it were that of free of cost provided by health centers, the husband's choice, and they often used it as advised by the health workers.

80.4% of women who were using contraceptive pills did not accept this as a useful contraceptive method very well as according to them there were some side effects and many of them did not have any prior idea or knowledge about it. Also, the cost of marketed contraceptive pills was quite high, so many married women relied on other readily available methods. Many women were lack of proper knowledge about the effectiveness of using the pill and not only this, married women were reluctant to use the pill due to various physical ailments too. Although 19.6% of married women were influenced by mass media and expressed their desire to use contraceptive pills by the suggestion of health workers. They expressed their affinity with this method as the pills were easily available from the government health centers, could be easily dispensed, and were easily edible and the surrounding families were also consuming them without any difficulty.

A strong reluctance was observed in 92.4% of women to use a modern method IUD and its expense was also an important factor. The external method was found to be more popular among women and since many were hoping for more children there was also a disinclination towards the IUD method. Some of these virtues were particularly uncomfortable and caused fear in women of a foreign object entering their bodies. Women's husbands also showed unwillingness in many cases to use the same. Very few women only 7.6% accepted various positive ideas with the help of health workers such as this method had no special side effects, was very effective, and did not require the use of pills. Sometimes relatives emphasized its effectiveness in using this method, and many cases were found whereit was used by those who had miscarriages.

The use of injections as a contraception method was also seen in a small number of women, with only 5.4% of women using it, based on the opinion of someone who had used it before and in some cases with the suggestion of health service providers that it was protective

and could be fruitful. Many used this method because of their strong belief in it. But 94.6% of married women opined against using this method because of a fear of its side effects, and in many cases, lack of knowledge about it, their subsequent fertility prospects, huge cost, and permanent operations.

Of all the contraceptive methods used, the sterilization method was the most popular, with at least 31.2% of married women relying on this method. This technique was relatively prevalent due to regular local campaigning, native families' belief about the efficiency of this process, partaking no particular side effects, its birth control aptitude, influence by health service providers, and use of no other methods. However, 68 percent of women were afraid of using this method due to various religious reasons, and many for fertility aspiration, and due to lack of special knowledge about it and was not considered favourably because of various health issues, lack of awareness, time-consuming, and their husbands'adverse attitude.

Table 2 : Reasons behind choosing or not choosing a particular method of contraception

Methods	**Considered by women**			**Not Considered by women**		
	No. of women	**Percentage**	**Reason**	**No. of women**	**Percentage**	**Reason**
Using barrier condom	18	3.6	No Side Effect	101	20.2	Side Effect
	10	2	Health Workers' Advice	121	24.2	Not Aware of
	21	4.2	Easy to Use	88	17.6	Displeasure
	17	3.4	Free of Cost	21	4.2	Prefers other contraceptives
	21	4.2	Husband's Decision	82	16.4	Husband's Decision
Total 500	87	17.4		413	82.6	
Using Pills	14	2.8	Mass Media	84	16.8	Side Effect
	18	3.6	Advised by Health workers	157	31.4	Do not have knowledge about
	36	7.2	Easily available	51	10.2	Costly
	8	1.6	Easy for consumption	19	3.8	Using other contraceptives
	13	2.6	Does not like condom etc.	55	11	Fear as failed method
	9	1.8	Neighbours prefer	36	7.2	Health Issues of women
Total 500	98	19.6		402	80.4	

Using IUD	5	1	Health workers suggested	94	18.8	Costly
	8	1.6	No Side effect	284	56.8	Prefers external methods
	3	0.6	Effective	12	2.4	Desire of children
	6	1.2	Aversion to Pills	19	3.8	Troublesome to use
	12	2.4	Relatives advised	25	5	Husband's decision
	4	0.8	Already been aborted, so wants to use	28	5.6	Fear of inserting internally
Total 500	38	7.6		462	92.4	
Using Injection	4	0.8	Known from early users	105	21	Fear of side effects
	2	0.4	Health workers' suggested	203	40.6	Desire of fertility
	6	1.2	Protective	59	11.8	Expensive
	6	1.2	Faith on injection	77	15.4	Does not have adequate knowledge
	9	1.8	Does not favour other methods	29	5.8	Wants to go for an operation
Total 500	27	5.4		473	94.6	
Sterilization	19	3.8	Easy procedure	15	3	Religion issues
	36	7.2	Effectual	102	20.4	Fertility aspiration
	25	5	Control children's birth	86	17.2	Time-consuming
	16	3.2	No side effect	54	10.8	Not well known
	17	3.4	Regular Campaigning	32	6.4	Fear to use
	29	5.8	Local people undergoing	17	3.4	The young age of women
	13	2.6	Does not want to continue Pills	20	4	Husband's decision
	20	4	Health service providers suggested	14	2.8	Health issues
Total 500	175	31.2		325	68	

Table 3 provides insight into the factors that influence the use of contraception methods among married women in rural areas. Of the women surveyed, 13.8% identified age as an important factor, as most women in the village were married at a young age and faced significant pressure regarding contraception methods. For 20.6% of women, the need for more than two children in a family was a significant factor in the use of contraceptives. The lack of proper physical care in the rural system also made it difficult for them to make informed decisions about contraception methods, according to 18.2% of women. Furthermore, 6% of women suggested that a lack of regular services, particularly health services, and inadequate knowledge were hindering the use of contraception methods. Furthermore, 5.8% of women could not make decisions on their own regarding their family planning including the use of contraception methods due to different religious barriers. According to 7% of women, edification was a significant aspect in gaining knowledge about the appropriate use of contraceptives, low education among women ultimately results in a lack of responsiveness to contraceptive use. Some rural families aimed to increase the number of family members, making it difficult for 12.8% of women to gain adequate knowledge about contraception methods. For 15.8% of women, family income and the type of contraceptive method used were important factors, as they could not afford to spend on contraceptives due to low earnings.

Table 3 : Factors affecting the use of contraceptives

Factors affecting the use of contraceptives	**Number of women among 500**	**Percentage of women**	**Reason**
Age	69	13.8	Early marriage
Number of children	103	20.6	More children to give birth
Health	91	18.2	No health care
Availability of health services	30	6.0	No regular service
Religion	29	5.8	Different family planning
Education	35	7	Lack of awareness
Social liabilities	64	12.8	Increase members
Earning members	79	15.8	Less interest in using contraceptives

Although traditional contraception methods remain prevalent among married women in rural areas, a growing number have begun to adopt modern methods, albeit with limited popularity. Among the 87 out of 500 women who used barrier condoms as a contraception method, 19% reported experiencing side effects such as abdominal cramps, vaginal discharge, and allergic reactions as depicted in Table 4. The use of condoms could also be uncomfortable, and in some cases, leakage could occur, which could negatively impact sexual intercourse. Similarly, 11.6% of women who used contraceptive pills experienced difficulties such as irregular menstruation, headache, nausea, drowsiness, irritability, and mood swings. Among the interviewed married women who were using the IUD as a contraception method, 6.4% reported about the difficulties of break through bleeding, irregular periods, lower back pain, cramping and pelvic infection. Again contraceptive injections were reasonable and readily accessible from the health centers, but their use among married women was found to have remained low comparatively. Only 5.6% of women were using injections as a contraception method due to side effects such as lower abdominal pain, nausea, irregular menstruation, depression and prolonged menstruation. The most popular contraception method remains sterilization, however, 21% of women who had undergone sterilization reported intricacies like severe pain, waist pain, oxytocin, changes in the menstrual cycle and infection. Surgical injuries were also a common possible consequence.

Table 4 : Side effects of using contraceptives experienced by women

Method	**Side effects**	**Among 500, Number of women experienced side effects**	**Percentage of women experienced side effects**
Using barrier condom	Abdominal cramps	10	2
	Vaginal discharge	6	1.2
	Sexual displeasure	39	7.8
	Allergic reactions	8	1.6
	Condom leakage	4	0.8
	Not comfortable	28	5.6
Using pills	Irregular menstruation	21	4.2
	Headache	11	2.2
	Nausea	6	1.2
	Dizziness	13	2.6
	Irritation/mood swing	7	1.4
Using IUD	Breakthrough bleeding	6	1.2
	Menstrual disorder	9	1.8
	Backache	6	1.2
	Heavier periods	4	0.8
	Cramping	5	1
	Pelvic infection	2	0.4
Using Injection	Abdominal pain	8	1.6
	Nausea	7	1.4
	Irregular periods	5	1
	Depression	3	0.6
	Heavy periods	5	1
Sterilization	Severe pain after the method	47	9.4
	Backache	27	5.4
	Anxiety	11	2.2
	Change of menstrual cycle	9	1.8
	Infection	7	1.4
	Surgical injuries	4	0.8

Discussion

The present study, which focused on married women, found that there was no substantial correlation between the use of contraceptives and age, occupation, educational attainment, the presence or absence of physical issues or religion. However, there were noteworthy differences among these socio-economic factors. Married women exhibit diverse perspectives on using contraceptives and their decision-making processes are influenced by a variety of factors rather than being solely determined by their financial circumstances or level of education. The study's findings are further elucidated by the outcomes, which demonstrate the prevailing issues about contraceptives. Despite socioeconomic and other challenges, not all married women participating in the study, utilized modern contraceptives; however, their attitudes toward usage varied. Women's deference to their husbands' decisions regarding contraceptive practices presents a distinctive angle concerning the significance of female empowerment in contemporary societal discourse. It is widely recognized that some women depend on one or more methods of contraception when they are unable to utilize another method or rely solely on one contraceptive. In the context of the socioeconomic landscape, there is a prevalent inclination among women towards opting for sterilization as a permanent form of contraception, as opposed to regularly altering their contraceptive methods. This preference highlights the feasibility of addressing the primary concern, despite prevalent misconceptions among individuals of various religious backgrounds regarding these practices. Research consistently demonstrates that women prefer to avoid using contraceptive methods that cause physical discomfort, opting instead for accessible and affordable alternatives. There are various societal, familial and physical factors that impede women from prioritizing their own perspectives. Hence, it is imperative for society to take proactive measures to ensure that women are accorded a respected status within their families. The survey unequivocally reveals that rural families persist in holding the false belief that having more children results in increased power and wealth for the family. The influence of family opinion frequently presents a formidable impediment to women in their pursuit of their preferred contraceptive method, thus constituting a notable social barrier. The disparaging remarks made by women about different forms of contraception have a significant impact. This influence can lead to a reluctance to use specific techniques and instill fear, potentially resulting in minor health issues. As a result of various forms of unawareness, it has been observed that certain minor physical ailments may lead to subsequent physical adversities for women, ultimately extending to other women in close proximity and affecting their mental well-being.

Statistical Analysis

The following bar chart effectively illustrates the number of women who are contemplating various contraceptive methods compared to those who are not. This visual representation allows for a clearer comparison of the factors influencing both the acceptance and rejection of these methods. Furthermore, the results from the ANOVA Test reveal a significant difference between the two groups—those who have considered the methods and those who have not. The p-value is notably small (0.00015), indicating that the average percentages of women in these two categories are statistically distinct from one another. This suggests meaningful insights into the different attitudes and reasons surrounding contraceptive method adoption among the surveyed women.

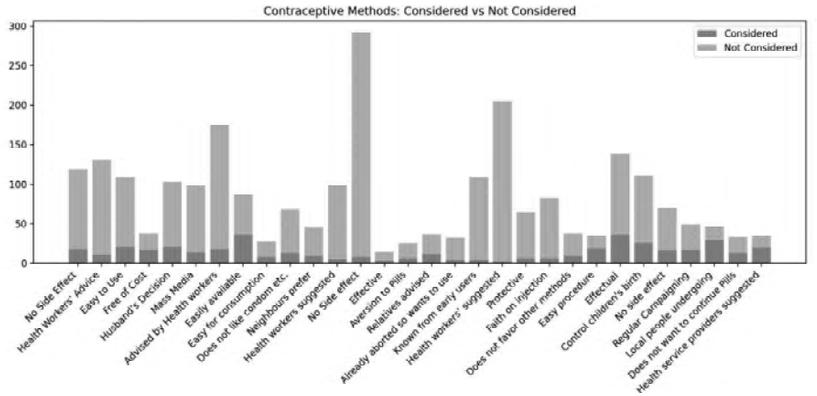


Figure 1: Contraceptive Methods: Considered vs Not Considered

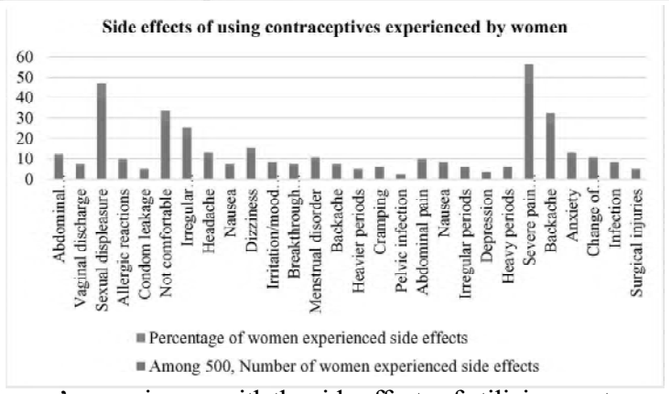


Figure 2 : Women's experiences with the side effects of utilizing contraceptives

Sexual displeasure is the most frequently reported side effect, occurring in 7.8% of cases. In contrast, condom leakage is the least commonly reported side effect, noted in only 0.8% of instances. Most side effects associated with this matter tend to occur in less than 2% of cases.The results from the ANOVA Test reveal a p-value of less than 0.05, which indicates that there are statistically significant differences among the groups being examined. This suggests that the variations observed are unlikely to be due to random chance, prompting a deeper investigation into the specific factors that may be influencing these differences and their potential impact on the overall study.

Conclusion

According to the study findings, the use of contraception is associated with increased empowerment among women, particularly those from low-income backgrounds. The results under score the significance of women's access to contraception in controlling the size of their families and the timing of their pregnancies as a means of advancing their empowerment. While the primary rationale for investment in family planning is to prevent unintended pregnancies as well as maternal and infant mortality, this study demonstrates that family planning confers increased mobility and decision-making autonomy to women within their households. It is essential to accelerate the implementation of social welfare programs to support individuals situated at the lowest levels of the social hierarchy, as this would contribute to increased adoption of contraceptive methods. The findings accentuate the ongoing requirement for additional informational, educational and communication initiatives aimed at promoting the use of contraception. There is a lack of knowledge regarding the efficacy of modern contraceptive methods among married women in the village under research. By using current methods, family planning becomes possible even in rural country regions where there is limited access to technology. Programs that effectively address the widespread use of contraceptive techniques in rural regions need to be established. It is crucial that these methods be made available and accepted, and educating the weds about contraceptives can help to regulate the populace and increase their desirability.

Policy to be Implemented

We endeavour to conscientiously address issues such as gender disparities, social inequalities, differences in religious practices, and economic disparity when handling these issues. Free contraceptives should be readily available from government health offices or centers and small drug dealers in the area. Women's education should also be prioritized in these efforts. Local women's associations and government and non-government schemes can help sensitize pregnant and married women about birth control and educate them about the side effects of contraceptives. In order for a program to be efficacious, it must encompass

motivational, informative and counseling components to assist women in discerning facts from misinformation regarding the risks and adverse effects of various forms of contraception. Furthermore, community backing should be leveraged to endorse media campaigns advocating for the benefits of modern contraception methods. A comprehensive awareness initiative should strive to promote the utilization of contraceptives.

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Silent Suffering of Menopausal Women : A Cross-Sectional Study of Mishing Women on Their Morbidity Pattern

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Abstract

Women experience several health issues differently than men do throughout their life-histories. Menopause is considered a biomarker of ageing in women which occurs due to turbulent changes of different hormones inside the body due to which numerous health issues if not managed immediately. Researchers have not paid enough attention to the health of middle-aged and elderly women who suffer silently due to these menopause related health conditions that linger for several years. The objective of this study is to provide an overview of health issues reported by the menopausal Mishing women of Majuli district in Assam, summarizing the risk factors separately for peri-menopausal and post-menopausal women. The participants were selected by purposive sampling and data were collected using a pretested semi-structured interview schedule. A total of 208 women were found to be eligible. Morbidity patterns were analysed based on self-reported and hospital-diagnosed data. The three most common health complaints among women were muscle and joint pain, excessive fatigue, and stress urinary incontinence. Perimenopausal women were more likely to develop hypertension, mood swings, and vasomotor symptoms and stress urinary inconsistence was shown to be more common in multiparous women. Moreover, strenuous occupation, higher parity, history of regular consumption of country liquor and socio-economic status have association with the increased risk of various morbid conditions among the women. Awareness programmes for menopausal women that focus on lifestyle change and knowledge will be

beneficial in lowering morbidity later in the postmenopausal stage because these women consider these issues to be inevitable without knowing that the severity can be managed. Menopausal women need the support of their families, communities, as well as behaviour modification programmes to assist them manage a variety of morbid conditions for promoting a healthy ageing.

Keywords: *Menopause, Morbidity, Mishing Women, Tribe*

Introduction

Menopause is caused by a decrease in circulating blood estrogen levels and a loss of ovarian follicular activity. Menopause can be a slow process, usually beginning with changes in the menstrual cycle. The term "perimenopause" refers to the period that begins when these symptoms first become apparent and end one year following the last menstrual period (WHO, 2022). Perimenopause can endure for several years and can have an impact on one's physical, emotional, mental and social well-being. A few non-hormonal and hormonal treatments are available to assist in relieving perimenopausal symptoms (WHO, 2022). It is difficult to predict when a woman will enter menopause, though there are associations between menopause age and certain demographic, health and genetic factors, which may make the process faster or longer and increase/reduce the intensity of associated symptoms. Women now spend one-third of their lifetime after menopause due to longer life expectancies (Gibbs & Danforth, 2008). In India, there were over 43 million menopausal women in 2011 and by 2026, that number is expected to rise to 103 million. Each woman experiences the stages of menopause differently, both during and after it, some exhibit minimal, if any, symptoms. Others may experience more severe symptoms that compromise their quality of life and daily activities for several years. Prior health, reproductive, lifestyle and environmental factors all have a significant impact on a woman's health as she enters the perimenopausal stage. Menopause-related changes will have an impact on an older woman's health and perimenopausal and postmenopausal symptoms can be disruptive to both personal and professional lives. To promote healthy ageing and quality of life, perimenopausal care is crucial (WHO, 2022). Unfortunately, it is common for families, communities, organizations and medical environments to avoid talking about menopause, particularly in India and North-East India. The same was observed among the study community-the Mishing. The women were reluctant to discuss menopause and the associated morbidities. They were not aware of the fact that the sudden increase in certain morbidities was due to menopausal changes. Though they regard menopause as one of the signs of female ageing most of them regard the absence of menses after menopause as a kind of great relief. The Mishing women of the

present study faced several obstacles including low menopause-related health awareness, a perception that symptoms should not be treated urgently unless become worse, a lack of affordable health care options, financial concerns, and the belief that menopause is simply a natural part of ageing, therefore, suffering continues. According to some studies, many menopausal women seemed to "normalize" their symptoms or thought that menopause was a normal occurrence (Faccio, Solarino, Vitelli, Cipolletta, 2018). These symptoms are classified as immediate (vasomotor symptoms, mood swings, insomnia, urinary symptoms, cognitive dysfunction and sexual dysfunction), intermediate (genital atrophy, skin changes, urodynamic effects and pelvic organ prolapsed) and long-term (cardiovascular effects, osteoporosis and dementia) (Seshadri, 2011). The prevalence of menopausal symptoms varies according to women, different health domains and different stages of menopause (Dasgupta, Roy and Pal, 2022). In addition social factors such as gender norms, familial dynamics and sociocultural perspectives may have an impact on how a woman experiences menopause.

Objective

1. To investigate how menopausal symptoms relate to different stages of menopause (Peri-menopausal and post-menopausal).
2. The factors affecting morbidity patterns in both peri-menopausal and post-menopausal Mishing women inhabiting the Jengraimukh area of Majuli, Assam.

Materials and Methods

This is a community-based cross-sectional study conducted among the Mishing women 45-60 years of age from Jengraimukh area of Majuli district of Assam, North-East India from January to August 2018. The Mishings are one of such tribes who are erstwhile a hill tribe of Arunachal Pradesh (Datta 1992) and now has become the second most populated scheduled tribe (plains) of Assam with a total population of 6,87,301, of which 2,67,520 were females (Census 2011). The tribe is settled in various eco-situations mostly in the riverine areas of Majuli, Sibsagar, Dibrugarh, Lakhimpur, Darrang, Jorhat and Sonitpur of Assam. Ethnically, they are Mongoloid and belong to the Indo-Tibetan linguistic group. A sample size of 208 was drawn from the area by purposive sampling method. All menopausal women aged 45 to 60 with at least one live birth and who provided written informed consent to participate were included. Menopausal women included both postmenopausal women and those in perimenopause. Perimenopause is the period that occurs during a woman's final reproductive years. It begins with the first occurrence of monthly cycle irregularity and concludes after one year of amenorrhea, designating the final menstrual period (FMP). The perimenopause is divided into two stages: the early transition, in which cycles are mainly

regular with minimal disruptions, and the late transition, in which amenorrhea becomes more persistent and lasts for at least 60 days, up to the FMP (Santoro, 2016). The lack of menstrual cycles for 12 months or longer is considered post-menopausal (WHO, 2022). Women who were on hormone treatment or had a hysterectomy were excluded from the study.

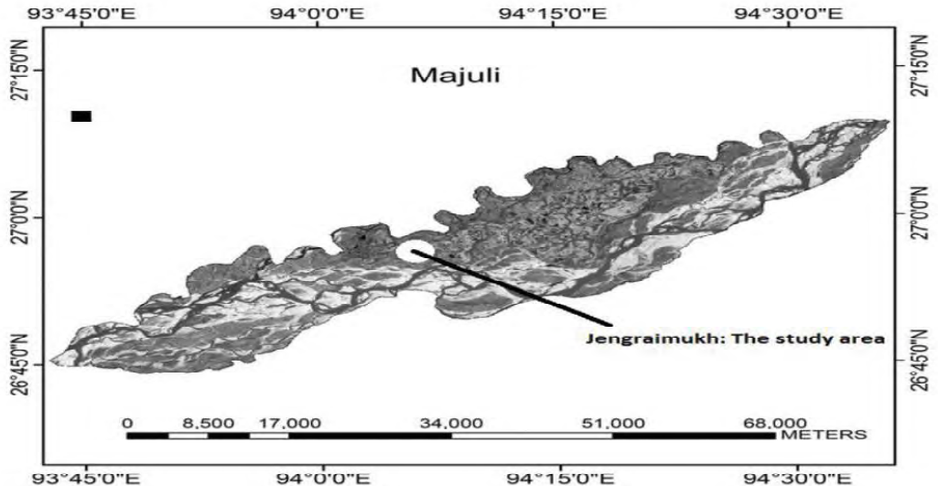


Figure 1 : Map of Majuli District of Assam showing the study area

The schedule included the participants' background information, sociodemographic profile, pertinent history (including gynaecological history, marital and obstetric history, personal and treatment history), and morbidity profile. Self-reported and diagnosed diseases by a physician and categorized according to ICD-10 main classes were used as a measure of morbidity. Income groups were generated according to Udai-Pareekh's socio-economic scale (updated for 2021, Majumdar, 2021). The interviewer ensured uniformity of questions for all participants by translating the entire schedule into the local dialect. The chi-square and Fisher exact tests were used to evaluate categorical variables. Binary and multivariate logistic regression with odds ratio (OR) were used to determine the degree of association between variables. The level of significance was set at 5%, with $p<0.05$ regarded as statistically significant.

Results

The study comprised a total of 208 women who met the inclusion and exclusion criteria. The mean age of the women was reported to be 48.03±1.63 years, while the mean

age at menopause was 48.44±0.10 years (Table 1). Most women (n = 122, 58.65%) were peri-menopausal, whereas 41.35 percent (n=86) were in the post-menopausal group. The majority of women were in the age group of 45-50 years (64.42%) with a median age of 47 years were illiterate (62.98%), engaged in cultivation (59.13%) and belonged to lower middle class (51.44%) and lower class (32.69%) according to Udai-Pareekh's socio-economic scale. Most of the women were ever married (83.65%) and living in a nuclear family structure (80.28%). Traditional rice beer locally known as *apong* forms an integral part of the socio-religious life of this community, locally prepared by the women folk, 69.05 percent of women were reported to consume traditional rice beer regularly after coming back home from agricultural fields and rest 30.95% consumed occasionally during the religious occasions in the entire reproductive span.

Table 1 : Socio-demographic Characteristics of the Participants

Characteristics	**No. (Percentage)**
Current Age Groups (years)	
45-50	134 (64.42)
50-55	30 (14.42)
55-60	44 (21.15)
Total	**208**
Education	
Illiterate	131 (62.98)
Literate	77 (37.02)
Occupation	
Cultivation	123 (59.13)
Petty Business	30 (14.42)
Skilled/ Service	55 (26.44)
Marital Status	
Ever married	174 (83.65)
Separated/widowed	34 (16.35)
Socio-economic Status (SES)	
Middle Class	33 (15.87)
Lower Middle Class	107 (51.44)
Lower Class	68 (32.69)

Family Type	
Joint	41 (19.72)
Nuclear	167 (80.28)
Current Menstrual Status	
Peri-menopausal	122 (58.65)
Post-Menopausal	86 (41.35)
Mean Age of Participants (years)	48.03±1.63 years
Mean Age of Menopause (years)	48.44±0.10 years

Data in the above are presented as number (%) or mean ± standard deviation.

Physical complaints of being exhausted and worn out all day long (peri-menopausal=68.03%, post-menopausal=78.41%) and joint and muscle pains (peri-menopausal=61.48%, post-menopausal=62.50%) were the most often reported issues among the peri-menopausal as well as in the post-menopausal women while stress urinary incontinence was another prominent genitourinary problem was complained of by them (peri-menopausal=36.07%, post-menopausal=47.07%). Women reported difficulty in sleeping with vasomotor symptoms in about 29.55% of cases and recurrent lower backache in 32.38% of cases. Around 26.23% of peri-menopausal and 18.18% of post-menopausal women reported having hypertension and 32.79% of peri-menopausal and 28.41% of post-menopausal women reported psychosocial symptoms like mood swings or feeling sad frequently without any concrete reasons. Incidences of falls and fractures, rapid decrease in eyesight, vaginal dryness, feeling exhausted and worn out all day long, muscle and joint pain and decreased hearing were reported more among the post-menopausal women.

Table 2. Distribution of Women according to their Morbidity Pattern (multiple responses were considered)

Morbidity	Peri-menopausal (n=122)	Post-Menopausal (n=86)
Frequent nausea and heartburn	22.13	11.36
Rapid decrease in eyesight	8.19	11.36
Decreased hearing	9.02	15.90
Difficulty in sleeping with vasomotor symptoms (hot flashes and night sweats)	39.51	29.55
Stress urinary incontinence	36.36	47.07
Mood swings/ feeling sad	32.79	28.41
Muscle and joint pain	61.48	62.50
Feeling exhausted and worn out all day long	68.03	78.41
Vaginal dryness	22.13	46.59
Recurrent lower backache	33.61	30.68
Falls and fractures	1.64	4.55
Hypertension	26.23	18.18

Factors affecting morbidity patterns in peri-menopausal women showed an association between occupation and muscle and joint pain (Table 3). Muscle and joint pain were more common in women engaged in cultivation. A significant association of genitourinary issues of stress urinary incontinence was observed between occupations, where this issue was reported more in women in cultivation ($p < 0.05$, 57.45%) as well as among the women who consumed traditional rice beer regularly during the reproductive span (46.91, $p < 0.01$), women with parity e™ 4 (64.1%) had more complaints of low backaches (63.89%, $p < 0.01$) as well as stress urinary incontinence, but a significant association was not present between education and socio-economic status (SES) with any of the reported morbid conditions (Table 3). In multivariate analysis (Table 4), a significant association with muscle and joint pain was found only with women in cultivation (OR 4.38, 95% CI 1.88-8.23, $P = 0.001$). Stress urinary incontinence was 3.83 times more common among women who

consumed traditional rice beer regularly (OR 3.83, 95% CI 1.12-7.37, P = 0.001) and 3.11 times higher risk in women with parity e™ 4 (OR 3.11, 95% CI 1.20-7.61, P = 0.001). Recurrent lower backaches were 4.15 times more common in women with parity e™ 4 (OR 4.15, 95% CI 1.06-7.27, P = 0.001). Strenuous and exhaustive occupation in agricultural fields, parity, and history of consumption of traditional rice beer regularly were significant factors contributing to various morbid conditions among the peri-menopausal women of the present study.

Table 3. Factors Associated with Morbidity Pattern in Peri-menopausal Women

Characteristics		Muscle and joint pain (n = 75)	Feeling exhausted and worn out (n = 83)	Stress urinary continence (n = 44)	Recurrent lower backache (n = 41)
Education	Illiterate	58.90	63.01	38.36	39.73
	Literate	65.31	75.51	32.65	24.49
	P value	>0.05	>0.05	>0.05	>0.05
Socio-economic Status (SES)	Middle Class	60.00	60.00	30.00	30.00
	Lower Middle Class	64.47	65.79	34.21	32.16
	Lower Class	54.05	78.38	40.54	37.84
	P value	>0.05	>0.05	>0.05	>0.05
Occupation	Cultivation	79.66	61.02	57.45	32.20
	Petty Business	57.14	71.43	28.57	38.10
	Skilled/ Service	38.10	76.19	26.19	33.33
	P value	**<0.01****	>0.05	**<0.05***	>0.05
Traditional rice-beer consumption	Regular	59.26	67.90	46.91	30.86
	Occasional	65.83	68.29	14.63	39.02
	P value	>0.05	>0.05	**<0.01****	>0.05
Parity	1-3	62.79	66.28	24.42	20.93
	=4	58.33	72.22	63.89	63.89
	P value	>0.05	>0.05	**<0.01****	**<0.01****

P values by chi-square or Fisher exact test were used to test the association. *P < 0.05, **P < 0.01

Table 4 : Multivariate Analysis of Factors Determining Morbidity Patterns in Peri-menopausal Women

Characteristics		Muscle and joint pain (n = 41)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	P value
Occupation	Cultivation	79.66	6.06 (2.61-8.97)	4.38 (1.88-8.23)	**0.001**
	Petty Business	57.14	2.17 (0.74-6.29)	1.03 (0.11-4.67)	0.054
	Skilled/ Service	38.10	1	1	
		Stress urinary incontinence (n = 44)			
Occupation	Cultivation	57.45	2.18 (0.81-6.11)	1.62 (0.43-4.12)	0.074
	Petty Business	28.57	0.88 (0.27-2.76)	0.54 (0.13-0.93)	0.058
	Skilled/ Service	26.19	1	1	
Traditional rice-beer consumption	Regular	46.91	5.16 (2.96-9.67)	3.83 (1.12-7.37)	**0.001**
	Occasional	14.63	1	1	
Parity	≥4	63.89	5.48 (2.33-9.88)	3.11 (1.20-7.61)	**0.001**
	1-3	24.42	1	1	
		Recurrent lower backache (n = 41)			
Parity	≥4	20.93	6.68 (2.84-9.67)	4.15 (1.06-7.27)	**0.001**
	1-3	63.89	1	1	

P values were used to test the quantity of relationship between two/more variables

Factors affecting morbidity patterns in post-menopausal women reported a significant association between SES and frequent feelings of exhaustion and worn out as well as recurrent lower backaches (Table 5). Post-menopausal lower middle-class and lower-class women showed 3.22 (OR 3.22, 95% CI 0.92-6.47, P = 0.003) and 4.32 (OR 4.32, 95% CI 2.03-7.18, P = 0.001) times higher risk of occurrence of frequent feeling of exhaustion and worn out all day long leading to dizziness respectively (Table 6). Lower backache was reported more among those who were in the lower class (53.13%, P = 0.01) and in women with parity e™ 4 (40.38%, P = 0.05). In multivariate analysis, significant association with low backache was found only among those who had four or more live births (OR 4.15, 95% CI 1.06-7.27, P = 0.001) showing a 4.15 higher risk of recurrent lower backaches in these women. Muscle and joint pains were more frequently been reported by women engaged in cultivation (71.88%, P=0.05) and who consumed traditional rice beer regularly among the post-menopausal women (71.86%, P = 0.01). Women in cultivation showed 3.48 times (OR 3.48, 95% CI (1.02-7.86), P = 0.004) higher risk of muscle and joint pain in post-menopause compared to women in petty business and 2.80 times higher risk of muscle and joint pains in women who consumed traditional rice beer regularly (OR 2.80, 95% CI 0.86-9.82, P = 0.004) compared to women who consumed occasionally. Stress urinary incontinence was reported more among the post-menopausal women who consumed traditional rice beer regularly (40.63, p < 0.05) and with parity e™ 4 (44.23, p < 0.01). However, a significant association was found between stress urinary incontinence and parity showing a 3.11 times higher risk of this genitourinary morbid condition in women with higher parity compared to three or lesser parity (OR 3.11, 95% CI 1.20-7.61, P = 0.001). Like the peri-menopausal women, recurrent lower backaches were 2.08 times more common in women with parity e™ 4 (OR 2.08, 95% CI 0.41-5.17, P = 0.003). Lower SES, strenuous and exhaustive occupation in agricultural fields, higher parity, and history of regular consumption of traditional rice beer were significant factors contributing to various morbid conditions among the peri-menopausal women of the present study.

Table 5 : Factors Associated with Morbidity Pattern in Post-menopausal Women

Characteristics		Muscle and joint pain (n = 55)	Feeling exhausted and worn out (n = 69)	Stress urinary incontinence (n = 32)	Recurrent lower backache (n = 27)
Education	Illiterate	63.33	78.33	40.00	30.00
	Literate	60.71	78.57	28.57	32.14
	P value	>0.05	>0.05	>0.05	>0.05
Socio-economic Status (SES)	Middle Class	56.52	47.83	26.08	21.74
	Lower Middle Class	63.64	84.85	33.33	15.15
	Lower Class	65.63	93.75	46.88	53.13
	P value	>0.05	**<0.01****	>0.05	**<0.01****
Occupation	Cultivation	71.88	78.13	31.25	23.44
	Petty Business	33.33	33.33	66.67	66.67
	Skilled/ Service	40.00	73.33	40.00	40.00
	P value	**<0.05***	**<0.05***	>0.05	>0.05
Traditional beer consumption	Regular	71.86	81.25	40.63	31.25
	Occasional	37.50	70.83	25.00	29.17
	P value	**<0.01****	>0.05	**<0.05***	>0.05
Parity	1-3	58.33	75.00	25.00	16.67
	≥4	65.38	80.77	44.23	40.38
	P value	>0.05	>0.05	**<0.01****	**<0.05***

P values by chi-square or Fisher exact test were used to test the association. *P < 0.05, **P < 0.01

Table 6 : Multivariate Analysis of Factors Determining Morbidity Patterns in Post-menopausal Women

Characteristics		Feeling exhausted and worn out (n = 69)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	P value
Socio-economic Status (SES)	Middle Class	47.83	**1**	**1**	
	Lower Middle Class	84.85	5.11 (1.74-9.46)	3.22 (0.92-6.47)	**0.003**
	Lower Class	93.75	6.83 (3.67-9.94)	4.32 (2.03-7.18)	**0.001**
Occupation	Cultivation	78.13	7.14 (2.51-9.47)	5.88 (1.03-7.12)	**0.002**
	Skilled/ Service	73.33	1.47 (0.48-6.17)	0.50 (0.26-0.72)	0.056
	Petty Business	33.33	1	1	
		Muscle and joint pain (n = 55)			
Occupation	Cultivation	71.88	5.11 (2.18-9.63)	3.48 (1.02-7.86)	**0.002**
	Skilled/ Service	40.00	1.33 (0.88-4.13)	0.80 (0.43-3.11)	0.074
	Petty Business	33.33	1	1	
Traditional rice-beer consumption	Regular	71.86	4.26 (2.11-9.82)	2.80 (0.86-9.82)	**0.004**
	Occasional	37.50	1	1	
		Stress urinary continence (n = 32)			
Parity	≥4	63.89	5.48 (2.33-9.88)	3.11 (1.20-7.61)	**0.001**
	1-3	24.42	1	1	
		Recurrent lower backache (n = 41)			
Parity	≥4	44.23	3.71 (1.08-6.03)	2.08 (0.41-5.17)	**0.003**
	1-3	25.00	1	1	

P values were used to test the quantity of relationship between two/more variables

In comparison to post-menopausal women, participants in the peri-menopausal phase had a higher proportion of participants with hypertension (P < 0.05), vasomotor symptoms (P < 0.05), and frequent nausea and heartburn (P < 0.05) (Table 7). In comparison to post-menopausal women, participants in the peri-menopausal phase were nearly twice as likely to have hypertension (unadjusted OR 2.25, 1.10-4.71, P = 0.002) and frequent nausea and heartburn (unadjusted OR 2.01, 95% CI 0.83-4.62, P = 0.003). Feeling exhausted and worn out, rapid decrease in eyesight decreased hearing, and falls and fractures did not appear to be associated with the menstrual status of these women.

Table 7 : Association of Current Menstrual Status of Women with Various Morbid Conditions

Morbid conditions	Peri-menopausal (n=122)	Post-menopausal (n=86)	Total (N=208)	X^2	*P value	OR (95% CI)	**P value
Frequent nausea and heartburn	27 (22.13)	11 (12.50)	38 (18.27)	4.08	**<0.05**	2.01 (0.83-4.62)	**0.003**
Hypertension	32 (26.23)	12 (18.18)	44 (21.15)	4.89	**<0.05**	2.25 (1.10-4.71)	**0.002**
Vasomotor symptoms	46 (37.70)	11 (12.50)	47 (22.59)	3.56	**<0.05**	1.34 (0.23-4.06)	**0.005**
Vaginal dryness	27 (22.13)	41 (46.59)	68 (32.69)	13.9691	**<0.01**	3.07 (1.68-5.58)	**0.0002**
Feeling exhausted and worn out	40 (32.79)	25 (28.41)	65 (31.25)	0.46	>0.05	0.52 (0.68-2.88)	0.701
Rapid decrease in eyesight	10 (8.19)	10 (11.36)	20 (9.62)	0.284	>0.05	0.58 (0.78-1.86)	0.462
Decreased hearing	11 (9.02)	14 (15.90)	25 (12.02)	1.472	>0.05	0.31 (0.58-1.17)	0.706
Falls and fractures	2 (1.64)	4 (4.55)	6 (2.88)	0.2398	>0.05	0.67 (0.76-1.89)	0.811
Stress urinary incontinence	44 (36.07)	40 (45.45)	84 (40.38)	1.8778	>0.05	1.48 (0.84-2.58)	0.171

*P values by chi-square or Fisher exact test were used to test the association. P < 0.05, P < 0.01
**P values were used to test the quantity of relationship between two/more variables

Discussion

Though menopause is an inevitable phase in a woman's life history, very few studies on this aspect have been done in North-East India. Women suffer silently and the morbidities often remain unnoticed by others. To provide comprehensive evidence, this study aimed to estimate the burden of morbidity and its associations with various socio-demographic, lifestyle and reproductive variables among the Mishing women using empirical community-level data. The range of age at natural menopause varied from 45 to 53 years and concomitant symptoms of perimenopause were reported from the age of 45 years in the current sample of study. Region-specific assessment of the menopausal age of Eastern India (45.1 ± 4.1 years) and pan Indian women (46.2 ± 4.9 years) by Ahuja (2016) were comparatively lower than the result of the current study. The interplay of various factors like community-specific dietary choices, physical activity, parity, economic status, and other reproductive and genetic factors could influence the study participants' slightly later ages at menopause. The women with recurrent morbid conditions were reported higher in post-menopausal ages compared to peri-menopausal women in the present community. However, certain morbid conditions like hypertension, vasomotor symptoms, frequent nausea and heartburn, frequent mood swings/ feeling sad, and recurrent lower backache were more commonly observed among the peri-menopausal women. Before and during menopause, hot flashes, and night sweats (Vasomotor symptoms/VMS) can occur due to fluctuations in hormone levels which can impact the body's ability to regulate its temperature. More precisely, a complex network of factors, including as cultural norms and expectations, physical changes, genetic makeup, and physiological changes, appear to be linked to VMS (Delamater & Santoro, 2018). The present study showed that more peri-menopausal women suffered from VMS and these symptoms started at least five to six years before attaining the final menstrual period. VMS was previously believed to last for less than two years, but these studies have more recently shown that median durations can range from seven to ten years. African American women were found to have the longest median duration of 10.1 years, compared to Asian and European Hispanic White women (Avis et al*.,* 2015; Freeman et al*.,* 2011). Hot flash incidence across the Indian subcontinent is significantly higher than that of the Bengali-speaking Hindu population in eastern India (39.4%) (Sharma et al*.*, 2007; Sidhu et al., 2005), ranging from 51.1% to 78.2% (Dasgupta & Ray, 2015). These community-level differences could also be explained by underlying societal and cultural impediments such as a lack of emphasis on women's health (Lang et al*.,* 2015). Women's needs are often disregarded, therefore educating them about their health is essential to removing barriers to self-care and making morbid problems a priority (Puri et al., 2022). Like vasomotor symptoms, mood swings

were more common in perimenopausal women in the current study compared to post-menopausal women. This study as well as other studies (Delamater & Santoro, 2018) have reported a common issue among women going through menopause is their ability to sleep. Sleep disturbances are strongly linked with vasomotor, psychological, stress-related and lifestyle-related health factors. But instead of loss of sexual desire being a later sign, it has been found that symptoms such as dry vagina and stress urinary incontinenceare more commonly reported in the early stages of postmenopausal life (Dasgupta, Roy and Pal, 2022). It is hypothesized that the vaginal microbiome, which protects against valvo-vaginal atrophy (VVA), is more common in the postmenopausal period. VVA comprises traditional symptoms including vulvodynia, urogenital atrophy and vaginal dryness (Mac Bride et al., 2010). A similar finding was also found in the present study where vaginal dryness and stress urinary incontinence were more common among post-menopausal women. Vaginal dryness was reported to be one of the adverse changes during menopause in the study as vaginal symptoms are more common in women going through menopause than other menopausal symptoms like hot flashes or night sweats; fewer than one-third of perimenopausal or early postmenopausal women and up to almost half of postmenopausal women report experiencing these symptoms. Furthermore, vaginal symptoms like dryness, itching and painful intercourse have been lingering in these post-menopausal women for years creating continued discomfort and misery as they age. The present study found a significant association between menstrual status and vaginal dryness. According to studies conducted in Asia, vaginal atrophy causes sexual dysfunction in most postmenopausal women (Huang et al., 2010).The physical discomforts that contributed to menopausal morbidity followed a similar pattern in India as reported by Karmakar et al., (2017) and Mathew et al., (2021) but these may be either severe or less severe formsof fatigue, joint and muscle pain and low back pain according to lifestyle and cultural impediments of the community including the urge for having a greater number of children (parity). A study referred that women in the late postmenopausal stage are more likely than those in perimenopause to report having nocturia (Jones et al., 2016). These types of urine incontinence are brought on by the urethral sphincter, detrusor and pelvic floor muscles becoming weak from childbirth, pregnancy, ageing and menopause (Bodhare et al., 2010). In the present study, women engaged in cultivation, who consumed traditional rice beer regularly, and multiparous women had more complaints of stress urinary incontinence both in peri-menopausal and post-menopausal groups.

Conclusion

The present study added support to the facts that strenuous occupation, higher parity, history of regular consumption of country liquor and socio-economic status have an association with the increased risk of various morbid conditions among the menopausal Mishing women of Majuli, Assam. The strengths of this study were that it enhanced understanding of the morbidity issues faced by menopausal women in a tribal community of North-East India, where these health conditions are typically ignored and the women rarely seek medical support. They regard these lingering issues a part of life. The results of this study may help health care providers to make more informed decisions to improve their quality of life. The limitation was that due to time constraints, a cross-sectional study was made but the association between symptoms and menstrual status can be best understood by longitudinal population-based investigations. In addition to that, many women were reluctant to talk about menopause which may have related to reduced reporting in some cases.

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Education and Marital Fertility in India : A Panel Study

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Abstract

The paper aims to analyze the marital fertility rate and the relationship of marital fertility with education in the states of India. Total Marital Fertility Rate (TMFR) and educational attainment levels were gathered from Sample Registration (SRS), 2011 to 2020, as the basis for this study's secondary data. A panel regression was conducted to investigate the relationship between TMFR and education for 18 states in India using Eviews 12 software. ASMFR peaks in the age range of 15 to 19 and subsequently begins to decline. The trends of the overall marital fertility rate also showed that it climbed from 2011 to 2013, declined in 2014, increased from 2015 to 2016, fell again in 2017 and started increasing once again from 2017 to 2020. In India, the TMFR has increased from 2017 overall. Panel regression analysis reveals the impact of TMFR on educational levels in the Indian states. According to the analysis of ASMFR, it declines with the increase in the age group of married women. Also, the trend of TMFR varies from 2011 to 2020. The empirical panel regression results show that TMFR varied with education levels. As a result, variations in socio-economic development, especially educational attainment, are to blame for the discrepancies in reproduction between Indian states. Rural regions with high marital fertility require more attention. Other aspects also need to be thoroughly examined. Additionally, the government and non-governmental organizations should promote awareness of the value of birth control and enforce laws governing the age of first marriage.

Keywords : *Marital Fertility, Panel Data, Education, India*

Introduction

India has the world's largest population. It accounts for over 20% of births globally, with a population growth rate of 1.74 percent annually. India's unregulated population growth is one of the main threats to its political, economic and social progress. The environment is burdened by rising fertility and population, which also impacts regional livelihoods and health, endangering long-term prospects for sustainable growth. The growth of medical sciences and the implementation of public health measures in developing countries after the 1950s due to Western industrialization, urbanization and socio-economic development led to a fall in mortality rates but not a decrease in fertility rates. Numerous demographers and policy makers now view this rise in fertility as a crucial issue.

In the societies of India, most women give birth only after getting married (Dutt). The marital fertility rate is measured in the following ways-

a. Age-specific Marital Fertility Rate (ASMFR) : Age-Specific Marital Fertility Rate is obtained by dividing the number of live births to only currently married women in a particular age group in the given region by the number of women of the same age group during the given period and multiplying this figure by 1000. Thus, ASMFR = $\frac{n^{B_x}}{n^{W^m_x}} \times k \quad -(1)$ (Registrar General & Census Commissioner of India)

where n^{B_x} = Number of live births in a particular age group in the given region during the given period and usually such age group is taken as 5 years of interval.

$n^{W^m_x}$ = Number of married women of the same age group in the region during the given period.

k = 1000

b. Total Marital Fertility Rate (TMFR) : Total Marital Fertility Rate is the cumulative value of age-specific marital fertility rates at the end of the reproductive period. It indicates the average number of children expected to be born per married woman during the entire span of her reproductive period if the ASMFRs continue to be the same and if there is no mortality.

Thus, TMFR= $5 \sum 5^{i_x}$ - (2)

where $5^{i_x} = 5^{i_x} = \frac{5^{B_x}}{{}_5P_x} \times k$ and k = 1000

Sample Registration System data shows that India's Total Marital Fertility (TMFR)

increased from 4.3 to 4.4 children per woman in 2011, remained stable at 4.4 in 2012, down to 3.9 in 2014 and then increased to 4.6 in 2015. The poor use of contraception among married women in India may be the cause of this. When compared to illiteracy, women with higher levels of education have lower fertility rates (Das, Das and Roy; Mutwiri). Numerous studies also have demonstrated that one key factor influencing fertility is education. More educated women marry at young, use contraceptives more frequently (Ajao and Sanni; Aragaw), are exposed to more information; have greater independence; work outside the home; and are more aware of their health and children.

The objectives of this article are:

1. To analyze the ASMFR and trends of TMFR in India.
2. To determine the relationship between women's educational attainment and marital fertility across Indian states.

Review of Literature

Som and Mishra in their work 'Role of Women Education for Fertility Reduction : A Case Study of Sagar District, India' concentrated on the influence of women's education on fertility from various angles. They assessed the level and trends of mean children ever born (MCEB) and female education, investigated the causes of fertility differences by female educational level and also determined the influence of female educational level on fertility and relationships. The researcher saw a difference in fertility with higher levels of schooling. The results show that as education increases, fewer babies are born. Additionally, it was found that educated women were twice as likely to utilize contraception as uneducated women and illiterate women had shorter breastfeeding periods, which improved fertility. In addition, the study revealed that women with higher education had a 5 times reduced probability of passing away than those without one Female education decreased the impact of son preference and urban areas had greater rates of contraceptive use than rural ones.

Rayhan, Akter and Islam conducted a study entitled, 'Determinants of fertility rate decline in the South Asian Countries: A Panel Data Approach'. It found that the per capita GNI, female labour force participation, education and urbanization were shown to have a negative association with the fertility rate, while the relationship between the fertility rate and the infant mortality rate was found to have a positive relationship.

Mahanta in their work 'Impact of Education on Fertility : Evidence from a Tribal Society in Assam' examined the association between education and fertility in tribal societies, focusing in particular on the Mising women of Assam. The investigators also examined the effect that a wife or husband's education might have on conceiving a child. The findings revealed that when education levels increased, people began to marry at older ages, which

reduced fertility. The study also discovered that educated couples were more aware of the use of contraceptive methods for family planning, resulting in fewer live births and educated women may teach their husbands about the risks to their reproductive health and the associated financial costs of having a high fertility rate as well as educate them on fertility management. Thus, it indicated that even in a tribal group of Mising people, education was found to be an essential socio-economic determinant in determining fertility levels.

Materials and Methods

A panel regression was conducted to investigate the relationship between TMFR and education for 18 states in India using Eviews 12 software. The data utilized for the study of TMR trends in India and their relationships to educational attainment in the various Indian states was obtained from the Sample Registration System (SRS), which runs from 2011 to 2020. To ascertain the relationship between TMFR and educational attainment in 18 Indian states from 2011 to 2020, a panel regression was used. In this case, the TMFR is the dependent variable and the educational attainment—which can be classified as illiterate, primary, middle, high school, higher secondary, graduate and above—is the independent variable. The unit root test is done to ensure that each series is stationary before the estimation of regression. In this case, the null hypothesis suggested that the series is non-stationary while the alternate hypothesis assumed that it is stationary. Individual ADF Fisher is used for this test at levels and the first difference for each series.

Descriptive data shows the TMFR and levels of education including illiterate, primary, middle, high school, higher secondary education and graduate and above. The Lagrange multiplier, Likelihood and Hausman tests were conducted through EVIEWS 12 program to see which is an appropriate model for the panel data. The Breusch-Pagan test was used to differentiate between the pooled and random effect models in the Lagrange multiplier test, with the null hypothesis assuming the absence of a random effect and the alternative hypothesis assuming the presence of a random effect. The null hypothesis was rejected for $p < 0.05$ and accepted if $p > 0.05$. Additionally, if the null hypothesis was rejected, further the Chow test (Likelihood Test) was conducted to determine the best model among the pooled least square and fixed effect models. Here, the null hypothesis assumes the absence of a fixed effect while the presence of a random effect in the alternative hypothesis. Furthermore, if the null hypothesis was rejected, the Hausman test was conducted to determine whether to use a random effect model or a fixed effect model.The null hypothesis assumed the presence of a random effect and the absence of a fixed effect in the alternative hypothesis. Here, the null hypothesis was rejected for $p < 0.05$ and accepted if $p > 0.05$. The random effect model was used when the null hypothesis was accepted otherwise the fixed effect model was

recognized as the most appropriate model for the estimation.

The random effect model is given by

$TMFR = \beta_0+\beta_1X_{1it}+\beta_2X_{2it}+\beta_3X_{3it}+ \beta_4X_{4it}+\beta_5X_{5it}+\beta_6X_{6it}+ (\alpha_i- \alpha) + \epsilon_{it}$ – (1) where TMFR is the dependent variable.

X_{1it} (Illiterate), X_{2it} (Primary), X_{3it} (Middle), X_{4it} (High school), X_{5it} (Higher secondary), and X_{6it} (Graduate & above) are independent variables.

β_1, β_2, β_3, β_4, β_5& β_6 are the coefficients of independent variables. α is the value of the specific state i and captures the state effect. ε_{it} is the error term.

Age-specific Marital Fertility Rate by residence of India

The ASMFRs for India by residence in 2020 are presented in Table 1. It was found that ASMFRs decreased as married reproductive women got older. The age range of 15 to 19 had the highest marital fertility and it steadily declined after that. Marital fertility was higher in rural than in urban areas. This may be due to a greater number of women who marry at an early age and have morechildren. Also, they have lower levels of education and use less contraception to achieve their desired number of offspring (Adhikari; Bongaarts; Reddy, Women's education and human fertility in India).

Table 1 : ASMFRs by residence of India, 2020

Age group	Total	Rural	Urban
15-19	353.0	361.2	318.2
20-24	339.1	350.0	306.5
25-29	199.3	206.2	183.9
30-34	95.1	98.4	88.8
35-39	38.1	41.2	32.1
40-44	12.6	14.5	9.2
45-49	5.2	5.6	4.4

Source : Sample Registration System (SRS), 2020.

The ASMFRs for India by place of residence are shown in Figure 1. The highest peak in marital fertility was seen in the age range of 15 to 19 years old and it afterward dropped. It was also noted that marital fertility varied depending on place of residence, with rural areas having greater rates than urban areas. Both the areas have their highest peak in the age range 15-19 and from 20–24 to 45–49, there was a steady fall.

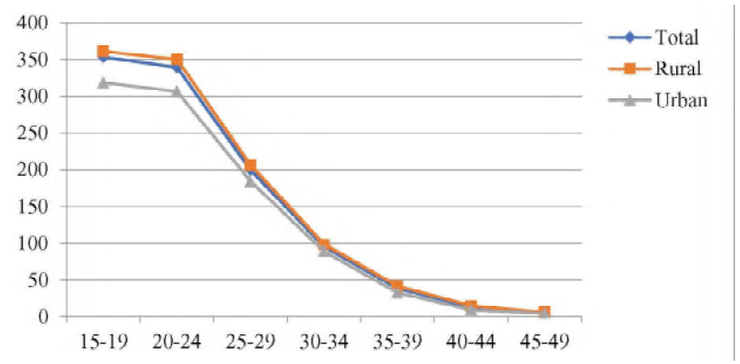


Figure 1: ASMFRs by residence of India, 2020

Trends of Total Marital Fertility Rate by residence of India

The trend in India's total marital fertility (TMFR) from 2011 to 2020 is shown in Table 2. According to the table, the TMFR showed a slight increase from 4.3 births per woman in 2011 to 4.4 births per woman in 2013, following which it remained stable. It fell to 3.9 births per woman in 2014. Again, there was a sharp rise from 3.9 births per woman in 2014 to 4.6 births per woman in 2015 and 4.8 births per woman in 2016. Following that, it began to decline in 2017 before steadily increasing once again beginning in 2018 and reaching 5.2 births per woman in 2020. However, the TMFR was higher in rural areas than in urban ones. Figure 2 additionally displays the TMFR pattern.

Table 2 : Trends of Total Marital Fertility Rate (TMFR) by residence of India, 2011 to 2020

Year	Total	Rural	Urban
2011	4.3	4.4	3.8
2012	4.4	4.5	3.9
2013	4.4	4.5	4.2
2014	3.9	4	3.5
2015	4.6	4.7	4.2
2016	4.8	5	4.1
2017	4.7	4.9	4.1
2018	4.9	5.1	4.4
2019	5.1	5.3	4.7
2020	5.2	5.4	4.7

Source: Sample Registration System Statistical Report, 2011 to 2020

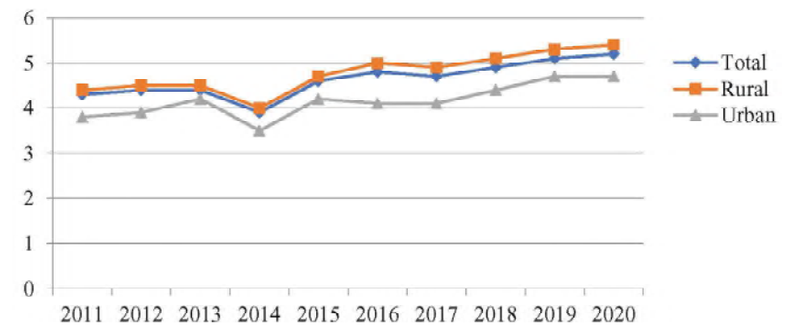


Figure 2 : Pattern of TMFR by residence in India from 2011 to 2020

Panel Unit Root Test

For each series of panel data, stationarity was examined using the ADF Fisher unit root test, as indicated in Table 3.

Table 3 : Results of ADF Fisher Unit root test for variables

Panel Unit Root Test			
Method: ADF Fisher Unit Root Test			
Variables		**Stationary at level**	
		Statistic	**Prob.**
TMFR (Total Marital Fertility Rate)		133.1	0.0000
EDUCATIONAL LEVEL	Illiterate	164.5	0.0000
	Primary	177.5	0.0000
	Middle	139.5	0.0000
	High school	116.5	0.0000
	Higher Secondary	148.4	0.0000
	Graduate & above	104.8	0.0000

Source : Calculated by the author

The educational level variable was divided into the following categories in this case: Illiterate, Primary, Middle, High School, Higher Secondary and Graduate & above. When $p > 0.05$, the null hypothesis assumed the series as non-stationary; whereas, when $p < 0.05$, the alternate hypothesis assumed the series to be stationary. Using individual unit root ADF

Fisher, each series was tested at various levels in this context. The results showed that each series was stationary at $p < 0.05$.

Descriptive statistics

The descriptive statistics of the given variables from 2011 to 2020 are presented in Table 4.

Table 4 : Descriptive statistics of variables from 2011 to 2020

Variable	Mean	Std. Dev.	Obs.
TMFR	4.51	0.95	180
Illiterate	2.51	0.99	180
Primary	2.48	0.62	180
Middle	2.23	0.46	180
High school	1.98	0.35	180
Higher Secondary	1.72	0.37	180
Graduate & above	1.61	0.39	180

Source : Calculated by the author. The estimation models

As shown in Table 5, the Lagrange multiplier test, such as the Breusch-Pagan LM test, was carried out. The outcome of the test indicated that the null hypothesis was rejected, indicating that the pooled OLS model was unsuitable. As a result, the random effect was a better model than a pooled OLS model.

Table 5 : Results of Lagrange Multiplier Test for Random Effect

Lagrange Multiplier Tests for Random Effects			
Null hypothesis: No effects			
Alternative hypothesis: Two-sided (Breusch-Pagan) and one-sided (all others) alternatives			
Test hypothesis			
Test	**Cross-section**	**Time**	**Both**
Breusch-Pagan	134.6742 (0.0000)	35.42613 (0.0000)	170.1003 (0.0000)

As revealed in Table 6, the Chow test findings also revealed that the test rejected the null hypothesis and accepted the alternative hypothesis. As a result, the fixed effect was a better model than the pooled effect.

Table 6 : Results of Chow test for Fixed Effects

Redundant Fixed Effects Tests			
Test cross-section fixed effects			
Effects Test	**Statistic**	**d.f.**	**Prob.**
Cross-section F	10.327480	(9,164)	0.0000

Additionally, the outcome of the Hausman test indicated that the null hypothesis was accepted, indicating that the random effect was preferable to the fixed effect as a model for estimation. This is presented in Table 7.

Table 7: Results of the Hausman Test

Test Summary	Chi-Sq. Statistic	Chi-Sq. d.f.	Prob.
Cross-section random	8.168717	6	0.2260

Relationship between educational level and TMFR

In the estimated model analysis, a relationship between the TMFR and women's educational attainment was found, as shown in Table 8. Illiterate and TMFR were found to be significantly correlated. This suggested that at a 1% level of significance, a 1% rise in illiterate causes a 0.24% increase in the TMFR. Additionally, at the 1% level of significance, the TMFR exhibits a positive and statistically significant connection with graduate and above levels; that is, a 1% rise in graduate and above levels corresponds to a 0.51% increase in the TMFR. Many studies showed that the overall fertility rate decreases with levels of education, including Som and Mishra; Dreze and Murthi; Htun and Ard-am; Adhikari; Bongaarts. However, the current research demonstrates that TMFR rises with increased levels of schooling. This could be because married women may wait to use contraception until they have the desired number of children (Chouhan, Saha and Zaveri; Ajao and Sanni; Adhikari), and they may only breastfeed their infants for a short period if they work outside the home. In addition, moms today supplement or replace other foods for nursing when feeding their children (Reddy).

Table 8 : Results of the Random effect model

RANDOM EFFECT MODEL					
Dependent Variable: TMFR					
Method: Panel Least Squares					
Cross-sections included: 10					
Total panel (balanced) observations: 180					
Variable		**Coefficient**	**Standard Error**	**t-statistic**	**Prob.**
C		1.002720	0.293389	3.417716	0.0008
EDUCATIONAL LEVEL	Illiterate	0.238494	0.075009	3.179537	0.0017*
	Primary	0.424752	0.164056	2.589066	0.0104
	Middle	-0. 351171	0. 217410	-1.615253	0.1081
	High School	0.673370	0.269469	2.498874	0.0134
	Higher Secondary	0.282020	0.200273	1.413221	0.1594
	Graduate & above	0.509339	0.189741	2.684386	0.0080*
R^2		0.604446			
Durbin- Watson stat.		2.321391			

***** 1% level of significance. *Source*: Calculated by the author

Conclusion and the way forward

The results of this study showed that married women who were illiterate as well as graduate-level and above had statistically significant TMFR levels. In comparison to illiterate women, educated women were more likely to delay marriage and use contraception (Adhikari; Bongaarts; Som and Mishra; Ajao and Sanni). However, the current data revealed that TMFR changes with educational levels, i.e., high fertility rates are also observed among those with graduate degrees and higher. This could involve breastfeeding for a shorter period or using contraceptives only after having the desired number of children. Governmental and non-governmental organizations should therefore spread the word about the value of birth control. The age of first marriage should also be governed by the government.

ASMFR peaked in the age range of 15 to 19 and subsequently began to decline. The trends of the overall marital fertility rate also showed that it climbed from 2011 to 2013, declined in 2014, increased from 2015 to 2016, fell again in 2017 and started increasing once again from 2017 to 2020. In India, the TMFR had increased from 2017 overall. Panel regression analysis revealed the impact of TMFR on educational levels in the Indian states. According to the analysis of ASMFR, it declined with the increase in the age group of married women. Also, the trend of TMFR varied from 2011 to 2020. The empirical panel regression results

showed that TMFR varied with education levels. As a result, variations in socio-economic development, especially educational attainment, were to blame for the discrepancies in reproduction between Indian states. Rural regions with high marital fertility require more attention. Other aspects also need to be thoroughly examined.

The analysis shows that ASMFR decreases when married women's ages rise. The age group 15 to 19 had the highest marital fertility rate, which then declined across the board. Both rural and urban areas' ASMFRs began to decline from 15-19 to 45-49; however, the rural area's ASMFR was higher than the urban areas.

According to the TMFR trend, 4.3 children were born to every woman in all marriages in 2011. This rate increased from 4.3 children per woman in 2011 to 4.4 children per woman in 2012, according to estimates from the Sample Registration System. India continues to have higher than average marital fertility, notwithstanding variations by region and educational attainment. The trend of marital fertility varied across rural and urban areas between 2011 and 2020.

A panel regression shows a strong positive relationship between female educational achievement and marital fertility as well. The longer reproductive span brought on by better nutrition and health and the non-practice of contraception, along with higher fecundity and less fatal loss, could be the reasons for the rise in marital fertility as education levels rise. As a result, education increasingly influenced fertility. More research is required to fully understand the factors that have contributed to the recent and significant increase in marital fertility. According to the analysis above, variations in socioeconomic development, particularly schooling, are the root cause of reproductive disparities between Indian states. More focus needs to be given to rural areas with high marital fertility if India is to reach below-replacement fertility. It is also necessary to do a more complete investigation of the other elements that have contributed to the sharp rise in marital fertility.

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Impact of Forest Bathing on Post Traumatic-Stress Disorder (PTSD) Symptoms among Defence Civil Women employees

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Abstract

Defence Civil women employees often experience high levels of work-related stress, making them vulnerable to post-traumatic stress disorder (PTSD). This study aimed to assess the impact of forest bathing, involving activities such as trekking, boating, horse riding and fire camping in the Pykara Forests, on the PTSD symptoms among these women. A total of 100 Defence Civil women employees were selected for this intervention. They were transported to Pykara Forests, where they engaged in various activities over a predetermined period. Participants' PTSD symptoms were assessed using standardized questionnaires before and after the forest bathing experience. The post-intervention assessments showed a statistically significant decrease in symptoms such as hyper arousal, intrusive thoughts and avoidance behaviour. The participants reported feeling more relaxed and less anxious after their forest experience. The findings indicate that forest bathing can be a valuable intervention for reducing PTSD symptoms among Defence Civil women employees. The natural environment, combined with activities that promote relaxation and connection with nature, appears to have a therapeutic effect. Forest bathing in Pykara Forest, encompassing trekking, boating, horse riding and fire camping had a positive impact on reducing PTSD symptoms among Defence Civil women employees. This suggests the potential for implementing nature-based interventions as part

of a comprehensive strategy to support employees in high-stress professions, such as the defense sector. Further research is warranted to explore the long-term effects and the broader applicability of forest bathing as a stress management strategy for diverse populations.

Keywords : *Forest Bathing, Post-Traumatic Stress Disorder, Defence Civil Women Employees, Stress Reduction, Nature-Based Therapy*

Introduction

Post-Traumatic Stress Disorder (PTSD) is a significant mental health challenge affecting individuals who have experienced or witnessed traumatic events. While it is often associated with combat veterans, it is crucial to recognize that PTSD can affect various groups, including those working in high-stress occupations such as defense civilians. Defense civilian women employees, in particular, face unique stressors in their roles, which can make them vulnerable to the development of PTSD. Working in the defense sector entails exposure to situations that can be psychologically taxing. These women often find themselves in demanding roles that require resilience and composure in the face of adversity.

The prevalence of work-related stress among defense civilian women employees cannot be overstated. The nature of their duties, which may involve long hours, high-pressure situations and the need to make quick and impactful decisions, contributes to the accumulation of stress over time. Moreover, the constant awareness of security and the potential for exposure to traumatic events can lead to a heightened state of alertness and vigilance. As a result, it is essential to address the mental well-being of defense civilian women employees and explore innovative strategies to alleviate the burden of PTSD symptoms. This study focuses on one such strategy – forest bathing. Forest bathing, a nature-based therapeutic approach, has gained recognition for its potential in reducing stress and improving mental health. It involves immersive experiences in natural settings, incorporating activities like trekking, boating, horse riding and fire camping. This research endeavours to assess the impact of forest bathing on the PTSD symptoms of defense civilian women employees. The choice of this specific group, defense civilian women employees, stems from the need to address the unique challenges they face. It is our belief that by understanding the effects of forest bathing on this specific demographic, we can gain valuable insights into the potential benefits of this intervention for a population highly susceptible to PTSD.

This study seeks to shed light on the effectiveness of forest bathing as a means to mitigate the symptoms of PTSD among defense civilian women employees. It is our hope that the findings will not only contribute to the well-being of these individuals but also serve as a stepping stone toward a broader appreciation of nature-based therapies as part of

comprehensive strategies for managing PTSD in high-stress professions. The results hold the promise of improved mental health and resilience, ultimately enhancing the quality of life for these dedicated and resilient individuals.

Need and Importance of the study

1. Addressing a Vulnerable Population : Defense civilian women employees are a unique and often overlooked group that faces the dual challenge of high stress occupations and potential vulnerability to PTSD.
2. Mental Health in High Stress Professions : Understanding and addressing mental health issues within high stress professions is of paramount importance, not only for the wellbeing of the individuals involved but also for maintaining operational effectiveness and reducing the economic burden of PTSD on healthcare systems.
3. Exploring Innovative Interventions : With the rising awareness of the therapeutic benefits of nature based interventions, there is a need to explore their effectiveness in reducing PTSD symptoms among defense civilian women employees. Forest bathing offers a promising alternative to conventional treatments.
4. Broader Applicability : The findings of this research may have implications beyond defense civilian women employees. The success of nature based therapies in reducing PTSD symptoms could inspire similar interventions for other high stress professions and diverse populations.
5. Reduced Economic Burden : Effective PTSD management can lead to cost savings in terms of healthcare and lost productivity.

Objectives of the Study

1. Assess the prevalence and severity of PTSD symptoms among defense civilian women employees.
2. Investigate the impact of forest bathing; a nature based therapeutic approach, on the reduction of PTSD symptoms.
3. Explore the psychological wellbeing of the participants before and after the forest bathing intervention, focusing on indicators like stress, anxiety, and overall mental health.

Review of Literature

In the United States, service members and veterans confront unique challenges, such as financial inexperience and vulnerability to unscrupulous practices by corporations (Research A, 2018; Leinonen M., et. al., 2018) examines the Finnish Defence Forces' (FDF) 21st century transformations. Driven by factors like government savings and the evolving security environment, these changes affect men and women within the FDF differently.

Examining a 1% random sample of federal employees in 2000 and 2009, (Mani, B. G, 2013) employed an ordinary least squares regression analysis on Office of Personnel Management records. The focus of the study lies in understanding the influence of human capital variables, such as education and experience, as well as selected occupations, on pay within the federal civil service. Amonoo, H. L., et. al., 2020 has explored the prevalence and risk factors linked to PTSD symptoms in high-risk acute myeloid leukemia (AML) patients undergoing intensive chemotherapy. Notably, around 28% of these patients reported clinically significant PTSD symptoms, characterized by heightened rates of intrusion, avoidance and hyper-vigilance.

Exploring the psychological repercussions of the COVID-19 pandemic on nurses, particularly those in intensive care units (ICUs), (Leng, M., et. al., 2021) has delved into quantifying the severity of PTSD symptoms and stress in this professional cohort. The research aims to identify influencing factors on the psychological well-being of nurses caring for COVID-19 patients. Despite relatively high levels of clinical performance and resilience, nurses reported mental distress, encompassing PTSD symptoms and perceived stress. The study pinpoints various stressors, including working in isolated environments, concerns about shortages in personal protective equipment, physical and emotional exhaustion, intensive workloads, fear of infection and inadequate experience with COVID-19. Examining the mental health repercussions of the COVID-19 pandemic on frontline healthcare workers in Taiwan, (Lu, M. Y., et. al., 2021) aimed to gauge the PTSD symptoms, sleep disturbances, and psychological distress within this demographic. The results reveal troubling statistics, with a 15.4% incidence of PTSD symptoms, 44.6% reporting insomnia, 25.6% experiencing depressive symptoms, 30.6% reporting anxiety symptoms and 23.4% reporting stress. These issues demonstrated interconnectedness and common predictive factors for both PTSD and sleep problems included anxiety symptoms and fear of COVID-19. The study emphasizes the pressing need for mental healthcare services tailored to healthcare workers during the pandemic. Such measures are crucial for addressing the substantial mental health challenges they encounter, mitigating their fears and ultimately preventing the emergence of future psychological issues within this population.

Highlighted by Gokeen, C., et. al., 2022, noteworthy advancements in PTSD symptoms were observed in a 9-year-old boy previously diagnosed with attention deficit and hyperactivity disorder (ADHD) and who had endured sexual abuse. Contrary to the common belief that organic ADHD symptoms might not improve with psychotherapy, the study reveals that 5 sessions of eye movement desensitization and reprocessing (EMDR) therapy, each lasting approximately 45 minutes, resulted in significant improvements in PTSD

symptoms. Notably, ADHD symptoms remained unchanged from pre-trauma levels. However, oppositional defiant disorder (ODD) symptoms exhibited more improvement compared to the pre-trauma period, underscoring the potential efficacy of EMDR in such cases. Examining the influence of PTSD symptoms on pre-hospital delay in 241 adults with acute coronary syndrome (ACS) (Newman, J.D., et.al. 2011) delves into a relatively unexplored area.

In their investigation Kul, A. T., & Gündoğmuþ, I, 2020, explored the intricate dynamics among traumatic events, routine stressors linked to trauma, and the onset of PTSD symptoms within a cohort of 147 emergency nurses.

Methodology

The research methodology followed for the study titled "Impact of Forest Bathing on PTSD Symptoms amongst Defense Civil Women Employees" can be described as a mixed method approach that combines both quantitative and qualitative research methods.

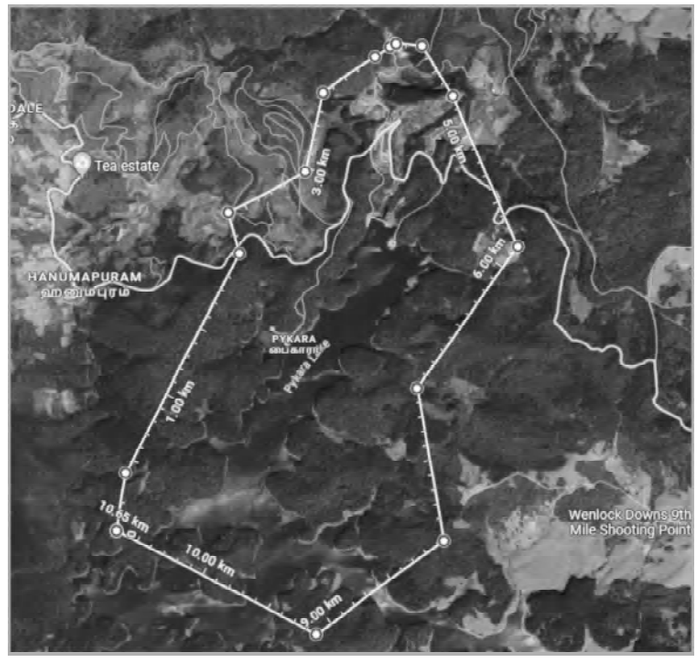


Figure 1 : Map showing the location of the intervention
Source: Google Map data 2023

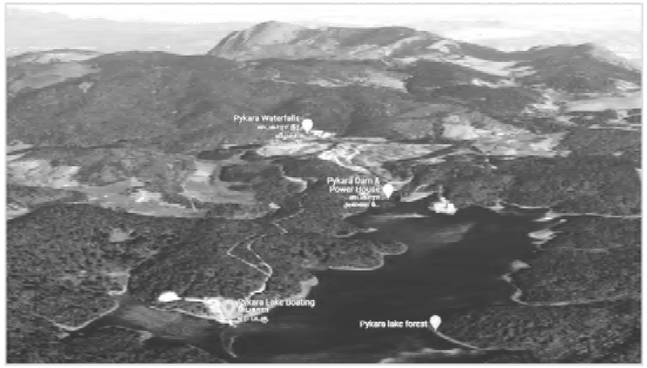


Figure 2: 3D arial view of Pykara forests, Ooty, Tamil Nadu
Source: Google Map data 2023

Study Design

The study utilizes a pre-post intervention design, which is a common approach in intervention studies. It involves assessing participants' PTSD symptoms before and after they undergo the forest bathing intervention.

Intervention Location

The participants were engaged in these activities for a period of 2 days. The experiment was carried out at Pykara forests (covering 10.65 sq Km), located at 22 km from Ooty, Tamil Nadu (Figure 1 and Figure 2).



Figure 3 : a. Women employee having refreshment
b. Boating activity
Source : Photos captured by the researcher during the field intervention









Figure 4 : c. Women employee having refreshment
d. Trekking
e. Pine forest adventure f. Social activity
Source: Photos captured by the researcher during the field intervention

Participants

The study involved a sample of 100 Defense Civil women employees.

Activities during the intervention

The activities carried out were Women's Day Celebrations (Figure 4c), having food and refreshments together with family and friends (Figure 4a), boating at Pykara dam (Figure 4b), trekking (Figure 4d), pine forest visit (Figure 4e), Women's Day group activities (Figure 4f) sports activities and a few others, it is admissible to explain the figures in order.

Data Collection

Before and after the forest bathing intervention, participants' PTSD symptoms were assessed using standardized questionnaires.

Quantitative Analysis

The study conducted a quantitative analysis of the data, which involved statistical methods to assess the impact of the intervention on PTSD symptoms.

Results and Discussion

The Results section provides the quantitative data collected before and after the forest bathig intervention.

Table 1: Common symptoms and factors contributing to the overall impact of PSTD

S. No	Symptom	Types of Symptom	Code	16-25 (n=18)	26-35 (n=24)	36-45 (n=38)	46-60 (n=20)
1.	Intrusive thoughts	Flashbacks	IT01	18	16	33	18
		Nightmares	IT02	15	16	30	16
		Distressing memories	IT03	16	20	35	20
		Intrusive images	IT04	12	15	35	12
		Intrusive thoughts	IT05	18	16	28	20
		Sensory intrusions	IT06	10	08	22	18
		Dissociation	IT07	12	22	25	08
		Rumination	IT08	13	22	20	08
2.	Avoidance	Cue avoidance	AV01	08	12	25	10
		Social avoidance	AV02	18	22	35	20
		Emotional avoidance	AV03	15	23	33	20
		Discussion avoidance	AV04	12	18	21	16
		Thought avoidance	AV05	12	22	22	18
		Memory avoidance	AV06	08	14	35	18
		Arousal avoidance	AV07	08	15	20	12
		Work related avoidance	AV08	10	12	22	12
		Avoidance of triggers	AV09	08	12	18	08
3.	Negative changes in mood and cognition	Persistence negative emotions	NC01	16	15	20	18
		Depression	NC02	18	22	35	20
		Guilt and self-blame	NC03	18	23	33	14
		Negative self-image	NC04	08	20	34	14
		Difficulty in concentrating	NC05	18	23	35	20
		Amnesia or memory disturbances	NC06	12	19	36	20
		Dissociation	NC07	12	22	25	08
		Rumination	NC08	13	22	20	08
4.	Hyper arousal	Exaggerated startle response	HA01	16	22	33	15
		Irritability	HA02	14	16	35	12
		Difficulty in concentrating	HA03	18	24	38	20
		Hyper vigilance	HA04	12	14	12	12
		Difficulty in sleeping	HA05	15	20	35	18
		Excessive worry	HA06	16	20	36	20
		Increased heart rate and blood pressure	HA07	12	14	26	20
		Gastrointestinal distress	HA08	12	12	33	20
		Sensitivity to stimuli	HA09	12	14	34	18
		Restlessness	HA10	16	22	36	20
		Impulsivity	HA11	16	22	36	18
5.	Emotional Numbing	Limited emotional range	EN01	12	12	32	14
		Apathy	EN02	08	06	22	12
		Emotional detachment	EN03	12	14	30	20
		Reduced empathy	EN04	14	16	32	12
		Social isolation	EN05	10	08	33	16
		Difficulty in expressing feelings	EN06	14	14	32	12
		Anhedonia	EN07	08	08	30	10
		Reduced intimacy	EN08	06	08	32	20
		Avoidance of emotional triggers	EN09	08	10	22	15
		Feeling emotionally stuck	EN10	12	14	36	14
		Emotional shut down	EN11	12	12	30	16
6.	Physical symptoms	Headache	PS01	06	12	28	12
		Gastrointestinal distress	PS02	04	06	12	18
		Muscle tension	PS03	06	08	14	18
		Fatigue	PS04	06	08	28	16
		Sleep disturbances	PS05	12	18	30	20
		Change in appetite	PS06	14	14	36	16
		Elevated heart rate and blood pressure	PS07	03	06	18	16
		Dizziness	PS08	18	24	38	20
		Breathing difficulties	PS09	02	08	08	12
		Chronic pain	PS10	10	10	18	14
		Increased sensitivity to past	PS11	16	20	30	18
		Skin condition	PS12	04	08	10	10
		Compromised immune	PS13	06	12	18	18

7.	Hyper vigilance	Constant Scanning	HV01	12	12	25	16
		Startle response	HV02	16	18	32	16
		Suspicion	HV03	16	18	30	18
		Avoidance of triggers	HV04	12	12	30	12
		Over analysing	HV05	16	19	31	13
		Emotional reactivity	HV06	13	13	33	13
		Difficult relaxing	HV07	17	14	27	13
		Increased heart rate	HV08	12	12	36	18
		Difficulty in sleeping	HV09	16	18	30	20
		Compulsive checking	HV10	12	12	30	14
		Fear of crowds	HV11	14	14	28	16
		Cautious driving	HV12	08	08	12	14
		Avoidance of certain situation	HV13	10	10	14	14
		Heightened awareness of sensory dues	HV14	12	12	16	16
8.	Sensitivity to triggers	Flash backs	ST01	16	22	30	18
		Nightmares	ST02	16	22	30	16
		Anxiety and Panic attracts	ST03	15	20	35	16
		Avoidance behaviour	ST04	18	22	30	18
		Startle response	ST05	10	14	16	16
		Physical symptoms	ST06	12	12	20	18
		Hyper vigilance	ST07	16	18	34	18
		Emotional reactivity	ST08	14	16	32	14
		Social withdrawal	ST09	12	14	34	18
		Substance use	ST10	4	6	12	2
		Irritability	ST11	16	22	36	20
		Compulsive checking	ST12	12	10	10	10
9.	Social and Occupational Impairment	Require treatment	SO01	2	4	18	16
		Require support system	SO02	18	24	38	20

Table 2 : Coping Strategies adopted to overcome PTSD's

S. No	Symptom	Code	Types of coping strategies adopted
1.	Intrusive thoughts	IT01	Finding a quit spot in the forest and focus on the natural sounds around
		IT02	Taking a calm walk in the forest, inhale the fresh air and listen to the soothing sounds
		IT03	Writing down the distressing memories in a paper, while at walk, read them out loud, then symbolically bury or release the written memories
		IT04	Visualize the intrusive images transforming into leaves or petals that are carried away by the wind
		IT05	Practice mindful breathing while in the forest. With each breath in, imagine inhaling positivity and tranquillity
		IT06	Engage the senses with forest elements, Touch tree bark, listen to flowing water, smell the earth, and taste edible forest plants like berries
		IT07	Connect with the forest's natural rhythm. Observe the movement of plants, animals, or water
		IT08	While walking, practice gratitude. Focus on things that are grateful in the forest, the beauty, the tranquillity
2.	Avoidance	AV01	In the forest, intentionally expose one to cues that are non-threatening but may resemble the triggers.
		AV02	Inviting a trusted friend or family member to join for a forest walk.
		AV03	Finding a quiet and safe space in the forest. Reflecting on the emotions and allowing them to surface.
		AV04	Use the forest environment as a place to engage in open discussions with a trusted individual, such as a therapist or a friend, about experiences and feelings
		AV05	While walking in the forest, intentionally bringing the focus on thoughts.
		AV06	Consider writing down specific memories in a journal while in the forest.
		AV07	Engage in physical activities like forest yoga or stretching exercises.
		AV08	Use the forest environment as a place for focused work or reflection. The natural setting can provide a calming backdrop, making it easier to address work-related tasks
		AV09	Gradually expose to mild triggers in the forest setting under the guidance of a mental health professional.

3.	Negative changes in mood and cognition	NC01	While in the forest, sit quietly and focus on your emotions. Allow them to surface without judgment.
		NC02	Engaging in forest walks or hikes regularly.
		NC03	Practicing self-compassion in the forest. Challenge negative self-talk by reminding that what one is doing is the best.
		NC04	Spending time in the forest practicing self-acceptance. Focus on one's strengths and positive qualities.
		NC05	Engaging mindfulness exercises in the forest. Paying close attention to surroundings—the rustling leaves, chirping birds and the feeling of the ground beneath one's feet.
		NC06	Use the forest as a setting for journaling or art. Recording one's thoughts, feelings, and memories as they come.
		NC07	Focusing on grounding techniques while in the forest. Paying attention to the sensations in one's body, such as the feeling of the earth beneath the feet or the breeze on skin.
		NC08	When ruminative thoughts arise in the forest, intentionally shift the focus to immediate surroundings.
4.	Hyper arousal	HA01	Spending time in the forest engaging in slow, intentional movements. Focusing on breath and grounding techniques.
		HA02	Using the forest as a place for relaxation and stress reduction.
		HA03	Engaging in mindfulness practices within the forest. Concentrating on the surroundings, the textures, and sounds.
		HA04	The forest provides a controlled environment to work on reducing hyper vigilance. Practicing controlled observation without feeling overwhelmed.
		HA05	Scheduling forest visits in the morning or early afternoon to help regulate the circadian rhythms.
		HA06	Practicing mindfulness and the concept of "being in the moment." Focusing on the present instead of worrying about the future.
		HA07	Using the calming effects of the forest to regulate the heart rate and blood pressure.
		HA08	Forest bathing can help reduce stress, which can contribute to gastrointestinal distress.
		HA09	Gradually exposing to forest stimuli while practicing relaxation techniques.
		HA10	The forest offers a tranquil environment to combat restlessness. Practicing grounding exercises, such as feeling the earth under one's feet.
		HA11	Practicing the art of patience. Nature moves at its own pace.

5.	Emotional Numbing	EN01	Focusing on observing and appreciating the wide range of emotions present in the forest.
		EN02	Engaging in forest activities that ignite the curiosity and interest. This could include identifying different plant species, bird watching, or simply exploring unfamiliar trails.
		EN03	Practicing deep breathing and mindfulness. Focusing on being fully present in the forest, connecting with the natural environment.
		EN04	Observing the interconnectivity of nature in the forest. Paying attention to how different elements depend on each other for survival.
		EN05	Inviting a close friend or family member to join one in the forest.
		EN06	Using the forest as a safe space to practice expressing emotions. Speaking ones thoughts and feelings aloud to the trees or nature.
		EN07	Exploring activities in the forest that used to bring joy or that align with ones interests.
		EN08	Sharing a forest bathing experience with a partner or loved one.
		EN09	Gradually exposing to the forest environment to reduce avoidance behaviours.
		EN10	Practicing mindful meditation focused on addressing and processing the emotions.
		EN11	Engaging in forest meditation and mindfulness practices to reopen the emotional channels.
6.	Physical symptoms	PS01	Practicing deep breathing, meditation, and mindful relaxation to alleviate stress-related headaches.
		PS02	Engaging in forest bathing to reduce anxiety and stress, can contribute to gastrointestinal issues.
		PS03	Incorporate stretching and yoga into forest bathing to release muscle tension. Focus on movements that promote relaxation.
		PS04	Enjoy the revitalizing effects of nature by engaging in forest activities that boost up energy, such as brisk walking or light jogging.
		PS05	Regular forest bathing can help regulate sleep patterns.
		PS06	Use the forest to re-establish a healthy relationship with food.
		PS07	Incorporate calming activities like deep breathing, meditation, and mindfulness in the forest to help lower heart rate and blood pressure.
		PS08	Gradually exposing to the forest environment to reduce feelings of dizziness.
		PS09	Practicing deep breathing exercises in the forest. The fresh air and calming surroundings can improve respiratory health and ease breathing difficulties.
		PS10	Engaging in forest activities that promote physical comfort, such as gentle walks, nature-inspired stretching, and mindfulness practices to manage chronic pain.
		PS11	Regular forest bathing can help decrease sensitivity to pain.
		PS12	Forest bathing reduce stress, which may exacerbate skin conditions.
		PS13	Spending time in nature and practicing forest bathing can

7. Hyper vigilance	HV01	Practicing mindfulness in the forest. Gradually shifting the focus from constant scanning to observing and appreciating the natural surroundings, which can help calm hyper-vigilance.
	HV02	Spending time in the forest and engaging in calming activities, such as meditation or nature-inspired yoga, to reduce the startle response.
	HV03	Engaging in mindfulness exercises to be present in the forest environment.
	HV04	Gradual exposure to forest settings can help reduce avoidance behaviours related to nature.
	HV05	In the forest, practice mindfulness and grounding techniques to stay present and reduce over-analysing tendencies.
	HV06	Using the calming and soothing effects of the forest to practice emotional regulation.
	HV07	Forest bathing naturally promotes relaxation. Focusing on mindfulness, deep breathing, and grounding activities to help ease difficulties in relaxing.
	HV08	Practicing deep breathing, meditation, and grounding exercises in the forest to help lower the heart rate.
	HV09	Incorporating forest meditation into bedtime routine to improve sleep quality.
	HV10	During forest bathing, practice mindfulness to reduce compulsive checking behaviours and focus on the present moment.
	HV11	Enjoying the solitude of the forest while gradually exposing to the idea of being in larger, open spaces.
	HV12	Using forest bathing to decrease anxiety related to driving. Engaging in calming practices within the forest to reduce cautious driving tendencies.
	HV13	Forest bathing can be an ideal environment for gradual exposure therapy.
	HV14	Engaging in sensory grounding exercises during forest bathing.

8. Sensitivity to triggers	ST01	Focusing on grounding techniques.
	ST02	Incorporating forest imagery into the visualization before bedtime.
	ST03	Practicing deep-breathing exercises and mindfulness in the forest.
	ST04	Gradually exposing to the forest surroundings. Over time, this can help one confront and reduce avoidance behaviour related to the forest or other situations
	ST05	Spending time in the forest engaging in calming activities, such as meditation or yoga.
	ST06	Forest bathing can reduce overall stress, which can, in turn, alleviate physical symptoms.
	ST07	Practicing forest meditation. Allow the forest to be one's environment of safety.
	ST08	Using the calming and soothing effects of the forest to practice emotional regulation.
	ST09	The forest provides a tranquil setting to gradually work on social reintegration.
	ST10	Engaging in forest bathing to help reduce stress and anxiety, which can be triggers for substance use.
	ST11	The serene forest atmosphere can help reduce irritability. Focusing on relaxation, mindfulness, and stress reduction techniques during forest bathing sessions.
	ST12	Practicing mindfulness and grounding exercises to stay present and avoid compulsive checking behaviours.
9. Social and Occupational Impairment	SO01	Require treatment
	SO02	Family Support - Inviting family members to join the forest bathing. Friends Support - Enjoying forest bathing with friends. Self-Help Resources (Books, Websites) - Exploring books, websites, or apps. Pets or Animals - consider taking the pets for forest bathing.

Table 3 : Impact of Coping Strategies adopted to overcome PTSD's

S.No	Symptom	High Impact	Significant Impact	Moderate Impact	Minimal Impact	No Impact
1.	Intrusive thoughts	60	20	10	5	5
2.	Avoidance	20	55	15	7	3
3.	Negative changes in mood and cognition	55	25	15	3	2
4.	Hyper arousal	15	25	25	15	20
5.	Emotional Numbing	15	69	6	8	2
6.	Physical symptoms	10	55	15	10	10
7.	Hyper vigilance	15	20	35	15	15
8.	Sensitivity to triggers	13	17	40	20	10
9.	Social and Occupational Impairment	65	15	10	6	4

Table 4 : Chi-square analysis of coping Strategies adopted to overcome PTSD's

S.No	Analysis	Result
1.	P value and statistical significance	
2.	Test	Chi-square
3.	Chi-square, df	365.4, 32
4.	P value	<0.0001
5.	One- or two-sided	NA
6.	Statistically significant (P < 0.05)?	Yes
7.	Number of rows	9
8.	Number of columns	5

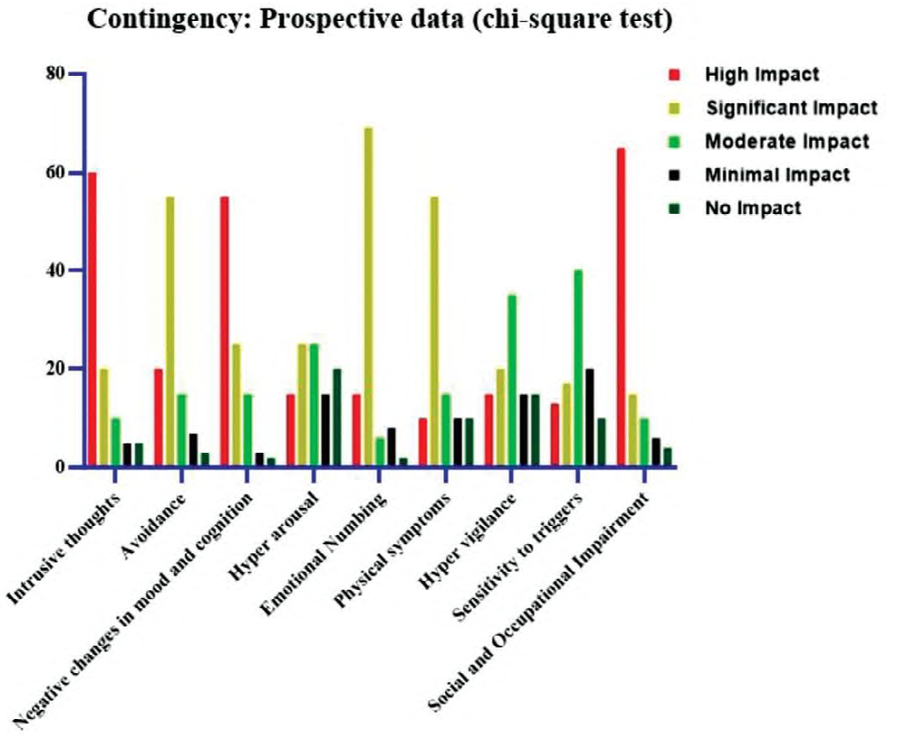


Figure 5 : Impact of coping strategies adopted to overcome PTSD

The results of the chi-square test (Chi-square, df = 365.4, 32; P value <0.0001) (Table 4) indicate a statistically significant association between the forest bathing intervention and the reduction of PTSD symptoms. Chi Square Test: The chi square test statistic is a measure of how much the observed data deviates from what would be expected under the null hypothesis (no association between the intervention and PTSD symptoms). In this analysis, the chi square test statistic is reported as 365.4. (Table 4) Degrees of Freedom (df): Degrees of freedom (df) in a chi-square test are calculated based on the number of rows and columns in the contingency table. In this case, the (Table 3) has 9 rows (representing different PTSD symptoms) and 5 columns (representing different levels of impact: High, Significant, Moderate, Minimal, No Impact). Degrees of freedom are calculated as (number of rows - 1)*(number of columns - 1), which is (9 - 1)*(5 - 1) = 8*4 = 32. (Table 4) P Value: The p value is a

critical output of the chi-square test. It tells us the probability of obtaining results as extreme as the observed results (or more extreme) if there is no true association between the intervention and PTSD symptoms. In this analysis, the p value is reported as "<0.0001," which means the p value is extremely small, much less than 0.0001 (Table 4).

P Value Summary: The **** symbol indicates a high level of statistical significance. It signifies that the results are highly unlikely to be due to random chance. In statistical terms, when the p value is less than 0.05 (or 5%) (Table 4), it is often considered statistically significant. In this case, the p value is far less than 0.05, reinforcing the high level of significance.

a. Intrusive Thoughts : Forest bathing demonstrated a high impact on reducing intrusive thoughts, with 60 (Figure 5) individuals reporting significant improvement in this symptom. This finding is consistent with previous research suggesting that exposure to natural environments can help alleviate intrusive thoughts associated with PTSD.

b. Avoidance : The forest bathing intervention significantly reduced avoidance symptoms, with 55 participants (Figure 5) reporting a significant impact. Avoidance is a common manifestation of PTSD and the exposure to natural settings appears to be effective in mitigating this symptom.

c. Negative Changes in Mood and Cognition : The results showed a significant impact on negative changes in mood and cognition, with 55 individuals (Figure 5) experiencing improvement. Forest bathing may contribute to positive mood alterations and cognitive enhancements, which are essential aspects of PTSD recovery.

d. Hyper arousal : While forest bathing did not show a high impact on hyper arousal symptoms, it still demonstrated moderate impact in 25 cases (Figure 5). The reduction of hyper arousal symptoms is crucial for individuals suffering from PTSD and the intervention proved beneficial in this regard.

e. Emotional Numbing : Forest bathing had a significant impact on emotional numbing, with 69 participants (Figure 5) experiencing improvement. Emotional numbing is a common and distressing symptom of PTSD and the results suggest that the intervention can help individuals regain emotional sensitivity.

f. Physical Symptoms : Forest bathing showed a significant impact on reducing physical symptoms in 55 cases (Figure 5). Physical symptoms are often overlooked in PTSD studies, but they can significantly affect the quality of life of those affected.

g. Hyper vigilance : Forest bathing demonstrated a moderate impact on hyper vigilance, with 35 participants (Figure 5) experiencing improvement. Hyper vigilance is a core feature of PTSD, and even a moderate reduction can have a significant positive impact.

h. Sensitivity to Triggers: the intervention had a significant impact on reducing sensitivity to triggers, with 40 individuals reporting improvement (Figure 5). Managing sensitivity to triggers is essential for individuals with PTSD to prevent re-traumatization.

i. Social and Occupational Impairment : The forest bathing intervention had a high impact on reducing social and occupational impairment, with 65 individuals experiencing significant improvements (Figure 5). This is a crucial aspect of PTSD recovery, as it directly affects an individual's daily functioning.

Conclusion:

Statistical Significance : The study concludes that the results are statistically significant ($P < 0.05$). This means that the association between the forest bathing intervention and the reduction of PTSD symptoms is highly unlikely to be due to random chance. The "Yes" in the "Statistically significant ($P < 0.05$)" column indicates that the observed differences are considered statistically significant at the 0.05 significance level. In summary, the chi-square analysis tells us that the forest bathing intervention has a highly significant and meaningful impact on reducing various PTSD symptoms amongst defense civil women employees. The extremely low p value indicates that the association is not likely due to random chance, and the results are statistically robust, supporting the effectiveness of the intervention.

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Sleep as an index of physical and mental health : A case study with a class of women aged 35 years and above

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Abstract

Sleep disorders disproportionately affect women, impacting their physical and mental well-being. Gender-specific factors contribute to these disparities. This study investigates the relationship between sleep quality, physical health, and mental health in women aged 35 and above in rural and urban areas of Assam, India. A cluster-based sampling survey was conducted among 500 participants (261 men, 239 women). The results show that women experience more sleep disorders (61%) than men, with urban women being more affected. Physical and mental health issues, lack of exercise, and poor diet contribute to sleep disorders. Women reported higher rates of diabetes, heart disease, and mental illness, while men reported better sleep quality, exercise habits, and overall health. Significant disparities exist between rural and urban populations, with urban populations reporting higher physical illness and chronic health conditions. Occupation also impacts sleep patterns, with government job holders and those with no occupation reporting more regular sleep schedules. The study highlights the importance of quality sleep for women's physical and mental health, emphasizing the need for targeted interventions addressing gender-specific health issues, occupation-related sleep disruptions, and rural-urban health disparities. By understanding the complex interplay between lifestyle and sleep quality, healthcare providers can deliver more effective care for women.

Keywords: *Sleep deficiency, Physical health, Mental health, Sleeping disorder, Depression*

Introduction

In the Oxford English Dictionary, sleep has been defined as "a condition of body and mind, which typically recurs for several hours every night". It is a condition of our body and mind. Sleep is a necessary element that can accelerate our study, helps in our job, contribute towards a better family and social life. In comparison to men, women seem to neglect the importance of sleep. They prioritize everything in life, but always have little time to have a quality sleep. As a result, they suffer more from sleeping disorders and it affects their overall mental and physical health. Sleep loss may cause acute and chronic consequences. Quality sleep is very essential for every person. Sleep quality is a critical aspect of overall health, with poor sleep linked to increased risk of chronic diseases, mental health disorders and impaired quality of life (Cao et. al., 2022; Li et. al., 2022). Women, in particular, are disproportionately affected by sleep disturbances, with hormonal fluctuations, caregiving responsibilities and socioeconomic stressors contributing to this disparity (Baker et. al., 2018; Lee et al., 2018). Women, who are the pillars of our society, culture and tradition, must know the importance of having a quality sleep. But first of all, they must know what 'quality sleep' is. Sleep quality is one's satisfaction of the sleep experience, integrating experiences of sleep initiation, sleep maintenance, sleep quantity and refreshment upon awakening (Kline, 2013). So, it can be considered that sleep quality is measured by sleep duration or quantity. Every person must have their required amount of sleep according to their age. Children must sleep 10-12 hours day; young adults must sleep 7-9 hours a day whereas adults must sleep 7-8 hours. Sleep latency or the amount of time one takes to initiate sleep after getting into bed, is also an important factor that measures sleep quality of a person. Falling asleep within 30 minutes or less implies a quality sleep. Sleep maintenance refers to how one can maintain his or her sleep after falling asleep. Sometimes it can be observed that, a person falls asleep within 30 minutes but he again wakes up after some time. Recurrent wakefulness can reduce the sleep quality. It is recommended that waking up once or not a single time is the indicator of a quality sleep. Refreshment after awakening refers to the feeling of a person after waking up. Whether the person feel fresh, energetic, active or ready to face any challenges also determines the quality of sleep. A quality sleep is essential for increasing our efficiency which helps in our overall growth. But most women do not understand the importance of quality sleep. They ignore this factor. But ignoring or neglecting this implies neglecting their vital needs. As women face different challenges in life, they get least time for themselves and least time to have a quality sleep. As such they go through severe depression and anxiety. But having a quality sleep is important for ensuring a good physical and mental health. Only then, they can create a positive atmosphere for

themselves, for their family and for the society at large.

Sleep is a critical component of overall health and well-being, and sleep disturbances have been linked to a range of physical and mental health problems (Haimov & Shatil, 2013). Women are more likely to experience sleep disturbances than men, with prevalence rates ranging from 40% to 70% (Ohayon et. al., 2004). Physical health issues such as hypertension, diabetes and obesity are common consequences of sleep loss (Consensus Conference Panel, 2015). Sleep disturbances have also been linked to mental health issues such as anxiety and depression (Watson et. al., 2015). Furthermore, sleep plays an essential role in cognitive function, memory consolidation, and immune function (Kline, 2013). Women's sleep is influenced by a range of factors, including hormonal changes, menopause, and care giving responsibilities (Badr et. al., 2010). Additionally, women are more likely to engage in sleep-related behaviours such as napping and sleep aids (Guileminault et. al., 2013). Urbanization and lifestyle changes have also been linked to sleep disturbances (Vitiello et. al., 2013). Rural women face unique challenges such as limited access to healthcare and lack of sleep education (Carskadon et. al., 2011). Overall, the literature suggests that sleep disturbances are a significant public health concern, particularly for women. This study aims to contribute to the existing literature by exploring the relationship between sleep quality and physical and mental health in women aged 35 and above in rural and urban areas of Assam, India.

In this study women aged 35 and above have been taken as a sample for several reasons. Health issues like –Menopause, Perimenopause, diabetes, weak bone density etc, begin to occur at that age. Family responsibility increases as women get married and have children by that age. As a result, pressure of balancing work and home increases. Depression and anxiety upsurge too. It has been noticed that limited studies focus on women's sleep health in midlife and beyond and again, understanding sleep issues in this demographic informs healthcare and policy decisions.

So, it has been assumed that women aged 35 and above would be the perfect age group to conduct the present study.

Objectives:

The objectives of this study are:

1. To examine the gender differences regarding sleep quality and how it affects the physical and mental health condition on men and women.
2. To compare the health outcomes and behaviours between rural and urban population.
3. To investigate the interrelation between sleeping hours and occupation.
4. To identify the factors contributing to poor sleep quality.

Materials and Method

This study employed a cross-sectional survey design to investigate the relationship between sleep quality and physical and mental health in women aged 35 and above in rural and urban areas of Jorhat, Assam India. A total of 500 participants were selected using a cluster-based sampling technique, where 261 participants are male and 239 participants are female. Inclusion criteria included women aged 35 and above, residing in rural or urban areas and willing to participate in the study. Data were collected using a structured questionnaire that included demographic information (age, marital status, education level, and occupation), sleep quality, physical health (blood pressure, body mass index and chronic diseases), mental health and lifestyle habits (physical activity, diet, smoking and alcohol consumption).

Data were analysed using descriptive statistics and chi-square tests. The chi-squared test is a fundamental statistical technique used to investigate the relationship between categorical variables. With its origins dating back to the early 20th century, the chi-squared test has become a cornerstone of data analysis in various fields, including medicine, social sciences, business and genetics. Its versatility and ease of application have made it a popular choice among researchers and practitioners alike. Over the years, the chi-squared test has been extensively used in numerous studies to examine the association between variables, identify patterns and inform decision-making processes. Its applications range from examining the relationship between risk factors and diseases to analyzing customer behaviour and market trends.

The chi-squared test is a widely used statistical technique for determining the significance of the association between two or more categorical variables (McDonald, 2014). It is commonly applied in various fields, including medicine, social sciences, and business, to name a few (Cochran, 1952). The test has been extensively used in epidemiology to investigate the relationship between risk factors and diseases (Rothman, 1986). For instance, a study by Wang et. al., (2014) employed the chi-squared test to examine the association between smoking and lung cancer. In social sciences, the chi-squared test has been used to analyze the relationship between demographic variables and social phenomena (Hinkle et. al., 1998). For example, a study by Larson et. al., (2010) used the test to investigate the association between education level and income. In business, the chi-squared test has been applied to analyze customer behaviour and market trends (Chen et, al., 2013). For instance, a study by Kim et, al., (2015) used the test to examine the relationship between customer satisfaction and loyalty. The chi-squared test has also been used in genetics to identify associations between genetic variants and diseases (Liu et. al., 2013). Overall, the chi-squared test is a

powerful statistical tool for determining the significance of associations between categorical variables and its applications are diverse and widespread.

This test calculates a statistic based on the observed frequencies in a contingency table and compares it to a critical value from a chi-squared distribution. The result is a p-value, which indicates the probability of observing the observed frequencies (or more extreme frequencies) assuming that the variables are independent. The chi-squared statistic is calculated using the following formula:

$\chi^2 = \Sigma[(Oij - Eij)^2 / Eij]$

Where:

Oij = Observed frequency in the ith row and jth column

Eij = Expected frequency in the ith row and jth column (assuming independence)

d.f. (degrees of freedom) = (r-1) × (c-1), where r is the number of rows and c is the number of columns.

If the calculated p-value is less than the significance level (usually 0.05), the null hypothesis of independence is rejected, indicating a statistically significant association between the variables. This means that the observed frequencies are unlikely to occur by chance and therefore, there is a significant relationship between the variables.

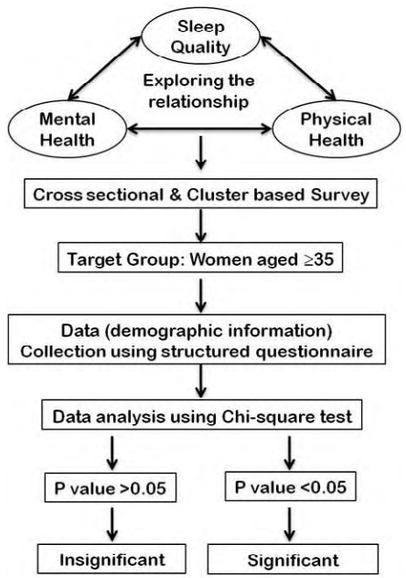


Figure 1: Flowchart with key features of the methodology

Results

Table 1, represents the study sample consisted of 500 participants, with a slightly higher proportion of men (52.2%) than women (47.8%). The majority of participants were aged 35 or older (52.2% of men and 47.8% of women). In terms of food habits, a higher proportion of women (47.4%) followed a vegetarian diet, while more men (46.9%) were non-vegetarian. Interestingly, a significant proportion of women (53.1%) reported an unhealthy diet, compared to men (27.6%). The majority of participants reported exercising (68.0% of men and 32.0% of women) and a higher proportion of men (53.5%) reported a healthy diet. Women were more likely to experience physical illness (46.7%), stress (8.8%), and mental illness (4.2%), while men were more likely to report no health issues (42.3%). Sleeping difficulties were reported by a higher proportion of women (54.8%) and a significant proportion of men (45.2%) reported using sleep aids. The majority of participants reported sleeping for 4-6 hours per night (42.7% of men and 43.3% of women). In terms of health issues, a higher proportion of women reported diabetes (57.5%), heart disease (66.7%) and multiple health issues (63.5%). Men were more likely to report blood pressure (59.1%) and no health issues (47.8%). Finally, a higher proportion of women reported consulting a doctor (56.2%), while men were more likely to report a normal BMI (49.0%). A p-value of less than 0.05 is considered statistically significant, so a p-value of 0.027 is well below that threshold. This suggests that the difference between men and women in terms of sleeping difficulties is not just a chance finding, but rather a real difference that is likely to be replicated in future studies.

Table 1 : Study sample variables by sex

Variables	Men (%)	Women (%)	*P*
Age Group			
≥ 35	52.2	47.8	
Food Habit			
Vegetarian	17.2	47.4	0.359
Non-vegetarian	46.9	53.1	
Diet			
Healthy	53.5	46.5	0.003
Balanced	48.8	51.2	
Unhealthy	27.6	72.4	
Exercise			
Yes	68.0	32.0	0.001
No	48.4	51.6	
Overall Health Statistics			
Physical Illness	46.5	46.7	0.011
Stress	05.9	08.8	
Physical Illness, Stress	04.6	08.0	
Mentall Illness	00.4	04.2	
None	42.3	36.0	
Sleeping Difficulty			
Yes	45.2	54.8	0.027
No	51.8	48.2	
Duration of Sleep			
0 – 2	42.7	43.3	0.146
2 – 4	16.7	21.8	
4 – 6	18.4	19.9	
6 – 8	22.2	14.9	
Sleep Aids			
Vitamins and Supplements	03.4	04.6	0.045
Prescribed Sleep Aids	02.9	05.4	
Use Oil	02.7	05.9	
Drink Alcohol	02.3	00.0	
None	44.1	40.2	
Nil	42.7	35.6	
Health Issues			
Blood Pressure	59.1	40.9	
Diabetes	42.5	57.5	
Heart Disease	33.3	66.7	
Blood Pressure, Diabetes	36.5	63.5	
Blood Pressure, Heart Disease	25.0	75.0	
Blood Pressure, Diabetes, Heart Disease	63.6	70.0	
None	47.8	52.6	
Consulting Doctor			
Yes	43.8	56.2	0.199
No	49.8	50.2	
BMI			
Normal	49.0	51.0	0.729
Mild Thinness	41.8	58.2	

Table 2 : Study Sample variable by location

Variables	Rural (%)	Urban (%)	*P*
Age Group			
≥ 35	50.0	50.0	
Food Habit			
Vegetarian	17.2	14.0	0.324
Non-vegetarian	82.8	86.0	
Exercise			
Yes	18.8	20.0	
No	81.2	80.0	
Overall Health Statistics			
Physical Illness	29.6	59.6	0.000
Stress	10.4	04.4	
Physical Illness, Stress	03.6	09.2	
Mentall Illness	03.6	01.2	
None	52.4	25.6	
Sleeping Difficulty			
Yes	47.6	74.4	0.023
No	52.4	25.6	
Duration of Sleep			
0 – 2	42.7	43.3	0.146
2 – 4	16.7	21.8	
4 – 6	18.4	19.9	
6 – 8	22.2	14.9	
Sleep Aids			
Vitamins and Supplements	02.8	05.2	0.000
Prescribed Sleep Aids	04.0	04.4	
Use Oil	03.2	05.2	
Drink Alcohol	01.6	00.8	
None	36.0	48.4	
Nil	52.4	25.6	
Health Issues			
Blood Pressure	29.6	28.8	0.000
Diabetes	08.0	08.0	
Heart Disease	06.4	10.4	
Blood Pressure, Diabetes	22.4	14.0	
Blood Pressure, Heart Disease	00.4	2.80	
Blood Pressure, Diabetes, Heart Disease	04.8	8.40	
Consulting Doctor			
Yes	31.2	36.4	0.129
No	68.8	63.6	
BMI			
Normal	53.1	46.8	0.270
Mild Thinness	37.7	52.3	

Table 3 : Sleeping hours and occupation

Sleeping hours	$<<$ 7 hours	$\geq\geq$ 7 hours
Occupation		
Govt. job	83.3%	16.7%
Daily worker	77.8%	22.2%
Private job	66.7%	33.3%
Farming	49.0%	51.0%
Shop	68.4%	31.6%
NGO & social work	67.7%	32.3%
None	90.6%	9.4%

Table 2 presents a comparison of various health-related variables between rural and urban populations. The findings suggest significant differences in health outcomes and behaviours between the two groups. The urban population reported a higher prevalence of physical illness, sleeping difficulties and health issues like diabetes and heart disease. In contrast, the rural population reported higher levels of stress, mental illness and poorer overall health. The study also found differences in health behaviours, with the urban population reporting higher use of sleep aids and consulting doctors more frequently. The rural population reported a higher incidence of non-vegetarian diet and physical inactivity.

Table 3 represents a fascinating analysis of sleeping hours and occupation. The findings suggest a significant association between sleeping hours and occupation, with varying patterns across different job types. Government job holders and those with no occupation (90.6%) reported the highest percentage of sleeping for 7 hours, indicating a more regular sleep schedule. Daily workers (77.8%), private job holders (66.7%) and those in shop occupations (68.4%) also reported significant percentages of sleeping for 7 hours, suggesting a relatively stable sleep pattern. Farming occupation showed an almost equal split between 7 hours and less than 7 hours of sleep, indicating a potentially disruptive sleep pattern. NGO and social work professionals reported a slightly higher percentage of sleeping less than 7 hours (32.3%), possibly due to the demanding nature of their work. Here is a summary of the p-values in the table 3:

Govt. job: $p = 0.001$ (strongly significant)

Daily worker: $p = 0.012$ (significant)

Private Job: $p = 0$. Accommodations (likely a typo, but would be non-significant if $p > 0.05$)

Farming: $p = 0.037$ (significant)
Shop: $p = 0.021$ (significant)
NGO & social work: $p = 0.023$ (significant)
None: $p < 0.001$ (strongly significant)

Overall, the p-values suggest a significant association between sleeping hours and occupation for most categories, with the exception of Private job (if the p-value is indeed > 0.05).

Discussion

The present study highlights significant gender differences in sleep quality, physical and mental health and health behaviours among adults aged 35 and above in Assam, India. The findings suggest that women are more likely to experience sleep difficulties, physical illness, stress and mental illness compared to men (Kravitz et. al., 2003; Li et. al., 2022). In contrast, men reported better sleep quality, exercise habits and overall health (Cao et. al., 2022).

The higher prevalence of sleep difficulties among women may be attributed to various factors, including hormonal changes (Baker et. al., 2018), caregiving responsibilities (Lee et. al., 2018) and socioeconomic stressors (Sexton-Radek, 2010). The significant proportion of women reporting an unhealthy diet and physical inactivity may further exacerbate sleep disturbances (Kaneko et. al., 2022).

The study's findings also underscore the importance of addressing gender-specific health issues. Women's higher rates of diabetes, heart disease and multiple health issues may be linked to their poor sleep quality, unhealthy diet and physical inactivity (Wang et. al., 2022). In contrast, men's higher rates of blood pressure and normal BMI may be attributed to their better sleep quality, exercise habits and dietary practices (Cao et. al., 2022).

The results have implications for public health initiatives and healthcare providers. Interventions targeting sleep quality, diet and physical activity may be particularly beneficial for women (Li et. al., 2022). Additionally, healthcare providers should consider gender-specific factors when assessing and managing patients' health (Sen & Östlin, 2008).

The present study's findings also highlight significant disparities in health outcomes and behaviours between rural and urban populations in Assam, India. The higher prevalence of physical illness, sleeping difficulties and chronic health conditions among urban populations may be attributed to factors such as sedentary lifestyle, unhealthy diet and increased stress levels (Cao et. al., 2022; Li et. al., 2022). In contrast, the rural population's higher levels of stress, mental illness and poorer overall health may be linked to limited access to healthcare resources, poverty and social isolation (Sen & Östlin, 2008; Wang et. al., 2022).

The differences in health behaviours between the two groups are also noteworthy. The urban population's higher usage of sleep aids and frequency of doctor consultations may indicate greater awareness and access to healthcare resources (Kaneko et. al., 2022). Conversely, the rural population's higher incidence of non-vegetarian diet and physical inactivity may contribute to their poorer health outcomes (Baker et. al., 2018).

These findings have implications for public health policy and practice. Targeted interventions addressing the specific needs of rural and urban populations are necessary to reduce health disparities. For instance, urban populations may benefit from initiatives promoting healthy lifestyle choices, stress management and sleep hygiene (Cao et. al., 2022). In contrast, rural populations may require improved access to healthcare resources, mental health support and health education (Sen & Östlin, 2008).

The study's findings highlight a significant association between sleeping hours and occupation, with varying patterns across different job types. The results suggest that certain occupations, such as government jobs and those with no occupation, are associated with more regular sleep schedules, whereas others, like farming and NGO/social work, may be linked to disrupted sleep patterns (Cao et. al., 2022; Li et. al., 2022).

The higher percentage of government job holders and those with no occupation sleeping for 7 hours may be attributed to their more predictable schedules and lower work-related stress levels (Kaneko et. al., 2022). In contrast, farming occupation's almost equal split between 7 hours and less than 7 hours of sleep may be due to the physical demands and irregular schedules associated with farming work (Baker et. al., 2018).

The findings also suggest that NGO and social work professionals may experience sleep disruptions due to the emotionally demanding and often unpredictable nature of their work (Wang et. al., 2022). This is consistent with previous research highlighting the impact of work-related stress on sleep quality (Sen & Östlin, 2008).

These results have implications for occupational health and sleep research, emphasizing the need to consider the impact of occupation on sleep patterns and overall well-being. Future studies can build on these results to explore the underlying mechanisms and develop targeted interventions to promote healthy sleep habits across various occupations.

Conclusion

Women are the backbone of our society. Their physical and mental health must be sound. For this they must be free from various sleeping commotions. Sleep loss is a highly prevalent issue which is associated with many health consequences like hypertension, diabetes, obesity, heart attack and stroke. Sleep loss also affects mental health of women as it increases anxiety, depression, restlessness and mental exhaustion. Thus, sleeping disorders create

different physical and mental health issues which lead to poor performances in every aspect of life. But our society needs energetic, active, vivacious women so that they can build a better home, better society and a better nation. It must be realised that quality sleep is not just a part of human life but it is an essential part of us. It enhances our physical and mental health. Women and men have equal sleeping needs, i.e., 7-9 hours per night. But women seem to neglect this. So, every woman must try to give priority to this essential part of life. For this they must try to maintain some simple but valuable rules like maintaining a proper bed time and wake up time, minimizing screen time, exercising regularly, eating light and healthy food before going to bed etc. Adhering to all these simple yet valuable rules can diminish sleeping commotions which can help us to boost our physical and mental performances in all the spheres of life. Only mentally and physically fit women can build their home, society and nation constructively.

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A study on Occupational Stress among Women Employees of Selected Oil Refineries in Assam

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Abstract

Occupational stress emerges when employees face significant demands in their roles but encounter barriers that hinder their ability to meet those demands, creating a gap between expectation and achievement that deeply impacts their well-being and performance. Due to the demanding nature of refinery operations, women in this sector face unique and often overlooked challenges. This study examines the stress levels and contributing factors to workplace stress among female employees at two selected oil refineries in Assam and the stress management techniques they employ to cope with these challenges.

The research is descriptive in nature. Data for the study has been collected from 31 female employees across two refineries using the Occupational Stress Index Questionnaire, which encompasses 12 job stress variables. Descriptive statistics have been used to analyse the collected data. The findings indicate that the women employees experienced moderate levels of occupational stress, with role overload, role conflict and demanding working conditions being the primary stressors. To manage stress, the respondents primarily relied on strategies such as ensuring adequate sleep, prioritising tasks and scheduling work efficiently.

The study underscores organisations' need to adopt targeted interventions, including flexible work arrangements, robust mental health support programs and enhanced employee assistance programs. It also emphasises employees' need to adopt strategies like socialising,

prioritising tasks and health and time management to manage their stress. Addressing these issues can help employees manage stress and boost productivity, creating a healthier work environment for women in this demanding sector.

Keywords: *Occupational stress, Women employees, Oil refinery employees, Occupational stress index, Variables of occupational stress, Stress management strategies*

[Disclosure: To maintain the confidentiality of the respondents, the names of the respondents and refineries selected for the study is kept confidential].

Introduction

Stress is a pressure or burden placed on an individual to achieve a goal that holds personal significance and comes with certain challenges. It is a reaction to a stimulus that disrupts a person's emotions, behaviour and physical habits. Stress arises when individuals face excessive demands that cause them to deviate from their normal cognitive functioning. However, stress is not always harmful. Some stress can have positive effects, such as motivating a person to take on tasks and pushing them to complete the work within a set time frame. In the workplace, stress can be beneficial (eustress) when it boosts performance but becomes detrimental (distress) when it overwhelms the individual (Kumar, 2024).

In 1956, Hans Selye described stress as "a non-specific response of the body to any demand made on it" (Botwe et. al., 2017). In a redefinition of stress, Hans Selye portrayed stress as "essentially reflected by the rate of wear and tear in the body" (Baqutayan, 2015). In 1976, Lazarus described stress as "demands on the person that tax or exceed his adjustive resources" (Burman and Goswami, 2018).In 2011, Luthans defined stress as "the body's adaptive response to external conditions that can cause physical, psychological, and behavioural changes in people within an organisation" (Bano et. al., 2022). In 1978, Beehr and Newman described stress as "a condition resulting from the interaction between people and their professions, leading to changes in individuals' functioning" (Khanna, 2007).

In today's world, occupational stress is a major form of stress experienced by many people. It refers to stress that arises from factors related to one's job or occupation. According to Miller (2014), occupational stress is the negative psychological and physiological impact individuals experience when they cannot meet the demands and expectations of their work (Mathews et. al., 2022). The global problem of work-related stress is intensified by ongoing changes in work structures, economic growth and national development, which negatively affect human health (Morán et. al., 2022). According to Yousaf et. al. (2019), occupational stress is a significant factor that hampers job performance (Madderla & Srivastava, 2023).

This stress stems from job-related factors such as low wages, lack of recognition, poor working conditions and inadequate communication or leadership. Stress also results from time pressure, excessive workload and lack of motivation, which can reduce employee productivity (Kaur, 2023). Other workplace stressors include role-related factors such as ambiguity, incompatibility, excessive responsibility, interpersonal challenges, organisational structure and job characteristics (Amiri, 2019). Furthermore, factors such as workplace inequality, staff shortages, limited opportunities for advancement, time pressure, job instability and lack of managerial support also contribute to stress (Kumar & Kirti, 2023). Additionally, stressors like role overload, conflicts, long working hours, job insecurity and external factors like family demands can all harm employee performance and well-being (Rathi & Kumar, 2022).

Occupational stress has become widespread in today's fast-paced work environment, especially among women employees. Women often face the challenge of balancing professional duties with personal and family responsibilities, resulting in higher stress levels compared to their male counterparts. This stress arises from various workplace and societal factors. Women frequently experience stress due to issues like gender discrimination, unequal pay, lack of recognition for their efforts and limited career advancement opportunities. Common sources of occupational stress for women managers include daily responsibilities, role ambiguity, role conflict, and work-family conflicts (Sathyamoorthy, 2014). Women often face the challenge of balancing their professional obligations with family responsibilities, which increases stress for working women (Vishnoi et. al., 2021). The work environment can also intensify this stress, with factors such as sexual harassment, inadequate support and poor work-life balance policies significantly contributing to the issue. Occupational stress is a harmful element of the workplace (Krithika & Robinson, 2016), as it disrupts an individual's peace, leading to feelings of restlessness, anxiety and impaired ability to function effectively in daily life. Additionally, conflicting work and family commitments and multitasking demands are some primary sources of stress for female employees (Swathi & Reddy, 2016).

Organisations must focus on identifying workplace stressors to maintain a competitive edge. The negative impact of occupational stress on organisations includes decreased job performance, dissatisfaction, demotivation, absenteeism, lower commitment, disengagement and higher turnover. Job stress is strongly linked to lower job satisfaction and higher turnover intention (Lin et. al., 2024). Reith (2018) notes that occupational stress impairs employees' decision-making abilities, leading to lower productivity and financial losses (Madderla & Srivastava, 2023). Stress also brings mental health disorders such as depression, anxiety, burnout and insomnia, as well as physical health issues like cardiovascular diseases,

musculoskeletal problems and gastrointestinal disorders (Hasin et. al., 2023). High stress levels are also linked to a wide range of serious health problems, including diabetes, cancer and cognitive decline in later years (Bano et. al., 2022). According to Yeasmin and Jui (2024), the effects of stress include both physical and psychological issues, such as headaches, emotional outbursts and hypertension, impacting both individuals and organisations.

It is crucial for organisations to implement stress reduction and management strategies for female employees to enhance productivity and improve their quality of life (K. & B., 2023). Both individual and organisational strategies can help alleviate stress. Common stress management techniques for female employees include time management, assertiveness, building a strong support system, setting clear goals and engaging in physical activities like exercise, yoga and meditation (Sharma, 2024). Strategies like supportive work environments and physical exercises help reduce employee stress (Begum & Das, 2023). Additionally, employees can engage in activities that uplift their mood, rejuvenate them and help them forget their worries. Organisations can support stress management by offering yoga and meditation sessions, training and educational programs and adopting zero-tolerance stress policies. Employees can also take steps such as participating in leisure activities, staying organised and identifying major stressors (Deshmukh, 2024). Organisations can also conduct awareness campaigns, relief camps, counselling sessions, seminars and workshops to help employees recognise their stress and take measures to alleviate it.

Literature Review:

Demir (2024) found that female employees exhibit stress symptoms more frequently. The study indicates that women preferred direct problem-solving approaches to stress coping over social support for coping problems. The study also depicts that women aged 20-30 had the highest overall stress-coping scores among all age groups. Khemariya et. al., (2024) revealed that moderate occupational stress exists among 40 government and private hospital doctors, with female government hospital doctors reporting higher stress than private hospital doctors. Yeasmin and Jui (2024) identified factors like poor working conditions, lack of autonomy, excessive workloads, long hours, resistance to change, unpredictable environments and marital status as contributors to workplace stress and anxiety among employed women. The authors recommended strategies like counselling, mental health services, preventive programs and lifestyle changes to reduce stress effectively. In their study, Begum & Das (2023) found that school teachers in Assam were highly stressed and stress was higher among private school teachers than Government school teachers. The study highlighted that stress management is a highly personal experience. Madderla and Srivastava (2023) highlighted that female professionals often face significant stress due to the dual demands of

balancing work and household responsibilities, compounded by family obligations and societal expectations. These pressures adversely affect their sleep quality, which in turn can contribute to the development of psychological disorders. Nakamura et. al., (2023) studied 904 Japanese working women and identified significant stress triggers, including pregnancy, low job control and interpersonal conflicts, which increased the risk of physical and psychological stress reactions. Neog et. al.'s (2023) study revealed that most working women in the Sonitpur district of Assam were moderately stressed, and unhealthy functioning in specific family domains was the primary stressor. Saikia et. al., (2023) conducted a study on women working in registered beauty salons under the Tezpur and Jorhat Municipal Board, Assam. This study highlighted that women in the beauty salon industry suffered depression, anxiety and stress despite their significant role in enhancing an individual's self-image. Similarly, Jadav and Patel (2022) found that female teachers reported high stress levels, with strained relationships with superiors being a primary source of tension in their professional lives. In their study, Kalita & Jena (2022) found that stress affected the male and female Government employees in Assam differently and the stressors impacted the male and female employees differently. Also, the study found significant differences among male and female employees in their ability to manage stress. Women employees were found to encounter higher levels of work-related stress than men. Mathews et. al., (2022) explored professional stress among female academicians at the University of Technology in South Africa, revealing that factors such as excessive business, limited leave options, lack of empathy and support, insufficient recognition, inefficient HR practices and favouritism were vital contributors to workplace stress. Similarly, P.R.D.P. et. al., (2022) researched female academicians in Sri Lanka and found that high levels of occupational stress were prevalent, with job overload being the primary stressor and powerlessness having the least impact. Vishnoi et. al., (2021) found that female employees who received support from their superiors in managing stress reported higher job satisfaction, emphasising the importance of leadership in fostering a supportive work environment.

Devi and Lahkar (2020) highlighted the stress-inducing challenges faced by university library workers in Assam, including low professional status, lack of involvement in decision-making, excessive workloads and poor peer relationships. To address these issues, their study recommended alleviating employee workloads by hiring additional staff and enhancing workplace conditions to reduce stress and improve overall job satisfaction. Kritika and Rajam (2018) identified a range of common stressors experienced by working women in India, which include poor work-life balance, workplace discrimination, interpersonal conflicts, excessive workloads, unfavourable working conditions, job insecurity, low incomes, lack of authority in decision-making and rigid work schedules. Makhija et. al., (2016) emphasised

that despite employing various strategies to alleviate stress, working women found it challenging to balance their personal and professional lives effectively, highlighting the persistent nature of these pressures and the need for comprehensive support systems to address them. Swathi and Reddy (2016) identified that persistent stress adversely affected the job performance of women employees. Although the impact was often found to be non-fatal, it can result in disabling health issues over time, emphasising the long-term consequences of unaddressed occupational stress for women balancing multiple roles. Irawanto, Noermiyati and Primasari (2015) found that both stressors and occupational stress significantly impact the performance of female employees, either collectively or individually. Among these, occupational stress emerged as the dominant factor affecting performance. In their study, Sivan and Sathyamoorthy (2014) recommended implementing stress intervention strategies such as mentoring programs, leisure activities, policies promoting gender inclusion and women's empowerment and initiatives to develop women's leadership skills to alleviate stress and enhance managerial effectiveness and workplace equity. Sathiyavathi and Muthupandi (2013) highlighted that female railway employees experienced significant occupational stress due to work pressure, overloaded roles, job insecurity, lack of job control, the organisational environment and the dual responsibilities they manage at home and work. The study suggested implementing flexible working hours and investing in stress management interventions to mitigate these stressors.

Rationale of the study:

This study examines job stress among female employees in two oil refineries in Assam. Oil refineries are known for their demanding, hazardous and high-pressure working conditions, which can significantly impact employees' mental and physical well-being. The research highlights the stressors encountered by women in the refinery sector. The findings aim to contribute to academic literature, inform policymakers, bring desired changes and enhance workplace inclusivity. Given the scarcity of existing studies on job stress among women refinery employees, this research fills a critical gap and serves as a stepping stone for future investigations.

Objectives of the study:

1. The study aims to examine the stress levels and factors influencing workplace stress among female employees at the two selected oil refineries in Assam.
2. To study the stress management techniques used by the women employees of two selected oil refineries in Assam to manage their stress.

Research Methodology

The research design for the study is descriptive. Primary data for the study is gathered through a questionnaire containing closed-ended questions. This data is collected by surveying women employees at two significant oil refineries in Assam. Secondary data is gathered from previously published books, research papers and electronic sources. The total employees comprise 1887 permanent personnel in executive and non-executive grades working at the two selected refineries. Simple random sampling is used to choose women employees from the two refineries. Due to the unavailability of an exact number of total female respondents working in the two selected refineries, Krejcie and Morgan's model of sample size calculation is considered. According to Krejcie and Morgan's model of sample size calculation, for a population size of 1887, the sample size should be 320. The percentage of female employees in Indian Oil refineries was 8.77% out of the total employees in the year 2022-23 (Sustainability Report, 2023). So, from the sample size of 320, 8.77% of employees comprise 28 women employees. The study's sample consists of 31 women employees working at executive and non-executive levels in the two selected refineries in Assam. The sample size, 31, is thus considered representative enough of the population. The study includes 19 female respondents from one refinery and 12 sample respondents from another. The study focuses on a niche group of women working in oil refineries in Assam, a sector traditionally characterised by low female participation.

The study's parameters include the 12 variables of the Occupational Stress Index, given by Dr. A. K. Srivastava and Dr. A. P. Singh in 1981. The parameters are role overload, role ambiguity, role conflict, group pressure, person responsibility, under participation, powerlessness, poor peer relations, intrinsic impoverishments, status, strenuous working conditions and unprofitability. Likert's Five Point Scale has been used to analyse the primary data, and statistical tests were conducted using the SPSS software package to analyse the data. Descriptive statistics like mean, standard deviation and percentages have been used to analyse the data.

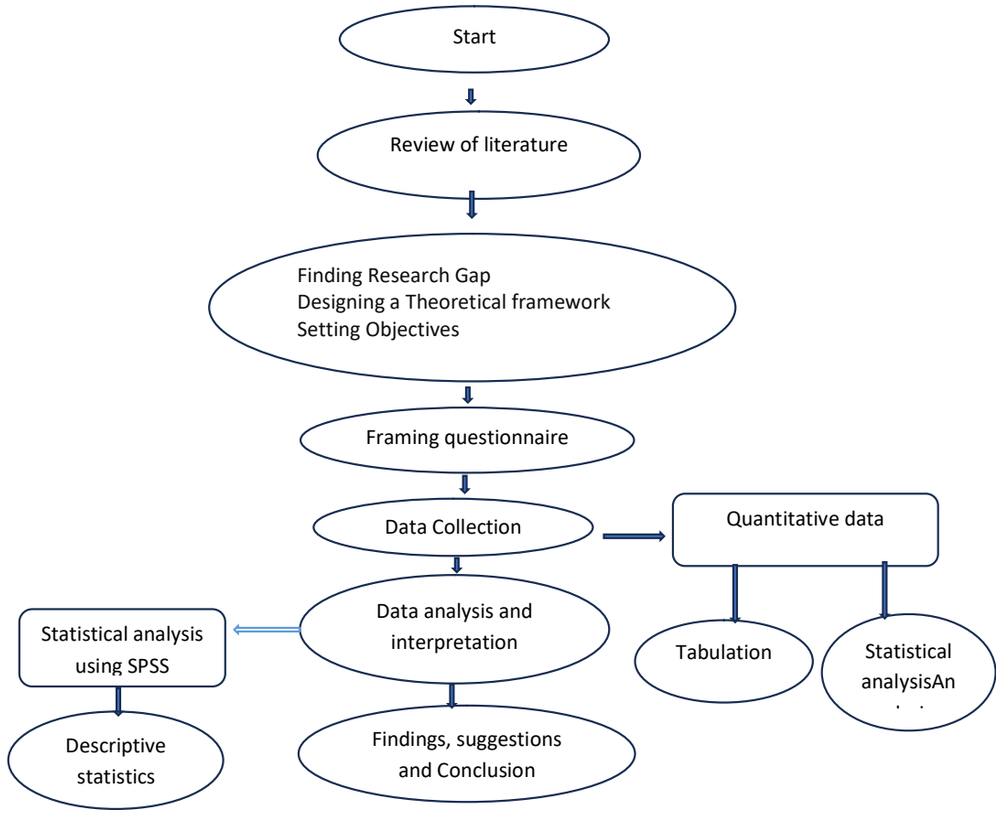


Figure 1.1: showing a flowchart of the research method
Source: Constructed by the researcher

Results and Discussions

The analysis of this study begins by applying descriptive statistical methods to examine the occupational stress experienced by female employees at two oil refineries in Assam. Data collected from 31 respondents were analysed using the Occupational Stress Index (OSI) and Likert's Five-Point Scale. Descriptive statistics, such as the mean, standard deviation and percentages, were employed to quantify the stress levels and identify the primary stressors.

Demographic information of the respondents

The demographic profile of the respondents has been discussed below in terms of their grade in the refinery, their line of work i.e., technical or non-technical work, their age, their qualifications, years of work experience in the refinery sector, their marital status and the type of family that respondents belong to.

Table 1: Demographic information of the respondents

Demographic Variables of the Sample Respondents		**Frequency**	**Percentage (%)**
Grade	Executive	21	67.74%
	Non-Executive	10	32.26%
Technical/non-technical line of work	Technical	14	45.16%
	Non-Technical	17	54.84%
Age	21 to 30 years	07	22.58%
	31 to 40 years	12	38.71%
	41 to 50 years	07	22.58%
	51 to 60 years	05	16.13%
Qualification	Undergraduate	01	3.22%
	Graduate	06	19.35%
	Postgraduate	08	25.81%
	Professional Degree	16	51.61%
Years of experience	0 to 5 years	09	29.03%
	6 to 10 years	04	12.90%
	11 to 15 years	04	12.90%
	16 to 20 years	07	22.58%
	21 years and above	07	22.58%
Marital status	Married	24	77.42%
	Unmarried	07	22.58%
Family type	Nuclear	24	77.42%
	Joint	07	22.58%

Table 1 indicates that 67.74% of survey respondents are executives, while 32.26% work as non-executives. The majority of respondents, 54.84%, are employed in non-technical departments such as human resources, finance, information technology, commercial, health, safety and environment, while the remaining 45.16% work in technical departments such as maintenance, inspection, technical service and engineering services. The most significant proportion of respondents, 38.71%, fall in the 31-40 age group, with 22.58% in the 21-30 and 41-50 age categories, respectively. The study reveals that 51.61% of respondents have professional degrees, 25.81% are postgraduates and 19.35% are graduates. The largest group of respondents, 29.03%, has 0-5 years of work experience in the refinery sector, followed by 22.58% with 16-20 years and 21 years or more of work experience. Additionally, 77.42% of the respondents are married and the rest are unmarried. Moreover, 77.42% come from nuclear households and the remaining 22.58% are from joint families.

Level of occupational stress

The intensity of stress experienced by individuals at the workplace is the level of occupational stress. The present study categorises the occupational stress score in three levels i.e., high, moderate and low. Understanding the level of occupational stress in an organisation is crucial for employees and employers to develop effective strategies for managing stress and maintaining well-being in the workplace.

Table 2 : The total stress of the respondents

Variable	**Mean**	**Standard Deviation**	**Low stress**	**Moderate stress**	**High Stress**
Occupational Stress	122.163	17.32	(122.163-17.32 =104.84) Scores falling below or equal to 104.84	(122.163+17.32 =139.48) and (122.163-17.32 =104.84) Scores falling between 104.84 and 139.48	(122.163+17.32 =139.48) Scores falling above or equal to 139.48
Frequencies and percentages of respondents =			05(16.1%)	22(71.0%)	04(12.9%)

In Table 2, it is indicated that the average occupational stress among the female sample respondents employed at two oil refineries in Assam is 122.163, with a standard deviation of 17.32. The table shows that the mean for the collected data using the occupational

stress index is 122.163, which falls between high stress (139.48) and low stress (104.84). Moreover, the frequency distribution statistics reveal that the majority of respondents, 71.0%, are experiencing a moderate degree of stress. The remaining 16.1% and 12.9% of respondents report low and high-stress levels. From this data, it can be inferred that female employees at the selected refineries in Assam are experiencing moderate levels of occupational stress.

Stressors of Occupational Stress Index

The Occupational Stress Index stressors are used to analyse the stress of women employees in oil refineries in Assam because they provide a structured and comprehensive framework to assess various workplace stress factors that directly impact workers in high-pressure, male-dominated and complex industrial environments.

Table 3 : The variables of occupational stress

Variables	**Weighted average ($\bar{x}$)**
Role Overload	19.25
Role Conflict	12.61
Strenuous working condition	11.70
Under participation	10.38
Responsibility for persons	10.19
Unreasonable group pressure	9.80
Role ambiguity	9.70
Poor peer relations	9.38
Intrinsic impoverishments	8.93
Powerlessness	7.77
Low status	6.64
Unprofitability	5.74

Table 3 indicates that respondents faced the most stress in the refineries because of the variable role overload ($\bar{x}$=19.25). The findings of the study align with those of (P.R.D.P. et. al., 2022; Mathews et. al., 2022; Devi & Lahkar, 2020; Krithika & Rajam, 2018; Sathiyavathi & Muthupandi, 2013). Respondents also experienced stress because of role conflict ($\bar{x}$=12.61) arising from conflicting and unclear instructions, followed by challenging working conditions (overbar x =11.70) resulting from risky and complicated working environments.Under participation in administrative decision-making ($\bar{x}$=10.38) and being responsible for other people's productivity for the organisation's prosperity ($\bar{x}$=10.19) were other high-powered occupational stressors for the respondents. The next influential stressors include unreasonable group pressure to maintain group conformity ($\bar{x}$=9.80), role ambiguity regarding objectives of work and scope of jurisdiction ($\bar{x}$=9.70), poor peer relations ($\bar{x}$=9.38), intrinsic impoverishment ($\bar{x}$=8.93) and powerlessness in getting suggestions and opinions heard by the management ($\bar{x}$=7.77). Additionally, the variables, low status ($\bar{x}$=6.64) and unprofitability in terms of less compensation ($\bar{x}$=5.74) were the last two stressors amongst other variables of the study. These findings suggest that respondents are getting paid according to the quantum of work they give to the organisation and that their hard work gets recognised and rewarded. Also, it shows that the respondents have a decent social status in their organisation and society.

Stress management techniques

Stress management techniques are crucial for women employees in oil refineries, as they help to enhance job satisfaction and promote overall well-being, enabling them to effectively manage the physical and mental demands of their work while maintaining a healthy work-life balance.

Table 4 : The Stress Management Techniques used by the respondents

Stress ManagementStrategy	**Weighted average ($\bar{x}$)**
Good sleep	4.23
Prioritising the tasks at hand	4.03
Scheduling the work to be done	4.03
Spending time with family	3.97
Spending time with friends	3.68
Following a proper balanced diet	3.65
Engaging oneself in recreational activities	3.52
Self-appreciation	3.52
Regular physical exercise	3.39
Developing hobbies	3.35
Vacation	3.26
Meditation	3.06
Seeking help from employers or supervisors	2.71
Taking frequent breaks at work	2.58
Reducing your working hours while at the workplace	2.26
Seeking counselling from experts	2.19

Women employ various strategies to manage stress effectively tailored to their needs and lifestyles. The above table shows that good sleep ($\bar{x}$=4.23) was the respondents' most commonly used stress management strategy to cope with stress. Good sleep enhances an individual's cognitive function and boosts mood and overall well-being. Another key stress-

reducing strategy used by the respondents is prioritising the tasks at hand ($\bar{x}$ =4.03) and scheduling the work to be done ($\bar{x}$ =4.03). Developing a schedule and efficiently managing time by focusing on the most important tasks allows respondents to work in the discipline while avoiding unnecessary stress. Next, the strategies used by the respondents to manage their stress include spending quality time with family ($\bar{x}$ =3.97), spending time with friends ($\bar{x}$ =3.68), maintaining a healthy balanced diet ($\bar{x}$ =3.65) and engaging in recreational activities ($\bar{x}$ =3.52). Chouhan and Gupta (2016) found that support networks such as family, friends, relatives and neighbours can help female employees manage stress (Bharadwaj & Shanker, 2019). Strategies like self-appreciation ($\bar{x}$ =3.52), regular physical exercise ($\bar{x}$ =3.39), developing hobbies ($\bar{x}$ =3.35), going on vacations ($\bar{x}$ =3.26) and meditation ($\bar{x}$=3.06) follows next that study respondents used to cope with their stress. To cope with stress, women use tactics such as spending time with family and friends, pursuing hobbies, travelling and meditating (Jadav & Patel, 2022). Rogers (2005) stated that leisure activities allow individuals to channel their excess energy into socially acceptable activities, providing fulfilment and enjoyment while meeting personal and societal needs (Jaiyeoba, 2017). The least common stress management techniques used by the respondents were seeking help from employers or supervisors ($\bar{x}$ =2.71), taking frequent breaks at work ($\bar{x}$ =2.58), reducing their working hours while they are at their workplace ($\bar{x}$ =2.26) and seeking professional counselling ($\bar{x}$ =2.19). This indicates that employees were not heavily reliant on their superiors for stress management and only a small percentage of respondents believed that seeking professional counselling would help them reduce stress.

Recommendations

Developing and implementing stress management strategies and procedures can help organisations minimise the negative impact of job stress. Strong mental health policies, active Employee Assistance Programs, enhanced communication, adjustments in the physical workplace, stress audits and employee feedback are effective ways to monitor employee stress and related issues. The organisations should establish robust stress management procedures and provide regular counselling sessions for all employees, regardless of gender, while fostering a supportive work culture. Promoting work-life balance and creating a safe and inclusive work environment through regular employee training on diversity and inclusion are important strategies for reducing employee job stress. Job stress among female professionals can be reduced by implementing clear anti-harassment policies and offering professional development opportunities. In addition, employees can benefit from building a strong personal and professional support network, improving time management skills, prioritising physical and mental health and engaging in regular meditation and exercise.

Employees should consider adopting habits and engaging in activities which enable them to relieve their stress, cope with stressors and lead a healthy life.The findings are expected to guide policymakers and organisations in developing gender-sensitive policies, stress management interventions and support systems tailored for women in the sector. These recommendations aim to reduce occupational stress, enhance work satisfaction and foster a productive and inclusive work environment for women in oil refineries.

Conclusion

Oil refineries, one of an economy's most visible and important sectors, must operate efficiently and safely to deliver optimal and consistent output. Those working in the area must exercise extreme caution and vigilance. Employees cannot afford to be impulsive or absent-minded. Stress can lead to upset, anger, loss of focus and shirking of responsibility, as well as psychological and physical consequences. It is crucial that oil refinery staff operate without undue stress. The study depicts that female sample respondents of the selected oil refineries in Assam experienced moderate stress, where role overload is the significant stressor. The study has considered specific stress management strategies that female employees can use individually to cope with their stressors. The most prominent techniques used by most respondents were proper sleep, prioritising the tasks that need to be completed first and proper scheduling of the work to be accomplished. This study has highlighted the significance of prioritising the well-being of female employees in the oil refinery sector. Doing so can result in more positive outcomes for the organisations, such as increased job satisfaction, improved job performance and a more sustainable work environment.

Scope of further research

The researcher recommends similar studies to be conducted in different sectors, industries and organisations. Future researchers could conduct in-depth analyses of job stress's physiological and psychological effects. They may also consider additional elements or characteristics of occupational stress. Additionally, future studies could include an examination of stress based on respondents' demographic data.

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Inquiring Relationship of Gender and Financial Literacy with Purchase of Health Insurance Among Teachers

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Abstract

This paper aims to study the association of financial literacy and gender with adoption of health insurance (HI). It is a quantitative study carried out among teachers in Jorhat district of Assam. Primary data are collected by serving a structured questionnaire to the respondents. The sample size is 201. The analysis reveals that there is no gender based difference in adoption of HI among teachers. 44.4 % in male teachers and 42.9% in female teachers are enrolled in HI plans which is not significantly different. Higher rate of adoption of HI is found among high financially literate (51.0%) teachers as against 36.4% only in low financially literate teachers. And this association is found significant. Only financial knowledge in general found to significantly associated with adoption of HI. In case of males, the cognitive aspect of financial literacy i.e. financial knowledge found to be associated with adoption of health insurance. Where as in case of females the affective component i.e. financial behavior, is evidently associated with HI adoption. Financial attitude has not shown any association in health HI adoption. A satisfactory revelation is that adoption of HI in female is irrespective to their level of financial literacy. However nearly two third (57%) of female teachers in the study area are yet to be covered under HI. Poor coverage under HI scheme is a real challenge

to achieve universal health services. It is therefore recommended that policymakers emphasize on promoting financial literacy among individuals so as to increase the coverage under HI.

Keywords: *Gender, Financial literacy, Health insurance, Financial knowledge, Financial behaviour, Financial attitude.*

Introduction

Financial protection for health is becoming very important in modern days for both financial well-being and physical well-being of individuals in society. Rising health care cost and growing health risk pressing the need of health insurance (HI). An ICMR report[1] documented that although India shows improvement in increase life expectancy at birth rate, reduced under 5 mortality rate, reduced per person disease burden, there is rising burden of non-communicable diseases (NCD) and injury related risk. Assam is one of the states with highest Disability Adjusted Life Years (DALY) rates. Amidst the rising health risks, HI can be a tool for proactively managing financial risks that arise from medical emergencies. However, the HI coverage in India is not satisfactory. As stated in the *National Family Health Survey (NFHS)*5th Round (2019-2021) report[2],only 41% of the households in India are under HI coverage. The NFHS report also states socio-demographic based disparities, viz. age, gender, location etc. and regional disparities in India regarding holding of HI. The low awareness about HI, low holding and low operation of HI plans in India are also revealed in the FLIS-2019 report[3] and the highly cited reason for not holding HI are lack of knowledge (34%) and no need (47%). The Empirical researches (presented in review of literature section) provide evidences on price barriers and non-price barriers in adoption of HI. Contradictory evidences are also noted on affordability as a determining factor in HI adoption. In a host of financial literacy (FL) literatures it is argued that poor financial knowledge (FK) and behaviour limits the people in adoption of appropriate financial products and financial risk mitigation tools. Again, there is inconclusive evidence whether insurance related specific knowledge or general financial knowledge influence purchase of insurance products. The present study is an attempt to inquire the association of financial literacy (FL) to adoption of HI. The study is conducted particularly among the teachers in Jorhat district of Assam. Teachers in our society are assumed as the most knowledgeable and progressive individuals. But how concern are they about purchasing HI? Is there any gender based difference relating to HI purchase? Is FL associated with purchase of HI and gender? These questions are to be addressed in the present study.

Objectives of the study

The above questions lead to the following objectives:

1. To investigate the relationship of gender and purchase of HI among teachers.
2. To inquire the association of FL, gender and purchase of HI among teachers.

Rationale of the study

Understanding the relationship of FL and gender to purchase of HI help in finding out the inputs required for effective FL intervention. Getting gender based insights help in finding out the target group for creating motivation in adoption of financial risk protection tool like health insurance.

Review of Literature

This section presents a review of the existing studies relating to understanding the factors influencing purchase of HI, influence of FL in consumption of financial services and relationship of gender to the purchase of HI and the FL.

Purchase of HI : While studying motivation and barriers to purchase of HI,Vilasini & Ramakrishna (2023) found that motivating factors are financial security, cashless transaction, taxation benefits, seamless service , help in medical emergency etc. and the significant barrier factors are non-coverage of some ailments, non-coverage of some facilities, affordability, lack of awareness, lack of clarity, notion of waste of money. Another Lucknow study found that the investment in Private Voluntary Health Insurance (PVHI) is influenced by people's Health insurance literacy, perception and belief (Mathur et al., 2018). In another study on health and life insurance adoption authors find out that despite the availability of micro insurance and inclusive nature insurance product which are of affordable nature there is poor adoption of such insurance products in Guatemala (Roa et al., 2021). The authors find out that people with personality traits of grit, neuroticism, long-term preference and patience are having high probability of purchasing health insurance. They also found that purchase of insurance is not related to the knowledge of inflation rather it is related to knowledge specific to insurance; Again individuals with better understanding of technology are more likely to have insurance. While reviewing Community Based Health Insurance (CBHI) schemes related literatures , Chakrabarti & Shankar (2015), commented that there is wide differences in the socio-economic determinants of people's participation in HI schemes in India. HI uptake is low among low income, low education, scheduled tribe people and minority people. Their own study, which analyses NFHS data, found that participation in HI is low from rural area in case of Private Health Insurance (PHI) schemes. However, prevalence of CBHI scheme is higher in rural areas. However, their study disprove that wealth gap is a determining factor of uptake of health insurance. Media exposure is an important determinant of enrollment in PHI

and CBHI. Urban household with at least one female member aged 15-49 and having media exposure are having more probability of getting enrolled in HI.

Financial literacy and usage of financial services : Studies have defined financial literacy (FL) as understanding the basic concepts related to finance,viz.interest compounding, risk diversification, inflation (Bucher Koenen et al., 2016; Lusardi & Mitchell, 2011, 2014). There are studies which defined the term financial literacy as a combination of knowledge, behavior and attitude towards finance or money related matters (Atkinson & Messy, 2011; Gunther & Ghosh, 2018). Studies confirm impact of FL on various financial outcomes like coverage under formal financial system, wealth accumulation, managing financial risk etc. Cross-country studies reveals that FL has higher effect than financial inclusion measures in increasing the usage of financial services (Grohmann et al., 2018). The positive impact of FL on saving and investment is asserted in many studies (Allgood & Walstad, 2016; Lusardi & Mitchell, 2007, 2014). Evidently, consumption of specially designed financial products for financial emergencies and protection from financial risk, such as insurance, pension plans etc. are limited because of lack of FL. An experimental study on purchase of rainfall insurance found that low FL have significant impact as a non-price barrier on low demand of such insurance besides the price related barriers (Cole et al., 2013). An ethnographic study by Ahlin & Nichter (Ahlin et al., 2016) documented that it is the inability of the poor and middle class educated people to understand the benefits to be entitled and inability to comprehend the promotional language of the insurance seller which tend to limit their purchase of health insurances.

Gender, Financial literacy and Health Insurance : The NFHS 5th round (2019-2021) survey report states that 88.7% of currently married women in India usually participate in 3 household decisions viz. decision about her own healthcare, making major household purchases, visiting her family or relatives. Studies assert that women's increased education is positively associated with autonomy in own health-care decision-making (Acharya et al., 2010). However, the same study found that rich women have less autonomy in their health-care decision. Involvement of women in household financial decision making especially savings and investment and access to economic resources are likely to have positive influences in their healthcare too. But studies suggest gender based difference in household financial decision making within households, which is linked with their FL. Bucher Koenen et al. (2016) in their study found gender based variation in financial literacy after controlling other socio-cultural variables in the study (Bucher Koenen et al., 2016). In a study linking financial literacy to gender gap in stock market participation, authors have found gender gap even after controlling for financial literacy (Almenberg & Dreber, 2012). Another study conducted

among employed young population in India also find significant influence of gender in overall FL and its three dimensions viz. knowledge, behaviour and attitude towards finance or money (Agarwalla et al., 2013).

The above reviews thus help in setting the following hypotheses for testing in this study:

Hypothesis 1 (H_1) : There is association of gender and purchase of HI among teachers.

Hypothesis 2 (H_2) : There is association of gender, FL and purchase of HI among teachers.

Materials and methods

This is a quantitative study and survey design is adopted here.This study is inquiring the relationship between FL, gender and adoption of HI. The focus given to those HI that need to be purchased by individuals in their personal capacity and motivation viz. Private health insurance plans which are offered by Private Insurance Companies and Public Insurance companies. The target population for the present study is the teachers of school and colleges in Jorhat district, Assam. In Jorhat district, there are 3002 numbers of schools and colleges spread in 6 numbers of educational blocks namely, Central Jorhat, East Jorhat, Jorhat, Majuli, North-West Jorhat and Titabor block. The researchers have chosen only Jorhat block which is the largest block among the six and it houses 509 numbers of schools and colleges in its 80 clusters. Total 2968[4] numbers of teachers are employed in those institution. Thus, the target population includes teachers from lower primary school to teachers from degree colleges. Teachers from government aided as well as private aided and provincialized as well as non-provincialised schools and colleges are included in this study. The sample size determined is 253. Since the researchers could not arrange the complete list of teachers name, address and contact numbers, 253 schools and colleges are selected randomly at first from the list of schools and colleges in Jorhat educational block,with the help of "rand ()" function in MS excel. Then, minimum one teacher from each school and college which are selected as sample in the previous stage, are contacted in person or in phone by the researchers. However, complete response generated from only 201 respondents.The survey is conducted by the authors through online as well as offline mode.The questionnaire used is an adapted version of the OECD's Financial Literacy questionnaire[5]. The questionnaire is prepared in both English language and Assamese language. There were three sections in the questionnaire.

The first section of the questionnaire collects socio-demographic data;the 2nd section questions are on awareness about health insurance and purchase of health insurance plans; and the final section contained questions on FL-5 questions were for testing financial knowledge (FK), 9 questions on financial behaviour (FB) and 4 questions on financial attitude (FA). Data is collected in the months of August and September in the year 2023. For data analysis

percentages calculation, proportions, cross-tabulation and chi square test are conducted. The results and discussions are presented in the following section.

Table 1 : Profile of the respondents

Characteristics	Categories	Frequency	Percent
Gender	Male	124	61.7
	Female	77	38.3
Age group	Below 24 years	10	4.97
	25-34 years	27	13.43
	35-44 years	35	17.41
	45-54	62	30.84
	55-60 years	67	33.33
Marital status	Unmarried	29	14.4
	Married	167	83.1
	Widow	5	2.5
Education level	Class 10 pass	5	2.5
	Higher Secondary	7	3.5
	Graduation level	55	27.4
	Post-Graduation level	134	66.7
Nature of employment	Regular	173	86.1
	Contractual	28	14.0
	Total*	201	100.0

Source: Field Survey in August-September,2023

*Note: Total in each of the characteristic is 201

Results and Discussion

Awareness about various insurance plans:

This study tried to understand prevailing awareness about health insurances among teachers and find out if there is any gender-based difference. Awareness about affordable products leads to expand the basket of choice for customers in economy especially the low-income people. However, limited knowledge or low awareness may limit the choices for customers. Lack of information may hinder proper choice or decision making. How informed and aware the teachers are about various public funded insurance plan is asked in this study. It is considered as a proxy measure for awareness about health insurance. Respondents are asked to state the name of various public funded insuranceplans (PFI) running at present times. It was an open-ended question.The result is shown in Table 2. At this age of proliferation of electronic media and other mass medias it is expected that all the individuals have heard

and know about various insurance plans. As expected 90% of the teachers in the studied population have heard about availability of different PFI. This high rate of awareness may be attributed to wide media exposure of teachers, their social circle and high educational level. However, when the respondents are asked about the benefits of the respective insurance / pension scheme, less percentage of people able to told the benefits. The PM-JAY scheme is the mostly heard insurance plan among the studied population. The reason for such high percentage may be attributed to recency effect. Out of the 5 insurance and pension plans stated in the Table 2, PM-JAY is the latest introduction for people of India.

Table 2 : Awareness about different PFI plans among teachers

Different Public funded Insurance Plans and Pension plans	Heard[a]	Know the benefits[b]
Pradhan Mantri Jan Arogya Yojana (PM-JAY) or Ayushman	90%	50%
Pradhan Mantri Suraksha Bima Yojana (PMSBY),	60%	30%
Aam Admi Bima Yojana(AABY)	66%	30%
Pradhan Mantri Jivan Jyoti Bima Yojana (PMJJBY)	60%	25%
Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM)	20%	2%

Source: Field Survey in August-September,2023

Notes:

a. The proportion of respondent against each insurance plan is calculated on the total number of respondents (201).

b. The proportions of respondent in this column against each plan are calculated only on those number of respondents who reported to heard those schemes.

Gender-wise awareness on Insurance:

What proportion of teachers are aware about at least one insurance plan is shown in Table 3. The analysis shows that higher proportion of males (94.35%) are aware in comparison to females (81.81%).

Table 3 : Awareness on at least one PFI Plan by Gender of the respondent

Gender	Aware (%)	Not aware (%)	Total
Male	117(94.35)	7(5.64)	124(100.00)
Female	63(81.81)	14(18.18)	77(100.00)
Total	180(89.55)	21(10.44)	201(100.00)

Source: Field Survey in August-September, 2023

Gender of the respondents and purchase of HI:

In the study, respondents were asked about purchase ofhealth insurance (HI) plan in their name and the responses options are "yes" or "no". These responses are cross tabulated with the gender variable, leading to the creation of a contingency table of two rows and two columns (Table 4). Overall 43.8% of the respondents found to adopt HI. Gender wise, it is seen that the proportion of female (42.9%) is not much different in comparison to male (44.4%) regarding holding of HI plans. This is also tested further by Chi-square statistics. The χ^2 value obtained is 0.043. The critical value of χ^2 with df=1 at α=0.05 is 3.84 and at α=0.01 is 6.64, which is larger than the obtained value. Therefore, it is concluded that there is no significant difference ($p < 0.01$) in proportion of male and female regarding purchase of health insurance.Thus, the H_1 is not supported. In other words, the adoption of health insurance and gender is not associated with respect to teachers.

Table 4 : Health Insurance adoption by Gender of the respondents

Gender	Yes(%)	No (%)	Total
Male	55(44.4)	69(55.6)	124
Female	33(42.9)	44(57.1)	77
Total	88(43.8)	113(56.2)	201(100.00)
χ^2 = 0.043. The critical value of χ^2 with df=1 at α=0.05 is 3.84 and at α=0.01 is 6.64; ($p<0.01$)			

Source : Field Survey in August-September, 2023

Note : The percentages in parentheses are within the gender.It is calculated from the row total.

Gender, Financial Literacy and Purchase of HI:

The concept of FL is operationalized as a combination of knowledge, behavior and attitude relating to money matters. Therefore, the analysis of the association between the gender variable, the FL and the purchase of HI is first presented in three aspects, viz. Financial knowledge (FK), financial behavior (FB) and financial attitude (FA); and then with the overall FL.The descriptive statistics on the FL of the respondents are presented in Table 5.

Table 5 : Descriptive statistics on Financial Literacy of the respondents

Components of FL	Observation (n)	Min score	Max score	Mean	Median	Mode	Std.Dev
FK	201	0	5	2.91	3.00	3.00	1.33
FB	201	0	9	4.82	5.00	7.00	2.22
FA	201	1.75	5	3.58	3.50	4.00	0.69
FL	**201**	**3.00**	**17.50**	**11.31**	**11.50**	**9.50**	**2.81**

Source: Field Survey in August-September, 2023

Gender, FK and Purchase of HI:

The sampled respondents are categorized into two groups based on their FK score measured and the level of FK in the study. FK is defined as understanding about basic financial concepts like interest compounding, risk diversification, inflation etc. In this study 5 questions were asked to test knowledge on financial matters. The FK score for each respondent is the count of the correct response(s) to the 5 questions. Further, FK level is defined into two categories. High FK and Low FK. High FK is when the respondent score 3 and above, else, Low FK. Table 5 presents the descriptive statistics.While cross tabulating Gender, Level of FK and purchase of health insurance (Table 6), it shows that the proportion of respondents with high FK (50.4%) is higher in adoption of HI in comparison to respondents with low FK (33.3%) and in both males and females. The critical value of χ^2 with df=1 at α=0.05 is 3.84 and at α=0.01 is 6.64. The χ^2 value obtained is 5.653 which is larger than the critical value at α=0.05. Thus, there is supporting evidence to the hypothesis that there is association between FK and adoption of HI. When the association is examined within each gender (the χ^2 =2.535 in male and χ^2 =3.318 in female), it is not found to be associated with the respective gender group. It is a positive sign that there is no gender based difference in

adoption of HI. The possible explanation for absence of difference is equal proportion of high FK males and females within the respective groups. In addition, the respondents are homogeneous in relation to their occupational status.Within female employees the proportion of non-adoption of HI is high among those with low financial knowledge. The obtained value, χ^2 =3.318 is larger than the critical value of χ^2 (2.71) with df=1 at α =.10 . So at this significant level only it is evident that there is association of FK, gender and adoption of HI. Such association may also be attributed to some other factor associated with female in general such as low participation in financial decision making.

Table 6 : Adoption of Health Insurance by Financial Knowledge and Gender

		Holding Health Insurance		
	Level of FK	Yes	No	Total (Row wise)
Male	High FK	38(50.0)	38(50.0)	76
χ^2=2.535	Low FK	17(35.4)	31(64.6)	48
Female	High FK	24(51.1)	23(48.9)	47
χ^2=3.318***	Low FK	9(30.0)	21(70.0)	30
Total	High FK	62(50.4)	61(49.6)	123
χ^2=5.653*	Low FK	26(33.3)	52(66.7)	78
Overall Total		88(43.8)	113(56.2)	201

Source: Field Survey in August-September, 2023

Note: * Significant at 1% significance level; *** Significant at 10% significance level

Gender, FB and Purchase of HI:

Financial behaviour (FB) is measured by responses to the 9 statement which indicates financial planning, budgeting, regular savings, emergency saving, investment , regular bill payment etc. Responses are sought in 5 point likert scale and are in similar direction. 1 score is alloted for each statement if the respose is in 4 point or 5 point, else zero. The sum of the scores for the 9 statement is the score on financial behaviour. Thus the score range is 0-9. Those who score 5 and above are categorised as Desirable FB and others as Poor FB. The proportion of females with Desirable FB (66.2%) is found more than males (54.0%) in the present study (Table 7). But statistically it is not significantly different as it is indicated by

the χ^2 value 2.917 .The obtained χ^2 value is lower than the χ^2 critical value with df=1 and significance levels α=.01 and α=.05. In general, the proportion of HI purchase in individuals with Desirable FB is higher (47.5%) than individuals with Poor FB (38.6%). But this association is not tested significant either at 1% significance level or at 5% significance level. However at 10% significance level the association of FB, gender and adoption of HI found significant within male. It indicates in case of males with Desirable FB, adoption of HI is associated but not in females.

Table 7 : Adoption of Health Insurance by Financial behaviour and gender

		Holding Health Insurance		
Gender	FB levels	Yes	No	Total (Row wise)
Male	Desirable FB	35(52.2)	32(47.8)	67
χ^2 =3.671***	Poor FB	20(35.1)	37(64.9)	57
Female	Desirable FB	21(41.2)	30(58.8)	51
χ^2 =.174	Poor FB	12(46.2)	14(58.8)	26
Total	Desirable FB	56(47.5)	62(52.5)	118
χ^2 =1.569	Poor FB	32(38.6)	51(61.4)	83
Overall Total		88(43.8)	113(56.2)	201

Source: Field Survey in August-September, 2023

Note: ** *Significant at 10 % significance level

Gender, FA and purchase of HI:

The responses on the 4 statements indicating financial attitude (FA) are converted to score. The statements are about attitude towards money, risk associated with investment. The responses are sought in 5 point likert scale. The FA score of each respondent is the average score on the 4 statements. Those who score 3.50 and above are grouped as Favourable FA and the rest are Unfavourable FA. While examining the association of FA to adoption of HI and gender, no association is found in any of the three ways. The three χ^2 values obtained (stated in Table 8) are lower than the critical values of χ^2 at α=0.05 and α=0.01. In other words, gender and FA are not associated with purchase of HI by teachers.

Table 8 : Purchase of Health Insurance by Financial Attitude and Gender

		Holding Health Insurance		
Gender	Level of FA	Yes	No	Total
Male	Favourable FA	30(39.5)	46(60.5)	76
χ^2 =1.895	Unfavourable FA	25(52.1)	23(47.9)	48
Female	Favourable FA	21(45.7)	25(54.3)	46
χ^2 =.364	Unfavourable FA	12(38.7)	19(61.3)	31
Total	Favourable FA	51(41.8)	71(58.2)	122
χ^2 =.493	Unfavourable FA	37(46.8)	42(53.2)	79
Overall Total		88(43.8)	113(56.2)	201

Source : Field Survey in August-September, 2023

Gender, FL and Purchase of HI :

A composite score of Financial literacy (FL) is calculated for each individual by summing up the scores on the three dimensions viz. FK, FB, FA. Two FL levels are created based on the composite score. Those who score 11.50 and above are categorized as Financially Literate and the rest are Financially Illiterate. when the relationship is examined with overall measure of FL, two significant results are evident (Table 9). First, there is significant relationship between adoption of HI and FL of teachers. However, gender-wise, in male teachers FL is significantly associated with purchase of HI, but not in female.

Table 9 : Purchase of health Insurance by Level of Financial literacy and gender

		Health Insurance		
Gender	FL Levels	Yes(%)	No(%)	Total (Row wise)
Male	Financially Literate	33(55.0)	27(45.0)	60
χ^2=5.337*	Financially Illiterate	22(34.4)	42(65.6)	64
Female	Financially Literate	19(45.2)	23(54.8)	42
χ^2=.214	Financially Illiterate	14(40.0)	21(60.0)	35
Total	Financially Literate	52(51.0)	50(49.0)	102
χ^2=4.361*	Financially Illiterate	36(36.4)	63(63.6)	99
Overall Total		88(43.8)	113(56.2)	201

Source : Field Survey in August-September, 2023

Conclusion

Indian households may see catastrophe due to medical emergencies multiplied by the lack of financial arrangement for medical treatment. While the present study conducted among teachers in Jorhat district, it reveals that there is no gender based difference in purchase of HI among teachers rather it is associated with their FL. Thus, there is no supporting evidence for the first hypothesis where as, the second hypothesis is accepted. Higher rate of adoption of HI is found among high financially literate teachers. FK in general found to be significantly associated with purchase of HI. In case of male teachers, the cognitive aspect of FL is significant i.e. FK and HI found to be associated. Whereas in case of females, the affective component i.e. FB, is evidently associated with HI adoption. However, FA has not shown any association in HI adoption. FL as an overall measure is well predicting HI adoption. The concern to be raised is that nearly two third (57%) of the female teachers are yet to be covered under any health insurance plan. The coverage percentage among male teachers is also not encouraging. Ironically among males, in spite of being aware about insurance plans the adoption rate of HI plan in not encouraging. There is significant difference in adoption of HI between financially literate and financially illiterate male teachers. Despite having regular income and better education, one segment of the teachers remains excluded from coverage of HI. Poor coverage under HI scheme is a real challenge to achieve universal health services. It is therefore recommended that policymakers emphasize on promoting FL among this

group so that this group can sensitize the other members in society. Financial literacy especially pronounced its significance in adoption of HI for both the gender. As the health issues are rising in society, cost of medical treatment is increasing, sophistication level of financial products are rising in Indian financial market, government welfare measures are limiting, it is high time that individuals are enrolled in HI plan. Policy measures are also required for creating consciousness towards HI and understanding the relevance of it in their individual life as well as societal life.

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Women's Health Issues in *Mann Ki Baat* - An Introspection

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Abstract

The status of women in a nation makes a true reflection of their progress in the truest sense of the term and it is an evidential factor that determines the level of its inclusive and all-round development. Today, women's progress is being judged by performances in qualitative indices which now present quite a dismal picture particularly in developing nations. Undoubtedly the women have found themselves in a better and safer place in the 21st century compared to earlier times when women could not enjoy many enjoyable rights. Still inadequate access and lack of equity prevail in almost all the spheres and women in many a times are cornered to a pitiable position. The methods of giving social justice to women are being questioned as women in developing countries like India now face some very serious problems. One area of women that invites special attention among others is women's health which is being greatly affected by socio-economic and cultural problems including gender disparities and those finally lead to disastrous consequences. Access to health care provisions, maternity health issues, infant mortality and such others are now the prime issues which are closely connected to population growth and its control. India being a highly populous country certainly invites these problems which need to be properly addressed through a proper platform. In this context, the citizen outreach program of the Indian Government's *Mann ki Baat* led by Prime Minister Modi comes with great relevance and with a sense of commitment.

Launched in October 2014, this flagship program addresses diverse social groups highlighting initiatives and serving as a platform for public interaction. This paper tries to analyse first one hundred episodes of *Mann ki Baat* aiming to assess the Modi government's commitment to prioritising women's health issues through this radio talk program.

Keywords*:Mann Ki Baat, Women health, Access and equity, India, Radio communication*

Introduction

Jawaharlal Nehru had rightly commented that *you can tell the condition of a nation by looking at the status of its women*. The status of women is judged from development perspectives looking at various qualitative indices that include women's role in the family, in decision-making, income generation and participation in socio-economic activities. The situation has changed over the years and now women are better placed. However, women are still cornered in the 21st century. This has happened due to many factors that affect their progress.

India being a developing and a highly populous country, women's problems need to be addressed with focus on certain aspects including women's health. The World Health Organisation (WHO) defines health as the state of complete physical, mental and social well-being and not merely the absence of disease. This universally accepted definition links health with well-being and puts health in the human rights perspective that requires resources to achieve and maintain. Well-being has been defined as a positive rather than a neutral state, thereby framing health as a positive aspiration and as a means to living well. This perspective clearly established the link between the health of individuals and their societal participation.

Numerous research has identified a range of women's health issues which include and are not limited to:

* **Sexual and Reproductive health** which includes access to family planning, maternal health and safe childbirth; menstrual health, decision autonomy pertaining to safe sex, use of contraceptives, abortion, prevention and treatment of STDs, infertility, addressing issue related to sexual violence etc.
* **Mental health** which includes dealing with postpartum depression and anxiety;
* **Physical health** which includes heart related issues, awareness about breast-related concerns including breast cancer; Osteoporosis, diabetes, cancer awareness etc.
* **Nutrition** which includes promotion of a balanced diet especially during pregnancy and after childbirth, addressing malnutrition etc.
* **Gender-based violence** such as domestic violence, human trafficking etc.

* **Access to healthcare** which includes ensuring equitable access to health services and addressing barriers that affect women.

In India, maternal mortality remains one of the key challenges. Although there has been a significant decline in the country's Maternal Mortality Rate (MMR) over the years from 130 in 2014-16 to 97 per lakh live births in 2018-20, MMR still remains a concern. While Assam has the highest MMR of 195 deaths per lakh live births, Kerala has the lowest MMR of 19 per lakh live births ("Sample Registration System (SRS) - Special Bulletin on Maternal Mortality in India, 2018-20" 03). India is making sustainable strides in achieving the United Nations Sustainable Development Goals (SDGs) that aim at reducing the global maternal mortality rate to less than 70 per 1,00,000 live births. While around 50 million Indian women suffer from reproductive health problems, pregnancy and childbirth complications arising due to anaemia affect around 50 percent of women in the reproductive age group (Singh).

In India, 57 percent of women are anaemic. The prevalence of anaemia has gone up from 53 percent in 2015-16 to 57 percent in 2019-21 among women. Poverty seems to have a direct bearing on the prevalence of anaemia as study suggests that as household wealth increases, there is a steady decline in the number of anaemic women and men. States such as Assam, Chhattisgarh, West Bengal, Bihar, Gujarat, Jharkhand, Odisha and Tripura have high prevalence of anaemia among women ("INDIA VOLUME I").

Women's health remains a complex topic. The varied dimensions of women's health including physical, mental and reproductive health and wellbeing make it a multi-faceted area of study. It not only includes the study of diseases, but also the factors - social, cultural and environmental - that affects their physical and mental health and wellbeing. These socio-cultural and environmental factors deeply impact women's access to health care and the decision-making process. Gender disparity is a crucial factor that disproportionately affects women and girls and their access to healthcare and health-related decisions. Access to healthcare, decision-making autonomy and societal norms and perceptions add to the complex landscape of women's health issues. Understanding these challenges is crucial for promoting the well-being of women globally and in India.

Radio fostering connectivity: The case of *Mann Ki Baat*

A monthly radio programme hosted by Prime Minister of India Mr Narendra Modi, *Mann Ki Baat* has harnessed the power of radio in reaching out to a large number of people. According to a press statement released by the Press Information Bureau (PIB) in April 2023, while 23 crore people regularly listen to *Mann Ki Baat,* 41 crore people are occasional listeners. This clearly illustrates the reach of *Mann Ki Baat* in the country. Infact,

in one of the episodes of *Mann Ki Baat*, PM Modi attributed his choice of the radio medium for starting dialogue and communication with people owing to its vast network, reach and access. The core objective behind the launch of *Mann Ki Baat* by PM Modi in October 2014 has been to establish dialogue with citizens on day-to-day governance.

Currently, the programme is translated by the AIR into 22 Indian languages and 29 dialects. Apart from All India Radio, this flagship programme is also aired on DD National, DD News and other online platforms. It also caters to international audiences and listeners by broadcasting in 11 foreign languages, apart from English. Except for the months of March, April and May 2019 when the 17th General Elections of India were held, the show has been consistently aired every month since its inception in 2014 and completed 9 years in October 2023. Since January 2015, the show has been aired on the last Sunday of every month.

An impact study conducted by the State Bank of India (SBI) and IIM, Bengaluru titled '9 Years of *Mann Ki Baat:* Transforming People, Policies & Governance' in their analysis of 105 episodes of the radio show found that it has played a key role in popularising various government schemes.

Literature Review

Despite digitisation and the wave of technological development, radio remains an important mass media for reaching out to many people for dissemination of information, education and entertainment. The United Nations estimates that three out of four homes in developing countries have access to a radio, making traditional radio broadcast one of the most influential ways to spread important messages (Hackworth, 2018). The use of radio as a public relations tool is not new. History speaks of leaders such as Franklin D. Roosevelt, Winston Churchill, Adolph Hitler who harnessed the potential of radio in influencing public opinion. Public memory often recalls Franklin D. Roosevelt's radio talk *Fireside Chats* as an archetypal account of the power of radio to conjure a new social space - public and private, national and local. The radio broadcast played in individual homes flowed through the open windows and transported pedestrians from a public space to an intimate space of reception and thereby united the country's listeners into a communion of single audience (Loviglio xiv).

According to a press release by the Ministry of Information and Broadcasting, Govt of India, listenership of All India Radio (AIR) rose from 17 million in February 2022 to 19 million in March 2022. Another study conducted by Toluna group in Tier II and III markets in India found that radio continues to remain popular among Indian listeners with 7 out of 10 listeners tuning to FM radio for 30 minutes to 120 minutes every day. 33% of radio listeners ranked FM as the preferred medium for daily entertainment.

A study has found that Indian PM Modi's *Mann Ki Baat* instead of being a vehicle for policy is now becoming policy in itself with incremental, penetrative two-way communication with people across the length and breadth of India. The show has been a harbinger towards initiating discussions and dialogues on issues of governance, inclusive development, social and cultural issues. The study also found that the show has been able to reinforce listeners' shared connection with the past through repeated mentions of cultural icons of the country. This is evident in the spike in Google search result analysis post the mention of cultural icons by PM Modi in *Mann Ki Baat*. Social messages such as *'SwachhBharat'*, 'Vocal for Local', 'Selfie with Daughter' etc. shared by the PM on the show have emerged as intense social campaigns have fostered a 'deep behavioural shift'. Economic schemes and their success stories have also resulted in rising awareness level which is evident in the adoption level of such schemes. During the phase of the corona pandemic, *Mann Ki Baat* witnessed high listenership and became one of the most important and credible sources of information ("9 Years of Mann Ki Baat: Transforming People, Policies & Governance"). A sentiment analysis of written episodes of the show and tweets and opinions regarding the topics discussed in different episodes demonstrate that the show has positively impacted Indian citizens in many areas (Garg, 37-48).

Another study on the content and effectiveness of *Mann Ki Baat* found that all episodes had a similar style of presentation with the PM highlighting issues of national and social importance; updates of the current month and upcoming important events. The study took into account 26 episodes of the programme for content analysis and found that PM's emphasis on *khadi*, incredible India, drug-free India and his appreciation for six female navy officers who circumnavigated the globe were some of the memorable highlights of the episodes examined (Kaur, 2022). PM Modi through *Mann Ki Baat* has been effectively using a motivating language such as giving direction, empathetic and meaning-making language in reaching out to people and increasing his leadership effectiveness (Sharma and Dubey, 534-553).

While a few studies have been conducted to gauge the content, language and effectiveness of *Mann Ki Baat*, these studies have not specifically focused on women's health and the thrust areas of the current Indian government pertaining to women health issues. While the study report by SBI and IIM, Bangalore does highlight economic schemes like *Pradhan Mantri Mudra Yojana*, *Pradhan Mantri Jan-Dhan Yojana*, *SVA Nidhi* and many others and the increase in women's participation in such schemes leading to women empowerment, it does not highlight the show's thrust on health issues with special reference to women. This has been identified as a major gap in the existing literature which the present study attempts to fulfil through an analysis of *Mann Ki Baat.*

Objectives of the study

1. To undertake an in-depth analysis of the first 100 episodes of radio program *Mann Ki Baat* hosted by India's Prime Minister Narendra Modi.
2. To examine the focus accorded to women's health issues in *Mann Ki Baat.*

Methodology

The present study has made use of the content analysis method to carefully analyse the first one hundred episodes of *Mann Ki Baat* available on www.pmradio.nic.in which covers some women's health issues. In this sense, this study is based on secondary data which is being taken from relevant websites. An English transcript of the first one hundred episodes available online was also examined along with the audio episodes. The study presents an extensive analysis which are both qualitative and quantitative in nature. The limitation of data is evident as it covers only the first one hundred episodes of *Mann Ki Baat*.

Results and Discussion

Mann Ki Baat radio programme which initially saw PM Modi sharing his thoughts in a one–way model of communication, gradually witnessed newer methods to connect to people. This included letters from listeners, voice messages, two-way telephonic interaction by the PM with local heroes, village heads, celebrities, children and the general Indian. Poems and songs sung by the common man are also played in certain episodes of the radio programme depending on its thematic focus. PM Modi's appeal to the listeners in every episode of *Mann Ki Baat* to send their suggestions, feedback, success stories, photos etc. has perhaps been one of the effective strategies to connect with people on a large scale.

A general overview of the analysis indicates that out of the total 100 episodes, PM Modi spoke on varied themes and issues connected to health in 48 episodes.

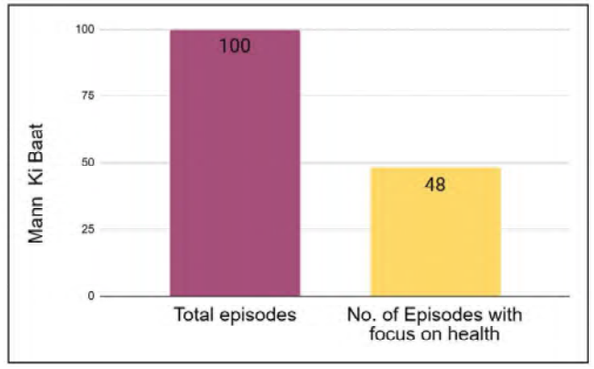


Figure 1: Total Episodes of *Mann Ki Baat* vis-a-vis Episodes with focus on health

Among the health issues taken up for discussion by PM Modi, corona and related precautions feature in 18 episodes transmitted between March 2020 to July 2022. Eight out of 18 episodes specifically celebrated India's success in developing a 'Made in India' vaccine and its successful and fast administration as compared to other countries. The prime minister also drew parallels of the successful corona vaccination development and administration programme with the vision of an *Atma Nirbhar Bharat* or a self-reliant India specially in developing medicines and vaccines. Terms such as *Amrit Mahotsav*, *Atma Nirbhar Bharat*, *Jan Shakti*, 'Vocal for Local' were used by PM Modi during the broadcasts as he repeatedly stressed on the success of the vaccination programme in India over different episodes of *Mann Ki Baat* while also dispelling myths about the vaccine and appealing people to get vaccinated.

Yoga and celebration of international *yoga* day constitute the second-highest discussed topic spanning over 12 out of the 48 episodes from May 2015 to January 2023. One of the recurring themes on *yoga* across different episodes was the host's appeal to celebrate *yoga* day. He also addressed other health issues such as general health, diabetes, depression and mental well-being, respiratory problems etc. and emphasised the benefits of practising *yoga* as a panacea to all problems. *Yoga* to beat diabetes, *yoga* for holistic health, *yoga* for promotion of mental well-being, the power of *yoga* and ayurveda, global community's recognition of the power of *yoga*, *yoga* for community building and fostering unity etc. were some of the discourses in PM Modi's *Mann Ki Baat.*

"Yoga is good for community, immunity and unity". (*Mann Ki Baat,* Episode 65, 00:15:16 - 00:15:22)

Table 1: Health Issues Covered in *Mann Ki Baat*

Sl. No	Episode	Date of transmission	Year	Episode Duration	Health Issue Covered
1	4	January 27	2015	32:45:00	Quality Healthcare to All – #YesWeCan
2	8	May 21	2015	23:39:00	*Yoga*
3	9	June 28	2015	23:04:00	Yoga
4	11	August 30	2015	20:38:00	Maternal Mortality Rate (MMR)
5	18	March 27	2016	29:46:00	Health day – Diabetes
6	21	June 26	2016	29:50:00	*Yoga*, diabetes
7	22	July 31	2016	35:42:00	MMR, PM Safe Motherhood Campaign
8	23	August 28	2016	35:15:00	Health

9	30	March 26	2017	30:24:00	*Yoga* and mental health; Maternity leave
10	32	May 28	2017	29:10:00	*Yoga*
11	33	June 25	2017	28:22:00	*Yoga*
12	37	October 29	2017	29:30:00	*Yoga* to beat diabetes
13	41	February 25	2018	28:24:00	Hygiene and wellness - toilets
14	42	March 25	2018	29:45:00	Toilets; preventive health care, sanitation, *yoga*
15	43	April 29	2018	29:38:00	Fit India, iron and pregnant women
16	44	May 27	2018	27:45:00	Fit India; *Yoga* Day
17	47	August 26	2018	29:52:00	Fitness and health
18	51	December 30	2018	29:51:00	Health insurance, Eat India campaign
19	52	January 27	2019	29:57:00	Open defecation free
20	54	June 30	2019	30:58:00	*Yoga* day; holistic health care
21	55	July 28	2019	25:10:00	Sanitation
22	56	August 25	2019	31:24:00	Balanced diet, *Poshan Abhiyan*, malnutrition, Fit India movement
23	57	September 29	2019	39:57:00	Fit India
24	58	October 27	2019	28:19:00	Fit India
25	59	November 24	2019	32:13:00	Fit India
26	61	January 26	2020	28:35:00	Fit India
27	62	February 23	2020	24:56:00	Fit India
28	63	March 29	2020	35:35:00	Covid
29	64	April 26	2020	30:57:00	Covid
30	65	May 31	2020	28:45:00	Covid, Yoga, Health Insurance
31	67	July 26	2020	35:50:00	Covid
32	68	August 30	2020	30:58:00	Covid
33	69	September 27	2020	35:40:00	Covid
34	73	January 31	2021	31:13:00	Covid vaccination
35	75	March 28	2021	31:40:00	Covid vaccination
36	76	April 25	2021	31:42:00	Covid second wave
37	77	May 30	2021	37:24:00	Covid, health insurance
38	78	June 25	2021	35:19:00	Corona vaccination success
39	80	August 29	2021	33:15:00	Corona vaccination
40	81	September 26	2021	31:57:00	Corona vaccination

41	84	December 26	2021	30:10:00	Corona vaccination
42	85	January 30	2022	31:37:00	Corona vaccination
43	86	February 27	2022	32:29:00	Corona vaccination
44	87	March 27	2022	28:14:00	*Yoga*, health
45	90	June 26	2022	32:32:00	Corona precautions
46	91	July 31	2022	30:07:00	Corona healthcare
47	92	August 28	2022	31:20:00	Project Sampoorna, Malnutrition, millets as superfood
48	97	January 29	2023	31:42:00	*Yoga*, millets for health

Source: Content analysis of the first 100 episodes of Mann Ki Baat*, 2023*

'Fit India' campaign is the third-most talked topic among episodes emphasising health issues. In a total of 7 out of 48 episodes, PM Modi stressed about the vision of 'Fit India'. Although the prime minister had appealed to everyone, especially the young generation to espouse the idea of 'Fit India' in the 42nd Episode of *Mann Ki Baat* broadcast on March 25, 2018, the actual 'Fit India Movement' was formally launched on August 29, 2019, on National Sports Day. The information about the launch of the campaign was shared by the host in the 56th episode of *Mann Ki Baat* that went on air on August 25, 2019. One of the core ideas behind the 'Fit India Movement' is the creation of a fit India by means of promoting fitness as easy, fun and free. With this in mind, PM Modi, through his discourses, stressed on the importance of indigenous sports, introduced the system of ranking schools in accordance with fitness. He also highlighted *yoga* as having 'special significance in the Fit India campaign'.

Other issues that were dwelt upon in *Mann Ki Baat* were - the importance of holistic, quality and preventive healthcare, success of the *Ayushman Bharat* health insurance scheme, projection of millets as superfood etc. The study reveals that *Swacch Bharat Abhiyaan* - one of the flagship programmes of the Narendra Modi government that emphasises cleanliness - has been one of the most-often mentioned topics in *Mann Ki Baat*. PM Modi's attempt to propel the importance of sanitation and cleanliness in promoting a healthy nation - *Swacch Bharat, Swasth Bharat* - is clear from his discourse across episodes.

Further, narrowing down on the issues covered in *Mann Ki Baat,* it has been found that only seven out of the first 100 episodes of the programme covered issues related to women's health. These include Maternal Mortality Rate (MMR), safe pregnancy and antepartum care, tackling malnutrition and the importance of balanced diet, *Poshan Abhiyan,* and the incremental rise in women beneficiaries of the *Ayushman Bharat* health insurance scheme (Table 2). Two out of the seven episodes mostly shared information pertaining to

increase in maternity leave and rise in the number of women beneficiaries in the *Ayushman Bharat* scheme.

In episode 22 of *Mann Ki Baat* aired on July 31, 2016, the PM spoke about MMR and informed listeners about the 'Prime Minister Safe Motherhood Campaign' under which pregnant women in India are entitled a free check up every month until nine months for a safe pregnancy. In another episode, the 'Call to Action' by 24 countries to reduce maternal and infant mortality was highlighted by the host of the programme.

Table 2: Coverage of Women Health Issues in *Mann Ki Baat*

Sl. No.	Episode	Date of transmission	Year	Episode Duration	Range of Issues Covered	Focus on Women's Health Issues
1	11	August 30	2015	20:38:00	Success of Jan Dhan Yojana; Sought views on Land Acquisition Act; **MMR** - 24 countries assembled in India "Call to Action"	MMR
2	22	July 31	2016	35:42:00	Sports; RIO Olympics; technology science and research, Dengue-cleanliness; **Pregnant women - maternal death- anaemia, high BP; PM Safe Motherhood campaign; urging doctors to do free checks ups 9th of every month;** climate change, warming, environment, planting trees - Van Mahotsav	MMR; Safe Motherhood
3	30	March 26	2017	30:24:00	Digital transactions; food wastage; world health day - depression; *yoga* and mental well-being**;26 weeks of maternity leave instead of 12**	Maternity leave
4	43	April 29	2018	29:38:00	Commonwealth games and India's performance; Fit India campaign; *Swachh Bharat* internship; **Uttarakhand biscuit production - good for pregnant women as they can overcome iron deficiency;** water conservation; festivals	Maternal Health
5	56	August 25	2019	31:24:00	Janasmashtami; Life of Lord Krishna; Gandhi Jayanti - Gandhi's life; cleanliness, curbing single use plastic; appeal to celebrate Shramdaan - Gandhi Jayanti; **Importance of Balanced Food / diet; Esp. for women - Poshan Abhiyan; Malnutrition;** *Yoga*, wildlife, global warming and climate change, wildlife diversity in India - tiger census, Asiatic lions, Fit India Movement; *Swachata*	Balanced diet, Malnutrition
6	65	May 31	2020	28:45:00	Battling Corona through collective efforts; spirit of service; novel innovations to fight Corona; "Vocal for Local; power of Yog and Ayurved; **Ayushman Bharat beneficiaries:** water conservation	Health insurance - *Ayushman Bharat* beneficiaries (50 % female)
7	92	August 28	2022	31:20:00	Hoisting of tricolour; patriotism; water conservation; **Project Sampoorna in Assam to fight malnutrition; Poshan Abhiyan - coverage of daughters aged 14-18 yrs.;** Indianmillets; millets to fight malnutrition ; Azadi ka Amrit Mahotsav; National Sports Day	Project Sampoorna - Assam, malnutrition

Source: Content analysis of the first 100 episodes of Mann Ki Baat*, 2023*

In terms of weightage given to women's health issues by PM Modi in his discourses on *Mann Ki Baat,* maternal health, MMR and malnutrition found equal weightage of 25% each in a total of 8 out of the first 100 episodes (Figure 2).

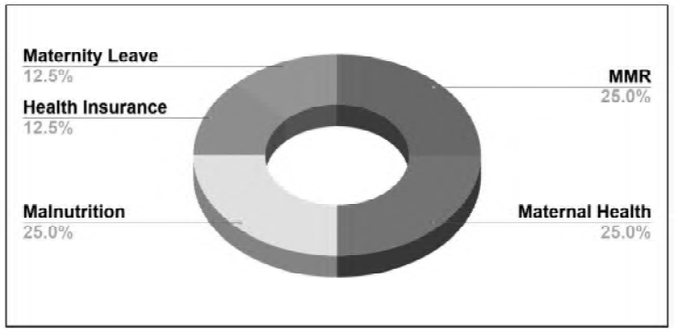


Figure 2: Weightage to Women's Health Issues in *Mann Ki Baat*

An analysis of the total episode duration of the first 100 episodes of *Mann Ki Baat* vis-a-vis time allocated to women's health issues, however, paints a dismal picture. Only 0.46% of time has been apportioned for discourse on health issues with special reference to women (Figure 3). The study reveals that within the first 100 episodes of *Mann Ki Baat,* Prime Minister Modi has predominantly emphasised topics such as *Swacch Bharat* (Clean India), *khadi* use, water conservation, *yoga*, sports, games and celebration of *Amrit Mahotsav* (to commemorate 75 years of India's independence), cashless transactions, *Atma Nirbhar Bharat* (self-reliant India), vocal for local, startups etc.

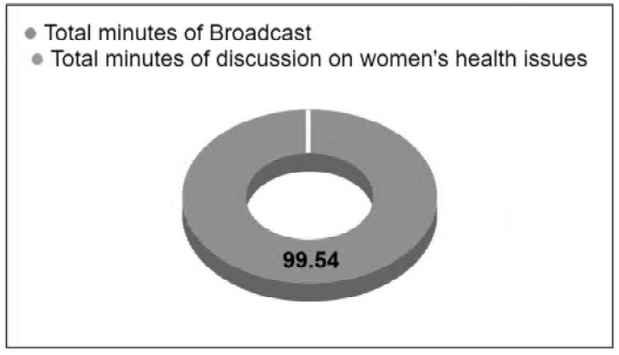


Figure 3: Total episode duration and time allotted to women's health issues

As evident from the study, there are notable gaps in the coverage of critical women's health issues within the context of *Mann Ki Baat*. Firstly, mental health concerns, including postpartum depression and anxiety, remain conspicuously absent from the discourse. Secondly, inadequate attention has been given to the broader issue of access to healthcare and the associated barriers faced by women due to socioeconomic factors, gender inequity, and the limited decision-making powers often accorded to women in healthcare matters. Lastly, the issue of gender-based violence and its impact on women's health failed to feature within the discussions in the first 100 episodes of *Mann Ki Baat*. Addressing these pivotal issues is imperative for fostering a comprehensive and inclusive dialogue on women's health in this prominent radio talk show.

Conclusion

From the analysis it is evident that radio programme *Mann Ki Baat* has prioritised some issues in which the Government of India has already announced some schemes during the last nine years. Priority has been accorded to *Swacch Bharat,yoga*, popularising the use of *khadi*, importance of water conservation, cashless transactions, entrepreneurship and startups, sports and games and promotion of 'Made in India' campaign. Apart from these, some other issues including women's health are also covered in this programme. These include maternal health and safe pregnancy, MMR and malnutrition. PM Modi had also shared important information pertaining to *Ayushman Bharat* Health Insurance Scheme and the increase in women beneficiaries and highlighted the Government's commitment to improving maternal and child health by increasing maternity leave from 12 weeks to 26 weeks. It is seen that PM Modi has effectively used radio communication in reaching out to the maximum number of adult women population as evident in the 23 crore of general listenership. This analysis of the first 100 episodes of *Mann Ki Baat* makes it clear that women's health issues are also on the agenda of the Modi Government as these issues have featured especially in seven episodes. Though comparatively less in number, these seven out of 100 episodes have covered some vital issues pertaining to women's health prevalent in rural India at large. However, there remains more scope to prioritise women's health issues in the popular radio programme. It can only be presumed that more women's issues in general and women's health issues, in particular, will be discussed in *Mann Ki Baat* radio programme in the near future.

Mann Ki Baat programme seems to be one of the most popular and successful programmes launched by the present Indian government. This radio programme reaffirms the effectiveness of the Two-step Flow theory of communication that highlights the role of an opinion leader in disseminating information and shaping people's perceptions within the

community. These opinion leaders are influential people who are trusted figures, and their opinions are highly valued by others. In the realm of women's health, leveraging opinion leaders can be instrumental in addressing health issues, spreading awareness, and influencing positive behavioural changes. These opinion leaders, whether they are community leaders, healthcare professionals, or celebrities or influential figures, can serve as effective communicators to promote women's health initiatives. Their endorsement and communication can bridge the gaps in understanding the complex health issues, dispel myths, and encourage women to make informed decisions about their health. *Mann Ki Baat* hosted by a person like PM Modi has played a key role in trickling down information on pertinent issues including health. It can further play a proactive role in bridging the gaps in access to healthcare and address issues of gender disparity and gender-based violence that impact women's health. Radio programme *Mann Ki Baat* has ultimately set an example of effective radio communication in reaching out to the common masses including the women folk of India wherein methods are being changed from time to time to make the programme more effective and appealing to the common man.

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'Wounded Bodies, Scarred Minds': Reading Silence as a Trope for Mental Illnesses in Women in Narratives from India's Northeast Region

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Abstract:

The vast body of literature from India's northeast region focuses on the varied experiences of the people. An interesting aspect of this writing is the portrayal of varied conflict zones. Important to note is the position and status of women living in such conflict zones and the ways that the violence and trauma have impacted their bodies and minds. Such violence often leads to silencing the voice of the victim. The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM – IV TR) identifies several illnesses related to anxiety disorders, which develop after a person is involved in, or sees or hears of, an extreme traumatic stressor. The stressor could be because of natural or man-made disasters, combat, serious accident; being the victim of torture, terrorism, assault, abuse, rape, or other crime.

This paper explores the experiences of women of India's northeast region during troubled times as portrayed in literature with the intention to study the narratives of wounded bodies of women as sites of the harsh realities of insurgencies, terrorism, and other political unrests. Taking the cue from the stories of injured bodies, the study focuses on the resultant silence which is in most of the cases a trope for mental illnesses, such as PTSD, easily recognizable in the victims' re-experiencing the distressing event through memories and nightmares. Apart from the scientific foundation of mental illnesses in the field of Abnormal Psychology, this interdisciplinary study is also based on discourses on trauma and violence.

Keywords: *stress, trauma, PTSD, depression, bipolar disorder, suicide, anxiety disorders*

Introduction

Literature from India's northeast region presents a vivid portrayal of conflict zones and the resultant bloodshed, deaths, loss of property, and constant anxiety in the minds of the people. The region had long histories of various conflicts and, therefore, it is no surprise that the authors from these states portray the lived experiences of people in their narratives. The narratives of troubled times portray how the wounded bodies of women become sites of the harsh realities of insurgencies, terrorism, and other political unrests. Taking cue from the stories of wounded bodies, this study focuses on a close examination of how stress and trauma lead to silencing of voices of the victims and the resultant mental illnesses, easily recognizable through the symptoms that the victims showcase in their behaviour, lack of speech, relationships, etc. This interdisciplinary study takes into consideration the scientific foundation of mental illnesses in the field of Abnormal Psychology, and discourses on trauma and violence. This article is significant to the field of Trauma Studies as it draws attention to the cultural context of trauma and its psychological impact while examining individual experiences of collective traumatic events, thereby creating a link between the experience of individuals and groups of people as well as between the personal and political worlds in literary texts vis-à-vis real life.

In the field of Abnormal Psychology, psychological stress is regarded as an experience when something unexpected and uncontrollable happens to us. Such experiences are believed to lead to strong emotional reactions and sometimes even psychological disorders. William J. Ray (2015) states that the "monoamine Oxidane A (MAO-A) gene located on the X chromosome makes certain neurotransmitters inactive and has been associated with aggression in mice and human beings. Specifically, this gene encodes the brain enzyme MAO-A and makes such neurotransmitters as serotonin, norepinephrine, and dopamine inactive" (316). What follows as a result of these variations in the neurotransmitters in the human brain due to intense stress and trauma are psychological disorders, such as anxiety disorders (e.g., PTSD, OCD, etc.), mood disorders (e.g.,depression, bipolar disorder etc.), behavioural disorders (e.g.,eating disorders, attention-deficit/ hyperactivity, etc.) and personality disorders (e.g.,paranoia) among others. Such mental disorders may lead to relationship problems, fear of public or social life, loss of sexual urges, substance abuse, and in extreme cases, attempts at or committing suicide. Various stereotypes are associated with mental illnesses and usually

people view "mentally ill persons as dangerous and unpredictable" (Hiday 122), resulting in the victim becoming a recluse and losing the ability or interest to communicate with others. Varhney et al (2016) also points out that "(i)n public perception, mental illness and violence remain inextricably intertwined, and much of the stigma associated with mental illness may be due to a tendency to conflate mental illness with the concept of dangerousness" (223).Silence becomes a vehicle to express the pent-up sorrows and anxieties for such individuals.

Objectives

i) To examine the impact of the harsh realities in conflict zones on the psyche of women in the context of the selected literary texts from India's northeast region.

ii) To interpret the literary representations of various psychological ailments in women resulting from distressing events connected to life in conflict zones.

iii) To analyze the tropes of mental illnesses in women in conflict zones from the perspective of Abnormal Psychology and discourses on trauma and violence.

Materials and Methods

The method adopted in this research is Textual Analysis. The primary texts have been analyzed to interpret the situations, dialogues and monologues, body language, gestures, and postures of the characters to establish their psychological state of mind. Three major approaches to Textual Analysis – *rhetorical criticism* (a systematic method for describing, analyzing,interpreting, and evaluating the persuasive force of messages embedded within texts), *content analysis* (used to identify, enumerate, and analyze occurrences of specific messages and message characteristics embedded in texts), and *interaction analysis* (analyzing and interpreting communication between and among individuals) – have been used in the research. The theoretical framework primarily includes discourses on trauma, violence, and mental illnesses in women.It focuses on qualitative analysis of textual data in order to examine the structure, content, and meaning of the primary texts, and how it relates to the cultural context of India's northeast region. The primary materials include the selected texts by authors from India's northeast region as well as discourses on Abnormal Psychology.

Discussion

i) *Literary Representations of Mental Illnesses in Elizabethan and Victorian Women*

The representation of psychological disorders in literature is not new. Literature is a mirror of society and therefore, authors have portrayed the various idiosyncrasies of the human mind and behaviour in their narratives. In this context, Alice Bullard (2001) states that "Romanticizing mental illness is unacceptable, but nonetheless the "mentally ill" in all periods are border-crossers whose transgressions reveal suppressed and hidden desires" (115).

Even as early as the 16th century, William Shakespeare portrayed the classic symptoms of Obsessive Compulsive Disorder (OCD) in Lady Macbeth's repeated attempts at washing off the blood in her hands, her sleep-walking, alternating between complete silence and then talking to herself, exemplifying her stressed and disarranged mind. Shakespeare's portrayal of mental disturbance in Ophelia's character is also noteworthy. While Lady Macbeth's ramblings during the sleep-walking scene clearly portrays her guilty mind, there has been a lot of debates regarding Ophelia's speeches. Richard Finkelstein (1997) connects the perspective of French feminists regarding the "challenges female bodies pose to gendered concepts of fixed subjectivity" (13) to gendering Ophelia's 'madness'. He opines that "(a)pplying Irigaray's construction to the mad Ophelia risks gendering mental illness - neither Shakespeare's canon nor experience claims that Ophelia's ramblings are a specifically feminine voice" (Finkelstein 13). The patriarchal connotation in the portrayal of mental illnesses in women can be seen in Victorian literature as well. A connected term that came to be used often for such writings, particularly by women, is 'hysterical narrative' which "(s)ometimes referring to all fictional texts by women, sometimes to writing about hysterical women, sometimes to writing that is fragmented, evasive, and ambiguous…. has taken on disturbing connections with femininity" (Showalter 24). Elaine Showalter (1980) opines that "It is notable that the domestication of insanity, its assimilation by the Victorian institution, coincides with the period in which the predominance of women among the insane becomes verifiable phenomenon" (159). Charlotte Bronte's *Jane Eyre* is a classic example of the problem that reading 'madness' in women in literary texts entails. Valerie Beattie (1996) connects Bertha Mason's 'madness' to the "concepts of relations of power" due to the assumption of her being "materially powerless because of her consignment to the attic (and for some, to the always already problematic madness) whereas in fact, she spends more narrative time out of the attic, verbally and physically, than in it" (495).Bertha Mason's 'madness' has been interpreted at all possible levels, but even though she has been rendered voiceless, she is as important to the plot as is Jane Eyre. Her confinement to the attic is another important proposition associated with reading mental illnesses in women as "(h)istorically, confinement reflected society's fear of the Other, much more than a desire to help people become well" (Eisenhauer 15).A close reading of women's stories from the conflict zones in India's northeast region showcase direct mention or subtle hints of various psychological disorders, related to stressful experiences, portrayed through their silence and inability to communicate.

ii) *Literary Representations of PTSD in Women in Conflict Zones*

Let us first take the examples of various kinds of anxiety disorders that can be seen in women in literature from India's northeast region. The most common of all anxiety disorders

resulting from psychological stress and trauma is perhaps Post Traumatic Stress Disorder (PTSD). Some of the major stressors leading to PTSD are serious accidents, natural disasters, criminal assaults, sexual assaults, and witnessing or learning about traumatic events. PTSD is frequently comorbid with other psychological disorders, such as depression, substance abuse, OCD, panic disorder, agoraphobia, and social anxiety. Malsawmi Jacob's novel, *Zorami: A Redemption Song*, presents the most traumatic period in Mizo history, the insurgency years of the 1960s, to tell the story of a young girl, Zorami. In her novel, Jacob portrays the coming-of-age of Zorami at a time when political unrest and struggle for independence gains momentum in the state and breaks out to a devastating effect. Zorami's mind is tainted by her childhood experience of a rape by an Indian army man which not only takes away the joys of her early life but has a deep impact on her marital relationship too. Her experiences and mental turmoil are vividly portrayed by Jacob (2015) – "As dusk fell, she was seized with terror and broke out in cold sweat. She sat by the fireplace, her head buried in her knees, and trembled violently…. As time passed, the wounds on her body healed, leaving scars. But her wounded psyche festered" (197). Zorami is clearly a victim of PTSD as seen from the author's repeated descriptions of her behaviour. She suffers from various intrusion symptoms associated with traumatic events such as, fear of the dark and panic. We can see in her behaviour, various dissociative reactions (e.g., flashbacks), visible in the way she acts as if the traumatic event was recurring. While she goes through these traumatic experiences repeatedly, she is unable to communicate with others. Her silence is poignant all throughout the book. Depression and lack of self-worth are clearly visible as she is unable to communicate her anxiety to her parents and later to her husband. Cathy Caruth in her book, *Unclaimed Experience: Trauma Narrative and History* (1996) emphasizes the repercussions of traumatic experiences on people's lives. The repeated reminiscences of a particular traumatic event can be re-traumatizing for the victim/ survivor. Caruth rightly says that "the repetition of the traumatic experience in the flashbacks can be itself re-traumatizing; if not life-threatening…and this would also seem to explain the high suicide rate of survivor" (126). Jacob portrays how the atrocities of the army men had become a common thing in those days. The fate of women like Zorami was sealed in such troubled times. Moreover, the patriarchal Mizo society was not very kind to the women who had no say in any matter of the family and society and were regarded as Jacob (2015) portrays as "damaged goods" (62) when ill-fate befell them. In this context, Bhargavi V. Davar (1995) connects "the social aspects of mental illness" to "the case of women where psycho-social distress is very high, sometimes high enough to lead to social isolation, violence and self-destruction" (2881). A situation similar to that of Zorami's case is portrayed in the story "The Last Song" included

in Temsula Ao's collection *These Hills Called Home: Stories from a War Zone* which brings out the struggles of the Naga people during the Naga Struggle for freedom. During this war, countless young men were killed and several women were ravished. Among all the violence and insanity, the stories mainly revolve around women, who bear the brunt of oppression at dual levels – at the hands of the insurgents as well as the military forces. In the most poignant of all the stories, "The Last Song", we come across Apenyo, a young Naga woman, who is the lead singer in the village church choir. The day the newly renovated church of the village is supposed to be inaugurated, the Indian soldiers raid the village and set fire to the church, thereby, causing mass destruction and insane killing of innocent villagers. Apenyo falls into the hands of an army officer and is raped mercilessly and killed inside the church. Her mother also meets with a similar fate while saving her daughter. The rape of the mother and daughter and their subsequent killings highlight how the patriarchal forces work together to silence women's voices. Apenyo's voice is silenced while she was singing in the choir. It is true that the experience of patriarchal subordination need not necessarily be an internal social phenomenon. Patriarchal subordination can also take place through cross politico-cultural interactions where we find the powerful use of women's body as the site of operation of society. This idea of silencing women's voices through the instrument of rape finds expression in the story of Apenyo and her mother and several such women who had met with similar fate.

Zorami's rape and the symptoms of PTSD have an impact on her married life too. William J. Ray (2015) identifies "negative alterations in cognitions and mood associated with the traumatic event" (333) as one of the important symptoms related to PTSD. Zorami showcases at least two of these negative alterations in cognitions and mood as identified by Ray – the first one being "persistent and exaggerated negative expectations about one's self, others, or the world" (333) and the other, "persistent inability to experience positive emotions" (333).Zorami develops a negative self-attitude and very low self-esteem. Living a lonely life, she hardly socializes. Jacob (2015) records her silence in front of others which reveals her low self-esteem as she regards herself as "a paltry thing" (19); "a tattered coat upon a stick" (19); "Humpty Dumpty" (20) and so on. Her obsession with her 'ugliness' also acts as a hindrance in viewing the world positively. Brea L. Perry (2011) states that such withdrawal symptoms related to mental illnesses "leads to isolation both directly through rejection and avoidance, as well as indirectly through low self-esteem and maladaptive interaction strategies" (461).Zoramiis continuously engaged in reminiscing about the past days of the conflict-ridden Mizoram when the life of the people was in danger every moment. Added to that, her personal trauma of the rape remains deeply ingrained in her mind and surfaces in the future in

the form of depression and social anxiety, ultimately leading to communication failure. Zorami's story highlights the sad fate of women in conflict-ridden regions while reflecting the psychological impact of the socio-political situation on the human mind.

iii) *Literary Representations of Agoraphobiain Women in Conflict Zones*

Psychological disorders in individuals can take various forms depending on the stressor. Taking the cue from real-life political unrests and militancy in the state of Assam, Mitra Phukan in her book, *The Collector's Wife*, shows how in the heightened political climate of the region, the personal, the familial, and the social relationships are disrupted. Phukan has portrayed the aftermath of the Assam students' agitation of the 1970s and 1980s, which has in the present set-up grown into a full-blown insurgent movement. Phukan's protagonist, Rukmini Bezboruah, the wife of the District Collector, is caught in the strain of this political turmoil affecting her private life as much as the lives of every resident of the small town of Parbatpuri. The book courses through the kidnappings, extortion, and political instability which characterize life in Parbatpuri and the inexorable impact of such a strained environment on personal lives. Rukmini shows clear signs of paranoia and agoraphobia, results of the continuous disturbances in the small town as well as at her home. Living a lonely life, with her husband who is always away on duty, Rukmini has grown shy of public life. Ray (2015) highlights that 'Agoraphobia' is a kind of anxiety disorder "in which a person experiences fear or anxiety when in public" (366). Even though a teacher by profession and used to public life, Rukmini seems to be at discomfort whenever there are occasions for socializing. While attending her colleague Rita's wedding reception, she is seen sitting "half-hidden from the milling throngs by a large rubber plant… She was content to be alone… Very few guests were likely to seek out this corner where they would remain unseen by the others" (Phukan 6). Similar instances of avoiding public life are seen in her refusing to accompany her husband to the Parbatpuri Planters' Club and her inability to be at ease when ultimately, she goes there. In this context, Peggy A. Thoits (2011) opines that individuals who suffer from moderate mental disorders, such as agoraphobia, are also "at risk of devaluation, stereotyping, rejection, and discrimination" (18) like the ones with severe disorders.Rukmini suffers silently and prefers silence whenever she is confronted with discussions about the disturbances in the town. The constant discussions of the tension in the town seems to add to her paranoia and anxiety of social life. Much like the political situation of the town, Rukmini's life too undergoes great turmoil and collapses ultimately with probabilities of heightened psychological stress and tension, robbing her of her voice.

iv) *Literary Representations of Depressive Disorders in Women in Conflict Zones*

Depressive disorders are the most commonly diagnosed mental illnesses among

adults. Depressed mood denotes the feeling of sadness or a feeling of emptiness without any sense of pleasure in one's day-to-day activities. It assumes an extremely serious turn when the individual is diagnosed as suffering from clinical depression, when majority of the symptoms such as, sleep problems, weight changes, sense of worthlessness and self-blame, etc., last for an extended period of time. Anxiety disorder, OCD, and substance abuse are comorbid with MDD (Major Depressive Disorder). In the context of the conflict zones in India's northeast region, it is no surprise that several individuals as portrayed in the literary texts show signs of depression and related comorbidities. In Mamang Dai's narrative, *The Black Hill*, set in the mid-nineteenth century, the author presents the Abor (Adi) and Mishmee tribes' fear of the East India Company's gradual inroads into the region. Amidst the parallel narratives of inter-tribal conflicts and the strife of the British with the local people, the readers cannot miss the trajectory of Gimur, an Abor girl. Gimur is not any ordinary tribal girl; she comes across as a very determined and strong-willed person all throughout the book. In the beginning of the book, Gimur's character is described thus – "Gimur did everything that young girls in the village were expected to do, in fact she was better than most at household chores; but, as her mother always said, she was uncontrollable and daring, more like a boy, whistling and climbing trees and getting into scrapes" (Dai 2).Gimur shows extraordinary strength of character in going against the strict laws of her tribe against inter-tribe marriages and in eloping with Kajinsha, a Mishmee chief. The duo undertakes an extremely dangerous journey, crossing steep mountains and rivers, and ultimately reach Kajinsha's territory near the Tibetan border and settle down there. Kajinsha's continuous conflicts with Lamet, another Mishmee chief, and Marpa, his Tibetan neighbour, take its toll on Gimur too. In an alien land, cut off from all human contacts, Gimur works hard and tries to keep her family and home intact. The loss of one of her twin boys at birth and the physical defect of the other, suddenly make Gimur a silent and thoughtful woman. Her marital life is also at stake in such a conflict-ridden situation. During this phase of her life, Gimur shows unmistakable signs of depression. She withdraws from all social contacts, barely speaks to her husband, and shows various symptoms of clinical depression. Adding fuel to the fire, the loss of her child on her way back home, breaks her down completely. By the time Kajinsha comes to her village to take her back, Gimur's depression had taken a serious turn, robbing her of the ability to communicate with others.

v) *Literary Representations of Paranoia and Stress in Women in Conflict Zones*

Whereas Dai's narrative focuses on the Adi and Mishmee tribes' conflict with the British colonizers, Easterine Kire's book, *Mari*, takes us on a journey during the Japanese invasion of the Naga hills in the year 1944. India was still under British domination and when

the Japanese invade the peaceful city of Kohima, the feud between the British army and the Japanese brings the entire region to a standstill. The seventeen-year-old Mari's story is a tragic saga of the ravages of war and destruction. After repeated attempts, when the Japanese army ultimately become successful in invading Kohima and the neighbouring places, war breaks out causing the local Naga people to lose their homes and loved ones. Mari loses her fiancé, Victor, a British soldier, in the war. Her plight along with several others in the jungles and open fields, trying to hide from the Japanese soldiers, is unimaginable. The acute shortage of food, lack of proper shelter, disruption of family, and the imminent danger of wild beasts and enemy soldiers take a toll not only on Mari's physical health, but also on her psychological well-being. It has been rightly pointed out that "stress must be seen in a social context in order to understand its relationship to mental illness" (Goldstein 394). Mari shows clear signs of paranoia and depression, which are common symptoms of PTSD as well. The war gets over and Mari's family, along with several like them, get back to a deserted and ravaged Kohima, to settle down and start life anew. Mari recounts the tragic state of affairs in Kohima in the post-war period which gives the readers a pictorial view of the place. She notes, "None of us was ready for the terrible sight of the ravaged town…. We couldn't believe this was Kohima, this mess of human destruction (Kire 93). Mari's tragedy does not end with getting back home. The ravages of the war are more severe on her life as she seems to relive the trauma of the past and gets paranoid quite often. She keeps on switching between attacks of paranoia and acute depression. There comes a phase in her life when she is unable to communicate at all. Silenced by grief and trauma, Mari seems to relive the war every moment. Gender theorist, Chandra Talpade Mohanty (2003), while probing into the problems of women in war-torn land, states that women are more distressed in conflict zones due to famine, enforced relocation and war. Mohanty emphasizes on how the past forms a background for the present in such scenarios and states – "Each of us carries around those growing up places, the institutions, a sort of backdrop, a stage set. So often we act out the present against the backdrop of the past, within a frame of perception that is so familiar, so safe that is terrifying to risk changing it even when we know our perceptions are distorted, limited, constricted by that old view" (59). In this context, we find that though the war had got over and Mari gets back home, but a part of her seems to have been lost in the bygone days, the memories of which trouble her mental health and changes her from a vibrant young woman to a silent and morose one.

Various political unrests mark the history of all the states of India's northeast region. Journalist Teresa Rehman in her book, *The Mothers of Manipur*, tells the story of 15th July 2004, a momentous day in the life of Manipur. In a historical moment, twelve women, all in

their sixties and seventies, position themselves in front of the gates of the Kangla Fort in Imphal, which was the headquarters of the Assam Rifles, a unit of the Indian army, and strip themselves naked. The soldiers watch aghast as the *imas*, the mothers of Manipur, silently protest the custodial rape and murder of a thirty-two-year-old woman, Thangjam Manorama, suspected of being a militant, by the army. These women hold banners which read 'Indian Army Rape Us' and 'Take Our Flesh'. The entire protest is done silently as if the mothers scorned the very idea of engaging in communication with their tormentors. The courage and resistance of these women amidst the conflict-torn Manipur takes the entire world in a storm. The incident is not a sudden one, but an accurately planned activity. Even then the paranoia in the women can be witnessed–

> Despite palpitations of the heart, fits of dizziness, insomnia, failing eyesight, the planning for that action had to be meticulous: inner garments had to be removed leaving only the *enaphi* and *phanek*(the upper and lower garment) to make the act of stripping swifter, jewellery needed to be tied in little bundles and kept in safe custody and, above all, utmost secrecy had to be maintained with not even close family members being informed in order to ensure that the authorities didn't get wind of their plans. (Rehman xvii)

The presence of women in various conflict-torn regions of India's northeast have always brought forth their strength of character and their unique status amidst the saga of violence and bloodshed. But nothing seems to equate with the silent protest in front of the Kangla Fort almost two decades back by a dozen commonplace Manipuri women, which till date serves as the most courageous response by women in response to atrocities in a conflict-ridden state. Even then Rehman's book takes the readers through the various symptoms of paranoia that the mothers undergo before taking such a bold step.

Conclusion

This study portrays that amidst the harsh realities of terrorism, insurgency, and political unrests visible in the literature from India's northeast region, what stands out is the effect of such conflict on the mental health of the women which commonly results in their silence and inability to communicate. An interesting aspect of these narratives is the survival strategies that are undertaken, and the most effective psychological intervention is the visibility of the role of the community during different phases of trauma. Judith Herman (2019) states –

"Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection with others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience" (156). The study, therefore, highlights women's lived experiences during various conflicts in India's northeast region which poses serious psychological challenges, robbing them of their voices. Nevertheless, in some of the cases, they rise above the conflicts and make an attempt to restructure their lives, even in extreme conditions. In a conflict-ridden zone, survival becomes the primary concern and these women, showcase their attempts to embrace various coping mechanisms to negotiate with life.

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Re-reading *The Mysterious Ailment of Rupi Baskey* as a Wellness Narrative

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Abstract

The Mysterious Ailment of Rupi Baskey by the Jharkhand writer Hansda Sowvendra Shekhar, studied as a wellness narrative is found to address various health-related issues from a tribal perspective. Along with themes like identity, belonging, adherence to cultural roots, etc, this paper identifies the author's use of the novel to explore tribal wellness in a holistic sense - the mind, body, and spirit, of Rupi Baskey and her community. Due to their environmental proximity tribal novels cannot but showcase simultaneous interconnections of individuals with their communities and the natural world. The term mysterious illness is the focus of attention in this paper. To delve deeper into this focus area the paper uses the theoretical moorings of Authur Kleinman in his work titled *The Illness Narratives* (2020). On closer inspection, the description of an illness is a discourse that colludes with varied dysfunctional societal prerequisites that require an upgrade. According to Kleinman illness is an "innately human experience of symptoms and suffering" affected by local cultural orientations (3). The journey of Shekhar's heroine, a Santhal community member, sheds light on the available conditions and escape mechanisms tribal women pursue to make their lives bearable. The select female protagonist assists in foreseeing and documenting mental and physical alterations that spread from the family to a larger context of a nation. Incidentally, such narratives also expose faulty governmental systems and flawed social structures. After empathising with the experiences of Rupi one finds relief resulting from a shared healing and hope from new understandings procured.

Key Words *: Santhals, wellness, illness narratives, health metaphors, gender dichotomies*

Introduction

Santhals have led a tranquil life in the North Eastern regions of the Indian subcontinent for centuries. Immersed in their traditions and ecological ways of life they maintained a healthy distance from the power struggles and lived in unison with nature. The colonial interest in the Silk Route and exploitation of tribal resources and labour power soon affected the region's serenity. Interestingly, these secluded tribal populations became the first to revolt against the atrocities of British rule in the entire subcontinent. Armed rebellions were engaged by Santhals long before most parts of the nations recognised the corrosive and exploitative agendas of foreign rule. However, due to their tribal ways of life, lack of exposure to modern healthcare systems, and reluctance to embrace formal education, their physical and mental development suffered greatly. Despite prolonged struggles for a separate state, Jharkhand was officially birthed only on 15 November 2000 leading to their needs being unattended for long by the authorities.

Hansda Sowvendra Shekhar's debut novel is an example of a new attention to health care. A doctor himself, Shekhar was well aware of the condition of women in his homeland. The text is his way of speaking out about and documenting the condition of his community, especially the women around him. As the name suggests, *The Mysterious Ailment of Rupi Baskey* is about an ailment, a metaphor for the physical and political suffering of the Santhal community and expounds the author's remedy for it. The author reveals how numerous characters and cultural orientations surrounding Rupi affect her health conditions further disabling her social abilities considerably. According to Kleinman : "Illness refers to how the sick person and the members of the family or wider social network perceive, live with and respond to symptoms and disability" (3). Illness at times functions as a narrative that vindicates social evils, most of which evolve into tools for discrimination and exploitation. "Conventional expectations about illness are altered through negotiations in different social situations and in particular webs of relationships" (Kleinman 27). In this novel, Rupi's ailment begins after her marriage and progresses as her web of relationships widens. In short, Rupi's illness is not her own but reflects the mental dilemma of her community.This paper concentrates on veiled suggestions and calls for proper mental and physical attention to tribal populations, especially women.

Objectives

The paper aims to discuss how the struggles and physical conditions of nations and their people are represented through fiction. Literature has relentlessly facilitated the display of specific regions from close angles. Though fictional in form, the trials and tribulations of Rupi Baskey enlighten the readers on the daily activities, influences, and health conditions of Santhal women. Many researchers and scholars have read *The Mysterious Ailment of Rupi Baskey* (henceforth referred to as *Mysterious* for ease of documentation) from gender and cultural perspectives. The present paper hopes to assign this text as a wellness narrative designed to highlight the transformation and growth of the community, slowly with faltering steps, towards a healthier, balanced, and fulfilling life. *Mysterious* is a captivating saga of four generations of women - Somai-budhi, Putki, Rupi, and Rupali. They are all married into Somai-haram's family and are chronologically placed to study the tales of trauma and redemption strategies related to the Santhal community. Stories are connected and the experiences of the predecessor reform the lives of the next generation. Thus, stories of women add to the genealogy of the tribe.

The Santhal community forms the largest Adivasi group in India and has a history dating back several centuries. Today they are found settled across Bangladesh, Nepal, and India. They have held on to their customs and practices with a religious zeal for centuries. Facts and data from documents and ledgers are not easily accessible to the public. In comparison when native authors write about the plight of their communities, it reflects the problems and woes more authentically. The sickness and the cure of the titular heroine form the climax of the novel. The hypothesis is that the story of Rupi's sickness and cure acts as a wellness narrative that energises the community's sense of oneness and functions as a micronarrative that adds to the macro-narratives of the select space.

Materials and Methods

This study has Hansda Sowvendra Shekhar's inaugural novel, published in 2014, at its focal point. Shekhar is an acclaimed author with four works to his credit, including *The Mysterious Ailment of Rupi Baskey* (2014), *The Adivasi Will Not Dance and Stories* (2015), *My Father's Garden* (2018), and *Jwala and the Gift of Fire: Adventures in Champakbagh* (2018). Notably, *Mysterious* earned acclaim by winning the Yuva Puraskar in 2015, being shortlisted for the 2014 Crossword Book Awards, and receiving a longlist for the International Dublin Literary Award in 2016. Acknowledged as one of the decade's top ten fiction works by The Hindu in December 2019, the plot takes a mysterious turn once Rupi shifts to the mining town of Nitra from the serene village of Kadamdihi. Influenced by a sorceress, Rupi undergoes physical and mental deterioration, setting the stage for her journey

back to health and selfhood.

Following a comparative method of analysis, the paper seeks to bring together different perspectives and approaches to understand complex human phenomena projected through the select novel. The focus is primarily on human experience in fiction and the corresponding recorded data available in the public domain. For this endeavour, surveys published by national and international organisations and related research articles have been accessed. The paper uses an interpretive approach to decode the parallel, veiled metaphors and symbols to comprehend the layered components of the narrative.

Discussion

The paper now proceeds to discuss the text as a wellness narrative. Even today Adivasis in India face political and economic uncertainties. Countering these mishaps, the select text is identified as a narrative designed by an Adivasi to share and heal. Numerous incidents in the text refer to physical discomforts and illnesses faced by characters justifying the term ailment in the title. Among the chapter titles too, some terms refer to illness and cure like Mohini Medicine, Alternative Therapies, The Cure, etc. From the interviews given by Shekhar, it is clear that the plot replicates real incidents witnessed by the author in and around his hometown. In fact, the narrative's focal point, Kadamdihi, is fashioned after Shekhar's hometown, Kishoripur. In one of his interviews:

> Shekhar says he writes what he has lived through; the stories come from life around him during his growing up years in Ghatshila. The twin life he leads, as doctor and then a writer at night, comprises struggles against various impossibilities – a throw of the dice in the dark for a Santhal writer battling against both prejudice and ignorance. (John 2015)

Santhals comprise a significant portion of the Adivasi population and hence their response represents a major section of voices in Indian population studies. As with any subaltern group, Santhal women are the most affected, and in this novel the challenges faced by them are foregrounded to represent the chaos created by dysfunctional bodies and minds. The publisher of the book, Ravi Singh comments thus:

> I found the story gripping, and I had rarely encountered characters as powerful as his, especially the women. They were tragic and joyful, and there was no false nobility about them. He was taking us into a world we

> almost never find in English-language fiction. It could easily have become a kind of anthropology about the Santhals, but this was a rich and human story told with great vitality and without inhibition or apology. He isn't afraid of emotion which is a rare thing. (John)

Contrary to the usual portrayal, the select text speaks from an un-subaltern point of view. Shekhar does not situate his community as downtrodden or desolate. They are strong-willed, hardworking, and have a strong political awareness. When Sido, Rupi's son is insulted by an upper-caste woman, the following response is documented in the text: "Let what has happened today never be repeated. We have let you live in this village; we can well force you to pack up and leave. One more word against our women, children, and religion, and see what happens to you all. Don't forget" (Shekhar 17). The confidence with which Khorda-haram issued this threat verifies the community's position, pride, and confidence in its members, culture, and ways of life. Shekhar attacks the negative picturisation and the authority's lack of understanding of the real problems faced by Santhals. Talking to Dibyajyoti Sarma, Shekhar says: "The fact that I am an insider helps me because I am writing about Santhals, and being a Santhal myself I know that my observations are first-hand and have some degree of authenticity in them" ("*An Interview*"). Thus, when the author attributes Rupi's illness to a dysfunctional external milieu and not to something inherent in the group or individual, it is to be considered a provocative socio-political frame of reference.

As the analysis deepens one finds the text hides multiple levels of narration. It is at one level the story of a Santhal group in Kadamdihi, it is Rupi's story towards self-realisation, the Indian freedom struggle forms another parallel narration, and it is also a genealogical narration of Somai-haram's family. But when explored as a tale of significant health aberrations it adorns the disguise of a social remedy. Illness narratives are categorised as technical literature whereas fictional narratives are creative imaginations on how to tire over difficult situations. In his preface, Kleinman defines illness narratives as follows:

> I write because I wish to popularize a technical literature that would be of great practical value for those who must live with, make sense of, and care for chronic illness… Illness narratives edify us about how life problems are created, controlled, made meaningful. They also tell us

> about the way cultural values and social relations shape how we perceive and monitor our bodies, label and categorize bodily symptoms, interpret complaints in the particular context of our life situation. (Kleinman xiii).

Since this paper reads *Mysterious* as an illness narrative a great deal of emphasis is placed on the strange ways in which the mind affects the body. On closer inspection, one finds that not only the protagonist but several characters are sick or have unhealthy routines. The novel depicts a man with a limp, a girl affected by polio, women suffering hallucinations, alcoholic males etc. Khorda the male head of the family and village has his right leg shorter than his left. Mysterious deaths, miscarriages, and mental anomalies all mark the text. Characters are found using magic portions and superstitious rituals to control the minds and bodies of others. The study notes that even as the narrative moves through instances of Rupi's disease and cure other characters and their ailments help to diachronically follow the general well-being and health conditions of the community. To delve deeper into the subject the paper now discusses a few select strategies used by the author.

Stigmatization of Illness

"In certain societies, so powerful is the stigma brought to the patient by the culturally marked illness label that it affects all his relationships and may lead to ostracism" (Kleinman 159). People in their ignorance fail to consider illness as a natural condition that requires timely medical intervention and care and support from family members.There are also instances where the patient is discriminated and traumatised due to superstitious beliefs. "Paradoxical as it sounds, then, there are normal ways of being ill (ways that our society regards as appropriate) as well as anomalous ways" (Kleinman 159). Rupi's condition is described as mysterious because the root cause is not a physical anomaly but a combination of witchcraft, superstition, and acts of female jealousy. From a medical point of view, it appears Rupi is suffering from a form of postpartum depression which is aggravated by her relocation to Nitra and the lack of love and attention from her husband Sido who is in a relationship with another woman, Gurubari :

> All of Kadamdihi knows who the cause of Rupi's problem is. Gurubari, the woman who came into her life like a friend but twined around her like the alakjari – the golden vine which latches on to the trunk of a healthy, green tree, sends its roots deep into its heart and, robbing the host of all nutrition, leaves it an empty

shell… Just as everyone can see Rupi wasting away as Gurubari flourishes.

(Shekhar 6)

Not only Rupi but the stories of illness of other women also show traces of superstitious beliefs or outdated cultural practices.

For instance, when older Somai-budhi suffered three miscarriages and did not conceive till after ten years of marriage she had to bear the stigma of barrenness despite being the wife of Somai-haram, the most powerful man in the area. "How many days more before this life will end? … each word of her question heavy with the stigma of barrenness which no one mentioned directly to her, but which must have been a recurring topic of conversation in almost each house of the village, whether Santhal or Kamar or Kuntal" (Shekhar 22). This woman dies at childbirth due to excessive bleeding. She was tended to by only local women at that time. Incapacity to conceive is considered an abnormality and is used against the victim even by family members.

"Among Santhals, it is a taboo for women to become mediums. Even Jaher-Ayo, the highest female deity of the Sarna pantheon needs a man to manifest herself" (Shekar 172). This is a cultural narrative to check the power equations in the group. Rupi and other women are tutored and tuned to such gendered discrimination. Marwari's memorial is an abandoned burial ground associated with paranoid activities and Rupi was forced to take shelter there one day. In her frenzied state, Rupi screams and runs out into the rain claiming to have seen a ghost. Soon she is ostracised and labelled a mad woman. The villagers declare Rupi "had become a dahni" (172). "Stigma often carries a religious significance—the afflicted person is viewed as sinful or evil—or a moral connotation of weakness and dishonour." (Kleinman 159). These ostracizations combined with hurtful comments from her sister-in-law Dulari and a lack of understanding from her sons weakened Rupi further. Rupi's illness narrative functions as an eye-opener that foregrounds the community's faulty social behaviours and lack of medical knowledge.

Traditional Vs Modern Medicine

The novel highlights the tension between tribal healing practices and modern medicine inspired form Western practices. There is even a chapter titled 'Alternate Therapies' in the novel. Rupi's family initially seeks help from traditional healers before turning to allopathic and homeopathic medicine. The juvenile state of Jharkhand operates a medical system that is still wanting in many respects. During Rupi's first visit to the doctor, the doctor had to speak in Bangla for that is the only language Rupi could follow other than Santhali. "She was scared and words refused to come" (Shekhar 119). The doctor used "a large coin connected

to a black, snake-like tube" and Rupi was amazed to find it connected to the doctor's ears. (120). After taking a blood sample, they gave her "a moist, strong-smelling piece of cotton wool to place on the point of puncture" (120). For illiterate folks like Rupi and her family, the system is terrifying, confusing, non-affordable, and usually far away from their villages. So, the tribal populations largely depend on quasi-traditional services. The text does not take sides with any particular system but Rupi's visit to many such agencies helps document the possibilities available to the locals :

> Lack of proper health care practices coupled with the traditional form of health care followed by this group renders the women and children vulnerable to adverse health implications. Indigenous healing practices have survived, evolved and are still widely practiced in the tribal areas. Today, some of these tribal healers practice a hybrid form of healing, that combines rituals with quasi-allopathic or complementary medical practices. (Gigoo 3)

Sido, Rupi's husband is an educated man and teaches at a school in Nitra. When he finds his wife's health deteriorating, he takes her "to three doctors ... In Rakha and in Mosaboni….one in Jhargram as well. Everyone said she is fine" (Shekhar 153). So, well-wishers advise him to consider "other possibilities" or to ward off "an evil eye" (153). Though Sido resists these suggestions for a long time, he relents and takes Rupi to an Ojha practitioner as time passes without a cure. This Ojha practitioner after a few queries announces the trouble is "from the outside" (192). He identifies a similarity between Khorda-haram's death and the illness of Rupi. This diagnosis promotes the Ojha practitioner and the superstitions of people with the same stroke.

"Witchcraft became a major explanatory model of malignant illnesses that were random and unpredictable … it offered, furthermore, a magical means to exert control over seemingly unjust suffering and untimely death" (Kleinman 19). Cultural beliefs, superstitions, and rituals find unscientific explanations for unexplained health issues and deaths. With the help of insights provided into the cultural context of the character's lives, the author hints at the changes needed for holistic health upliftment. The paper believes the physician in Shekhar wanted the readers to identify an effective cure that begins only with sound scientific knowledge and sensible understanding.

Role of Community and Family

. "A community development approach to assessment views health and wellness within the broader context of social and economic improvement, and it views resident empowerment as a vital element in achieving health and wellness" (Clark 35). Baskey is a Santhal surname and this automatically places the text in a specific socio-cultural space. Grandmothers, aunts, uncles, neighbours, friends, and others together help Rupi document the 'full' story. In many ways, the conservative Santhal community still sticks to distinct gender roles assigning domestic responsibilities, such as cooking, cleaning and child-rearing to women, while men were primarily responsible for activities like agriculture and hunting. Many age-old customs, traditions and social structures still significantly deter the ambitions, status and roles of women within the community. Contrary to this Rupi is found content in her marriage, working in the fields with family members and even births her child in the field. Her primary qualification to become Sido's wife was her healthy body and not her wealth, beauty or educational qualifications. Rupi's sons do not marry according to Santhal customs and this leads to dowry disputes and marital disagreements, which affect the well-being of all women in the Baskey household.

Shekhar identifies women as powerful transmitters of memory and culture. Hence, though men are powerfully placed the novel centres around women. Most of the traditional treatments are never validated and are based on memory. Shekhar justifies his tactic to Monideepa Sahu thus:

> That did not happen consciously. In fact, I don't see my men as passive figures. The thing is, the women are very powerful. Too powerful, in fact. As such, what you say is right, that the men are relatively shadowy, if they are compared to the women. Otherwise the men, too, are quite strong at some places …. I was quite clear that women had to hold the centre stage… ("*It's a Women's World*")

Rupi's illness underscores the importance of familial and community networks during crises related to health.Rupi is surrounded by women from her family and community during the first spell of her stay in Kadamdihi. Her family's efforts to seek a cure covers a significant portion of the narrative. Hence it is reiterated that the novel is about how communities, especially women, deal with illness, symptoms and cure.

Impact of Displacement and Migration

The novel also explores how displacement and migration can affect the health and well-being of individuals and communities, especially in the context of tribal populations. Santhal women have traditionally been involved in agriculture, the production of handicrafts, and household activities. But at some juncture, they start urbanising. One finds Putki and her peers working in factories in adjacent cities. Later Sido is appointed as a teacher in Nitra, a mining town portrayed in complete antithesis to Kadamdihi. The former is green and serene and the latter is polluted and noisy. Media reports from Jharkhand have reported killings, protests, and agitations against mining companies from time to time. Rupi tries to relocate to Kadamdihi at the first given opportunity. Land as a metaphor is attached to the mind, body, and spirit of Adivasi's existence. The novel, functioning as an allegory, suggests that modernisation and its associated machinery contribute to the unsettling transformation of characters within the Santhal population.

Incidentally, it is on arrival at this town that Rupi's illness begins. Kadamdihi is the cultural centre of all Santhal activities and has a soothing effect. Even before marriage Rupi "visited the ancient shrine to Marang-Buru on the top of the hills" (Shekhar 2). On her way to Nitra, she crosses the Subarnarekha River to reach Mosaboni Mines. She thinks: "The River of Gold. She had heard stories about it, about the gold nuggets in its bed" (88). The traditional, god-fearing, naive Rupi is unsettled by the unfamiliar urban setting. Confusing political and social conditions are metaphors for broader societal issues, reflecting the complexities and challenges faced by marginalised communities. Rupi's illness and depression are primarily attributed to this shift in location.

Mental Health and Well-being

While the primary focus is on physical health, the novel indirectly raises awareness about the emotional and psychological toll that illness can take on individuals and their families. Political upheavals, poverty, and discrimination also add to the tensions in the lives of Adivasis. The mediocre lives of Rupi's three sons symbolise the rootlessness suffered by the youth in the tumultuous period following independence. Rupi's husband Sido, is respected for his education, and his government job and is "a skilled rhymester" (Shekhar 129). He is promptly guided by his grandfather Somai-haram and father Khorda-haram and has sound political awareness. On the other hand, Rupi's sons, Jaipal, Doso and Phuchuare poorly educated, alcoholics, irresponsible citizens, and disrespectful to their women. Traumatising experiences and discrimination faced by 'othered' citizens reverberate through these boys.As the novel ends, they show signs of improvement along with Rupi's recovery, confirming the text as a wellness narrative.

The text also portrays how subordinated and ignored women take refuge in the use of magic and the supernatural to gain supremacy over their husbands and people they would like to control for their benefit. Witchcraft "represented an obsession with the control of jealousy and envy and with explaining the presence of misfortune and maleficence in a world ruled by a stern but just God" (Kleinman 41). Gurubari is accused of having served Mohini medicine to Rupi. Following the administration of this enchanted potion, Rupi experiences severe physical tiredness and her venerable state makes her incapable of decision-making or attending to her fundamental needs. This symbolic parallel mirrors the plight of the Adivasi population, who, after being denied a state of their own, experienced a dispersal of community members across the northeastern region.

Rupi, Naikay, Doso, Bairam and Singo (polio-affected young girl) fall victim to the powers of two Dahnis. These women practice black magic, offer human sacrifices and control the minds of others. "That Phuchu … he was so clever … he looks like an imbecile. It's the effect of the Gurubari's magic" says neighbours in hushed voices (Shekhar 182). Rupi acts abnormally in public under such influences and the author titles the chapter - The Fall of the Strongest Woman of Kadamdihi. "Witchcraft also conveys fears regarding threats to procreativity and village unity" (Kleinman 41). Rupi is so tired and confused that she loses all interest in life and family. But after her return to Kadamdihi and Bishu's marriage to Rupali, Rupi's condition shows improvement. Rupali is a replica of Rupi from her younger days, healthy, strong and sure of herself. Rupali takes control of the house and arranges for the next generation of Somai-haram's family to receive a formal education and comfortable lodgings. It seems the family will finally adopt a progressive lifestyle. "Rupi smiles, her face peaceful, her body free of suffering and lies on the parkom under the dogor tree thinking: Just like me, just like me" (Shekhar 208). The dogor tree is a recurring image that signals the unique traditions and culture of the Santhals. Rupi is gradually progressing towards peace of mind, body and spirit. The chapter is titled, 'The Cure? Well Almost'.

Health as a Metaphor

"We express our distress through bodily idioms that are both peculiar to distinctive cultural worlds and constrained by our shared human condition" (Kleinman xiii). The select novel opens with the protagonist reminiscing how she "bore her eldest squatting in the middle of a rice paddy, shin-deep on slush" (Shekhar 1). Rupi was the strongest woman in Kadamdihi and in full control of her family and life. Unfortunately, her health deteriorated and she is unable to lead a normal life. "Helplessness, regret and anger race across her face. Helplessness – for things are entirely out of control" (8). As discussed earlier her ailment arises from a shared condition. "Rupi's disease isn't hers alone. It is Putki's, it is Sido's, Doso's and

Dulari's" (9). When Rupi is read as a metaphor for the state of Jharkhand the Ojha practitioner's words become more coherent. "I can see the suffering she's been going through ... her suffering are not due to some disease. They're coming from … the outside" (192) is a clear indication that problems in Jharkhand are due to external exploitative agencies. Representation of the life and body of women in literature are often symbolic illustrations that can dissipate many aberrations in society. "Healing in community terms includes a process of balancing and integrating community members by using a deep level of inner knowledge" (Clark 4). Here Rupi's recovery is read as a metaphor for political progress. Tribals live in shared spaces and their wellness can be ensured only through community development plans. Hence the relevance of a story of many people in a shared space. The novel stresses the need to weather personal health care and individual development for the constructive advancement of the community.

Conclusion

This paper dissects the factual and fictional narratives in the select novel to study the sociocultural implications of Santhal existence. "Local cultural orientations (the patterned ways that we have learned to think about and act in our lifeworlds and that replicate the social structure of those worlds) organise our conventional common sense about how to understand and treat illness" (Kleinman 5). Human cultures have inbuild remedies that are at times marred by corrosive power denominations. The case of Santhals is no different. By establishing a correlation to illness narratives as elaborated by Kleinman the novel can be studied anew. The ailment of Rupi is a cultural stigma, a metaphor, a trope, a superstition and an experience that provides a cathartic effect to the readers and hope for a better future is initiated through the introduction of Rupali at the flag end of the plot. Ignorance and societal inhibitions often stand in the way of embracing improved life standards. In the changing times, like many other indigenous communities, the Santhal community is also positively influenced by urbanisation, shifts in gender roles and expectations, education and exposure to a progressive external milieu. Thus, the health-related ideas and themes in *Mysterious* provide rich material for analysis and discussion, making it a compelling choice for students and researchers interested in the intersection of literature, health and social issues.

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Patriarchal Hegemony, Female Subalterns and Voices of Resistance: Revisiting Spivak's Translation and Assessment of Mahasweta Devi's Select Short Stories

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Abstract

Subaltern Studies has emerged as a vital component of Postcolonial Discourse, predominantly interrogating and questioning the hegemonic and authoritarian tendencies of colonial and elitist historiography which often mutes the experiences and voices of the subalterns. The legacy of Subaltern Studies dates back to Hegel's problematisation of the master-slave dialectics and to Antonio Gramsci's work,*The Prison Notebooks* where he used, in a civil sense, the term 'subaltern' to indicate the Proletariat. Gayatri Chakravorty Spivak has borrowed the word 'subaltern' from Gramsci, to give voice to the voiceless subalterns in contemporary society. Spivak's "Can the Subaltern Speak?"demonstrates the inherent complexities in representing subaltern voices within the periphery of hegemonic discourses and encapsulates the dynamics of female subalterns who don't have any authoritative voice to decode their predicaments. Subsequently, they are often either neglected or misrepresented by the groups of Colonial and elitist historiographers. In her translation of Mahasweta Devi's two short stories, "Draupadi" and "Breast Giver", Spivak has insightfully manifested the atrocities, physical and sexual violence faced by both the female subaltern protagonists who have been the unfortunate victims of patriarchal hegemony and gender-

based violence. These stories echo the issues linked with gender oppression and discrimination, marginality, patriarchal violence and persecution and voices of resistance of uncountable helpless female subalterns. The present paper aims to explore the autocratic nature of the patriarchal hegemony and its vicious chains of exploitation and oppression of the female subalterns as reflected in Spivak's translation and critical assessment of Mahasweta Devi's "Draupadi" and "Breast Giver" using the theoretical framework of Postcolonial feminism.

Keywords : *patriarchal hegemony, subaltern studies, gender oppression, resistance, postcolonial feminism*

The emergence of Subaltern Studies highlights a radical shift from the traditional Colonial, Elitist and Marxist historiography which often prioritizes the elite perspectives over those of ordinary voices from the margins. The word 'subaltern' has been inspired by the Late Latin word, *subalternus* which essentially signifies 'next below every other'. The term subaltern gained wide currency among critics and scholars when the Italian Marxist Antonio Gramsci introduced it in his *The Prison Notebooks* (1947) with a broader connotation of 'class' to indicate the subordinate and hegemonized people in the society. In a nutshell, Gramsci used the term to refer to a group of people who have been marginalised and hegemonized by the bourgeois or the elites. Furthermore, Ranajit Guha, a pioneering subaltern historiographer, has applied the term 'subaltern' to denote a category of people who stand in stark contrast to the idea of 'elite'. Hence, the term 'subaltern' primarily indicates a socially, politically, economically and culturally deprived as well as low-ranking person, who is controlled and hegemonized by the elite or upper section of the society. In the same vein, Gayatri Chakravorty Spivak, one of the 'holy trinities' of Postcolonial Discourse, has used the term 'subaltern' to signify those oppressed people who belong to an inferior rank. Spivak also found the term 'subaltern' quite appropriate and flexible to represent the unrepresented, oppressed and marginalized masses who belong to the lower strata of society. Spivak became an authoritative figure in Subaltern Studies instantly after the publication of her essay "Can the Subaltern Speak?" (1985) wherein she insightfully examined the various issues and complexities revolving around the representation of subalterns whose voices have been muted and those who are not in a position to speak for themselves, apart from challenging the colonial and elitist historiography. In her essay, "Can the Subaltern Speak?", Spivak argues that "In the context of colonial production, the subaltern has no history and cannot speak, the subaltern as female is even more deeply in shadow" (287). However, Ranajit Guha, one of the exponents of subaltern historiography, has insisted Spivak for translating the works of

Mahasweta Devi into English to make them accessible to the global audience. Moreover, Spivak's version of the translation of Devi's short stories is not merely literal but also a critical assessment and insights into the existing content and context. In "Draupadi" (1978) and "Breast Giver" (1997), Spivak questioned the hypocrisy and autocracy of the male-driven structure of the society where a woman is often treated as inhumanly as an object by stripping her basic human rights as a female identity. While the former short story deals with the sexual and physical abuse of the female protagonist, the latter highlights the commodification of the female body and motherhood of the central character whose miserable plights have been manifested in the story. Moreover, originally written in Bengali, the short stories of Mahasweta Devi were initially quite restricted within the periphery of West Bengal or amongst Bengali-speaking audiences. But Spivak's translation and critical assessment of Mahasweta Devi's works have broken this restriction and have taken Devi's works to the global readers by amplifying the unheard voices of subaltern women with remarkable clarity and magnitude.

Mahasweta Devi, one of the most renowned Indian feminist writers, has devoted most of her writings to speak in favour of the voiceless *adivasi* (tribal)groups of Bengal and empowered them. Her short story, "Draupadi" encapsulates the position of a tribal woman in the phallocentric structure of society and how she becomes a helpless victim of patriarchal violence, exploitation and hegemony. Mahasweta Devi's "Draupadi", first appeared in Bengali in her famous collection, *Agnigarbha* (1978), was translated into English and published in the journal, *Critical Inquiry* in 1981 and subsequently was also included in the collection, *Breast Stories* in 1997. The story has the setting of the Naxalbari movement of West Bengal in the background where the landless peasants and tribal people have called for an armed revolt against the autocracy and hegemonic tendencies of the selfish landlords and money lenders. Apart from dealing with the predicaments and exploited lives of the tribal groups, the story also highlights various cardinal issues such as marginality, gender discrimination, sexual assault, class and identity conflicts. The story is set in the backward villages and forests of West Bengal and entails the pitiable condition of a group of poor landless peasants, exploited laborers and rebels who are immensely hegemonized and exploited under the influence of cruel landlords and police forces. Set against the alarmingly haphazard political atmosphere of Bengal back in 1971, the narrative revolves around a hapless young tribal woman, Dopdi Mejhen and her husband, Dulna Majhi, who support the Naxalite movement and rebels who were famously known as "gentlemen revolutionaries" (Devi 383) for whom Dopdiandher husband worked as secret informer-activists. Subsequently, both have been charged with the murder of an upper caste landlord, Surja Sahu of the Bankuli village under the suspicion that his inhuman treatment and atrocities against the voiceless tribals have

created a lot of trouble for them. Both Dopdi and her husband were most wanted in connection with the murder and hence, they hide inside the jungle. Eventually, she was arrested and her husband was hunted down in the middle of the jungle while searching for water. In police custody, Dopdi was tortured mentally and physically in an inhuman manner and was molested and raped multiple times by multiple constables of the police station when she didn't agree to reveal the names of her accomplices before the police inspector, Senanayak. Throughout the story, Dopdi displays a formidable character, characterized by courage and resilience, as she remains unbowed and unchanged even after tremendous physical and mental torture, starvation and repeated rape by the police constables to convince her mind to accept her crime. Despite being gang raped and intolerably tortured, Dopdi refuses to reveal the name of her comrades. Although she was molested and physically abused like an animal and was treated like an object, still she possessed an unparalleled spirit and indomitable personality and remained unbowed in front of the police. After enormous torture and repeated gang rapes, she was bleeding between her legs and her entire body was wounded and clothless. After endless molestation throughout the night, the custodians offered her a piece of cloth to hide her bloodied body, but she refused to cover her body and tore the cloths as a revolt against the autocracy and barbarism of the male-dominated society which played with her chastity and treated her like an animal and object. The next day when she was brought before Senanayak for interrogation, she was naked, blooded and wounded but still had fire in her eyes and displayed an unfathomable spirit. She laughed at him and trivialized Senanayak and his constables by refusing to wear her clothes and questions and attacks the phallocentric structure of the society by emphasizing the fact that real men don't torture and physically assault a woman. After observing such incidents, Senanayak becomes baffled and speechless for the first time in his life. Senanayak and all his theoretical knowledge failed to understand the gravity of the situation and he was incapable of controlling the stormy situation. Dopdi's unpredictable violent behaviour and attitude along with her fiery eyes have compelled Senanayak to be afraid and ashamed of his own misconduct and he is "afraid to stand before an unarmed target, terribly afraid" (Devi 402).

By embodying an unpredictable persona and indomitable personality, Dopdi challenges the entire patriarchal framework by refusing to be an object of the male narrative and questions the legacy of male chauvinism by displaying her bold and fearless character and personality. Her fiery character displays an insightful and significant meaning which Senanayak fails to decode. The resistance and revolt through a female body have been aptly manifested in Devi's "Draupadi" using Dopdi's character. Devi has very tactfully used her mouthpiece female protagonist Dopdi in order to represent the unrepresented woe and cry

of the uncountable voiceless women in general and subaltern-tribal women in particular who become the helpless victims for various reasons in a barbaric society that often blindly favours men over women and unfortunately, encourages them to exploit various sections of women. Devi has compared and placed her mouthpiece character, Dopdi with the oppositional traits to Draupadi, the central female character of *The Mahabharata* and her Dopdi is a recreation of the *Mahabharata*'s Draupadi with contrary traits, values and characteristics. While Draupadi is presented as a helpless, weak and subjugated lady, Devi's Dopdi bears an indomitable spirit and character and has a strong personality as she remains unconquerable and invulnerable even after continuous torture and exploitation. Despite inhuman torture, Dopdi remains fearless before Senanayak and "stands before him, naked. Thigh and pubic hair matter with dry blood. Two breasts, two wounds" (Devi 402). Unlike other submissive rape victims, Dopdi doesn't remain silent but rather boldly fights back against her rapists and oppressors with an unfathomable spirit. Through the character Dopdi, Devi bluntly condemns and exposes the audacity and injustices done by the upper-class rich and powerful men on the voiceless and weak women. Dopdi's bold and strong voice has amplified the pain and agony of uncountable women who suffer in silence and has also questioned and weakened the authority of the male power structure. Dopdi's towering voice has compelled the coward-men to remain silent which symbolises the victory of women over men. In "Draupadi", Devi challenges the hegemonic nature of the patriarchal structure of society where Dopdi symbolises millions of tribal women who are exploited, oppressed and humiliated by the upper-class powerful men. Dopdi condemns the male authority and forces them to behold the misconduct and injustice done by them and entails "what's the use of clothes? You can strip me but how can you clothe me again? Are you a man? There isn't a man here that I should be ashamed" (Devi 402). Hence, Devi's narrative isn't merely the records of oppression and agony but also portrays a scathing criticism of patriarchy by echoing the violent reaction and resistance of victims.

Mahasweta Devi's another short story, "Stanadayini" (1980), originally written in Bengali, was translated by Gayatri Chakravorty Spivak into English as "Breast Giver", later included in Spivak's *Breast Stories* (1997) along with other two short stories "Draupadi" and "Behind the Bodice". In her critical assessment of Mahasweta Devi's "Breast Giver", Spivak challenges and questions the universality of Western feminism which claims to represent all women. The story begins with a typical upper caste but poor Brahmin woman, Jashoda who works as a professional wet nurse for the children of the rich Haldar family in order to look after her injured husband and kids. She and her family are going through a crucial situation because of her husband, Kangalicharan who is fighting for his life and death as a

result of being accidentally hit by a car which was being driven by one of the sons of the Haldar family. Since her husband is unable to work properly, the family is in trouble as there is no source of income. Hence, Jashoda was compelled to work as a wet nurse for the children of the Haldar family in order to financially support her family. Her family's miserable condition and her husband's unfortunate state have forced her to become a 'stanadayini' (a professional wet nurse) for the kids of the Haldar family. Earlier, Jashoda was portrayed as a goddess and an ideal motherly figure, but her designation changed soon as she was unable to perform her duty as a wet nurse. In order to feed her breast milk to the children throughout the year, she has to go through numerous cycles of pregnancies so that there is an uninterrupted supply of breast milk for these kids. In exchange for her breast milk, her family's basic needs were fulfilled. After repeated pregnancies and continuous breastfeeding when she became seriously ill and was no longer fit for her job, she was treated badly just like other maids in the house and was no longer a goddess as earlier. In Spivak's words-

"The protagonist subaltern Jashoda, [whose] husband [was] crippled by the youngest son of a wealthy household [after the husband tries to rob the household], becomes a wet-nurse for them. Her repeated gestation and lactation support her husband and family. By the logic of the production of value, they are both means of production" (Spivak 126).

In this story, Jashoda "becomes the infants' suckling mother" so that the figure and body shape of the daughters-in-law of the Haldar family don't get affected. Jashoda's predicaments symbolically reflect how the upper-class influential people exploit the poor subaltern women and how a helpless woman was forced to sell her breast milk in exchange for nothing much but only an amount of food. Jashoda's deplorable state manifests how a subaltern woman's body was commodified and the reproductive body was treated as an object that could be purchased in exchange for money. As Stephen Morton in his book, *Gayatri Chakravorty Spivak* (2003) entails that "Jashoda's sale of her maternal body to the household of a wealthy Brahmin family to support her own family effectively reverses this traditional sexual division of labour between men and women" (Morton 126). Jashoda's character symbolises how voiceless women are often exploited and subjugated in various ways by the patriarchal structure of society. A woman, as mother, daughter, wife, or sister, is often subjugated physically, mentally and sexually. Jasodhara Bagchi in her book, *Indian Women: Myth and Reality* (1995) has convincingly argued that "Women's role in species reproduction has rendered 'natural' a process that is deliberately constructed in order to dominate them" (Bagchi 1). Even her womb, which is a divine gift from God for creation, was also treated and used as a materialistic object in return for economic value. When Jashoda was serving well as a professional wet nurse, she was looked after, respected and

nourished pretty well by the entire Haldar family as she was the 'Mother Cow'. In order to continuously supply her breast milk, she has to remain pregnant throughout the year. The condition was such that she became pregnant twenty times in thirty years during her lifespan. Towards the end of her life, she has suckled fifty children out of which she has given birth to thirteen children. To take care of her entire family, she has to immensely compromise her body and soul and even her life for which she counts the cost at the end of her life. During the later phases of her life, the continuous torture on her maternal body, due to repeated pregnancies, childbearing and delivery, had a serious impact on her health. Due to endless abuse of her sexual organs, she has developed breast cancer which becomes quite serious and incurable and eventually, she dies a painful and torturous death. However, in "Breast Giver", Jashoda's 'breasts' are quite symbolic as they indicate the hegemonic traits of the patriarchal power rather than simply the symbol of motherhood. Jashoda was such an unfortunate subaltern that she had to adopt motherhood and childbearing as her professional career only to fulfill the daily basic requirements of her family. She was compelled to become a professional mother due to her unavoidable circumstances. Jashoda was the epitome of voicelessness and weakness as she never raised any voice against her oppressors and she suffered in silence without any protest. Devi portrays "Jashoda as constituted by patriarchal ideology" (Spivak 265) who hardly speaks and even when she speaks, her ideas and perspective come out from this patriarchal ideology and lens. Spivak's materialistic perspective in reading Devi's "Breast Giver" encapsulates that Jashoda's reproductive and maternal body and her breast milk have been treated as objects that have economic values which she uses to earn for her family. The predicaments and pathetic experiences of Jashoda as a professional mother question the universal relevance of Western feminism which claims to speak for and represent all women around the world. Spivak through her work, *In Other Worlds: Essays in Cultural Politics* (1987) argues that "The fictional character Jashoda calls into question that aspect of Western Marxist feminism which, from the point of view of work, trivializes the theory of value and from the point of view of mothering as work, ignores the mother as subject" (Spivak 258). Spivak's reading of Devi's "Breast Giver" sheds light upon a variety of issues such as gender discrimination, unrepresented subalterns, patriarchal hegemony, the inappropriateness of Western feminism and the autocracy of the male-centered society which often neglects, exploits and controls the subaltern women for lacking authoritative voice, recognition and representation.

Conclusion

The status and state of the marginalized female subalterns are very often preoccupied with a sense of negligence, submissiveness and boredom. Mahasweta Devi, one of the prominent authoritative voices of tribal women, has devoted her life for uplifting and strengthening the voice of the Adivasi and subaltern women who are voiceless and immensely ignored. The long-neglected agony and suppressed woe of such helpless subalterns find appropriate expression in Devi's short stories. Her two short stories, "Draupadi" and "Breast Giver" unmask the unspeakable truth of Dopdi and Jashoda who symbolise millions of subaltern women who always remain in the shadow. The triumph and fruition of Devi's writing lies in the fact that her writing not only gives voice to the voiceless subalterns but also amplifies and strengthens it with remarkable clarity and magnitude. Both the short stories manifest the exploitation of the female body catalyzed due to the exercise of patriarchal hegemony. In "Draupadi", we have witnessed the inhumane physical torture and sexual assault on a lower-class tribal woman, Dopdi, while "Breast Giver" displays the exploitation of the maternal body of an upper-class but poor Brahmin woman, Jashoda by an upper-class and rich family. Although both stories expose the marginalization and exploitation of women, the major difference is in the reaction, resistance and attitude of both the female protagonists who have gone through such barbaric experiences. Dopdi displays an unfathomable spirit and unbowed personality and fights bluntly against her molesters, while Jashoda's personality is characterized by weak attributes and she suffers in silence without raising any voice and without revolting against her oppressors who take great advantage of her meek personality. In "Draupadi", the female protagonist is a tribal woman who belongs to the lower strata of society and is molested and raped multiple times by the upper-class police constables. And in "Breast Giver", the central figure is an upper-class Brahmin woman by caste but is extremely poor and is used and exploited by the upper-class and rich Haldar family as a professional mother. Both these women were sexually tortured which had a great impact on their mental and physical health. Their 'breasts' are not merely sexual organs but have a larger symbolic significance which has been quite clearly reflected in Devi's stories. In "Draupadi", Dopdi's breasts are categorized as erotic objects transformed into weapons of torture and revenge which demonstrates an unfiltered picture of gender violence. Again, in "Breast Giver", Jashoda's breasts represent a mode of survival and slavery which have been treated as commodities having worth value by the Haldar family who use her breast milk in exchangefor material value. In both stories, the breasts have been treated as commodities which mirror the barbaric domination of the male-centred society. The issues and predicaments of women, especially the tribal and subaltern women, are predominantly sidelined and

neglected for ages and these voiceless women deserve to be heard and represented in an appropriate manner. The unheard voices of these subaltern women find an appropriate representation in Devi's short stories dealing with diverse burning domestic, social, cultural and political issues and themes. Devi was immensely successful in replicating the authentic and unbiased picture of the pathetic life led by the suppressed, marginalised and voiceless women who are the victims of various forms of violence and hegemony. The predicaments and experiences of the marginalised and subjugated women are quite sensitive and have multiple layers of formation and understanding. Devi's narratives replicate all the neglected major and minor details about such helpless women living, suffering and resisting. Devi's writings speak of the unspeakable truth of women's pain and misery and their reactions to them. The readers get glimpses of the inner sufferings and unheard pain of the women but unfortunately, these painful stories and narratives don't find any prominent position in the mainstream literature. Her narratives offer a ray of light and hope on women's position and status in society and reflect how the female body is looked at as a commodity and used for social and economic purposes. Tony Beck and Tirthankar Bose aptly argued in their article "Dispossession, Degradation and Empowerment of Peasantry and the Poor in Bengali Fiction," (1995) that "Voicing and articulating the muted and the silenced, representing the gender margins within that of caste, the cause of the gendered subaltern, empowerment and radical feminist realism and an attempt for subaltern speaking have been attributed to her fictional texts" (Beck and Bose 441). Moreover, Spivak's critical study and assessment of Mahasweta Devi's short stories imply that the subaltern women aren't absolutely voiceless. They can and want to speak, but the patriarchal society is neither interested nor has enough patience and passion to listen to and understand their meek voice and unsung songs. Through her insightful and symbolic characters, Mahasweta Devi has exposed the hypocrisy and hegemony of the phallocentric society which enjoys the exercise of power by enforcing it over the helpless subaltern women. Devi's texts have given voice to these voiceless women and have explored various issues such as patriarchy, casteism, gender discrimination and class conflicts. The same process has been accelerated by Spivak's translation and her critical assessment of Devi's works which have taken it to the next level, by re-voicing, strengthening and amplifying Devi's characters and discourses for the global audience.

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Trauma and Agoraphobia: A Study of *The Woman in the Window* by A.J. Finn

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Abstract :

The *Woman in the Window* by A.J. Finn, published in 2018 has been acclaimed as a psychological thriller which topped the best seller list of the New York Times. This novel narrates the strenuous life of a child psychologist Dr. Anna Fox. Anna is traumatized by a past event of her life and slowly becomes a patient of agoraphobia. Personal trauma is a complicated phenomenon in itself. But certain traumatic incident of life is so powerful that the trauma arising out of it changes the normal course of life of a person. Men and women can develop similar kind of mental disorders but their symptoms may vary. The biological make up as well as the women specific experiences make women more prone to mental disorders. Sigmund Freud opines that trauma creates hysterical symptoms in women considering the long term and recurring effects of the accidents encountered by them. Anna Fox recreates the traumatic event of her life which emphasizes Freudian concept of memory and trauma.

Anna's character unfolds through the exploration of these psychological phenomena created due to the traumatic loss and an unforgettable past. Due to agoraphobia the character immerses in shadowy feelings which involves her in imaginative conversation with dead people. She is transformed to an inherently pathological self. The strategies like heavy drinking, heavy medication are uncanny strategies adopted by an irrational mind to cope up with the ambivalence and anxiety of the fragile self. In this research paper a thorough analysis will be made on how deeply the self is alienated due to the impact of trauma and agoraphobia. This

research seeks to traverse through the fragile self of the protagonist and would also attempt to analyze how she fights hard to gain her self control in spite of adversity and overcomes acute psychological disorders through a process of reorientation.

Keywords : *trauma, agoraphobia, psychological disorder, anxiety*

Introduction

Michel Balaev while discussing on trauma novel opines, "a defining feature of the trauma novel is the transformation of the self ignited by an external, often terrifying experience, which illuminates the process of coming to terms with the dynamics of memory that inform the new perceptions of the self and world" (150). Though the novel for discussion may not be understood as purely trauma novel but the terrifying and the external experience that the protagonist undergoes legibly gives it a traumatic meaning. *The Woman in the Window* is A.J. Finn's (real name Dan Mallory) debut novel published in 2018 narrates the disordered and disoriented life of a female child psychologist living alone in a house at the city of New York, USA. The protagonist Dr. Anna Fox is traumatized by a past traumatic event of her life and she slowly becomes a patient of agoraphobia. This psychological disorder does not allow her to step outside her enclosed dark home. She takes to heavy drinking and becomes highly medicated. Within this rigmarole of sleeping and waking Anna believes that she has witnessed a murder in the house of her front door neighbour, the Russels. From this time onwards the life of Anna takes a different turn. She is traumatized, has nightmares and becomes more and more agoraphobic. Anna is an affluent woman, but her home and urban space is far from nurturing. This paper attempts to seek how agoraphobia creates fear in the protagonist's mind for obscure forces and represses the crucial instincts in women like Anna.

Objective:

The objective of the paper is to highlight the psychological disequilibrium that women may undergo due to potentially traumatic incidents. The paper will basically reflect on the protagonist Dr. Anna's intense suffering from agoraphobia arising out of trauma and how it affects her normal life urging her to shun all connections with the society and at the same time it will be also discussed how Anna overcomes her fear and anxiety with her resilience and determination.

Methodology:

The paper will undertake an analytical methodology based on primary and secondary sources. The theoretical framework of trauma and its association with other psychological disorders will be considered throughout the research work.

Text Analysis

Anna's Life: Trauma and Agoraphobia

Cathy Caruth, one of the earlier theorists of trauma has defined trauma as "to be much more than pathology, or the simple illness of a wounded psyche: it is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available" (4). The truth which is under cover comes out only when it is encountered with trauma. Cathy Caruth has been influenced by Freud's book *Beyond the Pleasure Principle* while she interpreted the term trauma. Freud has talked about war neurosis and traumatic neurosis. A terrible war may create war neurosis in humans. On the other hand, "a condition has long been known and described which occurs after severe mechanical concussions, railway disaster and other accidents involving a risk to life; it has been given the name of traumatic neurosis" (Freud 6). This traumatic neurosis results in hypochondria or melancholia disturbing the mental faculty. The individual suffering from traumatic neurosis is "fixated to his trauma" (Freud 7) which is difficult to overcome. Personal trauma is a complicated phenomenon in itself. But certain catastrophic situation of life is so powerful that the trauma arising out of it changes the normal course of life of a person. Men and women can develop similar kind of mental disorders but their symptoms may vary. Women have the capability of internalizing such disorders on the other hand men can externalize their mental disorders. However, women may be more vulnerable regarding certain mental problems as compared to men. The biological make up as well as the women specific experiences also make women more prone to mental disorders. Freud opines that trauma creates hysterical symptoms in women considering the long term and recurring effects of the accidents encountered by them. Dr. Anna Fox, the protagonist of the novel recreates the traumatic event of her life which emphasizes Freudian concept of memory and trauma.

The Woman in the Window by A.J. Finn has been acclaimed as a psychological thriller and topped the best seller list of the New York Times. This novel has also been adapted into a film directed by Joe Wright released on 14th May, 2021. This novel narrates the strenuous life of a child psychologist Dr. Anna Fox. She is separated from her husband Ed as she declares in the beginning of the novel. She has a child named Olivia who stays with her father. As she stays all alone in a house, she spends her time boozing and popping antidepressant pills, browsing the net and observing her neighbours. Her frequent espionage on her neighbours brings life threatening troubles to her. She is most of the time caught in dereliction due to overdose of pills and alcohol. Her depression results in panic disorder. She opines, "Many of us- the most severely afflicted, the ones grappling with post-traumatic stress disorder—are house, hidden from the messy, massy world outside" (Finn 27). Post traumatic stress disorder (PTSD) may attack a person who may be the victim or witness of

a traumatic incident. Various research have been conducted on PTSD which cite that all people suffering from PTSD may not be suffering from mental instability but if they encounter physical threat then they may suffer from the disease. This physically threatening event may create fear, helplessness and horror. Dr. Anna lost Ed, her husband and only child Olivia in a terrible car accident after which Anna discovers herself in a hospital room with bruises all over her body and some fractures. She suffers from PTSD from that time onwards. She has recurrent attacks of anxiety quite severe. It is not possible for the reader to find out in the first few chapters that Anna's husband and only child are dead. Trauma is embedded in everyday life and language of Anna. Her body becomes the site of meaning and trauma. Trauma acts as a parasite of her mind. Smelser points out an important feature of psychological trauma which is "its embeddedness or indelibility in the structure of personality. Once lodged, it will not go away" (41). Anna faces a more prolonged aggravating condition arising out of trauma. She contests strenuously in defining her relationship with her husband alternatively using minimization, denial and reframing. She talks to them very often about different matters over phone. She herself admits, "I've been monologuing a lot lately" (Finn115).This is a strategy to overcome the monotony and loneliness of her life. She tries her best make her life a little meaningful by involving herself in imaginary conversation with them.

Generally people facing panic disorder may attempt suicide, but Anna does not do so. This condition is termed as "fear for fear" model which leads to pounding heart, feeling of dizziness and short breath. PTSD and trauma are two sides of the same coin. Trauma involves cognitive chaos and separation of consciousness. Anna faces two traumatic incidents in her life, the first is the accident which kills her husband and daughter and the second the murder of her neighbour Jane Russell of which she is the only witness. These two traumatic incidents damage Anna's coherent self. She is traumatized since the accident but she is more traumatized after the murder:

> Traumatic experience becomes unrepre-sentable due to the inability of the brain, understood as the carrier of coherent cog-nitive schemata, to properly encode and process the event. The origin of traumatic response is forever unknown and unintegrated; yet, the ambiguous, literal event is ever-present and intrusive. (Balaev 151)

Alistair and Jane Russell are her neighbours residing just opposite to Anna's house. Jane visits Anna and wins her heart. Ethan, Jane's son who also visits her one day appears to be a troubled teenager. Anna feels him like her child Olivia. "I open my arms to Ethan, spread them wide like wings" (Finn 120). She thinks him to be a distressed teenager, full of anxiety and fearful of his father, so instinctively showers him a mother's love and protection and gives him her mobile number in case he needs.

Anna is also interested in photography and often clicks photo of her neighbours and others who pass by in front of her house. "With a tumbler in one hand and the Nikon in the other, I settle down in the corner of my study, cupped between the south and west windows and survey the neighbourhood" (Finn 82). She has the first hand experience of witnessing a murder through her window…the murder of her neighbour Mrs. Russel. She calls the police but they do not believe her as they feel that she is under the spell of hallucination due to too much medication. She thinks it is Alistair who murders his wife but Alistair brings his wife to her and she is surprised to find out that the woman whom he introduces as his wife is not Jane but another woman. She pleads to everyone whom she knows that this is not the wife of Alistair. Instead of listening to her, she is a joke to everyone, a pity case, a special case to the doctor and the physical therapist. She also starts believing the same way that others believe… that she is hallucinating, that she is delusional and she decides that she will behave in a normal way. After some twists and turns Anna faces the horror in her life when Ethan comes over to murder her the same way he murdered Jane. She discovers that the boy is a psychopath who is attracted to elderly woman and he manipulates to win their trust. But fortunately Anna saves herself from Ethan and he dies falling from the skylight to the ground while chasing her with a paper cutter. It also shows that in spite of being fearful and panic stricken she could save herself from imminent danger.

Jeffrey C. Alexander talks about the lay trauma theory; "According to lay theory, traumas are naturally occurring events that shatter an individual or collective actor's sense of well-being. In other words, the power to shatter—the "trauma"—is thought to emerge from events themselves" (2). According to this perspective of trauma, the human nature is subjugated to trauma. Humans are in constant need of love, kindness and companionship and security. If all these are jeopardized, people succumb to trauma. Anna's loss of her loved ones makes her traumatized as she finds herself completely alone in this world. She wants to return to the social world where she was before the accident but she cannot do so because of her fear of the outside world. She suffers from psychological trauma for which she becomes numb and is always afraid that if she mingles with people the memory of the accident will reactivate her trauma.

Agoraphobia is a psychological disorder affecting an individual's life in a severe manner. "The term 'agoraphobia' is commonly thought to denote a fear of 'open spaces', but the disorder is in fact far more complex. Those diagnosed as agoraphobic may well be adversely affected by a variety of other situations" (Davidson 32). The agoraphobic patients generally avoid streets, shops, trains, buses, gatherings, cinema halls and crowds etc. It has been found out that most of the patients of agoraphobia are women. Most patients face

panic or anxiety attacks when they step out of their enclosed spaces. Some people face traumatic event in their life which ultimately leads to agoraphobia. Attacks of agoraphobia may damage self confidence, increases heart rate and sometimes may prove to be fatal. The spaces where the patients may feel safe decrease in due course of time. The agoraphobic patients frequently face panic attacks but this disease may also occur without panic attacks. The anxiety or panic attack might occur anytime or in any situation hence it is absolutely unpredictable. "Patients may misuse alcohol or drugs (or both) to cope with panic and, in turn, the use of these substances may unleash panic disorder" (Kaminer and Eagle 951). Being a psychiatrist herself, she knows that she has been suffering from agoraphobia as she says, "For me, it's the vast skies, the endless horizon, the sheer exposure, the crushing pressure of the outdoors" (Finn 27). "As a doctor, I say that the sufferer seeks an environment she can control. Such is the clinical take" (Finn 27).

Anna is constantly in touch with Dr. fielding, another psychiatrist who encourages her to move out of her enclosed space with the help of an umbrella. "My secret weapon, as Dr. fielding calls it, is my umbrella—The umbrella projects straight ahead of me, like a saber. Like a shield" (Finn 31). But the doctor's suggestion of taking help of the secret weapon proves to be futile for Anna as she encounters a panic attack while conducting herself down the steps, "a rising tide that swamps my sight, drowns out Dr. Fielding's voice…And then best not to think of it" (Finn 32). This might be exposure therapy recommended by the doctor for Anna. But this therapy does not suit Anna. "More recently, exposure therapy has been expanded to focus on real life situations or stimuli and the response to internal cues, such as high heart rate, hyperventilation and dizziness" (Taylor). The exposure therapy is generally recommended to people suffering from agoraphobia. Taking the help of the umbrella may help the patient for a while in public space but this is not the subjective space which is the comfort zone of Anna. "Sufferers are too highly sensitized to the ways in which space is charged by others; it thus becomes corrosive" (Davidson 34). When an agoraphobic like Anna leaves home, even though she takes an umbrella to cover herself from the light, the space is not anymore subjective. Thus it threatens to invade her causing stress and anxiety.

Anna finds out that there are many agoraphobics across the world when she browses the net. She opts for a user as a psychologist and becomes the 'doctorisin.' She advices the patients of agoraphobia how to cope up with their worries. Anna "pursues this goal by recounting her own experiences, transmuting them into tools for measuring a different reality, one whose objectivity relies not on the subtraction of subjective experience but on the addition of one subjective experience to another."(Siebers 116). She records concrete details, each type of conversation and certain events while being online with her patients. Her identity

becomes a fake or virtual identity and is context dependent. She straddles with technological platforms just to justify that she is existing in this world. Ironically she herself does not do anything of that sort that she advices her patients.

Anna's life is a mess and she knows it very well. But she tries to find a purpose of her life by chatting with people like her, winning the sense of trust and also a sense of control. This is how she gives a little meaning to her massacred life. Anna takes certain drugs for agoraphobia like, proprnilol which according to her can cause migraine, arrhythmia of the heart, shortness of breath, hallucination, diarrhea, sleeplessness, weariness, rashes on the skin etc. Even after knowing the side effects of such strong drugs, she continuously uses those as she is too insecure without the drugs.

After Anna witnessed the murder, she becomes more dissociated and fearful. When she fails to convince the police and her doctor that she really witnessed the murder of Jane, she is devastated, she frantically tries to gather proof that she really has the first hand experience of the murder of Jane Russell. She browses the internet and suddenly discovers a picture of her sleeping face sent to her via email ID by the sender's name: guesswhoanna@gmail.com. The two detectives Little and Norelli come over to Anna's place to investigate the matter. But they do not believe her and think that she is creating stories herself. Anna feels absolutely dejected and ignored. She oscillates between survival and death. She is a voice expressing grief which is carried away by the cruel world. This makes the situation more serious for a woman like Anna who needs special attention and care. When the world does not believe in a distressed woman then she will be lost in the crowd. Therefore, Cathy Caruth states significantly, "I would suggest, with the possibility of life, but in a voice we cannot always identify and in a language, enigmatic and resonant, that we must still learn to hear" (39). This is a rupture of modernity. Family obligation tends to decline. There is increasing rise of confrontation between couples, leading to separation and ultimately divorce. Anna is also separated from her husband during the time of the accident. The novel is set after the accident and she narrates in chapter 66 of the novel how the gruesome event changes her course of life. The separated couple took a ride through the mountains with their daughter Olivia. The car slipped off the snow filled road and fell down "at least two hundred yards from the road above" (281). The accident happened in broad day light. So slowly and steadily after she recovered in the hospital she failed to tolerate the open environment. A delusional and hypnotic sense operates on her which leads to interrogate her identity. This is a case of neuropsychology as stated by Marya Schetchtman, while describing retrograde amnesia in which the character has experienced isolated memories that are divorced from the original connections. These isolated memories disturb Anna most of the time making her a highly sensitive introvert.

Brubaker and Cooper have explicated the different types of identities operating in the societal arena. In the case of Anna her identity is unstable, fluctuating and fragmented reflection of her self. Brubaker and Cooper's idea of one type of identity which is interactive and processual does not fit into Anna. Her identity is situational as per the condition of her existence. "It is assumed that 'an identity' constitutes an indispensable ingredient of every human being so that making the claim of not having or wanting an identity might be regarded at best as bizarre and at worst as suspicious, immoral or sinister" (Maleˇsevi´c 14). Therefore, identity is indispensable for every human being but Anna is identity-impaired which might be more bizarre than mentally impaired. Her extreme struggle to construct an identity is reflected through her online interactions.

There is no doubt that agoraphobia in Anna becomes severe that she becomes completely house bound and has occasional bouts of depression. But the moment she tries to save herself from Ethan's attack, Anna proves that a frail and a psychologically disturbed woman can also perform miracle in times of need. She gathers enough strength to climb up the stairs to the roof of the house and fight against her attacker single handedly. Her voice dries up when Ethan narrates to her how he killed with the letter opener a woman named Katie, the biological mother of Ethan who leaves him and lets him to be adopted by Alistair and Jane when he was a child. Katie starts visiting the family frequently which creates an altercation with Jane. This leads to the stabbing of Katie by Ethan. This is how the murder of Jane Russell who is actually Katie takes place. Ethan reveals to her having psychopathic tendencies. He says that he murdered his mother as he cannot forget the kind of abuse he faced as a child by his mother, "I hated her for what she did to me, I wanted her out of my life" (Finn 401). Now he appears in Anna's bedroom to kill her. She surprisingly escapes his attacks and ultimately pushes him onto the skylight. He dies as he falls down. After the death of Ethan and the solution of the murder case, Anna regains a will to live and starts her life afresh. Thus the novel not only talks about the mental disorder of a woman but at the same time it gives importance to the point that even such patients can live normal life for their resilience and zest for life. Anna for her psychological well being finally understands that it is she who has to take care of herself.

Conclusion

The above discussion has navigated on the arduous journey of a woman psychiatrist from trauma and agoraphobia to a normal life. The analysis has illuminated the fact that trauma continuously intrudes the consciousness of an individual with bouts of nightmares and the onset of panic particularly attacked by social phobia and anxiety disorder. The protagonist of the novel Dr. Anna Fox tries as much as she can to forget the traumatic incident of losing

her husband and daughter. These attempts are partially successful as intrusive thoughts and images frequently appear in her mind's eye. To escape from boredom and monotony of life, conversation with someone is necessary which Anna does with her dead family. She imagines both of them to be alive and talk to them. But the attack of agoraphobia makes her condition even more severe. She becomes emotionally numb. The Indian notion of human identity "neti-neti" (not this, not that) is applicable for Anna which constitutes passivity or negation of her self. She is seen glued on the monitor of her computer to seek validation of her existence. She continuously experiences her living with the truth—her psychological illnesses. She struggles to seek recognition through the self-certainty of "I am". But the self-certainty, "I am" disappears in the flow of her unstable identity. A human like Anna feels the self-certainty at times but unfortunately she is never able to catch it. Therefore, she struggles to find out ways of validation for her existence throughout the text.

The people of the present age who live alone, who are detached and emotionally numb become the prey of problems like trauma and agoraphobia. They suffer from demoralization and extreme depression. The paper has highlighted on the fact that even a psychiatric patient like Anna can overcome such dangers, in spite of her severe condition by obtaining calming skills which she applies while she is attacked by Ethan. This is a crucial step of her orientation towards self-affirmation leading to a meaningful existence. The crucial point is that Anna's victory over an attacker increases her self esteem. At the same time she discovers a support group which helps her to connect with those having similar problems. So she rejoins the Agora, her support team "They're my tribe; they are a sort of family. *I will promote healing and well-being"* (Finn 425). Fortunately she is also connected to a good psycho therapist who considers her painful life circumstances and often visits her and talks to her. This boosts her self-esteem to a considerable extent and helps her to develop interpersonal relationships with people who are interested to meet her. Self-identity is determined through affirmation and denial by others. So self-identity depends on others' opinions. The interpersonal relationships that Anna develops affirm her necessity in her social milieu. This realization boosts up her confidence of transforming herself to a solid and trustworthy person. Though she is afraid of mental sensation of anxiety but her growth of confidence slowly removes the intense fear of being overwhelmed and subsequently realizes that her fear is irrational. She learns to control her anxiety arising out of trauma and agoraphobia through systematic desensitization which she does with the help of her therapist. In conclusion it may be said that even though there are extreme cases of trauma and agoraphobia as portrayed in the discussed novel, there is the possibility of a healthy life. A slight compassion and the ability to understand the language of wound such as of Anna's will open up spaces

which would create affable ambience for such patients to live with dignity.

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Discerning Painful Motifs of Wellness in South Korean Women: A Study of Han Kang's *The Vegetarian* and *Greek Lessons*

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***A*bstract:**

The motives of pain as a narrative measure are crucial in understanding experiences as irreferential to the pathological condition of itself. In this context, verbal communication is considered elusive as a parameter of consciousness in communicating pain. This is because the perceived experiences of pain cannot always accommodate the complex nuances of language, propounded by theorists like Scarry. However, the present paper is an attempt to discuss how pain as an intimate experience forces us to reshape our notions of language and capability in the novels, *The Vegetarian* and *Greek Lessons* by Han Kang.The paper also endeavours to decipher pain as a metaphor of wellness and how it ensures the characters proclivity to wellness in the disabled women protagonists of both the novels. The research methodology used is qualitative research of the primary textswhich helps to understand the dynamic representation of pain as formative approaches in the making and unmaking of identity through discourses on solitariness and subjectivity.

Keywords: *experiences, pain, language, narrative, self, wellness*

Introduction

The historicity of tracing the emergence of South Korean women writers is crucial in formulating the genesis of Korean literature which has continued to exist for a period of over fifteen hundred years, exercised by a unique amalgamation of native tradition originating in Siberian and Confucianism writing system while borrowing from Buddhist and Chinese traditions. The rise of women writers in South Korea is characterized by the perpetration of violence, both social and political; considered to be a distinguishing attribute of Korean culture. It is through such conditions, that the position of women writers in the South Korean context both outside as well as inside the cultural and literary domain can be systematically analysed. The intensity of isolation characterizing one's inimitability is a trait easily discernible in the writings of South Korean novelist Han Kang. The two novels taken up for discussion, *The Vegetarian* and the *Greek Lessons*postulates the separation between the individual and a community, specifically of the women characters.The political consciousness of the South Korean women in the present context upsurging from popular participation and extending to the field of literature, with women writers finally gaining parity with their male counterparts after centuries of marginalization is evident from events like the Korean War, that took place in April 19, 1960; student revolutions during the dictatorship of Park Chung Hee, in the 1960s and 1970s and the rapid industrialization during his regime and the Gwangju massacre of May 1980 along with political repression during the dictatorial regimes of the period between 1948-1987. However, besides the outer out rest, there was also a constrictive pattern of patriarchy with the domesticity of South Korean families. It is through such painful structural narratives of both the novels, *The Vegetarian* (2015) and *Greek Lessons* (2023) that the author Han Kang tries to merge the past and present elements with inherently chronological narration that unhinges the broader textual linearity and illustrates the potential of transgressing diverse forms of 'voidness' which exists between experience and articulation.

Research Objectives

I. To understand pain as a motif of wellness and how the author has used it as a metaphor of subversion for the women characters in the South Korean society.
II. To dissect the integral relationship of women and wellness and how pain can help in defining the didactic shifts of focus in social research from interests in systems of norms to those in practical actions.
III. To understand pain as a positive take on disability which in turn is arepudiation from violence and pain if transcended from the societally created limitations.

Conceptual Framework

The conceptual framework of the paper is to undertake qualitative research of the

primary texts while establishing a critical framework on the area of pain studies in order to probe the presences of the disabled protagonists of the novels discussed below within the South Korean context.

Analysis of the Select Texts

Greek Lessons:

In *Greek Lessons*, the narrative is indulged in the mislaying and then of reclaiming language manifested through the unnamed characters of the Greek teacher and the woman, a poet who was also his student.The self- consciousness of both the characters rooted in a 'lack' or physical deformity that they both have enable them to share their respective tendencies and their rather tedious unison established towards the end of the novel.Such an association between the characters, urges for the need of sensations-the tactile, sight, speech, auditory and olfactory in order to consolidate language. The lack of narrativebased self-expression of the woman in *Greek Lessons* is a result of the induced trauma, due to the death of her mother, losing the custody of her child and her own attempted suicide. Jason Upton suggests that those with intellectual disabilities might find the narrative-based self-reporting difficult to and the connections between the cause and effect interactions of feelings a d behaviour fail to identify the subjective and emotional conditions of the pained body.

The perpetual darkness that her life beholds emerges from the fact that her existence was being questioned right from the moment she was born. Her mother recklessly took a handful of tablets with every meal for about a month to combat the typhoid fever when she was pregnant with her and had even wanted to abort the baby but the doctor warned that a termination would be dangerous as the placenta had already been formed and instead suggested her to come back after two months where he would give her an injection to induce still birth. However, the mother's resolution starts waning and she ended up giving birth to the daughter even though her anxiety faded only after repeatedly counting the baby's fingers and toes. It was for this reason that the woman considered her life not as a matter of course but something as a mere possibility amidst the fragile existence of life which was nothing but a bubble coalesced into infinite existences of being. The hesitation in nurturing the woman's thoughts outside of her inner self is embedded in this anecdote repeated by the people surrounding her while growing up, almost accusing her that she was only an 'inch' from being born owing to the chronic illness of her mother and her habit of taking medicines for the same which was harmful for the baby (the woman) she had conceived.

Moreover, the conversation of the woman with the therapist is a crucial denominator of the fact that scientific conclusions doesn't always accommodate the intensity of human experiences because in many instances the therapist hastily tries to form conclusions from

her early memories. The incident reiterates Rosemarie Garland Thomson's persistence to 'conserve' the accounts of pain as both an 'epistemic' and 'narrative' technique to form counter eugenics against the medical professionals' treatment of chronic pain, where such pain is either ignored or over-medicated to the point of dependency. Thomson tries to maintain the embodied pain through its continuous existence as a concept giving importance to the sedimented history of the characters, materialized over time. Under such a definition, the traits and ways of being in the world that are consider to be limitations would be viewed as advantages rather than disadvantages. This is in line with the concept of conserving intact, maintaining alive and even promoting to flourish. Additionally, it is acknowledged by Thomson that something that needs to be protected is more vulnerable than something that should be preserved. In contrast to its fragility or susceptibility, he considered to use the term "conserve", to imply the pervasiveness,longevity, or even the enduring robustness of impairment—to argue for the preservation of disability as a discourse.

Foucault in *The Birth of the Clinic,* propounds that disease is not only the amalgamation of symptoms and requires more to understand its organic density. In his discussion of the procedure of autopsy, he claims that a clinician's gaze requires to understand the semiology of 'sensorial triangulation 'in a both synchronic and diachronic manner to deal with the complexity of spatial data offered by the three- dimensional autopsy reports rather than only concentrating on a succession of pathological events :

> Disease, which can be mapped out on the picture, becomes apparent in the body […]. Its laws define the visible forms assumed by disease in a sick organism: the way in which disease is distributed in the organism, manifests its presence there, progresses by altering solids, movements, or functions, causes lesions that become visible under autopsy, triggers off, at one point or another, the interplay of symptoms, causes reactions and thus moves towards a fatal and for it favourable, outcome.(Foucault 24-25)

The sense of alienation is not felt by the woman because of her loss of language but she was already isolated from the outside world owing to the chronic disconnectedness she felt after the death of her mother and losing her son in custody. The loss of language is the consequence of the intensive rage she had feels for the injustices incurred by her ex-husband and this is exhibited in the incident at the phone booth when she helplessly tries to lash her

anger at him but only in vain: "Her hand trembled as it clutched the receiver. /How could you dream of taking him? That far away? And for so long? You bastard. You heartless bastard." (Italics in original) (46)The refusals and losses characterized through her instils the idea that an interior quietude devoid of linguistic filter and articulated thoughts could enable one to experience life by transcending the embodied self and becoming a spectre.She felt empty from the inside, almost like the interior of her mouth had dried out from the incessant void that she felt within herself. Again, the pain in her solar plexus like a 'metal brand' suggest the excruciating discomfort she felt in expressing language while delving into anxiety and jolting by her volition to form unfamiliar sentences within the abyss of her silence. She was unable to dissect the sense of self one feels in expressing a word that is so full of meaning and at the same time an unspeakable 'phantomogenic' metaphor:

> Words still reached her ears, but now a thick, dense layer of air buffered the space between her cochleae and brain. Wrapped in that foggy silence, the memories of the tongue and lips that had been used to pronounce […] she no longer thought in language. She moved without language and understood without language—as it had been before she learned to speak, no, before she had obtained life, silence, absorbing the flow of time like balls of cotton, enveloped her body both outside and in. (Han 8)

The author elaborately discusses the syntactical and lexical structures of the Greek language as a foil to the woman's inability to speak who "dream(s) that the immense crystallized mass of all language was being pinned inside her like an 'ice-cold explosive' that could escalate in any moment of her state of destitute. She felt no language could encompass the nothingness she was experiencing in her isolation. The availability of language with its diverse rules renders to be futile to a person who is mute, as utterance of mere sounds becomes challenging for him .In *Recovering Bodies: Illness, Disability and Life Writing*, G. Thomas Couser argues that personal narrative has the creative power of resisting or subverting 'depersonalization', accompanying illness. He further says that the nature of medical discourse's relationship to scientific discourse may be the root of the issue: the profession's humanitarian goals may be impeded by science's propensity to objectify and quantify human experience, while the claim to expertise is based on the prestige of science. Many parts of medical discourse, such as its propensity to infantilise patients, reify sickness and medicalise

experience, might make one uncomfortable without wishing to challenge the authority of doctors. Moreover, the sentences the woman writes down to communicate with others along with the random phrases she jots down when certain thoughts deeply strike her or the poetry, she writes in between her Greek lessons is significant in analysing her writing as a form of life-writing- indicating a powerful mandate of reclaiming her body and its story from the medical discourse as witnessed in her conversations with the therapist. The virtual monopoly exerted by the therapist in his claim for "special esoteric knowledge" suppresses the woman's individuality and such control of information debars medicine from meeting its basic ethics of healing.

The Vegetarian:

Han Kang's *The Vegetarian* meditatively deplores the penetration of melancholy which ultimately leads to pain, that is not easy to decipher because our everyday theory not only tolerates but enshrines this complex variation of pain. It is only towards the end of the novel that Yeong- hye's sister, In- hye, understands her sister's longing for constant resistance to eating meat. It was her way of trying to find liberation from the chained realities of their father, husbands or the patriarchal society at large through 'silence', finding affinities with a tree or nature as such so that she could alter the insufficiencies and consequently she efforts to metamorphose her body into a tree mistaking the concrete floor of the hospital for the soft soil of the woods as she does a somersault, spreads her legs and completely immerse in the process of becoming a tree and spreading its branches. In this context, it is important to note the nuances that Corns explores in merging his understanding of everyday theory with one's mental illness. Thus, common theory cannot answer issues regarding the type of mental episode that pains are on its own, even if the understanding of pain is restricted to be mental episodes.

In examining the individual susceptibility of forming identities within the mentioned novels, it is important to note the function of 'ego' as a sense of the self within the dynamics of life. Lacan's conception of the 'mirror stage' implies the ego as something that "occurs" at a certain point of infant development but in reality, functions of the ego continue throughout life. However, the concept of the ego gives rise to multiple explanatory metaphors and descriptive accounts and the diversity of explanations of the ego makes it difficult to maintain its theoretical integrity. The development of the ego in the formation of the protagonist's image in *The Vegetarian* is intimately related to the 'body' of subjectivity in Yeong- Hye, who according to her husband was ordinary and unremarkable from every aspect. The deeply entrenched misery is observed since the initiation of the narrative where one can feel a constricted sensibility of perspective by her husband and her continual resistance to such

physical existence. The way Yeong-hye slowly decided to shake off her shackles one by one is evident from her way of dressing, something that was not acceptable for her husband:

> I tried reproaching her, lecturing her to layer up with a vest instead of a bra in that sultry heat. She tried to justify herself by saying that she couldn't stand wearing a bra because of the way it squeezed her breasts and that I'd never worn one myself so I couldn't understand how constricting it felt. Nevertheless, considering I knew for a fact there were plenty of other women who, unlike her, didn't have anything particularly against hers, I began to have doubts about this hypersensitivity of hers. (Han 11)

The above quote sets the tone of examining Yeong- hye's character as an empathetic realisation of the similarities between how animals' and women's bodily autonomies are restricted. In this context, Elaine Scarry in her seminal work, *The Body in Pain*, opposes violence and language, arguing that physical pain resists narrative description. This inexpressibility of pain was believed to lead to a discrepancy of experience in the hypothetical mis-description of violent activities which suggested that the pain of the other is fundamentally closed to us. The notion of melancholy as a discourse enables us in describing a literary discourse which is characterised in expressing our imagination, conscious and unconscious by inventing a language that redraws the boundaries of imaginable words. In the second part of the novel, the bodily harm escalates into an ordeal of eroticism on the part Yeong- hye's brother-in-law, a painter and video artist struggling to find inspiration, who persuades her to let him paint her naked body, covering it with botanical forms and then filming it. Ultimately this artistic project is corrupted as he rapes her because she only agreed to him as she was attracted to the pattern of the flowers. Much as Yeong-hye's passive renunciation has fuelled her husband's rage, it fuels the artist's erotic and imaginative passion as he seeks to melt her in his veins. The rhetoric of pain here is the excruciating bodily humiliation that she had to undergo to discover her own being in its proper historicity :

> Slowly she turned to face him and he saw that her expression was as serene as that of a Buddhist monk[…] He reproached himself for having used her as a kind of mental pornography, when she simply had an innocent wish to be naked. All the

same, he was unable to deny that image of her naked was now stamped

incredibly on his brain, burned him like a brand. (Han 48)

Lisa Olstein, in her popular work, *Pain Studies* while delving into the relevance of pain and the unanswerable question of human suffering records pain as transcending genres both, prose and poetic forms. The concept of 'uncanny' which is present in a overarching manner in the novels is closely related to the study of pain where Olstein tries to transcribe her own physical experiences of suffering from chronic migraine to resisting the various narratives which provides meditative digressions or subversive argument to the neurological phenomenon. Contra Jentch's notion that the uncanny stems from the subject's "intellectual uncertainty," the misperception between strangeness and familiarity at the root of the uncanny experience is not the subject's but is inherent to an object that seems to occur simultaneously, the subject is not so much uncertain of whether the object is familiar or strange as the object is itself both familiar and strange. For, Olstein, pain is a metaphor which constantly transmute to something else or becomes the 'other'; where the etymology of the word constitutes several 'ghostly' or rather positions of 'liminality' or 'in betweenness' obstructing the comprehension of a single sense to the word. She also discusses Virginia Woolf's essay on "On being Ill,", interpreting pain not just only pain but something more. She propounds that the patterns, presumptions, routines and normal bodily and mental modes are all disrupted in a pained body and as a result two realms emerge: the realm of revision, which is the realm of understanding that one can be revised and the revised realm, which is the realm produced by what has been added or removed. Despite all of its undeniable power and clamour, the discovery of this profound malleability—ours—is perhaps pain's most enduring effect.In other words, Olstein tries to deconstruct pain not as an understanding of a whole but rather a presence of chaos where its meaning is always deferred since the pernicious presence of pain is an unseen adversary, "ubiquitous and unassuming".Another important feature in Han's writings is the incorporation of characters as liminal entities or 'threshold people', reflected through both Yeong-Hye in *The Vegetarian* and the woman in *Greek Lessons*. Yeong-Hye continuously tries to blur the space between an animal and a plant. In the third section of the novel, "Flaming Trees", the distortion is apparent when she ran away from her hospital ward and was later found by one of the nurses in an isolated spot near the woods, soaking in the rain and imagining herself to be one of the glistening trees nurtured by the splashes' of water. Her repeated attempt to merge herself with nature reserves her choice of meataberration and anorexia until she completely gives up eating. The liminal position of her existence is induced in her very being because Yeong-Hye seems different from the other catatonic

patients. She is aware of her surroundings as resorting to only sunlight and water is something she consciously takes and pledges to fulfill without fail. Moreover, she continuously tries to do a handstand and become a tree admitting her impression to her elder sister, In- Hye: "Look, sister, I'm doing a handstand; leaves are growing out of my body, roots are sprouting out of my hands…they delve down into the earth. Endlessly, endlessly…yes, I spread my legs because I wanted flowers to bloom from my crotch; I spread them wide…"(127) In her resolve to obliterate herself as an 'animal', Yeong-Hye's space doesn't quite emulate slumber or consciousness but rather create a 'surreal middle ground' trapped between the two states. This was further proffered by Victor Turner in *The Ritual Process*, where he defines that liminal entities are in between the positions that are designated and arrayed by law, tradition, convention and ceremony; they are neither here nor there. Consequently , in the numerous societies that ritualise social and cultural transitions, their ambiguous and indeterminate qualities are portrayed through a wide range of symbols. For this reason, liminality is often compared to death, to darkness, to invisibility and the like.

Yeong-Hye's position as a liminal entity is ingrained in the 'grasping' of her pain without any trace, leading to her experiences as irreferential. She internalised her father's extreme violence since she was considered to be the only victim of her father's beatings. Her reputation as being a "docile" and "naïve" *self*, who was incapable of putting up any resistance and instead transforms her suffering into chronic pain by absorbing it deep into the marrow of her bones. Such pain doesn't reflect any obvious biological function but as described by Clifford Woods in *The Pain Chronicles,* serves as "a terrible, abnormal sensory experience, pathological activity in the nervous system", (187) corroborating the notion that chronic pain not only resists pain's evolutionary and protective apparatuses, but also, in enduring its original function; becomes a problematic condition of itself. The relationship between the mind and body in the experience of pain—a relationship that is undoubtedly essential to comprehending and verbalising pain—has proven to be as elusive as the boundaries of consciousness. Understanding "the complex nuances of [the neurones'] language" as well as how pain-activated neurones, which can be seen on fMRI, relate to the felt and reported experience of pain seems to be crucial to revealing this relationship.

In the text, *Melancholy and the Archive,* while commenting on David Mitchell's novel, *Ghostwriiten*,Jonathan Boulterexplores how precisely loss contains subjectivity or how a response to historical loss or fantasies of loss affect the inner self. It should be noted that Yeong-hye was going through a process of 'mystification' that propelled her to endure the immense physical pain in order to somewhat neutralize the 'historical loss' of her own self within the patriarchal set up of her family. The ideal of mystification was propounded by a

group of women in Boston who published their course book called, *Women and Their Bodies*attributing the tendency of women to overlook their wellness as a process of mystification. According to Cleghorn, mystification keeps us from asking for a detailed explanation of the issue and the particular course of action he will take to resolve it. Mystification is what makes us passive objects that yield to his authority and purported knowledge. The narrative of the novel is quite oblique as it defies obvious psychological interpretation and oscillates back and forth between feeling like a dream and a nightmare, which correlates with all the dreams/nightmares happening within the story as well.

The women charactersin both the novels reiteratethe form of identity creation that mystification as a process tends to perpetuate in their wellness. The two novels discussed above brings forth the entrenched interiority of the characters: the selves that need to be prioritised in order to encompass their subjectivity.

Conclusion

From the above analysis, it can be deduced that the narratives in both the novels are incapable of comprehending the physical, social and emotional disruptions occurring in the female protagonists because the interior space of the characters needs to be negotiated from within; to completely engage in imaginative productive processes of the wellness in the women characters that presupposes their '*self'*. Such inclination of perspective enables one to negotiate the *self* in order to foster a sense of the community while offering a constitutive trajectory of wholeness and control. Another seminal feature to be ascertained is the totality of felt experiences evident in the paradigms of torture on the body, identifying the dynamics of transformation of a body, whereby writers like Kang in both the novels claim that it is difficult for women to discuss or even acknowledge invisible or non-obvious forms of discrimination and violence, which are frequently dismissed as unimportant and habituating such violence leads to distorted identities in the characters; resulting from the articulation of pain.

Thus, pain has been rightfully utilized as a metaphor of wellness to distinctively create the subjectivity of the women characters, representing the ensuing spiral of despair characterised by the hidden tropes of obscure psychological space beneath the societal appearance relegating them to further abandonment and relentless marginalisation.The entire essence of pain is exposed when it comes into contact with language, which tears it apart. Significantly, pain shows language's fundamental existence as inseparable from bodily feeling, suffering and sympathy. This is where pain's uniqueness lies, above and beyond that of other feelings or emotions. The motive of wellness in the novels discussed above becomes a process of identification and re-visioning of previous discourse where pain is altered from a 'passive' and 'helpless occurrence' into 'self-modifying' and 'self-eliminating' process of objectification.

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Othering Women's Maternal Health: A Study of Buchi Emecheta's *The Joys of Motherhood*

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Abstract:

A woman's identity is intrinsically linked with her reproductive functionality in Ibo society. Although it is a very reductionist opinion regarding a woman but it is nevertheless still prevalent in most cultures. The concept of motherhood has been celebrated universally but there are a host of other issues related to motherhood that have been relegated to the margins. The novel's title itself attests to the fact of motherhood as a celebratory event, *The Joys of Motherhood*, which affirms a happy occasion but the beginning of the novel describes a woman who is almost like an inebriated person, who decides to take her own life and reflects on her past life of twenty-five years. Although the critical readings of the text foregrounds the colonial impact and the presence of the ancestral spirits "chi", what has been overlooked is the idolisation of motherhood which negates the reproductive health of women. The woman's efforts to conceive have been presented as an arduous process, a natural process that has been denaturalised. The success of a woman is not measured in terms of intellectual prowess or financial independence but is assigned to her body and a bodily function that nowhere hampers the normal functioning of an individual. The objective of this research article would be to delve into the subtext of women' s reproductive health which is often overlooked in our valorisation of motherhood.

Keywords : *maternal health, motherhood, postpartum depression, ethics of care*

"Nnu Ego backed out of the room, her eyes unfocused and glazed, looking into vacancy. Her feet were light and she walked as if in a daze, not conscious of using those feet" (Emecheta 1)

This is how Buchi Emecheta introduces her protagonist Nnu Ego in *The Joys of Motherhood*, a mother and an Ibo woman. As we read the novel we come to know that she has just lost her one month old baby whom she conceived after an anxious period of being branded as a "barren" woman. A woman's identity is intrinsically linked with her reproductive functionality in Ibo society. Although it is a very reductionist opinion regarding a woman but it is nevertheless still prevalent in most cultures. The concept of motherhood has been celebrated universally but there are a host of other issues related to motherhood that have been relegated to the margins. The novel's title itself *The Joys of Motherhood* attests to the fact of motherhood as a celebratory event, which affirms a happy occasion but the beginning of the novel describes a woman who is almost like an inebriated person, who decides to take her own life and reflects on her past life of twenty-five years. In "Gendered Hauntings: The Joys of Motherhood, Interpretive Acts and Postcolonial Theory" by Stéphane Robolin, this trauma which is faced by the protagonist has been described in the following manner:

> Her arduous efforts to achieve motherhood, the very standard of success women according to the customs of Nnu Ego's community, have yielded nothing but grievous loss culminating in the death of her first (neonatal) son. Faced with this failure, presumably orchestrated by her harassing *chi*, she prepares to throw herself off the extended Carter Bridge in the port city of Lagos (76-77).

Although the critical readings of the text foregrounds the colonial impact and the presence of the ancestral spirits "chi", what has been overlooked is the idolisation of motherhood which negates the reproductive health of women. The woman's efforts to conceive have been presented as an arduous process, a natural process that has been denaturalised. The success of a woman is not measured in terms of intellectual prowess or financial independence but is assigned to her body and a bodily function that nowhere hampers the normal functioning of an individual. The protagonist considers it as her failure that she is not able to attain the status of a mother and this sense of inadequacy leads her to a state where she indulges in self harm. The novelist attributes it to "chi" whereas any critical reading might place the onus on the extreme grief and trauma which is a result of the loss of her baby.

However, the possibility of the protagonist suffering from Postpartum Depression might not have been thought of in a society where a woman's psychological and physiological health is often relegated to the margins. The objective of this research article would be to delve into the subtext of women' s reproductive health which is often overlooked in our valorisation of motherhood.

This novel written in 1979 and set in Nigeria of the 1930s and 1940s describes the Ibo society and their traditional beliefs and societal norms, at the same time it also shows the volatile social scenario in Lagos as a result of the British colonisation. However, a certain subtext also runs through the narrative that is the objectification of women's bodies.

Women's bodies determine their social status and assign them to certain gender stereotypes that stigmatise them for their lives. *The Joys of Motherhood* contains a host of women characters who are discriminated against in some form or the other.

Nwokocha Agbadi, the father of Nnu Ego is a chief and a very virile man who had many wives and mistresses, who lost their charm and became boring after they become wives and mothers. He belonged to the Ogboli tribe and there was a prevalent custom among them that promulgated the inheritance of widows. This further attests to the fact that women were treated as mere objects in the aforementioned society. Ona was the daughter of another tribal chief Obi Umunna and was courted by Agbadi as she refused to marry him. He was so fascinated by her that he neglected his other wives: "This story gained credence particularly when Agbadi's young wives showed signs of sexual neglect. He would be reminded to do his duty by them, then when they became pregnant, he would not be seen in their huts until the time came for him to mate them again" (Emecheta 8) This description clearly shows the status accorded to women in the society depicted in the novel. They were seen as mere tools for reproduction and it is not surprising that the issue of reproductive health would not gain ascendancy. Another derogatory custom was to bury the slaves alive along with their masters to serve them in their afterlife. The slave girl who refused to be buried along with Agbadi's senior wife was brutally killed. She was also treated almost like an object to be buried along with other possessions for a comfortable afterlife. Instances such as these indubitably show the inferior status of women in the novel.

The protagonist Nnu Egu is married off at the age of 16 but she is unable to conceive a child. She assumes full responsibility for the inability to bear a child and considers herself as a failure: "After a while, Nnu Ego could not voice her doubts and worries to her husband any more. It had become her problem and hers alone" (31). Thus, there is a lack of awareness regarding the whole process of conceiving a child. The fact that it requires two partners to conceive a child and the defect might be in either of them is incomprehensible to the women.

They bear the burden of stigma and their virtue is brought up for scrutiny. When Nnu Ego's father Agbadi confers with his friend regarding the marriage of his daughter, he opines that: "When a woman is virtuous, it is easy for her to conceive"(30). In her first marriage Nnu Ego suffered from the unsympathetic attitude of her husband, Amatpkwu: "'What do you want me to do?' Amatokwu asked. 'I am a busy man. I have no time to waste my precious male seed on a woman who is infertile. I have to raise children for my line. If you really want to know, you don't appeal to me anymore"'(32). Nnu Ego was discarded as soon it was established that she was not pregnant. She is shaken off as if she was a useless nuisance, a thing that was of no use. When she is sent off to Lagos to be remarried, her husband consoles himself that it was better to let her go, as she was barren like a desert. Thus, the reproductive function of the female was an intrinsic part of her utility or usefulness. This function is internalised to such an extent by the women that any anomaly is seen as a heinous crime, wherein the men are absolved of all guilt and deficiency. The associated issue of reproductive health is neglected to such an extent that women are reduced to the status of inanimate objects. Nathan A Heflick and Jamie L Goldenberg in "Seeing Eye to Body: The Literal Objectification of Women" (2014) opines that when the focus is on the physical qualities of a woman rather than her mental qualities, women are denied their human status and "… likening humans to objects and focussing on women's physical traits reduces neural activity associated with inferring other's mental traits" (227). When women are treated as objects by others, they tend to objectify themselves :

> …when people focus on women's physical attributes, women are literally objectified. The ways in which this objectification is manifested include people's attributing women less of the traits that distinguish people from objects, visual and neural markers indicative of perceiving objects relative to people and women themselves behaving in a more objectlike manner. In short, 'seeing eye to body' causes women like an object to be perceived and to behave, more like an object and less like a human being (Heflick 228).

Nnu Ego feels that she is a mere object and questions God: "God, when will you create a woman who will be fulfilled in herself, a full human being, not anybody's appendage?" (218) This outcry of Nnu Ego reflects the almost subhuman status that has been accorded to women through centuries. This contributes to the sense of degradation of their self-worth and

it's internalisation leaves them vulnerable to the oppression by the male members of the society.

After braving eight pregnancies, Nnu Egu realises that motherhood is not always joyous. She has to bear the responsibility of feeding and looking after her children when her husband lost his job and when he is enlisted in the army. However assuming such a responsibility, she realises that she was a prisoner of her maternal love and instincts. Men coerce women into believing that the responsibility of the care and upbringing of the children is the mother's responsibility. Thus, the women are further burdened with a sense of guilt and anxiety if they are unable to make both ends meet. Nnu questions herself what has she gained after being born as a woman. She had to struggle to feed her children and even after death her spirit is not absolved of responsibilities. Her spirit is worshipped and expected to provide the family with yams, the staple food and many children, who would carry forward the legacy of the family.

There are many pregnancies that are chronicled in the novel, accompanied by infantile deaths and deaths during childbirth. Nnu's mother, Ona died in childbirth. Ona was not very strong and the family was not surprised when she went into premature labour. She died along with her new born son and we do not find the mention of any medical care being extended to her. Nnu also suffered the death of her first child and we are not provided with any cause that might account for the death. The death occurred in Lagos and the family resided in the campus of a certain Dr. Meers but no medical opinion was sought when the baby died. The Ibos took motherhood and childbearing as a result of one's *chi,* a malevolent *chi* entails a difficult pregnancy and even infantile deaths in certain cases. When Nnu Ego loses her child, she exclaims: "The child is there, dead on the mat. My *chi* has taken him from me" (67).

There is a description of a certain woman Ngboyele, whose husband was a dock worker at Port Harcourt. She had her first baby and lost her life due to excessive bleeding and that of her baby too because of the lack of medical facilities. The husband returned ten days after the death of his wife and baby. Akadu, the new wife of Nnu Ego's husband also lost her baby boy due to convulsions after few weeks of birth. "The death of the baby sent Adaku into deep depression. She became almost impossible to live with" (147). Although the death of the baby was considered as the reason for her "deep depression", however a medical opinion is not sought for her depression which might be a case of Postpartum Depression, as she had given birth just a few weeks earlier. Many women had similar experiences and stories and they share them when they come together at Carter Bridge: "Many took the time to tell their own stories. Even the woman who had slapped her told her that out of six pregnancies she had only two children alive" (67). The numerous tales are actually evidences of gross negligence of women's reproductive and mental health. There

was not even a thought spared for the need for proper medical facilities for pregnant women and infants. This way of thinking is not particular to the Ibo society depicted in the novel but is a common phenomenon that is witnessed worldwide.

Om Suryawanshi and Sandhya Panjai in "A Comprehensive Review of Postpartum Depression" (2022) have identified that 13% to 19% of women suffer from Postpartum Depression after childbirth. It leads to long term consequences that affect not only the mother but the child as well. The child's emotional and mental health is jeopardised and might have adverse effects if it is not given proper treatment. The mother might develop Obsessive Compulsive Disorder and develop anxiety issues in the long term. There is an immediate need for understanding the pathophysiology if this particular disorder is to be identified and treated.

The most common symptoms of Postpartum Depression include sadness and low self worth. However it needs to be differentiated from "baby blues" which is a short term phenomenon evident in irritability, sleeping disorders and might be a result of the changing lifestyle and a period of adaptation after the birth of a child. This disorder ceases to be visible after 10 days of giving birth. The Diagnostic and Statistical Manual for Mental Disorders Fifth Edition (DSM-5) identifies this form of depression as one that starts with the onset of pregnancy or the first postpartum month. However, the International Classification of Disease (ICD) defines Postpartum Depression as one which is seen in the first few weeks of postpartum. Thus, there is a host of different guidelines and parameters regarding the duration of Postpartum Depression, attesting to the complexities and intricacies associated with the disorder. Many of the symptoms of Postpartum Depression are identical with depression that affects a woman during various stages of motherhood such as "empty nest syndrome". Thus, there is a very thin line of demarcation between common symptoms of depression and the emotional disturbances following childbirth. In "Screening Mothers for Postpartum Depression at Well- Child Visits in a Private Pediatric Clinic: An Evidence Based Practice Improvement Project" by Cassandra R. Fishbein Wright State University (2017) provides comprehensive data regarding the common symptoms of Postpartum blues, Postpartum depression and Postpartum psychosis.

Thus, there are numerous factors associated with Postpartum Depression and there is an urgent need to address it as it has long term consequences on the family structure and the society as a whole. Many of the symptoms are similar but not the same and the consequences affect not only the mother but has its effect on the mother too. Inspite of all these difficulties faced by mothers there is a tendency among women to assume responsibility for any lapse that might occur due to the debilitating circumstances. Even if the mother is not in a perfect state of health, the entire responsibility of the newborn child rests with the mother. The reason behind this might be sought in the Ethics of Care philosophy which was

propounded by Carol Gilligan in *In a Different Voice* (1982).

Gilligan noticed that there was a difference in the manner in which man and woman perceived moral issues and ethics. Gilligan's views were based on her experiences listening to women discuss decisions such as abortion. Men could talk freely about justice and rights but women were more concerned with responsibilities. Women's morality was marked by "emphasis on care, nurturance, human connections and responsibility" (Diller 326).

Therefore, there is an urgent need to revise the concept of ethics itself which seem to be male oriented. Human relations are not built in isolation and are based on guidance and nourishment derived from others. Thus, Ethics of Care talks about a relational ethic and there are two stakeholders in this relation, the care giver and the recipient. However both of them should contribute to the relation. Nel Noddings uses the concept of "engrossment" and considers it as a necessary condition for caring. It requires a suspension of the self and is believed to be a quality rarely achievable. The proponents of Ethic of Care consider it as a primary ethic. Noddings takes the mother child relationship as one that can serve as an example of Ethics of Care but this relation has always been relegated to the margins and identifies the "…moral preoccupations with caring as no more than personal problems for women's ego development" (Diller 331). Some critics have identified this ethics as a Dangerous Ethics specially if it is applied to women. The adherence to this ethics requires servility and might lead to exploitative conditions and deformation of the concept of care pertaining to women. Ethics of Care has been designated as a feminine ethics by some critics but it leads to a gendered perspective regarding moral labour as portrayed by Noddings. Caring involves a lot of labour, skills and effort and it comes with a cost and consequences that are detrimental to women. Noddings uncritically uses the pronoun "she" for the care giver "he" for the one cared for but it is indicative of the status quo which is unequal, unfair and unacceptable. If such an inference continues to persist it would result in dangerous consequences for the women, specially mothers.

Ann Diller makes an important observation that if ever given a choice to voice their perceptions regarding ethics and morals, women should critically interrogate the internalisation of values associated with the image of a good girl, a good wife or a good mother. It is necessary to be critical because over time it builds a discourse of dominance that thrusts the entire responsibility of caring to the mother, absolving the father of all moral responsibility. It becomes imperative to find out the truth about the prevalent narratives of caring and the ethical responsibility entrusted to it. This makes it easier to arrive at a decision whether to adopt such an ethics for oneself and promulgate it to our future generations. "One danger

here is unless we consider what is actually happening, in our present economic, social and political contexts, to those who do these caring labors, we fail to talk seriously about the costs of women's caring labors" (Diller 333).

Nnu Ego also the bears the responsibility of her children in the absence of the husband and she also bears the burden of moral responsibility of making her children successful. "In her struggle towards the seemingly simple goal of motherhood bliss, Nnu Ego becomes caught between various layers of patriarchal and paternalistic "ownership" by her father, husband and ultimately son(s)"(Robolin 82). During one instance in the novel Nnu Ego asks her eldest son to stay and addresses him as her joy, her father, brother and husband. It does not matter to her what authorial figure is prominent in her life, they are interchangeable but she attributes her joy to them Once again she assumes the responsibility of taking care of others, specially her children singlehandedly. She embarks on a business venture, trafficking cigarettes in an hostile environment in Lagos to provide for her children. Toni Morrison in *Playing in the Dark* (1992) opines that it is of little consequence who is the figure of authority as long it is a male and the women are "serviceable and servicing"(32) providers that caters to male privilege. Thus, this sense of moral responsibility that is enforced on the women can be understood in the context of the Ethics of Care philosophy. In order to live up to the image of a good mother, the woman is forced to neglect her own physical wellbeing and it is the women's reproductive health that suffers the most. Giving birth and taking care of children has been naturalised to such an extent that any consequences associated with multiple pregnancies and Postpartum difficulties are not treated as ones deserving medical attention. The glorification of motherhood is a very dangerous and debilitating narrative that has a subtext which is not often delved into. Women are objectified, their worth measured in terms of how "fertile" they are and reducing them to the status of breeding machines. Giving birth to a child and nurturing it requires a support system which does not comprise the mother alone. In earlier societies large families were the norm and the responsibility of bringing up a child was not the mother's alone. The sense of bonding and sisterhood also provided support to a new mother catering to her physical and emotional needs. However in nuclear families without the support of other female family members it becomes essential that a new mother should be given adequate rest, emotional support and psychological counselling if the need arises.

In the novel *The Joys of Motherhood,* Emecheta does not write about the othering of the mother's health but manages to expose the dangers of glorification of the image of the mother. "…the hero worship revolves around the woman's worth as the idealized reproductive mechanism of a patricentric society"(Robolin 82). Nnu Ego realised that she would not be

free from the image of a benevolent mother even after her death. She was afraid that :

> On my life, I have to work myself to the bone to look after them; I have to give them my all. And if I am lucky enough to die in peace, I even have to give them my soul. They will worship my dead spirit to provide for them; it will be hailed as a good spirit so long as there are plenty of yams and children in the family, but if anything should go wrong, if a young wife does not conceive or there is a famine, my dead spirit will be blamed. When will I be free? (Emecheta 218-19).

After her death a shrine was built in her honour and her grandchildren would pray to her to be blessed with children. However, after some time elapsed it was felt that she did not grant the prayers of women who wanted to become mothers. She had been an exemplary mother but refused to grant the prayers of those who prayed for a child. Perhaps it was the defiance of Nnu Ego who had sacrificed her life for children but had to embrace death all alone by the roadside. She could not register her protest when she was alive, too caught up in her responsibilities and obligations but in her death she had her last laugh by refusing to entrap other women in the same web that she was caught in. Although the novel does not overtly discuss the issue of women's reproductive health but it raises certain significant questions regarding a particular discourse that has naturalised the othering of women's health. Nnu Ego remarks : "The men make it look as if we must aspire for children or die…But who made the law that we should not hope in our daughters? We women subscribe to that law more than anyone. Until we change all this, it is still a man's world, which women will always help to build" (219). Therefore, works like *The Joys of Motherhood,* need to be read from a feministic perspective too and philosophies like Ethics of Care needs to be analysed if the rubric of societies to be restructured to build a more egalitarian and sustainable world. The emphasis on women's reproductive health and her emotional wellbeing is of utmost importance in contemporary society.In an era of tremendous stress and anxiety it is necessary that the one who gives birth should be emotionally and physically healthy so that the future generations are born healthy. It is imperative that texts like *Joys of Motherhood* should be written and read so that the debunking of the myth of self-sacrificing motherhood is made possible. Interdisciplinary approaches are the need of the hour and literature has to take up the mantle to address issues that are intrinsically related to the sustenance of human race. Women's

reproductive health is one such issue and needs to be engaged in a more effective and meaningful manner.

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Women, Environment and the Social Construction of Illness: A Study of Temsula Ao's Short Story "Laburnum for My Head"

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Abstract

Temsula Ao's collection of short stories *Laburnum for My Head* gives voice to her critical observations of the contemporary society and records her commentaries on it in the garb of fiction. Written with sharp realism, her stories claim to be more than mere figments of the imagination and engage readers with a confessional tone. This paper analyses the titular story of the collection named "Laburnum for My Head" to see how in the story, the illness of its central woman character has been projected as a social construct and how her resilience and desire for liberation using nature as a mediating agency subvert the understanding of such illness as an impediment in life. The story also associates the illness of its central woman character, Lentina, with the vulnerability of the natural world inhabited by both humans and non-humans. Her illness in the story becomes an indicator of all the vulnerable lives that are living in the Anthropocene as well as a subtle reminder to take action for a better environmental future. The story also takes a subtle dig at the societal norms which lead to the stigmatization of any "deviant" of such norms and highlights the sociological nuances of illness and diagnosis. This paper aims at understanding this (de)construction of the figure of "ailing woman" in the story and the patterns in which she links her illness with environmental precarity and works for her desire for a symbolic rebirth and rebellion against anthropocentrism.

Keywords: *vulnerability, anthropocentrism, ecoprecarity, diagnosis, realism, sociology*

Methodology

The notion that environmental hazards and the deteriorating environmental conditions are negatively affecting human health and that an easy target of this gradually intensifying problem is women and children, is now being taken seriously by scientists as well as critics and scholars from different academic disciplines. Ecofeminist claims on the interconnectedness between women and the natural environment have expanded the valence of such considerations. The understanding of human health in its multiple imbrications with environmental, political and socio-economic factors underscores the importance of a more detailed interrogation of women's illness as women are often subjected to variegated interactions with these factors. The position of women from the so called "third world" is even more sensitive given that the patriarchal system constitutes the discursive context through which both their bodies and illness are understood. Many women in countries like India are located within the entrapments of caste, class, race and gender-based inequalities that prevent them from accessing a healthy lifestyle. Socio-cultural norms adversely affect women belonging to the particularly lower economic strata in accessing nutritious food, quality education and healthcare facilities. Indian writers, especially those from the female literary canon, often explore the nuanced aspects of women's lives, including their health and illness.

The story taken for discussion in this paper illustrates the figure of an ailing woman in a style rather different from the usual portrayal illness in popular literature and culture. It reveals the patterns in which illness is subverted to not a 'disability' but an enabling function that leads to productivity and a symbolic regeneration of life. To interrogate this politics of representation, this paper makes use of textual sources as methodological tools. The primary text for this study, the short story "Laburnum for My Head" has been taken from the short story collection *Laburnum for My Head* (2009) by Temsula Ao. This study appropriates theoretical frameworks drawing on psychoanalysis, ecofeminism and gender studies. References to the work of social anthropologist Arthur Kleiman's text *The Illness Narratives*(1988) have been made in this study to substantiate the arguments made regarding illness and human health. This study also utilizes arguments of ecofeminists like Vandana Shiva especially from her texts *Ecofeminism* (1993) and *Close to Home: Women, Reconnect Ecology, Health and Development* (1994) to reflect on the inter-link between women's health and environmental degradation. To understand the social construction of illness in the context of the central woman character of the story, this paper draws on Judith Lorber and Liza Moore's work *Gender and Social Construction of Illness* (1997) Moreover, the study uses ideas from sociologist Edwin M. Schur's "*Labelling Women Deviant: Gender, Stigma and Social Control*" (1984) to refer to the cause, symptoms and

effects of stigma and "deviant" behavior in women. This paper also takes recourse to the ideas presented in *The Madwoman in the Attic* (1979) by Sandra Gilbert and Susan Gubar wherein the writers analyze issue of madness in women's literature from feminist lens. The methodological framework of this research will be analytical and qualitative in nature.

Introduction

It is a much-acknowledged fact that writers from the North-East India inscribe on their writings, a strong sense of the past, tradition and rootedness. However, it is also worth noting that many a time their stories reflect the variegated individuality, precarious subjectivity and inability of the people of the region to belong to the very tradition and culture they are living in. The causes of this problem of belongingness can be ascribed to socio-cultural, geopolitical and environmental factors unsettling the region time and again. Fraught with political tensions and dangers of environmental degradation along with many other factors impinging on social and traditional values, people from the region often bear the brunt of alienation and isolation. As a result of the disintegration of values that keep them united, people often lapse into a solitary and ego-centric way of life. It is imperative to analyze how the impact of such disintegration can be subjective and might extend to something as personal as health and bodily experience. The individual body is processed into a social body through the inscribing of cultural values onto it. Judith Lorber and Liza Moore mention in their work *Gender and Social Construction of Illnes*s that "social practices produce social bodies all through life and death and beyond (consider how corpses are handled)…" (Lorber and Moore 5). On the other hand, the functions of the individual body concomitantly reveal the conditions of the societal and cultural ethics in which it is embedded. The short story "Laburnum for My Head" by Temsula Ao exemplifies this problematic in its projection of the figure of its central woman character Lentina and the nitty-gritty of her aging and illness. The story underscores her inability to assimilate with her immediate cultural environment and her obsessive desire for the laburnum tree as a memorial after her death in the burial site. This desire, deemed abnormal by the society subjects her to social ostracization and stigmatization. The narrative however, is far from inducing pessimism or negativity, as it subverts the usual depiction of aging and illness as a disability into a productive optimism. The desire for laburnum foregrounds the inextricable connection between nature and the feminine principle and indicates a continuation of this connection beyond physical death of a female. As critic Geeta Budharaja argues:

> "Feminine principle attempts to maintain the interconnectedness and diversity of nature and allows an ecological transition from violence to non-violence, from destruction to creativity, from anti-life to life giving processes, from uniformity to

> diversity and from fragmentation and reductionism to holism and complexity (Budharaja174)."

The uncanny obsession of Lentina for laburnum flower, a tendency that is deemed inappropriate by the society and the underlying death wish have symbolic connotations which this study attempts to comprehend. Lentina's unconventional aspirations, defy not only societal construction of illness as a disability, but at the same time make a strong case for environmental protection and awareness. This paper aims to look at how these thematic concerns unfurl in the story "Laburnum for My Head". The story "Laburnum for My Head" displays imbrications of gender, health and ecological issues in a fictional spectrum, delineating their interconnectedness and the necessity of understanding it. One crucial aspect that these symbolic associations bring to fore is the parallelism between vulnerability of natural environment and the concomitant fragility of lives dependent on it. Ecoprecarity, a term signifying the "dependence of our lives upon precarious environments, people and processes" (Nayar 7), is at once about the precarious lives human beings lead in the face of environmental disasters and also about the environment itself which has become vulnerable as a result of human intervention in the Anthropocene. The aspect of ecoprecarity in the story "Laburnum for My Head" is carefully brought to light by Temsula Ao through the vulnerable health condition of Lentina and her simultaneous longing to have a laburnum tree at her burial site. Lentina's health condition metaphorically hints at the precarious lives dwelling on earth at the mercy of ecology and environment. The initiative taken by her to plant a laburnum tree at her prospective burial site transforms her death wish into a wish for symbolic rebirth in the lap of nature. This study probes into the character of Lentina to understand the social construction of her illness and the subsequent actions that she takes in order to subvert the restrictive norms imposed on her by employing nature as a counter-discursive agency.

Discussion

The story "Laburnum for My Head" can be interpreted as a woman's narrative reclaiming agency and independence. The story revolves around the protagonist, Lentina's longing for a laburnum tree in her garden, the untenability of which culminates in her desire to have it at her burial site, in place of a marble headstone. Although the reason of Lentina's uncanny obsession for laburnum tree is not clear in the story, the laburnum can be thought of as a symbol of agency which is denied for the protagonist within the patriarchal society and what she longs for throughout the story. The laburnum flower also stands as a symbol of nature and Lentina's desire to have it signify the interdependence of nature and the feminine principle. Cultural ecofeminism draws parallel between environmental degradation by science and the exploitation of women by patriarchy. It links the violation of nature with the

marginalization of women. The matters of women's health and illness are also infused with social issues entwining women and nature. Health is a prominent thematic concern in ecofeminist works where the question of the female bodily experience surfaces. Vandana Shiva, in her work "*Close to Home: Women, Reconnect Ecology, Health and Development*" (1994) notes that,

> "Environmental hazards are also health hazards, as was so brutally revealed in Bhopal and at Love Canal. Environmental hazards are also health hazards in food systems. Pesticides do don't merely pollute fields, they end up polluting our bodies" (Shiva 9).

In the story, the protagonist Lentina's obsession for the laburnum tree is the driving force of the narrative which is shown to be fluctuating in accordance with her physical and psychological health conditions. The story reveals patterns in which at times the psychological dependency of Lentina is shifted to the viability of the laburnum tree from her family and cultural environment within which her status is subordinated to the patriarchal norms. The reason of Lentina's obsession with laburnum is wrapped in ambiguity although the story indicates that Lentina has a specific attraction for the yellow flowers of the tree when in full bloom. As Ao mentions : "She had always admired these yellow flowers for what she thought was their femininity, they were not like Gulmohars with their orange and dark pink blossoms"(Ao 9).In showing Lentina's attraction towards the colour yellow and associating it with her femininity, Temsula Ao skillfully reinterprets the frequently employed literary colour trope of yellow, presenting a nuanced deviation from its conventional usage. In doing so Ao must have been aware of the feminist connation of the colour which is a common trope in much of women's literature. The colour yellow, "in the last quarter of the nineteenth century, was the colour of feminist movement" (Kramarae 101).Lentina's act of associating the femininity of the flowers with her own status as a woman can be interpreted as a longing for freedom and independence outside the realm of patriarchy. This longing for the laburnum, however is viewed as a psychological abnormality or neurotic symptom by the society including her family members and is dismissed from the set standards of normativity. Ao mentions: "Her husband and children were convinced that she was developing an unhealthy fetish for laburnum and began to talk openly about this in close family gatherings"(Ao 10).

The perception of Lentina's desire for laburnum as a neurotic symptom highlights the social construction of illness and the negative social attitudes towards the victims of such construction. Lentina's case exemplifies the intersection of health, society and culture in illness-experience. It shows that illness is not only biological but also a social phenomenon. Judith Lorber and Lisa Jean Moore observe that:

> The social context is an integral part of any illness. From recognition and attention to symptoms through actions while sick, to coping with recovery or a chronic condition or dying, all of a patient's social characteristics have an effect. This effect is shaped by social networks, work and financial status, family obligations, health care systems and cultural values (Lorber and More 21).

Lorber and Moore in their work attempt to distinguish between disease and illness by shedding light on the socio-cultural ramifications of illness. While diseases in the paradigm of science are treated as abnormalities in the bodily functions, in a biological sense, illness can be interpreted by looking at the politics of framing someone as "ill" depending on his or her extent of non-conformity to the societal roles irrespective of the biological condition. In a social system, the act of designating illness in a person owes much to the inability of the person to perform the perceived societal roles. Given that woman in a patriarchal society is endowed with more responsibilities, they are more susceptible to the social framing of illness. Illness also produces difference in social worth. Lentina's unconventional desire perpetuates stigmatizing attitudes against her which results in her inability to disclose her feelings and emotions. Sociologist Edwin M Schur observes in his work *Women and Deviance: A Sociological Perspective* that "stigmatization can become self-propelling or snowballing in its impact" (Schur 8).The story reveals how Lentina conceals her desire for laburnum from other people as she could not confide on anyone including her family members and at the same time how she secretly executes the plan to have a laburnum tree at her graveyard. Despite of the social prejudices against her, her desire to have a laburnum tree remains intact and as shown in the story, her actions to turn her dream into a reality are self-propelled. Her endeavors to fulfill her aspirations within the narrative largely emanate from her personal genius, requiring minimal assistance from her servant Babu, whom she instructs and readies as a collaborator for the tasks at hand. Her style of executing her plans to have a laburnum tree in her vicinity reflects her will power and resolution. However, although Lentina finally finds as her confidante her servant Babu, he is also not unprejudiced towards her mental condition. As the writer mentions: "Babu was puzzled and was almost beginning to see what his young masters had said about madam losing her mind" (Ao 12).

The societal perception of Lentina's behaviors is a reminder to the figure of madwoman frequently used in literature which was made famous by Sandra Glibert and Susan Gubar's study, *The Madwoman in the Attic* (1979). In their work, Gilbert and Gubar observe the

issue of madness in women's literature as a form of protest, resulting from the fact that women writers were not at liberty to publicly voice their anger and discontent with prescribed gender roles. Gilbert and Gubar's ideas, projecting madness as a "revolutionary" exigency were used by women writers to react against gender norms. In the story "Laburnum for My Head", Lentina's desire and her actions to fructify her plan to have a laburnum tree at her prospective gravesite are perceived as "deviant" behaviors. Schur observes "women's deviance, like any other deviance, is a social construct" (Schur 5).The notion of deviance and its companion notion of stigma thus generate through a social process of meaning-attachment. This process of labelling women as "deviant" leads to the overall devaluation of women. This presumed characteristic is engendered in cases when women are perceived as having violated set gender norms, by behaving or even representing themselves in ways considered inappropriate by the society for females.

An important aspect to notice in the story is Lentina's attempts to utilize this social categorization of her identity as "deviant" in a way that enables her to achieve the desired. Lentina's "illness" is largely embedded in the rhetoric of societal gender norms. Her categorization as a mentally "unstable" woman or someone with a "deviant" characteristic is a byproduct of societal perceptions regarding normalcy. This categorization however, ironically helps her to be self-dependent and execute her plans with a single-mindedness. Lentina transforms the isolation engendered by the social perceptions regarding her behaviors into an opportunity enabling her to enjoy freedom and oneness with the spirit of nature, symbolized by the laburnum. The exclusive beauty of the laburnum and its standout nature, something that Lentina finds extremely appealing, symbolically alludes to her own celebration of being an exception or someone, deliberately "deviant". The story mentions her differentiation of laburnum from the Gulmohars mentioning that "they were not brazen like the Gulmohars with their orange and dark pink blossoms. The way the laburnum flowers hung their heads earthward appealed to her because she attributed humility to the gesture"(Ao 9). Her attraction towards the distinctive and standout beauty of the flower alludes to her choice for the celebration of her own individuality. This attraction also reaffirms the interlink between women and nature as discussed by ecofeminists across the world. Ecofeminism links the violation of nature with the marginalization of women. It holds the view that "agriculture based on diversity, decentralization and the use of ecological methods to improve productivity is women centric and nature-friendly"(Budharaja 170).

The way Lentina keeps her resolution intact and finally achieves the desired outcome of having a blooming laburnum tree at her prospective gravesite instead of a marble headstone symbolically voices for on one head, a woman's right to independence and on the other hand

a necessary sensitivity towards the protection of nature. Lentina's continuous actions to fructify her plan indicate her strength and endurance despite of society's projection of her image as 'deviant'. The transformation of this ostracization into an ability in order to be a standout and work independently pose a challenge to the patriarchal treatment of nature as well as women. The remarkable translation of illness into an opportunity continues even when her illness evidently becomes a physiological complication owing to her natural process of aging. The complications brought about by the old age and the simultaneous burgeoning of her desire to go out have deeper connotations in the story. As the writer narrates : "By the time new year came, Lentina showed signs of fatigue brought on by old age…When March came and the weather became warmer, she wanted to be taken out in the car"(Ao 21). The willingness of Lentina to leave her sickroom to go out and inspect the laburnum tree in the new cemetery where she acquires a land, reminds us of the long enduring critique of feminist literature of the "rest cure" for women's illness, that aimed at severe restrictions of the body. Patients, in this process were kept in isolation and prohibited from engaging in any kind of activity or even going out for a walk. A complete submission to the sickroom which acted as a patriarchal space was integral to the process of cure. Critic, Elizabeth Outka suggests that "the bodily sense of living death had its architectural parallel in the sickroom. Connected to the life of the outside world through its windows and through the lights, sounds and glimpses of sky that filter in, the sickroom is nevertheless a place of lurking death"(Outka 114).

The story "Laburnum for My Head" describes Lentina's time in the sickroom where frequent visitors inquiring about her health occasionally disturb her. The story makes material the way illness reverberates into the outer-world and in turn how the body's vulnerability leaves it open to the gazes from surroundings. The desire of Lentina to go out of the sickroom, which is materialized towards the end of the story, advocates a life outside the confinements and at a symbolic level, to the realm of nature where freedom can be possible to attain. The desire to have a laburnum tree at her gravesite is although apparently bleak and dystopic, its underlying message is rather one of hope, where the life experience is metaphorically extended from the material world to the world of nature. This aspect also lends gravity to the discussions regarding nature's healing energy. Nature is usually conceptualized as a healing agent in literary and cultural representations. Lentina's wish to have a laburnum tree at the gravesite instead of marble headstone hints at the interconnectedness of nature and human life which she is cognizant of. This also indicates the necessity of a shift from anthropocentrism to ecocentrism. The consequent attempts of Lentina to plant and nourish a laburnum tree and witness it in full bloom exemplifies a love that is crucial in the Anthropocene.

Conclusion

The story "Laburnum for My Head" intricately weaves a narrative that situates the unconventional attitudes of a woman character against the normative discourses of gender, environment and healthcare. The complex interrelation between these factors is something that the story makes evident. The societal categorization of Lentina's desire as "unhealthy fetish" hints at the deeper role that sociological factors have to play in seemingly personal and physiological matters such as illness. The central character, Lentina's fervent desire for a laburnum tree in her vicinity and her wish to witness the blossoms of "yellow mellow beauty" of laburnum symbolize her quest for agency and independence. The yellow colour is a frequent referent in several classic feminist stories including Charlotte Perkins Gilman's "The Yellow Wallpaper" that contend with common thematic concerns. However, whereas in Gilman's story the yellow is a "smouldering unclean yellow", as if something to free oneself of, in Ao's story the colour is seen as "yellow mellow beauty", desirable and indicative of femininity for the central character. Although both the stories address the subject of women's health, Ao's story reinterprets colour symbolism, imbuing it with a positive connotation. However, at a deeper level, it also indicates the urgency to ponder on the interconnectedness between nature and human life in the Anthropocene. Lentina's physical vulnerability stems from the inexorable progression of her aging, however, on a spiritual echelon; her cognitive faculties unveil an inherent unity with the essence of nature, characterized by vibrancy and agility.

The reluctance of Lentina to have a marble headstone at her prospective gravesite in favor of a blooming laburnum tree makes a strong case in the story for eco-centrism. The story reinstates the ancient idea of perceiving nature as "healing agent". Lentina's desire to go out of the sickroom to the lap of nature advocates a pattern of healing that is "natural" but alien to western medicinal practices. This pattern also pose question to the mind/body dualism of the western medical thought which sees the rational mind as having the power and agency to heal the body machinery. The pattern of healing implicated by Lentina supports the argument that changes in our perspectives towards nature will initiate changes in perspectives towards our body as well. In the story therefore, issues like the connection between our bodies and nature and the naturalness of our bodies are reinterrogated. The story also marks the importance of interrogating the deeper connections between nature and the women question by interlacing details pertaining to women's health, nature and societal perceptions within its veneer of fiction.

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The Intersection of Health, Womanhood and Disability: Exploring Malini Chib's *One Little Finger*

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Abstract:

The paper studies the life experiences of disabled women through the analysis of Malini Chib's *One Little Finger (2011)* drawing from the intersectional paradigm of disability and feminist studies. The intersection of disability and gender questions, particularly in Indian Life Narratives reflect identity crisis faced by disabled woman while simultaneously challenges stereotypes and advocating empowerment, inclusion and accessibility of the disabled. The evolving discourses on disability depict a seismic change from the Medical model of disability to Social Model of Disability which is reflected in the memoir. The study reveals that disability life narratives refrain from romanticizing the idea of the social model and understands the significance of offering the authentic depiction of the physical challenges and embodied experiences of disability. Chib's *One Little Finger* offers a broader spectrum of challenges and discrimination of a disabled woman tending to a broader spectrum of questions on societal gaze, double disadvantage, asexuality and social perception on disability.

Keywords: *gender, disability, feminism, society, medical model, inclusivity*

Introduction :

The intersectional paradigm in feminist theory that emerged from a sense of disappointment among feminist women of colour revealed a fundamental truth that has since reshaped the way we perceive the experiences of women – that women are not solely defined by their gender. In other words, women's identities are deeply intertwined with multiple aspects, including race, ethnicity, class, sexuality, ability and more, making it impossible to comprehend their experiences solely through the lens of gender. Elizabeth V. Spelman's statement that "no woman is ever only a woman, that she occupies multiple subject positions and is claimed by several cultural identity categories" (187) reverberates with particular resonance when we turn our attention to the intersection of gender and disability. For women grappling with disabilities, womanhood is not necessarily the most salient factor of oppression they contend with. The intersection of gender and disability underscore the complex web of identities and challenges that women with disabilities navigate on a day-to-day basis.

Central to their struggles is the need to counteract the prevailing able-bodied culture's portrayal of disability as a deviant, deficient, or an ailment requiring diagnosis, treatment and cure. While disability is undeniably a universally experienced aspect of the human condition, the prevailing rhetoric of ability and norm has historically cast disabled bodies as malleable entities to be endlessly moulded to conform to a predefined standard of "normal". The focus is therefore, on the impairment or condition as the primary problem. However, in recent years, the discourse surrounding disability has evolved significantly, with a growing emphasis on empowerment, inclusion and the amplification of disabled voices. This transformation is intrinsically tied to the significant growth and evolution of Disability Studies over the past few decades, particularly in America and the United Kingdom. In India, the emergence of the advocacy for a social understanding of disability gained momentum during the 1970s and 1980s. The alternative perspective shifts focus from the individual to the societal hindrances that lead to the experience of disability. Disability is not seen as an inherent flaw within the individual, but rather a result of societal structures, attitudes and physical environments that hinder full participation and inclusion.

Life narratives, in particular have significantly contributed to the ongoing dialogue in Disability Studies to challenge prevailing stigmatizing stereotypes surrounding illness and disability, offering an unfiltered reflection of lives lived with anomalous bodies. G. Thomas Couser *in Signifying Bodies: Disability in Contemporary Life Writing* posits that disability life narratives compel readers to engage in a profound act of "facing the body" and, in doing so, to directly confront the realities of disability through the lived experiences of individuals who dwell on the other side of society's able/disabled divide (8).

Disability life narratives are in fact shifting the power dynamics of representation by challenging stereotypes and historical objectifications. Assuming the role of storytellers, disabled individuals are crafting their own narratives and reclaiming the way in which disability is represented. This subject position empowers them to direct the spotlight from their atypical bodies to the narrow social constructs that have unfairly constrained the scope of what is considered normal or acceptable (Mintz 2). They are actively countering the way cultural narratives have portrayed disability through a simplified, pejorative lens. This shift towards self-representation, of critiquing broader structures and beliefs is then a deeply 'political' and discursive act and it contributes to an ongoing dialogue on disability rights (Couser 7). By transcending the personal to the political, disability life memoirs, autobiographies and other personal testimonials are forming a counternarrative that takes a rights-based approach, emphasising on diversity, inclusion and agency.

In the light of the above discussion, this study seeks to get insights into the experiences of disabled women in India, with a particular focus on Malini Chib's memoir, *One Little Finger* published in 2011.The lived experiences of Chib, as articulated in her memoir, will shed light on the social structures that contribute to oppression and marginalization of disabled women. The narrative is poised to function as a microcosm of the pervasive challenges faced by disabled women in India. The idea is to reveal how disability, when politicised can become a powerful force to deconstruct stereotypes and pave the way for inclusivity and acceptance.

The emergence of disability life writing in India is a relatively recent development, in contrast to the well-established American literary tradition. Throughout history, the representation of disability in Indian literature and popular culture has been characterised by pervasive stereotypes and negative depictions. Framed through a lens of pity or cast as objects of inspiration, disabled characters have often been reduced to simplistic, one-dimensional figures. However, attitudes towards the public representation of disability have been evolving in recent years, marked by the arrival of more authentic and diverse representations of disability in the literary landscape. Life narratives authored by Indian women have gained prominence as they disrupt the conventional discourses surrounding disability and offer a more accurate portrayal of disability. Prominent contributions to the field include works like *Naseema: The Incredible Story* (2005) by Naseema Hurzuk, who, despite being paraplegic, shares her remarkable journey. *As the Soul Flies* (2007) by Yasmin Sawhney, a blind painter, offers a unique perspective through the lens of visual impairment. Preeti Monga's *The Other Senses* (2012) provides insight into the life of India's first visually impaired aerobic trainer. Shivani Gupta's *No Looking Back (*2014) brings the narrative of a wheelchair-bound activist to the forefront. Malini Chib's *One Little Finger* (2011) and

Jeeja Ghosh's *River of Time* (2017), both navigating cerebral palsy, stand as significant contributions to this impactful body of work. What's noteworthy is that a majority of these texts bring to discussion the ideological underpinnings that produce disability. Rather than merely portraying disability as a personal affliction, these narratives examine the socio-cultural practices that construct and perpetuate notions of disability, highlighting aspects such as asexuality and infantilization of disabled woman.

The paradigm shift in the representation of disability has been influenced by the social model of disability. This model emphasizes on disability as a social construct and not just a medical issue. Disabled individuals face hindrance in participating in society because of the social, physical and judgmental barriers created by the society itself. Removal of the barriers will lead to inclusivity and equality. In *The Social Model of Disability* (2006), Shakespeare discusses disability as a social category and focuses on shifting the attention from impairment to disability. Impairment refers to physical limitations, while disability pertains to society's response to those impairments. In contrast, the medical model of disability views disability as an individual defect necessitating cure and normalization of a conventional life. Originating in the late 19th and early 20th centuries, the medical model of disability grew alongside the rise of medical profession and advancements in medical science. The focus was on rehabilitating individuals to fit established medical norms, aiming to make them as "normal" as possible (Deo 165).According to Rohda Olkin, in her article "Conceptualizing disability: Three models of disability", the medical model is often depicted in movies through narratives where a disabled individual, initially portrayed as depressed and hopeless, finds redemption through friendship with an able-bodied person. In contrast, the social model portrays multiple disabled characters forming bonds, learning and growing independently or depicts an activist challenging discriminatory laws within society.

Disability life narratives authored by Indian women, however, resists romanticization or the presentation of an overly optimistic view of disability. Instead, there is a deliberate effort to convey the tangible and visceral aspects of the disabled body. Thomas Siebers contends that "the political struggle of people with disabilities...requires a realistic conception of the disabled body" (Mintz 3). Disability life narratives provide an authentic and unfiltered depiction of the physical challenges and embodied experience of disability. Through these narratives, the embodied self emerges not as a limitation but as a source of strength, resilience and unique insight. By focusing on personal stories, life narratives shift the emphasis from a deficit-based portrayal of disability to a celebration of diverse and empowered lived experiences.

One Little Finger is a memoir written by Malini Chib, an Indian disability rights activist and writer who lives with cerebral palsy, a neurological condition severely impacting her body movement and speech capabilities. The book provides a firsthand account of her experiences, challenges and triumphs of living with disability. Her one little finger becomes a metaphor for resilience, empowerment and the ability to break down barriers and challenge assumptions about what a person with cerebral palsy can achieve. Labelled as a "vegetable" by doctors, Chib and her family experienced persistent societal ignorance and objectification in India. When Malini was born, doctors expressed scepticism, fearing she might not survive, or if she did, she would be left in a permanent vegetable state. Reflecting on the challenges her family faced in India, Chib recalls, "Every doctor my parents met in India told them that I could be a vegetable and nothing could be done for me" (Chib 5).The prevailing influence of the medical model of disability in India, perpetuated a narrow perspective that focused on pathology rather than recognizing the agency and humanity of individuals like Malini.

However, Malini's current thriving life stands as a testament to the ignorant medical assumptions made about her at birth. She is now perceived as an inspiration for individuals with cerebral palsy in India. Malini is a senior events manager at Oxford Bookstore, Mumbai and she is also the founder and co-chairperson of Abled Disabled All People Together (ADAPT). Malini has earned international master's degrees in Women's Studies, Library Sciences and Information Management. Advocates for the rights of individuals with disabilities have actively opposed the association of disability with illness and for valid reasons. Susan Wendell argues that the medical model assumes that disabled people primarily suffer from physical and/or mental abnormalities that medical interventions can either cure or, at the very least, prevent. When disability is identified with illness, it fosters the misleading belief that people with disabilities are incapacitated in all aspects of their lives (Wendell 161).

Malini's journey instead highlights the systemic structures that perpetuate discrimination, against people with disabilities and the prevailing narratives of wellness. The inaccessibility of public infrastructure in India, in particular was a pressing issue that hindered her ability to participate fully in society. Her disability, often became the most prominent and singular aspect of her physical presence, "being on a wheelchair one can be so conspicuous. There is nothing subtle about me" (Chib 160). Susannah B. Mintz extends the feminist theorizing of the gaze to the intersubjective dynamics of the "stare" between disabled and non-disabled individuals. The non-disabled stare often tends to objectify and disregard the disabled body as a spectacle or specimen. Disabled individuals often experience being looked at not just as people but as objects of curiosity or abnormality. This objectification can contribute to the othering of disabled bodies, reinforcing stereotypes and perpetuating social hierarchies (5).

In her college, Malini constantly faced accessibility constraints which in turn exacerbated her vulnerability and visibility. In the absence of a lift, she always had to navigate the stairs making her disability glaringly visible, "the indignity of it, the visibility of my disability being pronounced glaringly, was very demeaning" (Chib 63).

Her family's migration to London initiated a transformative chapter in her life, marked by a notably enhanced environment and exposure to inclusive practices. London provided her a nurturing environment that prioritized her unique needs and gave her access to enhanced facilities, including mobility aids, personalized assistance and accessible public infrastructure. Without the constraints imposed by inaccessibility, Malini experienced freedom and agency and the ability to navigate daily life with dignity, "How I loved London! The freedom, independence and acceptance of people like me made me feel alive" (171). Chib acknowledges her privilege, particularly in terms of access to resources in London and the exposure to Western perspectives on disability. Her life has been enriched by a cognitively stimulating environment and unwavering family support. Notably, her mother's role as a special education teacher and later, as a disability rights activist equipped her with a profound understanding of her rights.

Malini's mother, Mithu Alur is instrumental in imbibing the understanding of the requirement of shifting the focus from medical mode to social mode of disability in her life in London and later in India. Initially, she was depressed and clueless. Malini mentions that "She almost believed the doctors who thought I was mentally handicapped"(4). Mithu moves to England with her daughter and finds new approaches to deal with her daughter's disability. Being a special educationist as well as a person with broader impact on disability rights, Mithu Alur became a source of encouragement and guidance in her daughter's life. On her return to Bombay in the early 1970s, she contributed to the building of The Centre for Special Education. Mithu Alur also became the founder of the Spastic Society of India which is now known as ADAPT. Through this institution, she advocated education, opportunities and accessibility for disabled individuals. The establishment of Spastics Societies across India by Malini's family showcase their commitment to shaping positive changes in the realm of disability awareness and rights. The recognition of her class privilege redirects attention to the idea that disability is not a monolithic category. The diversity within the disability experience, highlights that each individual's journey is uniquely shaped by a complex interplay of factors.

Discussions on disability in the feminist context draws attention to the idea that disability like femaleness is not rooted in inherent biological shortcomings but are, instead, products of cultural and societal constructs (Garland-Thomson 340). In both cases, societal

norms and expectations have been central in defining what is considered typical or ideal, affecting the experiences of individuals who do not align with these predetermined standards. In the context of disability, it has resulted in the framing of disability as a deficit or an abnormality to be rectified, rather than recognizing it as an essential aspect of human diversity. Disabled women also find themselves excluded from the privileges associated with normative femininity. Cultural stereotypes cast disabled women as asexual, incapable of reproduction, overly dependent and unattractive—positions that distance them from the conventional notions of womanhood and feminine beauty. Their bodies, being perceived as sexually unattractive, often go unnoticed or are labelled as a "rejected body" (Wendell). Consequently, disabled women grapple with a dual invisibility—neither positioned as objects nor subjects of desire. Weinberg (1988) finds that the stigmatization and societal restrictions imposed on the sexual expression of women with disabilities confine them in a state of "perpetual adolescence" (274). In her memoir, Malini Chib candidly discusses her desire for romantic relationships and the yearning for affection and intimacy, "Secretly I always hoped for a relationship wherein Zubin and I could be more than just friends. He was kind, loving, patient and always there for his friends" (Chib 91). She expresses her feelings of frustration on being infantilized by her male friends in college. Attending weddings within family and friends, particularly became a source of profound emotional pain for her, often leading to tearful moments. These events served as reminders that the conventional path of romantic companionship might not be a reality for her. However, as time passed and she matured, she gradually developed a more detached perspective. She now recognizes that marriage is not the sole trajectory for her future, signalling a shift in her understanding of personal fulfilment.

Chib also recounts her experiences of motherhood with her roommate's daughter Simran. Her disability in no way diminished her yearning for conventional maternal experiences. She happily embraced the responsibilities of caregiving and assumed a maternal role with Simran for a brief period. Ora Prilleltensky in her book, *Motherhood and Disability* observes that while womanhood and motherhood are always seen as "interchangeable", disabled women have historically faced exclusion from the realm of mothering (53). She further states that, "If some women with physical disabilities were raised without having their sexuality and womanhood acknowledged, many more received messages that reproduction and motherhood is off limits"(52). Malini Chib's experiences challenge the stereotypes that frame disabled women as incapable of fulfilling the conventional roles of caregivers. Her engagement with feminist discourses during her second Masters programme in London led her to the realization that disabled women experience a "double disadvantage" compared to disabled men. This discrepancy becomes particularly evident in the realm of caregiving, where cultural stereotypes

depict women as natural caregivers. Such expectations not only limit the opportunities for disabled women but also contribute to the perception that they are unable to fulfil essential roles in relationships, including providing nurturance, satisfying emotional needs and participating in household responsibilities.

In fact, the prevailing narrative of ability perpetuates an attitude of despise towards adults who needs assistance for basic functions of life. The same culture that puts emphasis on independence undermines the vital support networks that individuals, regardless of ability, contribute to. Malini contextualizes this by recounting her experience of supporting her mother during her PhD in London. While Malini handled outside chores, like shopping, laundry or posting letters, her mother managed household chores, creating a co-dependent relationship. She emphasizes the significance of acknowledging such interdependence, challenging the prevailing societal notion of absolute self-sufficiency. Rosemarie Garland-Thomson posits that disability questions the fantasy of stable, enduring identities. She asserts that anyone can enter the category of disability at any time, particularly as we age which "attenuates the cherished cultural belief that the body is the unchanging anchor of identity" (346). This revelation connects disability to the broader fluidity inherent in all aspects of identity. Life narratives that subscribe to the social model advocates revaluation of societal perceptions, urging recognition that disability is not an isolated experience but a fundamental and shared facet of the human condition.

Malini translates her personal experiences with stigma, inaccessibility into tangible efforts to reshape the political discourse on disability. After returning to India, she established a group called ADAPT (Able Disabled All People Together). The core philosophy of ADAPT is the importance of collaboration between 'able' and 'disabled' individuals for the creation of a genuinely inclusive society. With the slogan "Nothing about us, without us" (185), ADAPT advocated for the direct involvement and representation of disabled individuals in decisions that impact their lives. Malini channelled her struggles into activism and worked to dismantle ableist structures and bring about changes in how Indian society perceives, accommodates and formulates policies for individuals with disabilities.

The pervasive belief that disability constitutes a problem demanding a medical solution has deeply ingrained itself in societal perceptions, shaping historical modes of addressing individuals with disabilities including avenues such as cure or prevention. The tendency to view disability as an inherently distressing circumstance, prompts charitable responses that can inadvertently contribute to perpetuating stereotypes of pity and sympathy. In such situations, individuals with disabilities may find themselves objectified as recipients of charity rather than being recognized for their agency, capabilities and contributions to society. For disabled

women, sharing their life narratives becomes a political act, advocating for the acknowledgment of disabled individuals within the broader narrative of culture and power. Chib's personal testimony offers an alternative reading to the narrative surrounding disability, shifting the focus from a deficit or medicalized model to one that highlights the lived experiences, strengths and agency. The intersection of gender and disability introduces layers of complexity, showing how being a woman with a disability brings its own challenges and nuances. This alternative reading invites a broader and more inclusive understanding of disability, emphasizing the importance of recognizing and respecting the unique journeys and contributions of disabled women within the societal fabric.

Self-narratives written by individuals with disabilities, therefore, uniquely capture their firsthand experiences of pain, struggles for survival and quest for healing. Unlike fictional works, these narratives authentically reflect the reality of lived experiences, offering nuanced insights into disability as both an individual and societal phenomenon. Given their factual nature and intimate perspective, disabled life narratives hold significant importance, providing a platform for individuals with disabilities to articulate their perspectives authentically. These narratives transcend mere inspiration or sympathy, offering genuine representations of lived experiences.

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Exploring Women's Reproductive Rights and Health in *Sara's* (2021): A Family Planning Perspective

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Abstract:

The Malayalam film *Sara's* (2021), directed by Jude Anthony Joseph, portrays a woman's struggle to assert reproductive autonomy against societal expectations that glorify motherhood. Recognized for its powerful storytelling, the film serves as a vital addition to Malayalam cinema's discourse on social progress and gender equality, challenging entrenched and rigid cultural norms.Paying special attention to the role of the media, this paper primarily analyses *Sara's* as a cinematic exploration of women's agency in the context of reproductive health and family planning. Borrowing certain ideas from feminist theory, it further examines the narrative complexity of the film to demonstrate how it delivers its subversive message and encourages viewers to reflect on women's rights within their own families.

Keywords: *reproductive health, family planning, patriarchy, media, women's rights, Malayalam cinema*

Introduction:

Throughout history, women have faced various forms of societal pressures and constraints that have directly or indirectly influenced their ability in family planning. In Indian context, by the mid-1960s, population control programs had become integral to India's development agenda. The emphasis on reducing birth rates was a crucial component of the state's efforts to plan and promote economic growth (Sreenivas 314). These initiatives aimed to address concerns about the burgeoning population's potential strain on resources and economic development. Even with a reduction in birth rates, the sheer size of the existing population has led to continued growth indicating how much traditional beliefs and societal norms can influence attitudes towards family planning. Britannica writes The United States Supreme Court reversed the historic Roe v. Wade judgement in late June, a move that was denounced by UN human rights experts (5-4). Many women and girls now lack access to abortion care, a right that was recognized almost 50 years ago, as a result of this verdict. Restrictive abortion laws have been linked to unsafe abortion procedures, significant health problems and a rise in maternal mortality, according to historical and international data as put forth by The PLOS Medicine Editors the US Supreme Court's decision should serve to amplify the global call for strategies to mitigate the inevitable repercussions for women's health (1).

Cinema, as a cultural and artistic medium, has long served as a emulate to society, reflecting its aspirations, anxieties and contradictions. The rapid rise of media archaeology has sparked significant discontent and critique, not only from professional archaeologists and cultural historians but also from within its core disciplines—cinema studies, film history, media theory and art history—leading to its outright rejection by many in these fields (Elsaesser 181). Over the years, film has evolved from mere entertainment into a powerful tool for shaping public discourse, questioning norms and provoking thought. The intersection between narrative, visual aesthetics and sound in cinema enables filmmakers to create immersive experiences that engage audiences emotionally and intellectually. Modern cinema, particularly, is defined by its ability to transcend boundaries—whether of genre, geography, or ideology—often challenging the status quo and offering alternative perspectives on societal structures. It operates within a complex web of commercial viability, artistic integrity and ideological messaging, making it an ever-adapting entity in the cultural landscape. Filmmakers across the globe have embraced cinema's potential to not only entertain but also to critique, resist and reimagine societal norms. In this context, Malayalam films have consistently distinguished themselves from mainstream Indian cinema through their rich artistic experimentation and focus on weighty societal issues, offering nuanced perspectives that challenge conventional

narratives.*Sara's,*(2021) directed by Jude Anthany Joseph, negotiates the complexities of women's autonomy and choice in the context of reproductive health choice and family planning. The film explores in a subtle light manner, a grave and grim topic of complexities, struggles and achievements women confront while trying to balance societal norms of connecting with own's body, health, motherhood and being the perfect wife, whilst fulfilling one's own dream. The film takes viewers on an in-depth journey into the lives of its characters, especially its female protagonist, amid the backdrop of a society struggling with old standards and developing ideals. The complexity of women's lives in today's quickly shifting world is reflected in the film's deft linking of familial expectations, societal conventions and individual demands. The central conflict in *Sara's* is between social norms and personal freedom of bodily and motherly option, in this case around a woman's freedom to have children or not. The story unfolds as a reflection of the difficulties women encounter while trying to meet societal standards while still exercising their own agency in making significant choices about their families. This paper will examine how *Sara's* subversive message is conveyed through the film's complex narrative and engrossing character arcs, prompting viewers to think about women's rights in the broader context of their very own health and families. The movie provokes thoughtful debate about reproductive health, helping audiences gain insight into the challenges women face in their quest for independence and fulfilment. Apropos, the film *Sara's* rises to prominence as an important addition to not only Malayalam cinemas but Indian popular ways of telling women empowerments narrative, adding to the conversation about social progress and women's equality that has been going on for some time.

Family Planning as a Narrative Device:

Family planning is often used as a plot device in literature to shed light on issues of power, social standards and the human condition. The cruel edicts of a totalitarian state that controls women's reproductive functions are shown in stark detail in *The Handmaid's Tale* (1985) by Margaret Atwood. The immense trauma caused by the removal of reproductive freedom and the erasure of individual agency is explored in Atwood's novel, which digs deep into the emotional and psychological effects of denying women authority over their bodies. Atwood uses science fiction to warn against giving up power to repressive systems and stress the importance of protecting women's autonomy over their reproductive decisions. Similarly, *Breath, Eyes, Memory* (1994) by Edwidge Danticat deals with the tousled social and familial expectations for women's reproductive duties. Danticat's examination of the effects of trauma on successive generations and the status of virginity and motherhood in Haitian culture exemplifies the complex relationship between custom and individual choice. Danticat exposes the concept of the 'good woman,' (Rutter et al. 166) rooted in patriarchal

and neoliberal discourse, ties a woman's worth to her role as a bearer of cultural and familial heritage, forcing her into a predetermined identity through childbearing. This creates an inner cataclysm as she grapp.les with societal expectations that define her value and responsibilities, often at the expense of her personal autonomy and identity. Danticat highlights the need of cultivating a narrative that honors women's agency and allows them to create their own pathways by highlighting the intricacies of familial expectations and the impact of societal norms on women's reproductive decisions.These cultural narratives are not only powerful allegories for the challenges women face when trying to determine their own reproductive destinies, but they also serve as warnings about the potential repercussions of denying women the autonomy to make educated decisions about their bodies and lives. Authors provoke empathy and introspection by having their audience consider the ethical imperatives of protecting women's rights to bodily autonomy and reproductive self-determination via the lens of family planning.

Empowering Women's Agency in Popular Media:

Malayalam films have always stood out in the competitive and ever-changing field of modern Indian cinema thanks to their willingness to experiment artistically and their focus on themes that investigate into weighty societal issues. These films not only challenge current standards but also act as potent instruments for demanding societal change. The latest Malayalam movie *Sara's* (2021)stands out as a gripp.ing investigation of women's rights within the delicate arena of family planning. *Sara's,* directed by Jude Anthany Joseph negotiates the complexities of women's power and choice in the context of reproductive health. The film goes above and beyond the norm of storytelling by using its narrative skills to highlight the complex struggles and achievements women confront while trying to balance societal norms with their own dreams. The film offers an in-depth exploration of its characters' lives, particularly the female protagonist, against a backdrop of societal tension between tradition and modern ideals. The complexity of women's lives in today's quickly shifting world is reflected in the film's deft lacing of familial expectations, societal conventions and individual wants. The central conflict in this cinematic text is between social norms and personal freedom, more importantly here, around a woman's boundness to have children which is acquired to be very common desire for any parents to have and more importantly for women to yearn for otherwise considered rarity. As Peggy O'Donnell Heffington writes in *The New York Times* the choice to forego parenting is by no means new, even though reproductive alternatives that were less accessible in the past may have emancipated or condemned younger women today (Heffington).

Thus, the story unfolds as a reflection of the difficulties women encounter while

trying to meet societal standards while still exercising their own agency in making significant choices about their families. In addition, *Mimi* (2021) another notable film in the context of Indian cinema, has made a great attempt in tackling societal issues, especially those pertaining to women. With a fresh perspective on surrogacy connecting with women's independency over their body and health options and parenthood, Laxman Utekar's *Mimi* explores the complexities of women's choices in the field of reproductive rights, highlighting the problems and issues encountered by women in unique circumstances through its intriguing storyline and great performances. Both *Sara's* and *Mimi,* thus, represent a growing trend in Malayalam and Hindi cinema, where films serve as powerful tools for social commentary, especially on women's health and their autonomy in making decisions related to their bodies. These films not only entertain but also compel us to think deeply on gender roles, agency and the ongoing struggle for equality.

Unveiling the Narrative:

At the crux of *Sara's* lies the journey of its eponymous character, portrayed with exceptional depth and nuance by Anna Ben. Set against the metropolitan backdrop of Kochi, Sara navigates the complexities surrounding family planning, grapp.ling with societal pressures that often impinge upon a woman's right to make autonomous decisions about her body and reproductive choices. Mainstream cinema often perpetuates the notion that motherhood is a magical purpose uniquely bestowed upon women, thus framing it as an idealized role. However, *Sara's* (2021) takes a critical stance against this narrative, confronting the deeply ingrained societal expectations surrounding motherhood. By centering on a strong protagonist and employing an unconventional narrative structure infused with humor, the film disrupts traditional portrayals and invites viewers to reconsider the complexities of womanhood beyond the confines of motherhood. ShravyaShruti argues that, contrary to the messages conveyed by mainstream cinema and societal norms, women's identities extend far beyond their roles within families (Shruti). Their fulfillment and happ.iness encompass a much broader spectrum than simply performing motherhood. This app.roach not only challenges prevailing stereotypes but also supp.lements the viewing experience, prompting reflection on the diverse roles women can embody.

Sara Vincent, a woman in her mid-20s, works in the film industry and does not show any interest in becoming a mother. As a co-director, her ambitions go beyond traditional gender roles, with her main goal being to succeed as a freelance director. By chance, she meets Jeevan Philip, a charismatic man in his early 30s who shares her views on living a life without the conventional expectations of parenthood. They app.ear to be a perfect couple as their relationship is built on shared dreams and a mutual understanding.However, as the

narrative unfolds further, we see Sara becomes pregnant accidently and things start to change gradually. The film, then, captures the conflict between her ambition, love and the relentless pursuit of creative freedom. Sara's journey reflects her resilience as she navigates the often-tumultuous landscape of the film industry, striving to balance her aspirations with societal expectations that frequently fail to recognize her dreams. The story further unpacks a series of unexpected twists and turns, with Sara confronting professional setbacks, personal problems and societal pressures that tries to subdue her aspirations.

Against conventional narratives that limit women to stereotyped roles, *Sara's* seems to emerge as a fundamental criticism of the glorification of motherhood as Sara negotiates the complex relationship between love, family and ambition. Despite the film's deification of unconventional paths, it brings to light the terrible truth that many women endure: despite their best efforts, they are entrapp.ed in rigid structural framework that determines who they are and what they can do. Despite women's progress towards greater independence in recent decades, the intersection of gender, race and class shows that they still face many challenges. Sara's story shows how, even when she follows her heart, she still must deal with the pressures of conformity that steal the spotlight from her unique identity. Sara's predicament informs the continuing relevance of Crenshaw's theory of intersectionality, which challenges reductive binary thinking that has historically hindered social justice initiatives. It underscores the necessity of acknowledging the complex interplay of multiple identities and systemic structures that sustain discrimination. This nuanced understanding informs more comprehensive and effective interventions in marginalized communities, illustrating the diverse strategies women employ to confront their marginalization. The film shows how difficult it is for women to achieve their goals and it implies that society pushes back against ambition and that this pushback becomes worse with each generation. There are many ways in which the story encourages the audience to contemplate upon women's problems. Boundaries that limit their potential are often the result of obstacles such as microaggressions and overt prejudice. Societal conventions define women's functionality and the film poignantly illustrates this struggle throughout women's lives. Their lives get more complicated because of increased attention with each advancement, proving that progress does not mean freedom. In addition, the concept of the body is fundamental to this enslavement. The bodies of women become objects of control and criticism when societal expectations are used to analyse their decisions. Fredrikson et al. writes objectification theory argues that the socialization of girls and women to view themselves through an observer's lens leads to chronic body monitoring, increased shame and anxiety and a diminished sense of self, ultimately constraining their authentic self-expression and well-being (173). This can be reflected with Sara's changing of mind in

bearing children deviating from her focus and decision, in a way manipulating the entire system of thought procession in women. Hegemonic ideologies control what is considered acceptable behaviour, which in turn commodifies their autonomy. Overcoming our yearning for authenticity by adopting an ideological facade of neutrality has emerged as a central mechanism of contemporary ideology (Valdovinos 81). The notion of performing neutrality for authenticity resonates with Butler's theory of performativity, illustrating how women internalize and enact restrictive cultural norms of femininity and motherhood, ultimately sacrificing their genuine selves for societal acceptance. This perpetuates a cycle where women's reproduction of both children and conformist ideals limits their autonomy, reinforcing traditional roles that stifle true self-expression and agency. Identity is fundamentally shaped at a bodily level through the processes of habit formation. In essence, the development of subjectivity necessitates a form of bodily performativity at its most foundational level (Wehrle 365). When women don't act a certain way, society judges them harshly and pathologizes their bodies, making it even more clear that their value is determined by the opinions of men rather than themselves. The film also makes passing reference to women health rights, highlighting how crucial it is to protect women and girls' health on a worldwide scale by ensuring their access to safe abortions and the freedom to choose not to have children. However, patriarchal institutions persist in their control over women's lives since many nations' laws remain restrictive and make it difficult to receive competent abortion treatment. The evidence shows that stronger laws do not reduce abortions, which is ironic since it shows that women still want control over their bodies, regardless of society. Therefore, Sara's familial situation is representative of the broader challenges that women encounter in the modern world. Despite society's advancements, it forces viewers to face the continuous struggle against intersectional inequities. The film's depiction of Sara's story exemplifies the strength of women who aren't afraid to stand up for themselves. It encourages viewers to see the joy and mayhem of a life lived independently, which is still a difficult but necessary task for modern women.

Regardless of a nation's abortion laws, the rates of unplanned pregnancies that result in abortion are generally similar, as Jonathan et al. find in their research on pregnancy and abortion. Nations that limit abortion have greater incidence of unwanted pregnancies. This leads to another critical health issue which limits the gender inclusion, i.e., mental issue. Denying women and girls the autonomy over their bodies and health can have a serious negative impact on their mental health, increasing their risk of despair and suicide ideation. Being forced to carry an unplanned pregnancy or seek out risky abortion methods can have a profound psychological impact. This implies that the infliction of forced pregnancy will be

disproportionately experienced by those with a history of intimate partner violence and likely lead to an increase in physical trauma (Keegan et al. 3). Serious concerns are raised regarding who will oversee ensuring the mental health of these victims of mental torture in light of their suffering. Societies that enact restrictive abortion laws also need to think about the ethical ramifications of depriving people of their right to reproductive freedom and the long-term effects on mental health. This also being reflected in the movie throughout the almost fallen relationship between the main characters. This highlights two problematic aspects: women's control over their health and relationships and society's influence over personal decisions and choices. At the beginning of the film, Sara is well aware of her choices regarding having children and even makes her stance clear to her future husband. This demonstrates that her health choices were never fully hers if she wanted to get married. Furthermore, her husband Jeevan's eventual reluctance to accept Sara's decision signifies society's persistent surveillance over women's choices. It shows how maintaining a diverse identity that deviates from conventional norms, where traditional motherhood and 'classical body' representation criticized by Bakhtin are often seen as the only acceptable path, is met with resistance and societal abjection (320-324). The horror body embodies images designed to evoke both visual and ideological shock, revealing cultural pressures to deny inevitable biological processes. The system of images found in the carnival presents a unique view of the body, emphasizing its exaggerated and constantly changing nature (Gómez 1). This perspective transcends traditional feminine norms, revealing a deeper intersectionality rooted in the supp.ression of women's individuality. As Williamson et al. argue, the "good mother ideology" dictates that women are considered "good" mothers only if they conform to dominant parenting discourses, such as the intensive mothering model that prioritizes children's needs above all else (101). This extends to the preordained health choices imposed on women, reinforcing an archetype that has persisted for decades, limiting autonomy and agency over their own bodies.

The narrative of *Sara's* reveals layers of complexity inherent in Sara's quest for autonomy over her reproductive decisions. As Sara grapp.les with the societal expectations and familial norms that surround her, the film becomes a poignant commentary on the broader challenges faced by women in asserting their agency in matters of family planning and their own health. Jude's directorial finesse guides the audience through Sara's tumultuous journey, employing a delicate balance of sensitivity and realism. The film not only sheds light on the individual struggles of its protagonist but also fosters a broader dialogue on the imperative need to empower women in matters of their own family planning. Through its inimitable exploration, the film serves as a tool for discussions on dismantling societal barriers, challenging

stereotypes and advocating for the recognition of women's autonomy in shaping their reproductive, bodies and health destinies.

Thus, *Sara's* becomes a cinematic testament to the resilience of women in the face of societal expectations, inviting audiences to empathize with Sara's journey and, by extension, the journeys of countless women fronting similar challenges. As the film unfolds, it becomes evident that *Sara's* is not merely a story; it is a mirror reflecting the difficult chemistry between personal aspirations, societal norms and the ongoing struggle for women's rights in the realm of family planning by scrutinizing their health and body. In this way, the film transcends its cinematic form, emerging as a powerful narrative that resonates with the urgent call for gender equality and autonomy in contemporary society.

Challenging Norms and Empowering Choices:

Sara's also challenges the taboos and stereotypes that prevent people from having open conversations about women's reproductive health. The film effectively addresses the scarcity of knowledge on and access to reproductive healthcare, highlighting the need of providing women with the information and tools they need to make healthy decisions about their bodies. The firm resolve of Sara Vincent to never have children can be traced back to her formative years in education. Despite the multiple times she loudly proclaimed her distaste to delivery, the pervasive chorus of "You will change your mind" rang in response. Sara, however, was unmoved; she was adamant in her determination to go against the grain of conventional wisdom. Sara is untiring in her convictions, but those around her are having trouble adjusting to her (un)conventional decision. The film expertly negotiates the minefield of interpersonal dynamics and societal norms to depict the struggles endured by those who choose to go their own way and unabashedly embrace an unconventional existence. Sara's degrading yet simultaneously regenerating relationships with her family illustrate the limited autonomy women possess over their bodies, which are often entangled with opp.ressive symbolic meanings. As put forth by AnaJúliaCalegari Torres et al. being a mother frequently results in decreased feelings of control and belonging as well as higher demands on productivity (1). Consequently, mothers typically hold less leadership roles than dads and childless women. Both Sara and her mother exemplify how the dual representation of the mother figure reflects a gradual acceptance of societal norms, highlighting the insidious influence of cultural expectations on their identities. While Sara's mother initially app.ears supp.ortive, she ultimately succumbs to societal expectations, highlighting the fragility of women's resolve against traditional norms. In contrast, her father emerges as a steadfast ally, challenging conventional notions of strength and vulnerability. His staunch supp.ort complicates the narrative of gendered performativity, suggesting that men can defy patriarchal norms. This interplay critiques the

limitations of societal constructs on both genders, illustrating how adherence to traditional roles stifles women's agency and diminishes men's capacity for empathy, ultimately perpetuating a cycle of conformity that hinders genuine empowerment. Along the way, we meet naysayers who can't understand a way of life that doesn't revolve around nuclear families. Sara's resolve to follow her heart serves as an inspiration to people who feel the same way, providing relief to those who, like her, have had to contend with the monotonous chorus of society expectations. *Sara's* becomes a metaphor for the trials and tribulations experienced by those who value personal fulfilment more highly than conformity to cultural norms. Often in Indian commercial serials it had been shown as app.earing problems whenever women had got their choices or had listen to their body, health and mind before society which only indicates the problem rooted far beneath the collective archetype. As incepted by Carl Jung the unconsciousness says women have always been asserted with playing dolls thus mother and seen one and hope of one day being pregnant without thinking one's health capability and internal willingness. Anything less and beyond is taboo. Jung's theory of the collective unconscious contributes to the current biological and psychological discussion concerning nature vs nurture (Jung 44). Assuming that genetics or nature have an impact on an individual's mentality, we need to investigate how these factors manifest in day-to-day experiences. This viewpoint is particularly pertinent in light of the widespread perception that women are nothing more than "baby making machines" as a result of ingrained, inherited societal conventions and stereotypes. Rather than acknowledging a woman's complete individuality, their own right over their own body and health and motherhood, these unconscious beliefs reinforce the idea that a woman's primary function is reproduction, which shapes our everyday attitudes and behaviors. *Sara's* goes beyond the confines of a conventional story and becomes a call to arms for those who, like Sara, defy expectations by fearlessly going for their dreams and redefining success according to their own standards. The film is both a celebration of personal freedom and a challenge to cultural norms that would write a woman's life story for her. The film drives home the need of fighting for women's rights and removing barriers to their autonomy and well-being by focusing on the challenges Sara faces in her quest for agency.

Conclusion:

In conclusion, *Sara's* adeptly unknots the complexities of familial and societal dynamics surrounding women's reproductive and health rights, reflecting the pressing need for supp.ortive networks in an age of advanced technology and evolving ideologies. As the film explores the multifaceted pressures faced by women within Indian households—illustrated through the nuanced interactions among Sara, her father, mother, husband and mother-in-

law—it critically exposes how traditional expectations continue to suffocate individual choices. By highlighting the tension between personal agency and societal conformity, *Sara's* serves as a poignant commentary on the urgent need for authentic empowerment, urging a re-evaluation of how women assert their reproductive health in a rapidly changing landscape.

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Unspeakable Wounds: Trauma and Mental Health in Manipuri Women's Poetry

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Abstract

Much like the Rambuai of Mizoram and the literature of troubled times in Nagaland, Manipuri literature also documents the suffering caused by the armed insurgency in Manipur since the 1970s. Amidst ongoing turmoil, Manipuri women confront numerous adversities, including sexual abuse, political violence, historical trauma, displacement and emotional distress. Women poets have emerged in response, expressing their challenges and healing through verse, blending personal protest, poetics of violence and trauma. Their poetry directly addresses political regression and the pervasive turmoil endured by women and children. This paper aims to shed light on the enduring impact of prolonged violence and conflict on Manipuri women, analysing how women poets perceive and articulate violence. Drawing from theoretical paradigms such as women's studies and trauma theory, the analysis seeks to illuminate the profound effects of violence on women's well-being and their poetic expressions of resilience amidst adversity.

Keywords: *women, trauma, mental health, violence, poetry.*

Introduction

History undeniably attests to the recognition of Manipuri women for their bravery and self-reliance. However, this historical acknowledgement does not justify Manipuri women's freedom because they continue to function with a biased and deeply entrenched culture and

tradition that instrumentalises them for the state's advantage or the protection of their husbands and children. The general assumption that Manipuri women hold an equal status in society is subject to interpretation. Yet, this assumption is contradicted by the rising cases of domestic violence, harassment, rape, increased control through imposed moral codes and mob policing and even murder over the years.

To provide context to the excessive violence and madness in the state, a symbolic example, satirical as it can be, is given below:

> You are also innocent
> But your turn is evident
> For the whip of the mighty and powerful
> Is sure to lash on the shirtless
> Bare back of yours
> Therefore, put on a shirt Gandhi
> Make sure you wear one. (Premchandra, 181)

It is the voice of a young poet, Akham Yandibala (born 1981), addressing the reign of terror that has fallen upon the vulnerable citizens of Manipur. With a potent and metaphorical take, the poet ironically advises Mahatma Gandhi, the symbol of non-violence, to don a shirt, as his exposed back would bear the "whip of the mighty and powerful." The poet narrates the tale of recurrent and widespread violence in the strife-ridden state. Once more, her verse serves as a poignant reminder of the state's tumultuous history, where violence and chaos have left an indelible mark on everyone, each with their own harrowing story to hide or tell.

Due to the pervasive violence and its profound effects on the populace of the state, the often disregarded but prevalent matter of mental health tends to be neglected, especially among women who bear the burden of domestic and socio-political duties. Gender inequality further exacerbates women's health and well-being, as defined by the World Health Organization (WHO) as encompassing physical, mental and social well-being. Thus, health is not merely the absence of illness but also the state of happiness and quality of life for individuals in a community or nation.The same world body defines the concept of 'Mental Health' in the following lines:

> Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well and contribute to their community. It is an integral component of

> health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. (WHO)

Sadly, in the most pathetic way, the 'state of being happy' or 'quality of life' has been blown up into pieces by the incessant cycle of violence brought by the freedom struggle. Thus ordinary folks suffer mentally, psychologically, socially, politically, economically and culturally. In Manipur, violence and corruption are the two leading causes of the collapse of once a prolific society. To understand violence and how it plays out, we can look at Slavoj Žižek's categorisation of the same in his book *Violence* (2008) where he identifies three types forming a triumvirate: (i) subjective violence, which is directly visible and performed by a clearly identifiable agent, (ii) symbolic violence and, (iii) systemic violence which is both objective and invisible (2). Violence in Manipur, which is the cause of mental health and trauma in Manipur, is subjective, symbolic and systematic.

Violence in Manipur leaves behind a trail of trauma, yet discussions on this serious mental health issue are conspicuously absent from public discourse. Despite its prevalence, trauma remains unaddressed mainly by government programs and policies, often relegated to radio ads and billboards. Studies on Manipuri women survivors of conflict reveal high rates of post-traumatic stress disorder (PTSD). This unacknowledged trauma permeates community narratives, passed down through generations, either as a means of reconciliation or exploitation.Cathy Caruth, in *Unclaimed Experience: Trauma Narrative and History,* articulates that trauma is not understood entirely in the original incident, "[…] but rather in the way that its very unassimilated nature – the way it was precisely not known in the first instance – returns to haunt the survivor later on" (4).

The 'state of well-being' demands a complete secession from violence and a high standard of life. However, traumatic experiences come to haunt the poets as they have experienced them in one form or another. Though the poems under consideration do not directly depict the specific case studies of trauma survivors or provide a direct explanation of trauma from a psychiatric perspective, these poems tenaciously persist in conveying the experience of crisis through observation, emotion and understanding. Addressing and alleviating trauma necessitates "an investigation into both the mind and body, necessitating structural repair" (Waites 22).

Writing 'Lived Experiences': The Saga of Poetry as Protest

Manipuri women poets have effectively intertwined poetry with social and political activism, resonating with the deeply distressing state that the people of Manipur have unwittingly internalised. Therefore, Manipuri poetry surpasses the mere aesthetics of language or the appreciation of the world's wonders. Instead, it encapsulates reality, mirrors lived experiences and articulates the profound pain and suffering that every woman carries with her wherever she is.

The literary arena in Manipur, where women writers passionately articulate their minds, has evolved into a platform of agitprop. This space has taken on an increasingly personal dimension, overshadowing the public sphere and adopting a more political tone over a purely social one. This shift arises because the boundary between the political and social realms has become hazy and indistinct. The personal element is accentuated by the widespread prevalence of violence and trauma affecting individuals across the board.

Local struggles, like HijamIrabot's socialist movement in the 1950s and the formation of the United National Liberation Front (UNLF) in 1964, preceded the ongoing conflict in the state. These movements incited mass opposition against the newly established administration, leading to armed resistance in the early 1970s. It sparked a relentless cycle of violence, leaving Manipur in a state of trauma for decades. This turmoil bred pessimism and nihilism, hampering the state's democratic and developmental endeavours amid existing poverty and conflict. The situation worsened when Manipur was declared a 'disturbed area,' subject to the oppressive Armed Forces Special Powers Act (1958), exacerbating the crisis.

While it might seem hyperbolic, the fate of life and property in Manipur is dictated by a small group of influential individuals. The theoretical notion of poetic justice boils down to a stark reality: either kill or be killed. It is a desperate situation where one must either submit and face death or embrace violence to survive.It is either Prema's search for the crematorium where her body will be cremated when she wrote, "Crematorium/where are you waiting/for me?" (*Punshi Khongchatsida*, 135) or Tongbram Chandrakala's insistence, "Don't talk about who they kill/Narrate instead, who you've killed" (*Manipuri Sahityada Nupigi Khonjel,* 147). It is also not overstating to observe that every poem is steeped in deep frustration and a feeling of complete disorientation.

The future of Manipur is engulfed in flames, alongside the loss of lives and property. The relentless cycle of killings and atrocities has normalized trauma to the extent that it has become ingrained in the fabric of life and history in Manipur. While empathy allows us to understand others' suffering, the pervasive trauma in Manipur defies the usual mechanisms of forgetting for self-protection. Instead, a culture of remembering emerges, driven by the

collective impact of numerous traumatic events, posing a dangerous trend for the Manipuri society.

Writing Trauma: The Two Generations of Women Poets

There remains a high tendency to develop multiple perspectives on women when it concerns health and its impact on women. Manipuri women poets depict the status of Manipuri women as they exist within the critical and hypocritical gaze of Manipuri society. She is good and evil, according to her obeisance to society's set conventions. Her pain, anguish, mental health and other concerns are for her to endure. There is a Manipuri expression, which is *akhangkanbi.* The phrase roughly translates into 'women endure and persevere anything.' Such cultural constructs worsen matters instead of solving women-related issues in the state.

For convenience, Manipuri women poets can be categorised into two generations, which span half a century of violence – from the 80s to the 2020s. We have poets born in the 50s and 60s in the first generation. These poets were born immediately after India gained independence and witnessed the escalation of violence in Manipur during their adulthood. Notable poets from this phase include Khwairakpam Anandini (born in 1952), Memchoubi (born in 1957), Moirangthem Borkanya (born in 1958), Koijam Shantibala (born in 1960), Lairenlakpam Ibemhal (born in 1960) and more. These poets inherited the trauma and devastation of British rule and the Great War.

In the second generation, there are poets such as Sorokhaibam Gambhini (born in 1971), Sobita Bachaspati (born in 1971), Naorem Romina (born in 1978), Prema Chanu (born in 1981), Yandibala (born in 1981), Angom Sarita (born in 1982) and others leading the way. These two generations offer varying perspectives on the tumultuous period that Manipur experienced from the early 1980s, which continues to wreak havoc even today.

i) The First Generation

In 1967, Khwairakpam Anandini made history by releasing "SajibugiLeirang" (The Flower of April), a woman's first anthology of poems in Manipuri literature. Her work followed the emergence of modern Manipuri poetry after the nationalist fervour ignited by the Anglo-Manipuri war in 1891. Building upon the themes of nostalgia for the kingdom's past glory and linguistic nationalism, Anandini inherited the poetic tradition from her male predecessors. However, her style and perspective evolved as she grappled with the challenges of contemporary life, shifting from the initial tone of nationalist fervour to a more nuanced exploration of self and existence.

In her poem "The Promise of an Embryo," she draws a parallel between herself and an embryo, existing within her mother's womb yet repeatedly terminated as an unwanted offspring. It is not a vulnerable mother who commits the act but rather the omnipotent adversary.

Fueled by anger, she yearns to become a soldier and combat those who afflict her homeland, only to realise her own embryonic state. Her exasperation is expressed in the following lines:

My mother had me killed
Many times, mercilessly
By the opponent's weapon.
My mother did that? Really? (Premchandra, 87)

The poet sees the persons who are to defend her motherland as embryos and everything else in the land. She is sad and infuriated by the fact that the womb is defenceless and embryos have not turned into real flesh and bone which can fight and defend. At the same time, she is rattled by all the unfulfilled promises made by certain individuals and politicians. Given the circumstances, the poet starts seeing Manipur as a womb where things are more unmade than made:

Embryo soldiers
Embryo promises
Embryos destroyed in the wombs
Promises aborted in the wombs. (Premchandra, 87)

Anandini's take on the inadvertent responsibilities of women or mothers to rescue the land from dangers is also shared by Arambam Ongbi Memchoubi, who is the leading poet among the women writers of Manipur. Memchoubi posits that there are innumerable prejudices against women in Manipur, but they still carry the burden of protecting innocent civilians and opposing any non-democratic activities in the state. Her poem"Palem Ima Ningshibi" or "My Beloved Mother" is one fine example to elucidate the point made above:

I asked her one day –
"Palem Ima Nungshibi – my beloved mother
What is there in your basket
That you are carrying on your back?
Show me, mother, show me please."

Without parting it away from her back
My mother slightly tilted the basket and
Showed me the load on her back.
I peeked inside with curiosity
Oh, I saw inside, inside the basket
Her shabby old husband
And her youthful son. (Premchandra, 97)

In a place like Manipur, where the "right to property" is a luxury and the fundamental "right to life" is a constant struggle, the impact is deeply ingrained in the psyche and spirit of women poets. Such harsh realities permeate their minds, sowing fear, anxiety and loathing. These sentiments are vividly portrayed in Memchoubi's celebrated poem, where the poet provocatively asks the old mother what she conceals so discreetly in her basket.These lines capture the traditional role that Manipuri women have borne for generations. Eventually, the protective old woman unveils the truth — she carries her frail and ailing husband and her young and energetic son. Memchoubi's poem is a poignant representation of Manipur's mothers, who have been responsible for shielding and safeguarding their men and sons throughout the ages.

But such a courageous woman can fall victim anytime. Memchoubi is tired of sad songs sung by the wind, songs of death, decay, devastation and rape. She laments:

Do not sing sad songs, O wind,
Do not tell sad stories any more
Tell me instead
How you spent the dreadful night
How you resurrect yourself on your grave again. (Premchandra, 95)

The elegiac tone of the poem yet again reveals a lifetime of living in unspeakable pain and unhealed wounds. Solitude is depicted through visuals of falling leaves, forsaken jhum fields, desolate ravines and ominous nights, among others. There is no one to alleviate the suffering of the individual who bears it in silence. The victim grapples with a haunting experience that persists throughout every moment of her life. The shock of a traumatic event resurfaces, lingering with the survivor even after the actual incident has passed.

Hence, Memchoubi urges all women to rise and advocate for their rights. Recognising the inherent power within women, she encourages them to unleash it. Rather than provoking conflict, she acknowledges that every woman harbours dormant strength akin to a sleeping volcano, waiting for the opportune moment to erupt and catalyse change.She feels that Manipuri women have already snapped; therefore, she calls on every woman and contemplates:

Erupt, erupt, erupt
The sleeping volcano within
That's been holed up for many years
In the wombs of every Meitei woman –
Erupt, erupt, erupt
The sleeping volcano inside. (Premchandra, 96)

In her poem "Androgi Mei" or "The Fire of Andro" from her 1990 collection of the same name, Memchoubi revisits the historical event of the execution of two Manipuri freedom fighters, Thangal General and Yuvraj Tikendrajit, following Manipur's loss of independence to the British during the Anglo-Manipuri War of 1891. Despite the women's silent presence during the execution, they harbour intense rage, likened by the poet to a "volcano inside" Through the metaphor of a volcano, Memchoubi captures the pent-up anger and dissatisfaction of Meitei women who have long endured repression.

Individuals undergo trauma through various means: as witnesses, residents close to a disaster site or through second-hand exposure via accounts from acquaintances (Kaplan, 2).Similarly, the trauma of the hanging of the two brave heroes of Manipur is still fresh in the minds of every Manipuri as the story is passed down from generation to generation and perpetuated by pictures, radio and TV dramas and popular talks.

Moiranthem Borkanya incorporates cultural and historical motifs to articulate her reflections on prevailing societal concerns within her poetry. A notable example is her poem "Henjunaha,"which is featured in her 2018 collection by the same name. Drawing from the Moirang legend of Henjunaha and Lairoulembi, she illustrates the capricious nature of death inflicted by evil forces. Within the poem, she delves into the poignant theme of loved ones being torn apart by violence and mortality, echoing a universal human experience. Additionally, Borkanya explores the exploitation of youth by influential forces for their gain and convenience, adding another layer of depth to her work.The poet sees exploitation as an act of transgression where the state will reduce the youths to dust:

Henjunaha,
They want to reduce you to a tiny seed
No, no, they want you to be the dry dust inside a dead seed
They want you, your home, your homestead
All inside that tiny dead seed. (Premchandra, 103)

Her stanza below from the poem "The lad on the horseback" showcases her poetic quality and ability to paint the real picture of the people of Manipur. The lines reiterate the old notion that "traumatized people relive in their bodies the moments of terror that they can not describe in words" (Herman, 239). The stanza reads:

After major operations
The patients lie frozen
On the bed
Their sense organs numbed, etherised
By their ache. (Premchandra, 105)

Borkanya also uses medical imagery to express her feeling. Her poem "Sister Meera" is of particular interest. Here are some lines from the poem:

Sister Meera
Sister Meera
Sister Meera at the demonstration room.
Ventral position
Sims position
Vaginal position
Genupectoral position …
(Memchoubi, 2003, 128) [author's translation]

The poet sees the women of Manipur as plastic figurines for the demonstration to the medical students. She performs all the positions without any complaint or protest. She is silent, but her clear eyes seem to see who is 'operating' her. As Kalí Tal says, the "literature of trauma is written from the need to tell and retell the story of the traumatic experience, to make it 'real' both to the victim and to the community" (21). It is precisely what Borkanya and other poets do; tell their stories for others and posterity.

On the other hand, Lairenlakpam Ibemhal mostly brings out everyday happenstances which we do not consider important or relevant to women's health issues. The complex interplay of race, class, gender and culture that shapes women's health, as well as the cultural perceptions of women's bodies and their experiences, is a topic widely discussed but seldom acted upon. Writing about Women's health research in the last twenty-five years in Europe, Elianne Riska opines that "[…] beginning with homogenizing women and going on to differentiating between them and to deconstructing the category both of gender and of health - informs us that there is no generic concept of "women's health", but that women's health and men's health are located in time and space" (85). However, the situation in India is different, with significant geographical disparity, languages and cultures not conforming to one single entity. Norms and traditions in almost all regions have placed women at a considerable disadvantage.

On top of that, patriarchal norms and conventions segregate them and leave them to their development. Things are changing in the twenty-first century. There is much talk about girl-child education and other development plans designed specifically for women and girls. However, deeply entrenched "religious tradition, the family form, inheritance patterns, marriage, sex roles in the division of labour and segregation of women" still run deep in Indian societies (Key, 64). Manipuri society is no different. A woman must become one with her husband. Therefore, Ibemhal, despite the inconvenience, performs the duty of a wife:

Night after night
The stink of your alcohol
Slumbered with
The sweet smell of my hair.
Tonight is no different
Let the dreadful stench of your alcohol
Sleep with the sweet scent of my body.
Don't look at me like that
I haven't changed a bit
I've become you already. (Premchandra, 129)

ii) The Second Generation

Second-generation poets offer scathing critiques of the government and its apparatus, attributing Manipur's perpetual darkness to their actions. Their poetry vividly portrays a sense of dread and revulsion towards violence and injustice, whether orchestrated by governmental bodies or other entities. Their verses are laden with imagery depicting death, grief and the harsh truths of existence, including the challenges faced by women, such as menstruation taboos, patriarchal constraints, instances of sexual violence and battles with mental health issues.

Leading this generation is Sorokhaibam Gambhini,who constructs literary trauma as throwing, "[…] a light on figurative or poetic language and perhaps symbolic process in general, as something other than an enhanced imaging or vicarious repetition of a prior (non) experience" (Hartman,540). The poet, in this manner, raises her angst about the rape and murder of one Thangjam Manorama in 2004 in the poem "Sham Punshilu" ("Tie up your hair"), which compelled twelve mothers to protest nude in front of Kangla, in the heart of the capital city. Gambhini echoes the abject frustration of the women of Manipur and calls out to Manorama to come back, to resurrect again:

Manorama! Remove the white shroud covering your face
Stand up Manorama stand up
The Kangla stands with its head down!
You must stand up one last time
In front of the Kangla where the heartbeats of Nupilan were sown. (35-36) [author's translation]

One interesting fact is that Gambhini also carries intergenerational trauma where the trauma of forced migration is passed down from generation to generation and she looks at Manipur from a distance and feels equally concerned and sad about the state. She writes

from Tripura, looking at Manipur with pain in her heart:

In a moment's spurt, it dawned upon my mind
I wanted to go to the land of my origin!
My dearest Manipur,
Also known as Sana Laibak – Golden Land
Adorned by lakes, hills and rivers
To my beloved mother. (56) [author's translation]

Manipur, Gambhini's diasporic centre, calls out to her with open arms. Her forefathers migrated to present-day Tripura during the Seven Years Devastation (1819-1826) when the Burmese soldiers ran havoc in the valley of Manipur for seven long years. She still carries intergenerational trauma, which is the psychological and emotional impact of traumatic events passed down from generation to generation, often through cultural, familial and individual memories making a "living connection" and that past's passing into history or myth (Hirsch "Introduction" 2).

Haobijam Chanu Prema, on the other hand, eulogises *small* things which matter a lot to women but are insignificant from a man's perspective. Her range and vision are exciting. She metaphorically calls the mensural cycle 'Monthly Flower' and makes a list of dos and don'ts that come with mensuration. She showed her traumatic experience as a teenager when she got it for the first time and how innocent and terrified she was.

In the poem titled "Slut," she deals with the issue of displacement, fraud and human trafficking. As violence rages on, 'living' becomes an end which must be achieved with any means available. Many young girls are forced into prostitution because of poverty, drug abuse, widowed by violence and fraud. Prema succinctly portrays these issues as she has seen them. Besides, deprivation can make people do funny things. The poet tells the readers of the unfortunate fate of being a woman:

Trust did make her follow
For a job that she was promised
Now, she does get it in this strange land
A position of the highest kind –
The service to man-kind
A service to the studs
Gaining the title of a slut. (2011, 24-25) [author's translation]

Manipuri women face multiple battles, with human trafficking, drug abuse and STDs like HIV/AIDS adding to their struggles. The state's high urban poverty rate, standing at 40% of the population, exacerbates conditions, particularly in rural areas. Women bear the

brunt of malnutrition and excessive labour to support their families. Despite the rhetoric surrounding women's empowerment and gender equality, efforts to address women's health issues have stagnated.Despite the rhetoric of women's empowerment and gender equality currently espoused by the Millennium Development Goals project, our thinking, monitoring and action on women's health have stagnated (Mohindra and Béatrice 561).

As stated above, Prema's versatility lies in depicting simple things in the life of a woman whose male counterparts fail to understand. The following poem titled "the better half" is an example:

the bride, newlywed,
enters shivering.
all the ten fingers feel frozen.

in the warm cosy bed
the Husband sleeps snoring.

she strokes lovingly
on His forehead,
"are you out of your mind,
must you do that with your ice-cold hands?" (*Punshi Khongchatsida*, 34) [author's translation]

This generation of poets grew up with the sound of guns and smoke from tear gas. Angom Sarita's poem "Nongmei" (Gun) reminds us of a popular culture in Manipur that shatters families and leaves horrendous memories. She writes:

Can't say about the other places
but there in our place, it is dirt-cheap
the price of a bullet.

Only the dead have been made wrong
in this land
where there is no justice for the dead
I'm afraid to live
and also to die. (Premchandra, 182)

Given that these young poets are poised to demonstrate their skill, it is challenging to quantify the value of their poetic creations. Nevertheless, they cannot avoid grappling with the harsh realities of their most profound moments of darkness, which often find their way

into their literary works.

Conclusion

Amid the relentless challenges faced by Manipuri women, there's a glaring absence of discourse on their well-being and mental health, along with measures to address these issues. Manipuri women often go unnoticed and undervalued despite their invaluable contributions to social cohesion. Yet, these brave women poets exhibit remarkable resilience and deep insight into the state's turmoil. Their poetry offers optimism in a despondent society and envisions guiding the state away from violence. Their powerful verses advocate peace, sanity and security, aiming for happiness and prosperity for all. Despite carrying deep wounds and enduring a legacy of trauma, they persevere in writing with a vision for a brighter future for Manipur, striving to safeguard their own well-being and mental health amidst the turmoil of conflict.

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From Trauma to Survival: A Reading of J. M. Coetzee's *Disgrace*

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Abstract:

In psychology, trauma is defined as an emotional response towards a highly distressing, surprising and painful event that might lead to diverse psychological issues like anxiety, stress, alienation, denial and even a tendency of self-harm. In the 1990s, trauma studies and theories emphasised not only on trauma's medical and psychological implications but also on its being a significant social, political, cultural and moral discourse. Literary representation of trauma has always been a challenging task for writers because of the unspeakability of the subject itself. In this respect, J. M. Coetzee's post-Apartheid novel *Disgrace* (1999) is an interesting reading as the novel addresses the subjects of rape, trauma and survival among many other vital issues of the time. The character of Lucy Lurie, a white woman living in South Africa, holds special attention because of the way how the author represents her mental situation as a rape survivor and defines her traumatic experience from an unconventional way. Lucy's gradual progression from alienation and avoidance to acceptance and survival is a reflection of how her trauma has enabled her to define reality from a different perspective and to see things beyond the surface.

***Key Words* :** *psychology*, *trauma*, *rape*, *silence*, *racism*, *patriarchy*, *survival*, *ecofeminism*

Introduction:

J. M. Coetzee, a South African-Australian novelist, essayist, linguist and the recipient of 2003 Nobel Prize for Literature, is well known for his postmodernist - post colonialist approach to diverse issues and aspects of the contemporary era. His novel *Disgrace* (1999), published after five years of the country's first democratic election which marked the end of the Apartheid regime,narrates a story where the author explores the issues of race, rape, justice, gender, retribution, animal rights etc. Among these different aspects of the novel, this paper attempts to explore the themes of rape, trauma and survival of Lucy Lurie, a young white woman of 32 years. In examining the afore mentioned themes, a close analysis is undertaken regarding theories and ideas on trauma in general and traumatic experiences of women in particular. A close exploration of the psychological condition of Lucy Lurie, a rape-survivor, brings to light how Lucy, under her trauma, acquires new dimensions about life and the world and how, with the new realization, she maps her journey from disgrace to survival.

Objective:

The objective of this paper is to do a study on trauma and survival in the character of Lucy Lurie from psychological and feminist perspectives.

Methodology:

Analytical and interpretative methods are used to study the subject undertaken for the paper. The text is used as primary source and related books, articles, journals etc. are used as secondary sources of data.

Analysis:

In psychology, trauma is defined as an emotional response towards a highly distressing, surprising and painful event that might lead to diverse psychological issues like anxiety, stress, alienation, denial and even a tendency of self-harm. The first person that brought this topic to research discussion was Sigmund Freud who defined trauma in his essay "Beyond the Pleasure Principle"(1920) and books like *Studies on Hysteria* (1895), *Moses and Monotheism* (1939) etc. In his essay "Beyond Pleasure Principle", Freud presents a psychophysiological model where he uses the term 'protective shield' to designate a special organization of psychic arrangement that protects the living organism from the excitations or stimuli from the external world. He says:

> We describe as 'traumatic' any excitations from the outside which are powerful enough to break through the protective shield. . . Such an event as an external trauma is bound to provoke a disturbance on a large scale in the functioning of the organism's energy and to set in motion every possible defensive measure. (29)

In his book *Moses and Monotheism*, Freud brings to light the concept of 'latency' that is a period between the actual event of distress and the reawakening of the memory of the event later on.

Again, the term 'survival' here means a mental and physical situation when the victim of a traumatic event manages to survive in spite of challenging and critical environment. But survival after trauma is also not an easy process as, according to John Leach "Survival is a very personal thing – it is a very lonely thing . . . How he copes psychologically with this situation will determine whether he becomes a survivor or remains a victim". Leach again observes that only surviving after a disastrous experience does not make the person a survivor as "Anyone who has been physically rescued from a disaster yet still suffers psychologically from its effect to the extent that it interferes in their everyday lives, remains a victim" (Leach ix, x). Therefore, a victim can be called a survivor only when he or she is fully recovered and healed from the traumatic event and is continuously engaged in improving mental, emotional and physical health and well-being. According to Elizabeth A. Waites, "survival is often maintained not only by processes of physical repair but by persistent attempts at psychological reparation" (Waites 21). Therefore, a study on trauma automatically contains the factor of survival of the victim.

Based on Freud's theory of trauma, many subsequent writers concentrated their research in defining trauma in the context of the modern period and its associated intricacies. Defining trauma, Carthy Caruth in her book *Unclaimed Experience: Trauma, Narrative and History* (1996) traces the Greek word 'trauma' which means 'wound' specifically referring to any injury in the body. She says that it was Freud who applied the word to mental or psychological injury through his early theories on trauma. Caruth puts forward her own definition of trauma: "In its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive hallucinations and other intrusive phenomena" (Caruth, *Unclaimed* 11). Based on Freud's idea of 'fright' i.e. "the state a person gets into when he has run into danger without being prepared for it" and 'repetition compulsion' i. e. "the compulsion to repeat also recalls from the past experiences which include no possibility of pleasure and which can never, even long ago, have brought satisfaction" (Freud 12, 20), Caruth argues that trauma is the wound not inflicted to the body but the mind and therefore not "a simple and healable event but rather an event that…is experienced too soon, too unexpectedly, to be fully known and therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivors" (Caruth, *Unclaimed* 17). In Caruth's another important study on trauma, she claims that trauma

cannot be easily understood as the traumatic events may be defined "by the very ways in which they are not immediately assimilated: by the manners in which their experience is delayed, split off or subjected to social and political denial" (Caruth, *Listening* xiii).

Dominick LaCapra in *Writing History, Writing Trauma* says that history has very rarely succeeded in representing trauma as historians fail to recognize the significance of individual and collective trauma even when they write of events and processes in which it is prevalent, such as genocides, wars, rape and various forms of victimization and abuse both of humans and of other animals.(LaCapra x) Kali Tal in her book *Worlds of Hurt: Reading the Literatures of Trauma* argues that traumatic experiences have the power to displace a person's predetermined ideas about the world as "trauma is enacted in a liminal state, outside the bounds of normal human experience and the subject is radically ungrounded" (Tal 15).

Thus, the concept of trauma can be defined as a tremendously disturbing and disordering occurrence. That is why for Freud, there is a very complicated relation between trauma and survival because though the bodily wounds may be healed, the emotional injury continues to exist as the repetitive mental experience of the distressing incident breaks the sequence of time. This severe condition leads to different disorders which had been coined later on as 'post-traumatic stress disorder', a term came into use as a result of the diagnosis of the military veterans of the Vietnam War in 1970s. In 1980, American Psychiatric Association officially recognized the term in its 3rd Edition of *Diagnostic and Statistical Manual of Mental Disorders*. The U.S. National Institute of Mental Health, in the revised manual in 2020, mentions the different symptoms of PTSD which include re-experiencing symptoms (Flashbacks—reliving the traumatic event), avoidance symptoms (Staying away from places, events or objects or feelings and thoughts that are reminders of the experience), arousal and reactivity symptoms (Being easily startled, feeling tense, on guard) Cognition and mood symptoms (Trouble remembering key features of the traumatic event, having negative emotions, feelings of social isolation).

Though trauma is mainly a psychological issue, it has now become "a very powerful and complex paradigm that infiltrates contemporary history, literature, culture and critical theory. . . In different manners, the increasing interest in trauma was a response to concerns about memory, politics, representation and ethics" (Nadal and Calvo 1).Trauma studies that were primarily based on Freud's theories now are incorporating the theoretical paradigms of poststructuralism, postcolonialism, deconstruction etc. and thus exploring the issue from diverse perspectives.

Though the study of trauma had been first initiated from the experiences of male war veterans, there emerged an exploration of trauma also in the lives of women with the second

wave feminism in 1960s and 1970s that concentrated in investigating the various personal and untold experiences of women in general. Since physical and sexual violence against women have always been a significant subject of various branches of study, "Feminist interventions politicize the study of trauma by emphasizing the relationship to the dominant culture and sources of power prior to a traumatic event and to how this position within the society imparts the exposure, experience and reception of the trauma" (Griffiths 181). With the publication of books like *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror* in 1992 by Judith Herman, new ways of interpretation and representation of trauma were emphasized. With an attempt to discuss issues hitherto considered personal or individual, Herman, being a psychiatrist, brings forth into discussion cases of domestic violence such as physical abuse and rape and cases of victims of war and terrorism. Again, *After Silence: Rape and My Journey Back* (1998) by Nancy Venable Raine is a direct, unmediated and profound personal account of her own trauma after 10 years of being raped and her attempt to detail the long-term psychological aftereffects of rape, its 'unspeakability' and the social, cultural, legal and medical perspectives on rape and the victims of rape. Teresa M. Lauer's book *Hours of Torture, Years of Silence*: *My Soul was the scene of the Crime* (1998) is again another direct rendition of the traumatized woman who, by giving an honest account of her kidnap, 14 hours of abuse, her escape and her gradual recovery from the trauma till her decision to articulate her traumatic experiences, tries to infuse hope and encouragement in the minds of all women who undergo similar situation as hers.

Thus, a flood of writing from women writers came out that examined the concept of trauma and traumatic experiences and contributed in exploring these issues from entirely a woman's point of view. In this respect, what is challenging for a male writer perhaps is to write about trauma undergone by a woman. Therefore, J. M. Coetzee's novel *Disgrace* is an interesting reading as, here, the male writer with a male narrative voice is trying to examine and represent the trauma experienced by a female character in a language which has always been a carrier of male ideology.

Though the story of *Disgrace* begins with David Lurie, a 52 years old white Professor in Cape Technical University who had to resign his job after being charged with sexual assault with his student Melanie Isaac, the focus quickly shifts to David's daughter Lucy in whose smallholding at Salem he resorts to. A horrifying event occurs when, one day, three black man rape Lucy after setting David on fire, killing Lucy's dogs, ransacking the house and stealing David's car. When David presses Lucy to lay rape charges against the three men, Lucy chooses to remain silent regarding the rape incident and even, later on, when gets

pregnant, decides to give birth to the child.

From the very beginning, *Disgrace* has been able to win wide readership and has been a subject of many scholarly studies and critical investigation. Though most studies concentrates on the character of David, a good number of discussions focus on Lucy and her unusual reaction to her rape. A review of literature proves that Lucy's character has been analysed through diverse perspectives such as feminist, psychological, ethical, ecocritical and moral drawing attention to the nuances and subtlety in Lucy as a woman.

One of the earliest studies on the novel was done by Mary Eagleton who in her essay "Ethical Reading: The problem of Alice Walker's 'Advancing Luna – and Ida B. Wells' and J.M. Coetzee's *Disgrace*" (2001) highlights how the narrative of the novel is characterized by silencing the female characters such as Melanie Izaac and Lucy whose voices are pushed to the periphery by the dominant male consciousness of David.

"'Oh, the difference to me!': Wordsworth, Lucy and Post-Apartheid Silence in J.M. Coetzee's *Disgrace*" (2014) by Michael Sayeau refers to Wordsworthian 'Lucy' and says that, in the novel, Lucy Lurie does not allow the author to probe her mind unlike Wordsworth's Lucy who was easily represented by the poet. Sayeau claims that Lucy's traumatic experience is not allowed to be understood and interpreted by the readers as they also share David's consciousness based on the "forward progress of the Western phallocentric *logos* emblematized in Wordsworthian romanticism and the desire for discursive access" (62).

A review of existing literature on the novel reveals that, though the character of Lucy has been vastly analyzed and investigated, no particular emphasis is given on her mental health and trauma. Therefore, this specific study on Lucy's traumatic experience of the gang-rape, her mental and emotional devastation and the gradual journey from trauma to survival is meant to be a valuable addition to the existing body of knowledge on the novel. This paper that will highlight how Lucy emerges from a period of post-traumatic stress disorder to a stage of emotional recovery is expected to add a new perspective to the subject of trauma and its representation in the novel.

After the rape, Lucy's subsequent behaviour clearly indicates how she has fallen into the post-traumatic stress disorder. Before the incident Lucy had been a busy woman working in her farm, growing vegetables and flowers, making jam and honey, selling her produce in the market of Grahamstown. Lucy, "a solid countrywoman", "a frontier farmer of the new breed" (Coetzee 60, 62) spends hours working in her farm living a rural life, unsophisticated and simple. But after the incident, Lucy withdraws herself from her usual life. She stops living in her bedroom as the scene of crime takes her back to those moments of violence. Her

father David finds her changing her place in the house: "He returns to find Lucy installing a camp-bed in the musty little pantry that she uses for storage" (111): "The traumatic events cause the victims to experience an intense response such as tremendous fear, terror or helplessness. . ." (Lauer ii) Again there are detailed descriptions of how Lucy fails to live her life as before.

> "Lucy keeps to herself, expresses no feelings, shows no interest in anything around her... Lucy spends hour after hour lying on her bed, staring into space or looking at old magazines, of which she seems to have an unlimited store. She flicks through them impatiently, as though searching for something that is not there". (114)
>
> "Lucy is not improving. She stays up all night, claiming she cannot sleep; then in the afternoons he finds her asleep on the sofa, her thumb in her mouth like a child. She has lost interest in food: he is the one who has to tempt her to eat, cooking unfamiliar dishes because she refuses to touch meat." (121)

Lucy's changing behaviour reflects her inner turmoil and her mental experience and how her previous conceptions of the self and the world are disrupted. Barbara Olasov Rothbaum and Edna B. Foa compare the before and after situation in respect to trauma:

> Before the assault, you may have felt that the world was a safe place and that you were able to handle challenging situations. Many women tell us that after an assault they feel anxious about and afraid of many things, including: being alone at home, going to work, going shopping or being with a man . .. One reason for having a pervasive sense of danger following an assault may be that the assault occurred in a place previously seen as safe, such as one's home. (Rothbaum and Foa 109-10)

Lucy fails to assimilate herself with the normal process of time as her psychic world is not at par with the physical world around her as "Trauma disrupts, at least temporarily, the individual's psychological growth." (McCann and Pearlman 6)

What is most noteworthy in Lucy's case is that she refuses expressing her deep pain and agony and rejects to hear all her father's consoling words and prefers to spend time alone. Perhaps the most puzzling response that Lucy displays towards her rape is not reporting it to the police and remaining silent even in front of her father. Being a victim of rape, Lucy's

deliberate silence has always been difficult to interpret as her response to the sexual assault is not succeeded by some conventional, expected follow-up actions. Contrary to a culturally expected behaviour, Lucy's reaction proves, as Patricia Fanklik observes, that "As there is nothing normative about being sexually victimized, there cannot be a "normal" reaction to such a traumatic event" (9). It is precisely her unusual silence placed against David's as well as the readers' expectation for her to speak up that problematizes the situation: "Massive exposure to death and dehumanization may drastically reduce the power to mourn; in such times grief can endanger survival and must be dammed up" (Aberbach 2).

For Coetzee, to give expression to the trauma undergone by a woman is itself a challenge as, on the one hand, trauma is an unspeakable experience for the survivor itself and on the other hand, for a male writer, direct linguistic representation of trauma of a woman stands for the inaccessibility of man to a woman's mind. In the novel, it is Coetzee's careful strategy of making David the central narrative consciousness but not allowing him the capability to listen to Lucy's silences. David who believes that any or all experiences can be verbalized and narrated, for whom speech and words are the symbols of power and dominance, "Why aren't you telling the whole story, Lucy?" (110), finds his daughter's withdrawal and reticence entirely against his order of things.

> Trauma's unspeakability rests on the claim that extreme experience fractures both language and consciousness, causing lasting damage and demanding unique narrative expressions. The event is absent in normal consciousness but preserved just beyond the limits of understanding in a timeless, wordless state and continues to inflict pain on the psyche. (Balaev 363)

David's inability to understand woman's mind is evident when he sexually exploits and rapes his student Melanie Isaac without understanding the psychological damage he is causing her. At one point in the novel, David finds himself not different from Lucy's rapists for whom women are mere tools for men's pleasure. Even Lucy claims that her father, being a man, can never understand her trauma. Lucy asserts: "You don't know what happened" and again "I can't talk any more, David . . . Because of who you are and who I am, I can't" (Coetzee 134, 155).

In getting access to Lucy's mind, Coetzee limits the capacity not only of David but also of himself as a writer whose task is to represent her suffering. Quite ironically, he makes David absent when she was going through the horrors of rape. David is kept locked in the

bathroom and so also the readers and the author who have no idea what is happening outside the closed bathroom door. Coetzee intentionally distances himself, the readers and the narrator of the story from Lucy's experience and informs that the distance cannot be covered by any linguistic communication. "Accurate representation of trauma can never be achieved . . . trauma lies beyond the bounds of 'normal' conception. Textual representation – literary, visual oral – are mediated by language and do not have the impact of the traumatic experience" (Tal 15).

Conventional literary interpretation is based on the idea that the writer is capable of creating meanings and representing the mental, emotional and physical behaviour of the characters. But in *Disgrace*, Coetzee problematizes the whole issue by not allowing anybody to understand the trauma going through by Lucy. By making David the central focalizer with his self-absorbed and unreliable narration, Coetzee makes it difficult to see the inside of Lucy's mind. Instead, he allows Lucy to have the ownership over her experience asserting that nobody but herself can authenticate her story: "What happened to me is a purely private matter. . . It is my business, mine alone," (112) Lucy allows neither the author nor David (both males) to represent her trauma. "For if the goal is to convey the traumatic experience, no second-hand rendering of it is adequate. . . The combination of the drive to testify and the impossibility of recreating the event for the reader is one of the defining characteristics of trauma literature" (Tal 121).Thus, Lucy denies David's "empathetic participation in her experience" and re-establishes "the impossibility of his *knowing* what she feels or felt" (Sayeau 62). And in that way, Lucy's silence becomes a symbol of her freedom from dominant patriarchal order of meaning. Lucy's silence is the site of her struggle of owning herself and of interpreting reality from a different point of view:"Historically, women have been excluded from the production of cultural forms . . . Because women have not been involved in the production of legitimated language, they have been unable to give weight to their own symbolic meanings" (Spender 52).

Lucy's strength as a trauma-survivor is proved when she, beyond her personal pain, sees the collective pain suffered by the South African blacks under the Apartheid regime. Lucy is well aware of the fact that in the present scenario, she, as a white, must accept the political transformations and discourage any inter-racial conflict. Reporting her rape to the police and getting the three black men punished would put her in the traditional order that she refuses to participate: "Lucy's refusal to report the crime may represent a rather extreme refusal to play a part in a history of oppression" (Graham 439). She refuses to publicize her rape and thus denies the authority the power to arrogate her experience.

Lucy's rape and traumatic silence can also be understood from her perspective of

the 'other' of the human society i. e. the non-humans, the animals. She realizes how her own trauma is "tied up with the trauma of another, the way in which trauma may lead to the encounter with another, through the very possibility and surprise of listening to another's wound" (Caruth 8). Lucy who holds that "There is no higher life. This is the only life there is. Which we share with animals. . ." (Coetzee 74), proves to be one who desires to participate in the experience of the non-human 'other'. As Lucy's silence perplexes David as well the readers, Lucy asserts that, in order to survive, they must accept to "start at ground level. With nothing . . . No cards, no weapons, no property, no rights, no dignity . . . Like a dog" (205). Lucy feels how rape dehumanizes the victim reducing it to the level of an animal. For her, rape is akin to killing an animal, like the dogs being euthanized by Bev Shaw: "Isn't it a bit like killing? Pushing the knife in; exiting afterwards, leaving the body behind covered in blood?" (158) Lucy undergoes same helplessness and humiliation but acquires the potential "to see connections among various forms of oppression, such as those affecting women, marginalized and colonized peoples, animals and nature" (Merchant xiii). Enriched with such realizations, Lucy decides not to terminate her pregnancy and to give birth to the child proving that she is not ready to submit to her trauma and melt into nothingness. To the utter surprise of David, Lucy even gives consent to be the third wife of Petrus, her African neighbour. In her struggle for survival amidst dire situations, Lucy demonstrates rare capacity of coming out of her trauma and face life as it comes. Towards the end of the novel, Lucy is found to be participating in the normal activities of life, resuming her life as it existed before her rape but this time it is with a different understanding of reality.

Again, Lucy seems to draw this rare strength of character from her close proximity with nature. From the very beginning, Lucy appears close to the soil as, at a point, Bev Shaw confirms in front of David: "She lives closer to the ground than you. Than either of us" (210). Under her trauma, Lucy finds an affinity between herself and the earth both as sites of exploitation and domination and also as sites of life and nourishment. After facing a racialized and gendered violence like rape, Lucy finds her body as a site of vengeance in the history of male domination and destruction continued from the beginning of history: "Violence against women is as old as patriarchy. Traditional patriarchy has structured our world-views and mindsets, our social and cultural worlds on the basis of domination over women and the denial of their full humanity and right to equality . . ." (Shiva, xiii – xiv). In this power play, Lucy finds herself as the 'other' who is made to submit and given a subjugated position under males.

What is important here is that Lucy does not allow herself to continue suffering, instead the realization of her affinity with the other non-human entities enables her to understand

reality beyond the surface and thus to embolden herself with a new vision. "Traumatic experience catalyzes a transformation of meaning in the signs individuals use to represent their experiences. . . and the survivors emerge from the traumatic environment with a new set of definitions" (Tal 16). After a period of withdrawal and silence, Lucy bounces back to life just as nature never ceases to nurture even after continued atrocities done to her. "As she says, "Love will grow" and she believes she will love the child, which is symbolic of a fusion of blacks and whites" (Chen 1455). So, at the end, as David visits Lucy, he finds her working in her farm: "Lucy straightens up, stretches, bends down again. Field-labour; peasant tasks, immemorial. His daughter is becoming a peasant . . . She is flushed from her labours and perhaps a little sunburnt. She looks, suddenly, the picture of health" (218).Thus, Lucy's return to life including bringing a life into the world signifies her continuous effort to liberate herself from the memory of the trauma and to achieve psychological reparation.

Conclusion:

This study can be concluded with an observation that Lucy succeeds in mapping the journey from trauma to survival; she elevates her trauma to a higher level of understanding about herself and the world. She restores herself from the traumatic depression as she gradually starts coping with the situation and accepts it without any grudge. So, at the end, the readers find the earlier version of Lucy, close to the soil and closer to reality. Her prohibition on reporting the police when one of the rapists appears at Petrus' house-party marks how forgiving Lucy can be. And finally, her consent to Petrus' marriage proposal ensures how Lucy has gathered enough strength and courage to survive even in the direst circumstances. The last scene is particularly meaningful as Lucy, like nature, comes back to her nurturing and nourishing self, growing plants on earth and growing a baby inside her. Lucy comes out as a survivor as her healing and recovery "involves a process of reorganization that attempts to restore wholeness to body and/or mind" (Waites 22).

Interestingly, without David's and the readers' knowledge, Lucy usurps the narrative consciousness and authenticates her side of the story. Against her father's fear that if she won't speak up, that will allow "not her story to spread but theirs: they are its owners . . ." (115), Lucy tells her story from a very different dimension and makes the reader 'listen' to her. In her journey from trauma to survival, Lucy makes sure that her "healing and transformation must ultimately result in renewed developmental progression . . . psychological needs are balanced and schemas are adjusted to incorporate new information in a way that enables the individual to experience pleasure and satisfaction in his or her life" (McCann and Pearlman 8).

Thus, from trauma that disrupted her previous beliefs and assumptions, Lucy emerges

as a survivor accommodating herself with the new-found realities. Lucy's refusal to remain a victim of trauma and her "full functional recovery" (Leach x) turns her into a survivor enriched with a hard-earned truth that she not only establishes against the patriarchal structure of meaning but also authenticates as a feminine consciousness of reality.

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The Brush for the Breast

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Abstract:

This article examines the role of aesthetic initiatives in the representation as well as creating awareness about breast cancer, with special reference to two art initiatives. In this process, the article traces how apart from its anatomical and clinical complexities, breast cancer is a deeply complicated socio-psychic and socio-cultural construction which is linked with sexuality, femininity, motherhood, finance, beauty standard and stigma, to name a few. Breast Cancer often transcends its medical and medicinal comprehension and turns out to be a tabooed physio-psychic condition. Interestingly, the scenario is same both in the West and the East. The huge amount of money needed for its cure too intensifies the tainted understanding of the issue. Hence, discussion on breast cancer demands discussion beyond oncology and medical science. Along with the medical and clinical efforts, a good number of artistic, creative initiatives are being undertaken particularly to ease the environment of stigma, to reduce the intensity of skepticism, to create awareness, to prohibit the tendency of cultural construction as well as to create a logical, liberal and sensible environment to understand the delicate issues of a disease which is solely associated with a particular sex. In this paper two art initiatives have been taken into consideration. Medical terminology and terminology of Art Criticism is avoided to the best possible extent.

Key Words : *breast cancer, female, women, art, awareness, medical, psychology*

Introduction

This article examines the role of aesthetic initiatives in the public discussion as well as creating awareness about breast cancer, with special reference to two art initiatives. Breast cancer is a disease in which abnormal breast cells grow out of control and form tumours. If left unchecked, the tumours can spread throughout the body and become fatal. It is still considered to be one of the most challenging health hazards. Due to two significant aspects –the gender and the intense impact of the disease, breast cancer often transcends its medical and medicinal narrative and turns out to be a tabooed physio-psychic condition. Issues like Femininity, motherhood, Beauty Standard, Finance, Sexuality, Stigma, Ignorance, Stiffness are so closely interrelated with the disease that discussion on breast cancer demands discussion beyond oncology and medical science. Along with the medical and clinical efforts, a good number of artistic, creative initiatives are being undertaken particularly to ease the environment of stigma, to reduce the intensity of skepticism, to create awareness, to prohibit the tendency of cultural construction as well as to create a logical, liberal and sensible environment to understand the delicate issues of a disease which is solely associated with a particular sex. In this paper two art initiatives have been taken into consideration.

Objective

The basic objective of the paper is to trace out the possible role of Art in demystifying stigmatic aspects related to breast cancer and women, easing the avenues for a clear and objective understanding of the disease and the victim community and in raising awareness about breast cancer.

Study Method

To conduct the research, two art initiatives have been selected. The artworks are the primary texts while write-ups on the initiatives have been used for secondary references. The Energy Restoration Framework has been used to contextualise the inclusion of the artworks. The Energy Restoration framework is an integrated framework that encourages exploration and experimentation towards discovering practical, creative strategies to create useable energy to address fatigue, especially cancer-related fatigue (Kirshbaum 111). An extended form of Intertextuality and certain frameworks of Adaptation Studies have been used to lead the discussion.

Discussion

A disease always carries two simultaneous discourses of meanings –medical and socio-cultural. Along with the medical and oncological understanding, breast cancer is also equally viewed and understood from socio-cultural and psychosocial perspectives as it is related to a wide range of sensitive areas like feminity, sexuality, motherhood, beauty norms

or stigma, to name a few. Female breast is more of a cultural site than of an anatomical structure. Breast is identified as a visible sign of femininity and womanhood, equally breast is an object and metaphor of sexual desire. The breast as a cultural signifier is a contested site of political and personal significance in an on-going dialogue deeply implicated in framing, challenging and policing woman and womanhood. "The female breast is a visible and tangible feature of the female body. Tabooed, worshipped and sometimes exploited, Spadola refers to a woman's breast as a woman's most public and private parts" (Jones 15). A female breast thus goes through overtly public and private scrutiny and becomes a burdened space for countless narratives.

Breast cancer is an intricate phenomenon because as a patient of breast cancer, a woman has to deal with tremendous physical and psychosocial challenges during the traumatic journey of illness, treatment and post recovery process. Since the day of detection till recovery, along with the physical sufferings, the disease leads to deterioration of self-concept. Self Concept is a notion, examined under Psycho-Oncology, which basically stands for the categories of self-esteem, body image, self-discontent and self-appraisal (Wang and Feng 31). Any cancer patient goes under the deterioration of these values, but the intensity of breast cancer patients is always higher and more evident. Aggressive physical damage, declining social relationship, the pressure of financial issues and perceived but latent uncertainty among the family members causes huge stress. In a country like India, breast cancer patients have to deal with huge amount of culturally constructed stigma and taboos which is ranging from hesitation over public discussion about breast cancer, clueless fear of cancer transmission, prohibition over regular breast checking, narratives of cancer as punishments, frequent allusions of philosophical ideals like morality, character or sin to patients suffering from breast cancer, self-created mythical anecdotes over breast cancer treatment etc. Stigma is a powerful social process occurring within the context of power that has been described by Link and Phelan as beginning with labelling followed by stereotyping, which leads to estrangement, decline of collective and individual status and discrimination (364). In case of India, stigma is a very influential socio-cultural force and cancer or breast cancer stigma is an honest reality. Thus breast cancer often turns out to be more of a socio-cultural phenomenon than its clinical reality. Therefore, an interdisciplinary approach suits more to look into the juxtaposition of medical and societal phenomenon. This article initiates a discussion of the use of art as restorative medium to explore and extend the prevailing discourse of breast cancer. According to Kaplan et al. (1993), engagement with an aesthetic component in the stressful environment can create a deeper restorative experience. The restorative process starts as an individual is able to reflect within that environment, giving space and time to

"internal housekeeping" which promotes psychological wellbeing. Art has been identified as one of the most suitable aesthetic activities. Under the Energy Restoration Framework; art is identified as one of the five attributes of energy restoration in cancer and palliative care (Kirshbaum 104). This expansive and connective activity offers a new view of the body, new view of the self through reflection and introspection, an enhanced spirit of confidence and most importantly prepares for a new, alternative version of a popular narrative both for the victims and the public.

The two initiatives under discussion are – SURVIVORS and ArtCan. The SURVIVOR is a series of paintings by an Italian artist. ArtCan is an institutional project hosted by Apollo Cancer Centers where six Kerala Mural Artists prepared paintings on precautionary process of breast care detection. Italian artist aleXsandro Palombo, in the year 2016, released a series of paintings, entitled SURVIVORS which contained thirteen female figures posing in defiance while flashing the 'V for Victory' sign. The ladies in this series of paintings were re-imagined and re-created images of some of the world's most popular fictional, animated characters and personalities as breast cancer survivors. The characters featured in the series include –Cinderella, Princess Jasmine, Sleeping Beauty, Ariel, Tatiana, Snow White, Marge Simpson, Jessica Rabbit,Wilma Flinstone, Betty Boop, Wonder Woman, Olive and Lois Griffin. All these characters are re-created as breast cancer survivors with either double or single mastectomies. The paintings show that none of them is going through post-mastectomy reconstruction. In all the paintings the scar and the stitch marks are clearly visible. All the paintings are bright in colour, images maintain the typical characteristics of their original visual presentation. The major difference is that the re-created images are devoid of clothes; especially the breast is completely naked. aleXsandro Palombo is an Italian Artist and an art-activist famous for his colourful, progressive, reflective, vocal and visionary artworks. Palombo, with his brilliant hold over message and medium, often uses his art for propagation or resistance to social, political, economic and political issues.

ArtCan was an initiative by Apollo Cancer Centres where art was used as a medium to spread awareness regarding breast cancer. In this process Apollo Cancer Centre joined hands with mural artists and breast cancer survivors to curate art that educates and empowers public about the importance of regular self-breast examination. Under this initiative six Kerala mural artists were provided a common platform to illustrate eight steps of self-breast examination-popularly known as SBE. The Mural is considered to be the oldest of India's drawing tradition and mural painting from Kerala stand unique for their geo-historical contents, peculiar use of colour, narrative delicacy and elegant aesthetic taste. Under ArtCan, murals were prepared to inform the public the importance of self-handled inspection over the female

breast to look for any change or anomaly in the breast tissue. It is the preventive exercise in cancer detection. Each painting carries a delicately drawn Indian woman going for self-examination of her breast for any changes such as a new lump, thickenings, hardened knots change of share or colour of the breast. The ladies in the paintings are presented under names like *Nila, Zia, Aisha, Devi, Dharini, Umang* etc. They are projected as representatives from different socio-economic strata- as they belong to different professions like fashion designer, painter, sprinter, housemaid, journalist, home maker etc. The artists engaged with the project were- Adarsh, Jijulal, Ramesh, Athira, Saji and Shaiju.The project was launched in the month of October, 2022.

The perspectives and approaches opted by the artists are brought into the discussion to examine the use of art in disseminating information and awareness about breast cancer. Such initiatives fall into the Arts Intervention framework popularly known as Art-making. Art-making is different from other overtly therapeutic art-forms as it involves the active creation of art or craft that aim to create awareness bring pleasure or spread information. While for a patient it works in catalysing in decreasing mood disturbances, for others it works as an easy, open and engaging communication about cancer (Kirshbaum and Ennis 71). As a form of psychotherapy, art (visual, expressive, performance) has been used within health and social care for many years (Wood and Payne 136). For some, a verbal expression of concern may be challenging particularly where disease, surgery or treatment impedes communication and disrupts self-image. Art may provide a useful bridge for communication and expression of psychosocial concerns within a therapeutic relationship wherein participants use a choice of art materials in an expressive manner to facilitate insight, increase self-agency, break taboos and promote wellbeing (Brenda et al. 77).With this understanding, ArtCan and SURVIVORS are selected for the research.

Artists under the ArtCan initiative selects Indian women for their frame. All the figures are dressed in Indian attire, their beautification processes are completely Indian. The use of colour is also done to reflect the average Indian look and tone. All these figures are named as Indian women. Here the audience or the spectators develop an affinity with the images. They somehow appear to be familiar figures of the spectator's surrounding . After building this affinity, the spectators are now taken into the crux point of the painting -the activity of self-breast examination. They are posing in front of the mirror to check their breasts as they have already discovered some anomalies in regard to skin tone, shape, structure of their breast. If someone has discovered a change in her skin tone, someone has discovered a lump or a thickening which is intensified by the use of colour red. In the tradition of art and painting, colour red often stands for something dangerous, aggressive, intense and

urgent. Though colour cannot be interpreted from an umbrella understanding, but this is also true that certain colours are already imposed with certain values and meanings which also gains universal acceptance. Spectators, while enjoying the painting, gradually discovers the contradiction of colours as well as the meanings they try to carry out. Now starts the process of meaning-making. Under the adaptation of meaning, the painting now transcend their primary nature and appear to be platforms of information and awareness. The seemingly aesthetic painting of a beautiful Indian woman turns out to be an alert and confident woman who is opting for self-breast examination. Self -breast examination is a detection process of one's own breast to check if there is any anomaly is visible which then prepares the concerned woman for her next steps. It is a preparatory mechanism to make women alert about their own body, especially to prevent them for a painful disease like breast cancer. But as breast cancer is often a tabooed, stigmatic cultural construct, this topic is hardly discussed and women are hardly encouraged to do so. Women even feel hesitated to talk about it or to opt for it in the presence of her husband or other family members (Radhakrishnan and Shah). It is the cultural stigma associated with cancer and breast cancer in particular that self-breast examination, in spite of being a simple, approachable mechanism, is hardly found to be discussed openly. ArtCan attempts to fill in the gap by presenting a bunch of seemingly familiar average women frankly engaged in self-breast examination. Women figures under this initiative are representatives of different socio-economic statures -they are journalists, home makers, sprinters or fashion designers. But when comes to breast cancer, all are encouraged to opt for the different steps of self-breast examination. Thus ArtCan clarifies certain thing – breast cancer can happen to anyone irrespective of social and economic stature. Secondly, it also clarifies that the first and foremost duty of self-examination, detection and consequent consultancy should be initiated by woman herself. The other parties -the family members, physicians or health care providers join the process in the later stage. Awareness should be raised within, external agencies always locate in a critical distance in arousing awareness. The paintings intensify that in matters like breast cancer, the awareness should be self-awareness for being practical, not panic .Thirdly it is also communicated that the care for avoiding any disease and the concern for remaining alert to one's own body is primarily one's own responsibility. It is a very significant point as the moment the detection happens, treatment of the cancer or breast cancer patients turns out to be a family responsibility. It happens because of the huge amount of money it need and for a prolonged time period for treatment it demands. In India, the situation becomes more public due to the organisational fabric of the family. Hence, before engaging a huge number of people with a prolonged and stressful procedure, a woman can initiate these simple steps for planning a less panic,

systematic and less stressful journey. ArtCan thus offers significant insight into the necessity and value of a pre-breast cancer precautionary mechanisms. From the Adaptation perspective, it has been found that different Art forms-Paintings, Cartoons, Illustrations, and comics are attention-holders and can convey the desired message to the layman. "Public health messages. i.e. the process of meaning and implications of primordial and primary preventions can be depicted colourfully, visually comically in a socially acceptable manner employing pictorial diagrams, pictures, illustrations, etc. to encourage more women participation in women's cancer awareness and screening" (Kumar 3). Similarly, it also resembles with a flexible process what Julie Sanders defines as "proximation", a strategy that brings the text closer to the personal frame of reference of the public, according to contexts and local audiences. Here the paintings are the new texts with notes of awareness, information and appeal for ease.

Cancer, diagnosed at an earlier stage has a better prognosis and is easier to treat. ArtCan does not provide any prescriptive, medical information about self-breast examination. Rather it fulfils the most urgent requirement -to bring to book a forbidden aspect to the public in the most dignified and artistic manner. Breast self-examination is the most economical and potential screening procedure which provide significant results. Women are encouraged to get to know their breasts and become more attuned to any changes, without resorting to a strict regimen of self-examinations at predetermined intervals. It has been found that self-examination of the breast is a very helpful in low-resource countries where access to mammography is limited. It is interesting to note that ArtCan is an initiative by Apollo Hospitals, the most trusted and most well-equipped cancer care provider of the country. Apollo Cancer Centres are evaluated as providers of quality treatment to cancer patients. When such an institution opts for an artistic initiative to talk and inform about breast cancer, it certainly bears immense significance. It proves that treatment is a later procedure, first there should an attempt to talk, share, engage and be informed about the disease. Secondly, breaking the taboo or stigma associated with diseases like breast cancer, should be an inter-disciplinary, an interconnected initiative. Engagement of the maximum number of stakeholders is the basic urgency in such matters. It also demystifies the notion that some diseases are so complicated, so intense that common people have nothing to do about it. The fear borne out of ignorance about the processes related to diagnosis, treatment or therapy and medical terminology often leads to unwanted loss and expenditure. Therefore, Apollo Hospitals might have thought initiating such visually reflective programs on breast cancer and the issue of Women's; health can be made more visible, audible and approachable. Initiating an art project and patronising the artists for ArtCan by a super speciality health care provider

agency also reflects that women's health should be prioritised, should be brought into the discussion in public domain by all possible means. It reflects their belief that to make this urgency a reality, we should opt for those kinds of mediums which are more visible, more comprehensible and more accessible by the public. Discussion over breast cancer or a book on cancer might have burdened with medical and oncological terms, relatively complex narratives or long lists of vocabulary which may not be comprehensible for common mass. In such a situation the visual medium is more effective both in attracting audience and communicating the message about a gendered disease. Though ArtCan is different from the therapeutic usage of Art, it too believes that art can ease complexities in public understanding in regards to breast cancer, encourage more people to think about, can heal the emotional trauma and offer a platform of release and discuss an area that is strategically side lined from public discourse.

SURVIVORS deals with the post mastectomy scenario. As mentioned earlier, SURVIVORS contains images of breast cancer survivors who have already gone through the mastectomy procedure. They stand confident, openly expose the empty space with visible scars and stitches and poses for V for victory. The series is a thoughtfully designed enterprise to call for acceptance of breast cancer survivors in an open, normal manner. It is an attempt to confront the scars objectively, not to impose other connotations over a body part of the woman and most importantly to retain confidence, hope and dignity in the post—surgery period.The paintings are found to be inspired by the dwindling state of self-esteem and dubious sense of beauty that women often experience in their post-surgery period. It is really a confusing and challenging situation as the patient entangles between the satisfaction of overcoming the most crucial stage of her treatment but the uncertainty that in future how is she going to be accepted. SURVIVORS transform this phase into artworks.

A woman, whether married or unmarried, is frequently judged by her physical appeal, prevailing standards of beauty, her reproductive ability where the breast is the most crucial organ. A woman without breast suddenly finds herself in a situation where she is devoid of one of one of the most prominent indicators of all those agencies. In such a situation, there is the maximum possibility of slipping to the state of depression, frustration, identity crisis and coping difficulty. Beauty and sexuality are universal indicators of woman identity. Again coping with the new environment of her own physique, the changing socio-cultural surroundings or to fulfil the expectations like a normal woman often worsens the psychic situation of the survivors. Surviving thus turns out to be a constant war between self and body. SURVIVORS locates itself in this crucial junction of contradictory state of affairs. The characters of the series try to rise from all the conflicting forces and it is indicated by the use of the specific

hand gesture. Though in popular consumption, this sign stands for an overused, casual gesture, the gesture posed by these characters imply beyond that and promise of hope and normalcy to a victim who has already gone through severe physical and emotional pain. SURVIVORS celebrates woman as woman, not as gendered storehouse of sexuality, femininity and womanhood. SURVIVORS offers the scope how adaptability of art opens new horizon of maximising the possibility of art from aesthetic exercise to mechanism of healing, dialogue and acceptance. Adaptation is often seen as the practice of transcoding as well as the assimilation of a work of art to other cultural, linguistic, semiotic, aesthetic or other norms. SURVIVORS justifies what Sanders said that adaptations contribute to the revitalization of the canon, reformulating and expanding it to adapt itself to new contexts (Sanders 15)

Selection of the characters for the series is another significant aspect. They all belong to the category of most popular, most read, most adapted and immensely influential literary characters of the universe. The fantasy and the magic the characters create over the readers, especially in the children's mind, is a universally accepted reality. Painting of such characters as breast cancer survivors, with stiches and scars, set off a deconstructive understanding of the popular consumption of female identity in literature and visual mediums. It is a fine postmodernist or Inter textual approach in specific. As Inter textuality refers to the examination of the relationship between texts where one's text's meaning is shaped or twisted by another text, SURVIVORS beautifully twists the conventional consumption of these characters as well the conventional internalisation of beauty by projecting them as female without a breast. Disney princess and the other cartoon and Graphic characters are celebrity woman, known for their femininity, beauty standards, values and skill. There is a strong overtone of feminine values in their literary narration and visual representation especially in norms related to beauty, relationship status and their skills (Sun 1). Though, there is a powerful trend of criticism against the stereotyping of such characters, interestingly they are popular because of those traits. Hence presenting these influential figures as woman without breast is a daring deconstruction. Palombo, here opens up a window for numerous interpretations. Firstly it enhances the already mentioned point that cancer can happen to anyone. Making spectators ready to accept and love their favourite characters as breast cancer survivors actually performs the same catalytic function of changing one's outlook towards women, their body and making a plea to accept the new one. The objective of the series is not limited just to raise awareness about woman and breast cancer. It rather poses a question over the hegemonic structure that determines and defines the very concept of beauty where the existence and shape of the breast is one of the very basic condition . The concepts like pretty, sexy or cute has their

own standards of body essentials and majority of the women and men agree to those norms. SURVIVORS challenges to all these norms, question over the authenticity of those norms and declare that acceptance is not guided by norms rather by reality. The body of the woman cannot be restricted to ideal standards borne out of dominant psycho-social power structure, rather it can attain any shape and it is the reality. Palombo here uses the art as the agency both to culminate a dominating narrative and to initiate a new narrative of objective acceptance. Though not clearly mentioned, the association of the select characters with the children world is another considerable factor. The tender souls should be provided an environment of reality and honesty when it comes to sensitive matters like breast cancer. When children discover that their favourite princess or cartoon character in a new look, they go through a series of emotional experiences starting with shock, dilemma of acceptance, query over the factor and a gradual re-creation of the image. SURVIVORS opens up the avenue of those emotional experiences which ultimately results in a more open-ended understanding about the characters in specific and the disease and woman in general. Thus, SURVIVORS transcends the label of mere awareness initiative.

Conclusion

Discussion of the two initiatives offer certain commonalities and uniqueness. From a general understanding, both the initiatives demonstrate the potentiality and scope as well as urgency of interdisciplinary approaches to address critical issues related to women's health and wellbeing. Both the initiatives expound the adaptability and intertextual possibility of a certain aesthetic form. Using a text of a certain discipline and format for understanding or communicating knowledge of a different discipline or format is an extensive, interdisciplinary activity which also fulfils the rising demand of multidisciplinary intervention, especially for the sake of "effectiveness, reach and to build trust"(DeAraujo 254). The United Nations General Assembly declared the year, 2021 as the International Year of Creative Economy for Sustainable Development with intent to centre the importance of the arts' contribution towards the UN sustainable development goals on a global scale. Hence, art is always playing a vital role in health awareness (Chen). Crossing the boundary of traditional discipline is what the art initiatives does when it comes to seriously and sensibly working on women's health. In both the initiatives, Art, even after retaining its fundamental aesthetic characteristics has been used for numerous aspects of the discourse of breast cancer - application of art as an effective awareness mechanism, deconstructing the internalisation of certain ideas related to woman, breast and breast cancer, intensification of the need not to overlook the element of culture and gender while dealing with diseases like breast cancer and most importantly the investment of art in the widening the level of engagement of stakeholders up to the children

community. In their rejection of the romantic glorification of women body or dismissal of mystical imposition of meaning over the contested site of women, both the initiatives remain progressive. Such initiatives, teach to accept the reality, refines the taste of public consumption and creates a liberal and easy environment to place the women, their health and health issues in a mainstream, wider, more comfortable space for further action.

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Menstrual Health Management in Higher Education Institutions of Haryana

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Abstract

Poor menstrual health management infrastructure is a challenge for menstruating female students in higher education institutions in Haryana. A qualitative study was designed to know the menstrual health facilities available in colleges and universities and how these facilities are insufficient to maintain the menstrual cycle. The study was conducted in April and May 2023 among female graduate and postgraduate students. Out of a total of more than 400 higher education institutions 10 higher educational institutions were randomly selected for 10 focus group discussions. Interview guides for focus group discussion (FGD) were prepared to understand menstrual health management. After conducting a focus group discussion with 80 female students the researcher found that menstrual health management facilities are inferior in higher education institutions of Haryana. The toilets are dirty and smelly, no sanitary pad facilities, the staff are insensitive, no dustbin facilities and the girls dispose of pads in the open. Absence from colleges and universities is a regular feature of girl's student's life. Menstrual health management audits of higher education institutions and menstrual health education can improve the menstrual health of female students. Free supply of sanitary pads, sanitation facilities and awareness and sensitivity about menstrual health can improve the situation. The infrastructure of the higher education institutions must be according to the needs of the female students.

Keywords : *toilets, sanitary pads, menstruation, hygiene, higher education*

Introduction

Education is widely recognized as a key determinant of health, with individuals having lower educational attainment often experiencing poorer health outcomes (Raghupathi & Raghupathi, 2020). In this context, higher education institutions play a vital role in shaping the well-being and prospects of individuals. The environment and resources provided by these institutions encourage young people to adopt healthy practices and promote their overall hygiene and well-being. Furthermore, the infrastructure and facilities available in higher education institutions reflect the government's commitment to the youth and the development of the country (Kadyaan, 2022).

India, being one of the youngest nations in the world, holds a significant portion of its population in the age group of 18 to 35 years. Among them, Haryana accounts for 75 lakh young people out of the total 40 crore young population in the country. Notably, there is a positive trend in Haryana, where the enrolment of female students in higher education institutions surpasses that of male students. The state government has made efforts to promote women's education by establishing numerous women's colleges, with a policy to ensure access to higher education within a 10-kilometer radius (Census 2011; Haryana CM Office). There are 38 Universities,182 Government Colleges, 97 Government Aided Colleges and 94 Self-financing colleges in Haryana(Directorate of Higher Education, Haryana, n.d.).However, despite this expansion, the infrastructure of higher educational institutions in Haryana is yet to adequately cater to the needs of female students, especially regarding menstrual health management.

Menstrual health communication and hygiene practices are essential for the well-being of menstruating women (Parija et al. 2022). Unfortunately, a study conducted in Haryana revealed that only 36.8% of women use sanitary napkins during menstruation, while 57.8% lack access to hygienic menstrual materials. Moreover, only 47.5% of women possess knowledge about menstrual hygiene practices (Singh et al. 2022; Deshpande et al. 2018). Recognizing the significance of addressing this issue, several universities and colleges in Haryana have initiated programs to promote menstrual health communication and hygiene practices among their students. These initiatives include providing free sanitary napkins, organizing workshops, awareness campaigns and distributing menstrual hygiene kits (National Institute of Technology, Kurukshetra; Maharishi Dayanand University Rohtak). While Haryana has shown improvement in various health indicators, including gender equality, sanitation and female enrolment in higher education, challenges persist. The state still faces issues such as high neonatal and maternal mortality rates, low immunization coverage and the need to enhance its health system infrastructure and services (NITI Aayog Health Index

report). It is crucial to address the specific needs of women, including menstrual health management to continue progressing towards a healthier and more equitable future.

This research study aims to shed light on the current state of menstrual health management in higher educational institutions in Haryana. The study provides an overview of the menstrual health infrastructure available in these institutions and highlights the challenges faced by menstruating women. By exploring these aspects, the study seeks to contribute to the prioritization of women's health and well-being within the government and higher education institutions.

Research Objectives:

1. To assess the resources and facilities provided by the higher education institution for menstrual health management.
2. To gather the opinions of female students regarding menstrual health management at the higher education institution.

Method and Procedure

This research aimed to understand the opinions and perceptions of female students regarding menstrual health management in higher education institutions in Haryana. Focus group methods were employed to gather qualitative data. A total of ten focus group discussions (FGDs) were conducted in eight universities and colleges, involving 80 graduate and postgraduate female students. Each FGD comprised eight participants within the age range of 18 to 25 years. The FGDs were audio-recorded to facilitate accurate transcription.

The selection of respondents for the FGDs was carried out in collaboration with the women's cell of the respective colleges and universities. Volunteer sampling was employed to recruit participants who were willing to engage in the discussions. To ensure a conducive environment, the FGDs were conducted at convenient venues, minimizing external disturbances and barriers. A structured questionnaire was prepared to guide the discussions and delve into deeper insights.

The choice of a skilled moderator was crucial for the success of the focus group discussions. A female moderator was selected to conduct the sessions, considering the comfort level and rapport-building potential with the participants. The participants represented the target population of college/university graduates. Before commencing the discussions, the moderator provided an overview of the research topic and the purpose of the discussion. Guidelines were shared with the female students who volunteered to participate. In order to maintain privacy and comfort, the FGDs were held in comfortable and private locations. The moderator initiated the discussion by introducing the topics listed for exploration. Due to participants' hesitation to be recorded on camera, audio recording was utilized with the

respondents' permission. The FGDs allowed the participants to express their detailed views on the topic under discussion. With the audio recordings serving as valuable resources, the discussions provided rich insights into the opinions and perceptions of female students regarding menstrual health management in higher education institutions in Haryana.

Results

The focus group discussion revealed that the institution does not have adequate menstrual hygiene management facilities. The major 8 themes drawn are lack of basic amenities, unclean and smelly washrooms, non-functional or inadequate disposal facilities, lack of awareness and education, insufficient access to sanitary pads, careless disposal of pads, reluctance to use washrooms and lack of cooperation or support.

Lack of basic amenities

During the focus group discussion, the participants highlighted the insufficient menstrual hygiene management facilities at the college or university. They specifically pointed out the absence of essential amenities such as water, soap and bins. Additionally, the lack of soap in the washrooms compels students to carry paper soaps and sanitizer with them for personal hygiene. The participants expressed their concerns regarding the absence of these basic amenities on campus, which significantly impacted their ability to maintain proper menstrual hygiene. This unanimous dissatisfaction among the participants highlighted the difficulties girls faced in effectively managing their menstruation due to the insufficient availability of essential amenities in the washrooms.

> *Sanitation is extremely poor at our college. There is no soap, no water, no tissue, no bins and no one to clean. It is really difficult to cope in a harsh situation as many girls today have irregular periods; and heavy blood flow.(Participant-2-FDG1)*

Unclean and Smelly Washrooms

The washrooms were consistently described as unclean and emitting a foul smell, which created an unpleasant experience for the students. The lack of regular maintenance and cleanliness of the facilities was a major concern. Students reported that the washrooms were consistently described as dirty and lacked regular cleaning. The dustbins were not regularly emptied, resulting in them being filled with used pads and contributing to unhygienic conditions. As a result, many girls felt compelled to take leave during their periods to avoid using the inadequate washroom facilities. Consequently, many participants expressed a strong reluctance to use the washrooms during menstruation and opted to take half-days off to change pads at home, seeking more hygienic conditions. The cleanliness of the college or university was inconsistently maintained, which presented challenges.

The toilets are unclean. The dustbin is kept outside the toilet and throwing pads, we have to come outside and then throw it. No bin is available inside. The washrooms are dirty. I prefer not to use it. (Participant-8-FDG3)

Honestly speaking, the overall cleanliness and maintenance of the college washrooms is appalling. It's not just about aesthetics, but it's about our health and well-being too. We deserve better. The college administration needs to step up and address these issues immediately.(Participant-5-FDG9)

Non-functional or inadequate disposal facilities

There was a noticeable absence of machines for both pad disposal and pad purchase. The sanitary pad destroyer machine, which was intended for disposing of used sanitary pads, was frequently reported as non-functional. In addition, the washrooms were lacking pad disposal bins, which was a significant concern raised by the respondents. The broken door locks and malfunctioning jet sprays in the washrooms were additional issues highlighted by the participants. While some institutions had pad machines installed, they were also reported as non-functional. As a result, respondents resorted to carrying newspapers for disposing of their used pads and keeping extra pads for emergency situations. As a result of these inadequate hygiene management facilities, some students opted to avoid using the toilets altogether.

I don't understand why they even have that destroyer machine in the washroom if it never works! It's so frustrating. We're expected to use it, but no one bothered to teach us how. It's like they just put it there for show.(Participant-1-FDG3)

There is a pad disposal machine installed in our hostel, but when I tried to use it for the first time, I had no idea what to do. There were no instructions or any guidance provided. I just stood there, feeling completely clueless. And to make matters worse, the machine didn't even work. It was such a disappointment. I mean, what's the point of having a machine if it's not functional? (Participant-7-FDG8)

Lack of awareness and education

Several participants raised concerns regarding a lack of awareness and knowledge regarding the existence and proper usage of hygiene management facilities. Specifically, they mentioned a lack of understanding about pad disposal, including the operation of pad disposal machines and pad vending machines. Respondents emphasized that some girls openly disposed of used pads without utilizing the available bins, resulting in unhygienic conditions. This indicates a need for increased awareness and education regarding menstrual hygiene among students. In certain institutions, there were no pad disposal machines available and

even in cases where they were installed, students often remained unaware of their presence. Additionally, some participants expressed a lack of awareness about the 'women cell department' in the college, only learning about it during the discussion. These findings emphasize the importance of active participation from both students and faculty in the effective management of menstruation.

I think it's important for the college to educate us on how to use these facilities properly. If they want us to dispose of our used pads in a certain way, then they should at least show us how. It's not fair to expect us to figure it out on our own. (Participant-3- FGD7)

I had no idea about the existence of the "women's cell department" in our college until it was brought up during this discussion. It was surprising to learn about the existence of such a department, which could prove helpful during any menstrual emergency. The fact that some of us were completely unaware of the women's cell department reflects a gap in communication and outreach. I believe it is crucial to have knowledge about the resources and support systems available to us, especially when it comes to matters related to women's health and well-being. (Participant-4- FGD4)

Insufficient access to sanitary pads

Respondents pointed out the absence of free or purchasable sanitary pads within the department, leading to limited or non-existent availability on campus. Although pads could be purchased from external markets, they were not readily available within the institution. In cases where pads were available, they were often regular ones, unsuitable for individuals with heavy menstrual flow. Respondents mentioned relying on other girls or female teachers during emergency situations. The overall insufficient access to sanitary pads on campus was deemed negligent and raised concerns. Moreover, the respondents noted the absence of on-campus shops specifically dedicated to purchasing sanitary pads. This lack of suitable options forced students to rely on alternative sources such as friends, online purchases, or seeking pads from sources outside the university. These findings underscore the need for improved accessibility to menstrual hygiene products and better support for individuals with specific menstrual needs within the university environment.

Careless disposal of pads

The participants drew attention to instances where girls openly discarded used pads in toilets or left them on shelves instead of utilizing the available dustbins. They observed that some female students were negligent in maintaining hygiene during their periods, openly discarding pads without bothering to cover or wrap them in a newspaper or plastic before

disposal. Furthermore, respondents noted the negligence of some girls in the disposal of pads, frequently resorting to throwing or flushing them directly into the toilets. Such actions created an unpleasant experience for the students, further emphasizing the need for education and awareness regarding appropriate sanitary pad disposal. Addressing these issues would contribute to a cleaner and more hygienic environment for everyone.

Reluctance to use washrooms

The unsanitary conditions and lack of proper amenities in the washrooms led to widespread reluctance among students to use them during menstruation. Consequently, some students opted to take leave or employ alternative measures to manage their periods. The washrooms were consistently described as unclean, emitting unpleasant odors and lacking essential amenities. Some washrooms even had non-functional flushes and regular cleaning was insufficient. These poor hygiene conditions created discomfort for the participants and in some cases, they avoided drinking water to minimize their washroom usage. Additionally, the malfunctioning toilet locks posed challenges for students attempting to access the facilities. The overall lack of menstrual hygiene management facilities was identified as a significant issue by the respondents.

> *Once, I unexpectedly got my period two days earlier than expected. I rushed to the washroom, but I couldn't bear the unhygienic conditions there for even three minutes. So, I decided to leave and hurriedly ran back to my home, which is about 2 kilometers away from the college. It's challenging for me to use the toilets at college. The washrooms are not cleaned regularly and the lack of cleanliness makes it uncomfortable. (Participant-1-FDG6)*

Lack of cooperation or support

The participants highlighted instances where they encountered uncooperative or unhelpful attitudes from female teachers when seeking assistance with menstrual hygiene. This lack of support further exacerbated the challenges faced by the students. The participants mentioned instances where some female teachers advised them to carry pads themselves and keep a record of their menstrual cycle dates, rather than offering assistance or resources. This approach from the teachers added to the students' challenges and highlighted a lack of support regarding menstrual hygiene management. Additionally, the participants expressed the difficulty of discussing menstrual hygiene issues with male teachers, which led them to prefer seeking assistance from female teachers in case of any uncomfortable or challenging situations. This preference for female teachers stems from the participants' desire to communicate openly and comfortably about their menstrual needs, knowing that female teachers may have a better understanding and empathy towards such matters. It emphasizes

the importance of creating a safe and inclusive environment where students can freely address their menstrual health concerns without any hesitation or judgment.

> *The female students should always carry an extra pad with them. . This incident highlighted the need for better menstrual preparedness and support systems in educational institutions. It was a reminder that unexpected periods can occur and it is crucial to have access to menstrual products and a supportive environment. (Participant-6-FDG10)*

The themes that emerged from the discussion underscore the urgent need for comprehensive improvements in menstrual hygiene management facilities, awareness, education and support systems within colleges and universities. It is clear that the existing conditions and practices are inadequate and fail to provide a healthy and comfortable environment for female students.

Discussion

The findings from the focus group discussions shed light on the specific challenges faced by female students in managing their menstrual health within higher education institutions. The lack of basic amenities, including soap, water, tissue paper and dustbins, in the washrooms hindered effective menstrual management. These findings align with previous studies highlighting the importance of accessible and well-equipped facilities for menstrual hygiene (Sommer et al. 2015; Miiro et al. 2018). Research has consistently shown that inadequate facilities, such as the absence of basic services and functional disposal systems, can hinder effective menstrual management and contribute to unhygienic conditions (Sommer et al. 2015; Kaur et al. 2018; Hennegan et al. 2019).

The non-functionality or inadequacy of disposal facilities, such as malfunctioning pad destroyer machines and the absence of separate dustbins, contributed to unhygienic conditions in the washrooms. These findings are consistent with previous research that emphasized the significance of functional and accessible disposal systems to ensure proper menstrual waste management (Hennegan et al. 2019; Hennegan & Sol, 2020; Uwadia et al. 2022). The lack of awareness and education regarding existing hygiene management facilities among the participants signifies the need for increased awareness programs within educational institutions. Similar findings have been reported in previous studies, emphasizing the importance of comprehensive menstrual health education to address knowledge gaps and promote positive menstrual hygiene practices (Benshaul-Tolonen et al. 2020; Hennegan et al. 2019). Insufficient access to sanitary pads on campus emerged as a significant challenge, forcing students to rely on external sources or travel to nearby cities to purchase them. This lack of availability is supported by the previous research highlighting the importance of providing free or affordable

sanitary products within educational settings (Miiro et al. 2018;Gold-Watts et al. 2020; Uwadia et al. 2022). The careless disposal practices observed, such as openly throwing used pads in toilets or leaving them on shelves, underscore the need for proper disposal education and the provision of accessible and hygienic disposal systems (Hennegan et al. 2019).

The discomfort and challenges experienced by the students due to the unsanitary conditions and inadequate facilities led to reluctance in using the washrooms during menstruation, with some students resorting to taking leave or adopting alternative measures. This resonates with previous research indicating that inadequate facilities can adversely impact students' well-being, academic performance and overall educational experience (Benshaul-Tolonen et al. 2020; Sommer et al. 2015). Furthermore, instances were reported where female teachers appeared uncooperative or unhelpful when approached for assistance regarding menstrual hygiene. Similar findings have been reported in earlier studies emphasizing the crucial role of teachers in promoting positive menstrual health practices and providing support to menstruating students (Uwadia et al. 2022; Wickramasinghe & Lanka 2012). In order to address these issues, it is crucial to prioritize the establishment of well-equipped washrooms with basic amenities and functional facilities for pad disposal. Additionally, the availability of free or affordable sanitary pads on campus should be ensured, along with comprehensive menstrual hygiene education programs. These programs should cover not only the biological aspects but also emphasize proper hygiene practices, disposal methods and the importance of seeking support and assistance. The establishment of support systems within educational institutions, including sensitization of teachers and staff, can create a safe and supportive environment for female students.

Conclusion

The findings of this study underscore the urgent need for improved menstrual hygiene management facilities within colleges and universities. The development of awareness programs and incorporating menstruation education in comprehensive education is essential. For the educators, sensitization and training programs would be significant to create a supportive environment where students could feel comfortable seeking assistance on menstrual health. Female students' activities may be limited in educational institutions if they experience difficulties managing their menstruation. Therefore, educational institutions have to utilise their potential to establish a nurturing and pleasant atmosphere. The environment should foster the well-being, dignity and academic achievements of female students by taking appropriate measures to tackle these challenges. The study calls for immediate action to address the challenges faced by female students in managing their menstrual health in higher education institutions. It

emphasizes the importance of creating a supportive and inclusive environment where menstrual hygiene needs are met and students can thrive without barriers.

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Relating 'Obvious' Middle Adulthood Dimensions to the 'Self' of Middle-Aged Women

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Abstract:

Women during middle adulthood (45-60 years) apparently looking settled in their lives with established home, career, spouse, children and parents, often struggle deep inside with certain middle age issues. Midlife women have to deal severe life-transformative circumstances with declining body stamina silently and patiently to maintain balance and peace in family. Thus, this paper aims to inquire about inevitable middlescence factors and what effects do these lay on developmental domains and self-concept of women. Qualitative analysis of the existing literature gathered from secondary sources helped researcher find that the most prominent, ubiquitous and obvious middle adulthood dimensions impacting women are menopause, empty nest syndrome, sandwiched generation, unpaid care and socio-cultural constraints. Menopause causing menstrual cessation with drastic hormonal and body changes, resultantly makes women question their femininity and body image. They often undergo psychological distress due to empty nest syndrome for losing personal connection and caregiver identity. Unpaid domestics and simultaneous caretaking of children and elderly (sandwiched generation) compel females to suffer physical, psychological and emotional problems leading to home-work conflict and decreased mental health. While socio-cultural constraints imposed by patriarchy on women as major life-tasks reason towards role strain and homeostasis disruption among them. These factors alter women's developmental dominical trajectories and deteriorate their physical, psychological and socio-emotional well-

being thereby instilling negative self-concept vis-à-vis poor life satisfaction, low self-confidence and negative self-esteem in them.

Acting as an eye opener for discovering and discussing one of the most latent topics in research, this paper highlights how and till what extent middlescence issues effect various domains and especially 'self' of women for stakeholders and researchers are completely unaware about circumstances midlife women go through, emotions they feel and in what ways and how severely do these influence them.Innovative, simplistic, grassroot level and yet, life-changing measures like awareness on midlife and related issues, setting wellness centers, taking professional consultation, sensitizing families and communities and formulating legal provisions are presented in the paper that would help penetrate information at all levels to guarantee women support, social and legal liberation and accomplish the dream of providing healthy, optimistic, independent and qualitative life to every middle-aged woman.

Key words: *middle-aged women, menopause, empty nest syndrome, sandwiched generation, unpaid care, socio-cultural constraints, self*

Introduction

"A lot of middle-aged women are children still trying to find their way."

("Tamsin Greig Quotes")

True, for middle-aged women constantly search new and suitable ways of living whilst dwindling between decreasing body stamina and fighting life-changing midlife circumstances along with balancing work and family. Women of 45-60 years represented by the World Health Organization as 'middle adulthood' (Chebotarev, et al. 2) bring a whole new myriad of events for women which create a sphere of 'induced conflicts' around them to control their physical, psychological and social domains simultaneously at personal, familial and social levels. However, in this vicious circle, women's 'self' as a domain gets categorically disintegrated.

As middlescence has not been recognized as an important transition phase and has faced a lot of ignorance especially from researchers, the resultant lesser interrogation on the lives of middle-aged women has formed a contemporary research latency with respect to the issues, challenges and overwhelming outcomes of middle age on women.

This paper thus attempts to relevantly draft and spread understanding on how midlife and its variables put shifting effects not only on physical, psychological and social life pathways but how such aspects transform and challenge middle-aged women's self. It further graphs measures to bring amelioration on a wide spectrum and reward the world with healthy,

empowered and confident middle-aged women who would then be able to contribute to the society more meaningfully.

Objectives

Catering to provide midlife women an optimistic and quality life, the study aims –

1. To discuss significant middlescence dimensions impacting the well-being of middle-aged women
2. To correlate such dimensions with the 'self' of middle-aged women
3. To suggest measures that could be taken for the upliftment of middle-aged women

Materials and Methods

For this research paper, the search strategy included finding the published works from medical/clinical, social sciences, psychology and economic realms on contemporary issues related to middlescence women's health and well-being. Research articles, reviews, meta-analysis papers, organizational and governmental documents, books, published dissertations, websites, online newspaper/magazines, etc. were used as secondary data sources to gather information. For searching the existing literature, the terms 'middle adulthood,' 'middle-aged women-related challenges and issues,' 'empty nest syndrome,' 'sandwiched generation,' 'remarriage and divorce,' 'menopause,' and 'impact of midlife aspects on the self of women' were used by the researcher. Electing qualitative approach for the study, the data accumulated from the literature was thematically analyzed and critically reviewed vis-à-vis their relevance to the present investigation.

Results and Discussion

Accentuating the subjective experiences, information about middle-aged women's lifestyle, bodily manifestations, family life, society, work responsibilities, etc. was brought foreground in the light of present study. Upon analyzing and interpreting the data sources, five major themes were categorized laying direct and indirect impact on the well-being and self of middle-aged women.

Menopause

Menopause being the cessation of menstruation is experienced by middle-aged women at around the age of 50, where after they no longer remain viable mating partners and/or conceive a child (Maestripieri, et al. 1). Controlled byhormones, it occurs due to a decline in ovarian estrogen production (Singh and Singh 2) which resultantly hosts bio-physiological symptoms of hot flushes, weight gain, night sweats, vaginal dryness, body aches, breast tenderness, sleep problems, physical weakness and decalcification of bones leading to osteoporosis (Goswami 64) among women.As concluded by Sharifi et al, 96.5% of their Turkish middle-aged respondent women suffered from flushing; 95% from back

pain; while 91.7% experienced headache (5).Also seen in Nepalese study, menopausal women encountered sleep disorders (78%), physical and mental fatigue (73.5%), flushing (69.7%), musculoskeletal problems (68.6%) and vaginal dryness (61.6%). Apart from these triggered are a variety of psychological manifestations including a sense of senility (Sharifi, et al. 5), anxiety, irritation, depression, sudden inability to handle stress and lost interest and enthusiasm in social life (Goswami 64).

Menopause experiencing women personally associate this phenomenon with loss of femininity, unattractiveness, less/no sexual interests and feeling of being old which interfere with their daily psychology of living life and lead to decreased confidence, negative self-image and identity (Goswami 71). While at community level, as every culture puts a great importance on a woman's reproduction potential, loss of this ability through menopause creates an interrogation within women regarding their image in the family and society. They even start to feel lost consciousness of purpose in their families (Stewart, et al. 25). Menopause hence, governs both the quality of life as well as body satisfaction at personal and social platforms by altering woman's hormones, mood and physical conditions (Olchowska-Kotala 1).

Empty Nest Syndrome

When children leave home, parents especially mothers are often left grief-stricken (Darmayanthi and Lestari 138). Empty nest syndrome as vocalized, brings emotional turbulence, negative and health striking consequences for women for they had accustomed to bringing up child(ren) for most of their time. Mitchell and Lovegreen reported that tormented by missing the daily personal connection/companionship, feeling lonely and losing caregiver identity upon becoming empty nesters, it is primarily emotionally difficult for all mothers to let children go out irrespective of cultural/community background. However, Indo community women felt extreme loss as they viewed children as their emotional, economic, social and physical capital (1662). While many women mourn this motherhood role loss (1663), it is also observed that even after children leave home, mothers do not 'limit' parenting and indulge themselves in worries related to child's well-being, health and safety (1664).

As parenting brings an appreciation of mastery and positive self-esteem for mothers (Huyck 221), loss in parental duties causes women to suffer high psychological distress (Darmayanthiand Lestari 140) and identity crises (Mitchell and Lovegreen 1652). Such distress coupled with ongoing menopausal bio-physiological changes, is likely to cause irritation, frustration, anxiety (Singh and Singh 3), sadness and depression. Empty nest syndrome also includes physiological indications of fever, indigestion and respiratory discomfort (Darmayanthi and Lestari 140); along with behaviors such as alcoholism and marital conflicts

(Mitchell and Lovegreen 1652). These conditions deteriorate women's mental health drastically (Singh and Singh 1,5). On extreme, major psychological angst among women empty nesters could even lead to white matter lesions and cognitive impairment (Darmayanthi and Lestari 140).

Sandwiched Generation

Sandwiched Generation refers to middle-aged people who are parents for their children, while themselves being children to old parents. Midlife people thus tend to provide care to both children as well as parents simultaneously (Economist Intelligence Unit 4) through financial cooperation, transportation, cleaning, cooking meals, personal hygiene and shopping (DeRigne and Ferrante 100). Largely accomplishing the responsibility, Asia's 78% middle adults exhibit stronger perception of filial obligation by supporting aging parents physically and financially. Additionally, achieving the developmental task of boomerang kid phenomenon, parents (midlife adults) leave no stone unturned to support children through practical, socio-emotional and monetary resources (Berk 551) and investing in their success, future and creating opportunities (Economist Intelligence Unit 10).

Full-time governess of children and elderly becomes tiresome for both generations completely depend on middle adults for their basic needs. Though it has often been observed that elderly do engage themselves in assisting with household chores, grandparenting the grandchildren (DeRigne and Ferrante 97; Economist Intelligence Unit 18) and with monetary funds; the pressure gets enhanced on middle-aged individuals when there is no physical help or monetary benefit from old parents (such as in case of no pension) (Economist Intelligence Unit 4,18). Besides, providing intensive assistance when elderly people get sick or hospitalized, sandwiched generation often loses their me-time, sense of relief and soundness while being overburdened with physical and emotional problems (Dolberg and Ayalon 63). For meeting needs, sandwiched members work harder; take fewer risks in investments but still end up saving less thereby being pessimistic about their own future (Economist Intelligence Unit 9).

For women, as the society consciously-unconsciously decides caregiving task through cooking, cleaning, shopping, hygiene and emotional support to the family, it becomes impossible for them to balance out especially if they are career-oriented individuals. These working females go through a real 'sandwich-like-pressed life' managing the role overload of a parent, nurse to elderly as well as settling office commitments as an employee (DeRigne and Ferrante 95). Daily caretaking asks much energy consumption physically, psychologically and emotionally thus corresponding to women face higher stress, burnout (Dolberg and Ayalon 55), absenteeism from paid economy, lower life satisfaction and negative quality of life and well-being (DeRigne and Ferrante 101; Huyck 224). Also, engrossed in such a way causes

women to lose their self bit-by-bit with no self-care, less/no life self-goals to engineer, reduced self-confidence and plummeted self-esteem.

Unpaid Care

Deeply entrenched patriarchy believes in women's total effort contribution towards domestic unpaid work (rather than income generating activities outside home/family or self-care), which eventually is perceived to be of low value and not mainstreamed. World over, housework is gendered!!! Cerrato and Cifre showed that seven of 11 household tasks come under females' part including house shopping, cleaning, family management, pick-n-drop children, responsibilities towards children and elderly (care, servicing and spending time with them) (6). When calculated, women disproportionately carry out 3/4th of the total world's unpaid work therein giving 11 billion hours a day to these activities (Seedat and Rondon 1).

Whether participating in paid labor force or not, psychological anguish due to enormous house-care is faced by every woman in this world (Krantz and Ostergren 192). For those in paid economy, this disproportionate domestic job compels women to dwindle between housework and outside job (Seedat and Rondon 1) ultimately causing home-work conflict. Unable to finish domestics efficiently where causes increased conflict rates at home with spouse, parents and even children; less focus/work determination and distracted attention due to family goals/problems many times lead working women to tolerate less promotion offers and increased workplace issues on other spectrum. Such diabolical circle of home-work conflicts not only affect women's performance at workplace and/or their capacity to do housework proficiently (Cerrato and Cifre 2), but also lays significant deteriorating effect on their mental and physical well-being (Seedat and Rondon 2).

In addition, stressors such as daily family conflicts, self, health problems and care providing (children and elderly) difficulties are also encountered by women under unpaid care (Sharifi, et al. 5).These over-daunting tasks often present women with fatigue and stress due to being repetitive, time consuming and physically demanding in nature explaining higher levels of depression, anxiety symptoms (Seedat and Rondon 2) and psychological stress among women thus deep down, lowering their mental health (Sharifi, et al. 5). This was concurred by Korean longitudinal study that observed middle-aged stay-at-home homemakers having five times more risk cognitive impairments among full-time than others (Seedat and Rondon 1)

Unpaid care demands women to be on-toes every now and then to meet the needs (both daily load as well as anything that erupts instantly). To fulfill home obligations, they end up losing their own self thus, giving upon their education, career and right to independent life.

Not getting enough me-time, socialize outside family and/or do self-care activities make females lose their sense of being altogether. Unlimited domestic work leads them to restrict in four boundaries and not work upon themselves thereby, limiting their mental abilities, decreasing intellectual and social well-being and killing their desire to effectuate different tasks for self-growth. Negative self-esteem is the result with a constant feeling of 'unachieved' throughout life.

Socio-Cultural Constraints

Regarded as 'family women and flag bearer of their culture,' middle-aged females are expected to stay at home and perform socially-legalized traditions, customs and rituals (mostly in-laws) unquestioned and respectfully as are considered the foundation of family and community (Mojumder 1025). While at home, middle-aged women have 24x7 activities of completing household chores, caregiving to elderly and children, being a helper, wife and companion to men and maintaining order and peace in the family. Sacrificing their me-time, they carry out meal preparation and serving, washing, dusting and mopping, housekeeping and fostering which does not get any appreciation and/or honorary perspective despite been done at designated time and in arrangement. Also towards children, they have a pre-supposedly charge of disciplining them which incorporates regular eye-keeping on their activities and habits and act as religious institutions for growing teenagers to safeguard them from being juvenile delinquents (Mojumder 1027). Such aspects lead women lag in every facet of life – be it participating socially; access to paid job, medical facilities, pay parity; information and awareness; and right to education (Mojumder 1026).

One school of thought goes by the notion for women to remain 'pure.' Middle East countries, North Africa and India where women are appraised as sacred and high value is placed on their purity, are not allowed to go out-of-home for work especially after marriage believing that out-of-family men at workplace are a source for 'polluting' women. And so, females are instructed not to initialize or limit their interaction with these men (Jayachandran 6). Thus, not permitting women to participate in labor force in the name of preserving their purity (Jayachandran 6), is actually a societal-induced constraint preventing women from having a financially sound life.

'Divorce and Remarriage' as a concept is not approved for midlife ladies especially in the traditionalistic societies for being highly sensitive, stigmatized and controversial socio-cultural fencing ("Divorce – struggles, challenges …"). Divorced women suffer social isolation, blaming/questioning, unsupportive family and friends, are not allowed to attend functions (Tahira, et al. 941, 946, 948, 949) and are reckoned for shame and lower status of the family (Amato 213). Furthermore, patriarchal communities solely blame women and their

deficiencies for not carrying out long-lasting marital relationship. Indian families practicing the doctrine of 'pativratya' command women to continue their marriage even if they are unhappy (Amato 212, 213, 217) and/or in an abusive and emotionally dissatisfying alliance (Clarke 27). Societies being reluctant for midlife women remarriage often state, "At the age of becoming grandmother, mutton is dressed as a lamb." Stokes et al claimed that remarriage is comparatively easier for men than women as 37% men got remarried or cohabited as compared to 22% divorced women, whereas only 5% widow remarriage was observed alongside 24% of widowers. Increase in destructive rumor takes place especially when a middle-aged woman decides to marry someone younger than her (Berardo 134). This orthodoxical custom of 'No divorce, No remarriage' tends to bound women within societal norms attributing them how and what they ought to do/act. Such restricting circumstances compel them to develop inferiority complex, depression, loneliness (Tahira, et al. 941), strong sense of entrapment and powerlessness (Clarke 27), suicidal tendencies, sleep disorders and think themselves as failures (Amato 215).

These socio-cultural constraints not only take away the basic human right to live life from women, but time-to-time nasty and detrimental comments from people persecute their psychological balance to think and act, self-esteem, confidence and in the long run, desire for self-growth and empowerment. Aimed at flourishing their own value and prosperity among people and communities, these social mores somehow submerge the growth and development of women.

Implications and Measures

The dearth of research in middle adulthood arena has caused much less attention towards the lives and well-being of middle-aged women. And as women sex already been considered submissive and inferior to men, researcher's blind eye towards midlife women has further deepened this stereotype ultimately making them invisible from mainstream. Consequently, where on one hand, it let their efforts, contribution, struggles and trauma go unnoticed in the society and community; on the other, has made layman remain under the impression that midlife women are well settled with established homes, career, children and partners and are having peaceful lives.

Deep-rooted unawareness-led-ignorance by the people, societies/communities and government has led to easy shrugging off of women's tears and hard work thereby, showing a cold shoulder towards them while embarking lower status and commanding them to be polite and submissive in front of family members especially men (Mojumder 1028). At macrosystem level, no framed and implemented legal schemes and/or provisions for their

support and benefit, women's social liberation is thus, greatly undermined by even the authorities (Bansal 18).

Middle age is the most emotionally challenging, responsibility-endorsing and overburdening phase of life for menopause, empty nest syndrome, sandwich generation, unpaid care and socio-cultural constraints together affect women's lives in a negative fashion. Sense of self and/or self-concept gets hard-hit resultantly by these middle age symptoms so much so that women start to question not only their body image, confidence, self-esteem, identity, life satisfaction but also, understanding of existence and purpose. Moreover, bringing about the ascribed socially-framed roles causes 'Role Strain' to women – firstly, due to changing body processes (body is adapting to menopause with drastic symptoms due to hormonal changes) and secondly, limited human body energy because of increasing age but much amount of familial/societal/employment task underpart (Perrig-Chiello, et al. 304), often lead them to encounter physical and psychological homeostasis disruption (De Sousa 350).

The paper thus puts forward certain suggestions that could be followed to provide women a better life to live.

* Egalitarian doctrine is essential to be practiced, for women in their middle age must get equal opportunities vis-à-vis career, financial stability and health for their growth and empowerment.
* Wellness centers should be set up for active checkups of middle-aged women including diagnosis and treatment of any health deteriorating symptoms/disease, menopausal syndrome and concerns related to sexual health.
* The medical help should be made easily accessible by women through easy appointments, mobile phones, virtual contacts, emails, e-apps, etc.
* Counselling opportunities must be provided for middle-aged women to seek answers to their concerns, problems and enhance their self-esteem, confidence and identity by resolving their 'self' related issues.
* Consultations with professionals of art of rejuvenation and/or sexologists for advisory on sexual fitness at middle age must be set up and made easy to reach out.
* Professional advice (clinical/medical and/or counselling) to be sought if empty nester mothers face any negative or drastic consequence on their mind, body, behavior due to empty nest syndrome.
* Midlife women could be encouraged towards various social activities, be a part of social groups, visit recreation centers which would aid them shift and distract their 'tensed mind' as empty nesters, to that of refreshing, enjoying and building new relationships especially with same age peers.

* Urie Bronfenbrenner's ecological model could be used as a plinth to formulate and execute measures for the well-being of middle-aged women. Microsystem, macrosystem and exosystem must be foreseen to engage stakeholders at all levels in legislating as well as implementing uplifting measures.
* Sensitizing families (microsystem) at grassroot level to support middle-aged women in aspects of family management, household work and lending a supportive hand in sharing responsibilities.
* The onus lies largely on the family members to not only mind their attitude and behavior towards women but also understand the issues they face to lighten their effects, not create more deterrents and be approachable for them to share feelings, experiences and problems.
* The societies (macrosystem and exosystem) and social contractors could be stimulated to lose their firm patriarchal grip from over women and not dominate them. Rather guide them find empowerment opportunities for career formation; financial independence; self-growth, development and prosperity; and let women exercise their equal human rights.
* Organizations at all local, state and national levels must look deep into the sensitiveness of middle-aged women's issues and spread awareness regarding the same.
* To reach to the local people, organizations could organize melas (fair or exhibitions), street plays, community radio programs, puppet shows and other local or region-specific ways to reach out people and convey sensitive issues about middle age to women, men and families. Aspects such as adequate nutrition, menopause and related side-effects, regular health checkups like mammography, biopsy, bone checkup, etc. for early detection of diseases could be some issues for addressing.
* Women should be made aware about the midlife circumstances that generally come their way, how to resolve these, whom to contact in case of any difficulty and how to engage in self-care activities for nurturing themselves.
* Urge women to share their feelings or any change(s) they observe in themselves with their spouse, family, friends and professionals (if needed) as early as possible and not delay it.
* Middle-aged women could take a break from their routine domestic life at least once a week or fortnight.
* Legal provisions for middle-aged women must be enacted by the government and concerned authorities to support and empower them legally. This could be accomplished through reservations; financial help via loans; ease in getting cars,

house, gold and education loans; opening bank account with low amount; schemes for health benefits, etc.

* 3W's – What Women Want must be considered while formulating incentives for their upliftment. PLA (target group participatory approach) methods could be used to assist women sought solutions to their problems themselves. As women would seek out ways upon which they agree, PLA would ensure that they definitely carry out the measures as suggested by them only.

Conclusion

The 45-60 middlescence years in a woman's life challenge her self-concept and identity via various circumstances of menopause, empty nest syndrome, sandwiched generation, unpaid care and socio-cultural constraints that get raised being inevitable during this period.The paper not only describes how these difficult, overwhelming and severely health determining issues and concerns pop up during middle age, but also presents the feelings/emotions/situations from which women get through. These obvious events of middle age take the trajectory of laying alarming and shifting effects on women's physical, psychological and social domanial pathways to ultimately alter and dwindle their sense of self. Physically, females suffer from menopause, diminished stamina, tiredness, disruption of physical homeostasis, hot flushes, vaginal dryness and breast tenderness. Anxiety, pressure, depression, decreased mental health, anguish and mental imbalance are the psychological manifestations; while social domain gets affected by the experiences of lost social life, empty nest phenomenon and family-work conflicts. These simultaneous indications put devastating repercussions foremostly on midlife women's health, their view towards life and themselves and optimism thereby deleteriously shaping self-concept. Poor self-body image/satisfaction, lost identity, negative life satisfaction, decreased quality of life, less self-confidence and low self-esteem are the direct and/or indirect aftermath that women face on their self.

As important as everybody else, midlife women too have fundamental right to live quality life and not just deadly throw oneself to performing only the socially commanded roles. Therefore, it is required that every individual must realize the plight of women, respect them and turn a helping hand towards them. Measures proposed in the study could be applied to give middlescence women less burden of societal tasks to conduct and take care of their own self. As these suggestions incorporate stakeholders at all levels and put the onus on family, society and government to come together and join hands to provide opportunities to women, the implementation of such steps would ensure women's development and empowerment.

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যোৰহাট জিলাৰ মিচিং জনজাতীয় সমাজত মহিলাৰ স্বাস্থ্য আৰু চিকিৎসা পদ্ধতি ঃ এক ক্ষেত্রভিত্তিক অধ্যয়ন

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স্বাস্থ্য হৈছে মানৰ সম্পদ বিকাশ সূচাংকৰ আটাইতকৈ গুৰুত্বপূর্ণ উপাদান। জনজাতীয় সমাজত স্বাস্থ্য সচেতনতাৰ ক্ষেত্রত পৰম্পৰাগত সামাজিক বিশ্বাসে অতীজৰেপৰা এক বিশেষ স্থান অধিকাৰ কৰি আহিছে। মানৰ সম্পদ বিকাশ সূচাংকৰ ক্ষেত্রত জনজাতীয় লোকসকল ৰাষ্ট্রীয় গড় সূচাংকতকৈ যথেষ্ট পিছ পৰি আছে। জনজাতীয় লোকসকলৰ শিশুৰ মৃত্যুৰ হাৰ ৰাষ্ট্রীয় গড় মৃত্যুৰ হাৰতকৈ যথেষ্ট বেছি। জনজাতীয় সমাজত পুৰুষসকলতকৈ মহিলা আৰু শিশুসকলৰ মৃত্যুৰ হাৰ অধিক। ইয়াৰ লগত মহিলাসকলৰ বাল্যবিবাহ, শিক্ষাৰ অনগ্রসৰতা, স্বাস্থ্য সম্পর্কীয় সচেতনতাৰ অভাৰ আদি বিভিন্ন কাৰণ জড়িত হৈ আছে। মহিলাসকলে বিশেষকৈ সন্তান জন্ম দিয়াৰ সময়ত সাৱধানতা অৱলম্বন নকৰাৰ বাবে বহু মহিলাৰ অকালতে মৃত্যু হোৱাৰ উপৰি বহু মহিলাৰ ক্ষেত্রত বিভিন্ন ৰোগে দেখা দিয়ে। স্বাস্থ্যসম্বন্ধীয় দিশ সম্পর্কে থকা সজাগতাৰ অভাৱৰ বাবে মহিলাসকলে উপযুক্ত চিকিৎসাৰপৰা বহু ক্ষেত্রত বঞ্চিত হোৱা পৰিলক্ষিত হয়। ফলস্বৰূপে মহিলাসকলৰ মাজত বিভিন্ন স্বাস্থ্যজনিত সমস্যাই দেখা দিয়ে। মিচিং জনজাতীয় মহিলাসকলৰ স্বাস্থ্য আৰু চিকিৎসা পদ্ধতিক মূল বিষয় হিচাপে লৈ এই গৱেষণাপত্রখন প্রস্তুত কৰা হৈছে। ক্ষেত্র অধ্যয়নৰ বাবে যোৰহাট জিলাৰ অন্তর্গত দুখন গাঁও শগুনপৰা আৰু বৰমথাউৰি মিচিং গাঁৱক নির্বাচন কৰা হৈছে। গৱেষণা-পত্রখনত সাধাৰণ অপৰিকল্পিত নমুনা পদ্ধতিৰে মিচিং মহিলাৰ মাজৰপৰা তথ্য সংগ্রহ কৰা হৈছে। এই ক্ষেত্রত বিবাহিত মহিলাক অধিক গুৰুত্ব দিয়া হৈছে। এই অধ্যয়নৰ বাবে সমীক্ষাত্মক আৰু বিষয় বিশ্লেষণাত্মক পদ্ধতিৰ সহায় লোৱা হৈছে। গৱেষণাৰ অন্তত পোৱা সিদ্ধান্তসমূহ হ'ল- যোৰহাট জিলাৰ মিচিং অধ্যুষিত গাঁওসমূহত মহিলাসকলে স্বাস্থ্যসেৱাৰ ক্ষেত্রত যথেষ্ট সমস্যাৰ সন্মুখীন হৈ আহিছে। বর্তমান বিজ্ঞান আৰু প্রযুক্তিবিদ্যাৰ সময়তো তেওঁলোকৰ বেছিসংখ্যকেই পৰম্পৰাগত চিকিৎসা পদ্ধতিক অধিক প্রাধান্য দিয়ে, যাৰ ফলত ৰোগ

নিৰাময়ৰ প্ৰক্ৰিয়া যথেষ্ট লেহেমীয়া হয় আৰু অৱশেষত ৰোগীৰ মৃত্যুৰ আশংকা বৃদ্ধি পায়। তদুপৰি মহিলাৰ মৃত্যুৰ হাৰ পুৰুষতকৈ বেছি। ইয়াৰ প্ৰধান কাৰণ হৈছে, বেমাৰ আৰম্ভ হোৱাৰ লগে লগে উপযুক্ত চিকিৎসা পদ্ধতিৰ সহায় নলৈ আওপুৰণি পৰম্পৰাগত চিকিৎসাত অধিক গুৰুত্ব আৰোপ কৰে। ফলত বেমাৰীৰ অৱস্থা অধিক শোচনীয় হৈ পৰে আৰু পিছত আধুনিক চিকিৎসা কৰিও সম্পূৰ্ণৰূপে আৰোগ্য হোৱাৰপৰা বঞ্চিত হয়। সেয়েহে মিচিং মহিলাসকলৰ স্বাস্থ্য সচেতনতা বৃদ্ধি কৰিবলৈ চৰকাৰৰ বিভাগীয় কৰ্তৃপক্ষ আৰু স্বেচ্ছাসেৱক সংগঠনসমূহে আধুনিক চিকিৎসা ব্যৱস্থাৰ প্ৰতি সজাগতা আনিবলৈ ব্যৱস্থা গ্ৰহণ কৰিব লাগে।

বীজ শব্দ ঃ মিচিং মহিলা, স্বাস্থ্য, ঔষধ, স্বাস্থ্য-সচেতনতা, স্বাস্থ্য-ব্যৱস্থা।

অৱতৰণিকা ঃ

অসম বিভিন্ন জাতি-জনগোষ্ঠীৰ মিলনভূমি। অসমত বাস কৰা জনগোষ্ঠীসমূহৰ ভিতৰত জনসংখ্যাৰ ফালৰপৰা দ্বিতীয় বৃহৎ জনগোষ্ঠীটোৱেই হ'ল মিচিংসকল। প্ৰাক-ঐতিহাসিক কালতেই অসমলৈ প্ৰব্ৰজন হোৱা মিচিংসকল নৃতাত্ত্বিক দিশৰপৰা মংগোলীয় নৃগোষ্ঠীৰ লোক। ২০১১ চনৰ লোকপিয়ল অনুসৰি অসমত বাস কৰা মিচিংসকলৰ জনসংখ্যা হৈছে ৬,৮৩,১৭০। বৃহৎ মঙ্গোলীয় গোষ্ঠীৰ অন্তৰ্গত মিচিংসকলৰ ভাষাটো চীন-তিব্বতীয় ভাষা পৰিয়ালৰ তিব্বত-বর্মীয় শাখাৰ উত্তৰ অসম শাখাৰ অন্তৰ্গত। মিচিং শব্দৰ অৰ্থ হৈছে — মি মানে মানুহ আৰু য়াছিং মানে বগা বা ভাল অৰ্থাৎ ভাল মানুহ।[১] স্বাস্থ্য হৈছে মানৱ সম্পদ বিকাশৰ এক প্ৰধান অংগ। বিশ্ব স্বাস্থ্য সংস্থাৰ মতে, "Health is a state of complete physical, social and mental being and not mearly the absence of disease and infirmity." অৰ্থাৎ স্বাস্থ্যই কেৱল ৰোগ আৰু অসুস্থতাৰ অনুপস্থিতিকে নুবুজায়, ই হৈছে এক সম্পূৰ্ণ শাৰীৰিক, সামাজিক আৰু মানসিক অৱস্থাৰ নিৰ্ণায়ক। যিকোনো সম্প্ৰদায়ৰ স্বাস্থ্যৰ অৱস্থা প্ৰত্যক্ষ বা পৰোক্ষভাৱে তেওঁলোকৰ স্বাস্থ্যসেৱা ব্যৱস্থাটোৰ ওপৰত নিৰ্ভৰশীল। স্বাস্থ্যসেৱা ব্যৱস্থাটোৱে বিভিন্ন সংস্থা, প্ৰতিষ্ঠান আদিক সামৰি লয়, যাৰদ্বাৰা স্বাস্থ্যসেৱা সম্পাদন কৰা হয়। এই সংস্থা বা প্ৰতিষ্ঠানসমূহৰ প্ৰাথমিক উদ্দেশ্য হৈছে স্বাস্থ্যসেৱাৰ বিকাশ সাধন কৰা। স্বাস্থ্যসেৱা ব্যৱস্থাই সেইবোৰ প্ৰতিষ্ঠান, মানুহ আৰু সম্পদক বুজায়, যি অহৰহ স্বাস্থ্যসেৱা প্ৰদানৰ লগত জড়িত হৈ থাকে। এই ব্যৱস্থাটোৰ আন এটা গুৰুত্বপূৰ্ণ কাম হৈছে — জনসাধাৰণৰ মাজত স্বাস্থ্যসচেতনতা সম্পৰ্কীয় জ্ঞানৰ প্ৰচাৰ আৰু প্ৰসাৰ ঘটোৱা। বসুৰ মতে — health is a function, it is only medical concept but also it is a concept of overall integrated development of society-cultural, economic, education, social and political.[২] অৰ্থাৎ স্বাস্থ্যই কেৱল চিকিৎসাৰ ধাৰণাটোকে নুবুজায়, ই শিক্ষা, সামাজিক, অৰ্থনৈতিক, ৰাজনৈতিক আদিৰ সামগ্ৰিক বিকাশক সামৰি লয়। তেওঁৰ মতে, সুস্বাস্থ্য আৰু এখন সুস্থ সমাজ সমান্তৰালভাৱে আগবাঢ়ে। সাধাৰণতে গড় আয়ুস, জন্মৰ হাৰ, মৃত্যুৰ হাৰ, শিশুৰ মৃত্যুৰ হাৰ আদিৰ জৰিয়তে এখন সমাজৰ স্বাস্থ্যৰ অৱস্থাৰ বিষয়ে অধ্যয়ন কৰিব পাৰি। ভাৰতৰ জনজাতীয় সমাজত স্বাস্থ্যসচেতনতাৰ ক্ষেত্ৰত পৰম্পৰাগত সামাজিক বিশ্বাসে অতীতৰেপৰা গুৰুত্ব পাই আহিছে। মানৱ সম্পদ বিকাশ সূচাংকৰ ক্ষেত্ৰত জনজাতীয় লোকসকল ৰাষ্ট্ৰীয় গড় সূচাংকতকৈ যথেষ্ট পিছ পৰি আছে। জনজাতীয় লোকসকলৰ মৃত্যুৰ হাৰ বিশেষকৈ শিশুৰ গড় মৃত্যুৰ হাৰ ৰাষ্ট্ৰীয় গড় হাৰতকৈ যথেষ্ট

বেছি। এইক্ষেত্ৰত জনজাতীয় পুৰুষসকলতকৈ মহিলা আৰু শিশুসকল অধিক সংবেদনশীল। ইয়াৰ মুখ্য কাৰণ হৈছে — বাল্যবিবাহ, শিক্ষাৰ অনগ্ৰসৰতা, পুষ্টিহীনতা আদি। মহিলাসকল বিশেষকৈ সন্তান জন্ম দিয়াৰ সময়ত বিভিন্ন সমস্যাৰ সন্মুখীন হয়; যেনে — এনিমিয়া, উচ্চ ৰক্তচাপজনিত ৰোগ, পুষ্টিহীনতা আদি। এই সমস্যাসমূহৰ মুখ্য কাৰণ হ'ল — স্বাস্থ্যসেৱাৰ অনগ্ৰসৰতা, অনুন্নত যোগাযোগ ব্যৱস্থা, স্বাস্থ্যখণ্ডৰ নিম্নমানৰ আন্তগাঁথনি, দক্ষ স্বাস্থ্যকৰ্মীৰ অভাৱ আদি। যোৰহাট জিলাৰ মিচিং অধ্যুষিত অঞ্চলসমূহত উল্লিখিত সমস্যাসমূহ বিদ্যমান। সেয়েহে মিচিং মহিলাসকলৰ স্বাস্থ্যসচেতনতা আৰু অৱস্থাৰ বিষয়ে অধ্যয়নৰ গুৰুত্ব উপলব্ধি কৰি বিষয়টো অধ্যয়নৰ বাবে নিৰ্বাচন কৰা হৈছে।

অধ্যয়নৰ উদ্দেশ্য ঃ

যোৰহাট জিলাৰ মিচিং জনজাতীয় সমাজত মহিলাৰ স্বাস্থ্য আৰু চিকিৎসা পদ্ধতি ঃ এক ক্ষেত্ৰভিত্তিক অধ্যয়ন শীৰ্ষক বিষয় অধ্যয়নৰ উদ্দেশ্যসমূহ হৈছে —

- জনজাতীয় মিচিং মহিলাসকলৰ স্বাস্থ্যৰ সচেতনতা আৰু অৱস্থাৰ বিষয়ে অধ্যয়ন কৰা।
- মিচিং বসতিপ্ৰধান অঞ্চলসমূহত সহজলভ্য স্বাস্থ্যসেৱাৰ বিষয়ে অধ্যয়ন কৰা।
- মিচিং লোকসকলে চিকিৎসাৰ বাবে ব্যৱহাৰ কৰা থলুৱা পৰম্পৰাগত ঔষধসমূহৰ বিষয়ে অৱগত কৰা।

অধ্যয়নৰ পদ্ধতি ঃ

যোৰহাট জিলাৰ মিচিং জনজাতীয় সমাজত মহিলাৰ স্বাস্থ্য আৰু চিকিৎসা পদ্ধতি ঃ এক ক্ষেত্ৰভিত্তিক অধ্যয়ন শীৰ্ষক বিষয় অধ্যয়নৰ বাবে দুইধৰণৰ পদ্ধতি গ্ৰহণ কৰা হৈছে —

- সমল সংগ্ৰহৰ পদ্ধতি
- বিষয় বিশ্লেষণৰ পদ্ধতি

গৱেষণাৰ মুখ্য সমলসমূহ ক্ষেত্ৰ অধ্যয়নৰ জৰিয়তে সংগ্ৰহ কৰা হৈছে। ক্ষেত্ৰ অধ্যয়নত সাক্ষাৎকাৰ পদ্ধতি আৰু পৰ্যবেক্ষণ পদ্ধতিৰ সহায় লোৱা হৈছে। প্ৰধানকৈ অনিৰ্দিষ্ট প্ৰশ্নমালাৰ ভিত্তিত মৌখিক সাক্ষাৎকাৰৰ জৰিয়তে মুখ্য সমলসমূহ সংগ্ৰহ কৰা হৈছে।

ক্ষেত্ৰ অধ্যয়নৰ বাবে যোৰহাট জিলাৰ দুখন মিচিং অধ্যুষিত গাঁও শগুনপৰা আৰু বৰমথাউৰি মিচিং গাঁৱক নিৰ্বাচন কৰা হৈছে। গৱেষণা অধ্যুষিত অঞ্চলৰ ২০০ গৰাকী ১৫-৪০ বছৰৰ মিচিং মহিলাক নিৰ্বাচন কৰি লোৱা হৈছে। বিবাহিত মহিলাক বিশেষ গুৰুত্ব প্ৰদান কৰা হৈছে। নমুনা সংগ্ৰহৰ বাবে সাধাৰণ অপৰিকল্পিত নমুনা পদ্ধতিৰ সহায় লোৱা হৈছে।

তথ্যৰ উৎস ঃ

যোৰহাট জিলাৰ মিচিং জনজাতীয় সমাজত মহিলাৰ স্বাস্থ্য আৰু চিকিৎসা পদ্ধতি ঃ এক ক্ষেত্ৰভিত্তিক অধ্যয়ন শীৰ্ষক বিষয় অধ্যয়নৰ বাবে দুটা উৎসৰপৰা সমলসমূহ সংগ্ৰহ কৰা হৈছে। গৱেষণাৰ মুখ্য সমলসমূহ ক্ষেত্ৰ অধ্যয়নৰ জৰিয়তে সংগ্ৰহ কৰা হৈছে। গৌণ তথ্যৰ বাবে বিভিন্ন গ্ৰন্থ, আলোচনী, বাতৰি কাকত আৰু ইণ্টাৰনেটৰ সহায় লোৱা হৈছে।

মূল আলোচনা ঃ

মিচিং সমাজত কোনো এজন ব্যক্তি শাৰীৰিক, মানসিক আৰু আধ্যাত্মিক দিশত সুস্থ থকা মানেই তেওঁ এজন সু-স্বাস্থ্যৱান ব্যক্তি। ইয়াৰ উপৰি মিচিং সমাজত বিভিন্ন পূজা-পাতলৰ বাহিৰেও এনে কিছুমান বিশ্বাস প্ৰচলিত হৈ আছে যিবোৰ চিকিৎসা বিজ্ঞানে অন্ধবিশ্বাস বুলি গণ্য কৰে। আমাৰ এই গৱেষণা-পত্ৰখনত তিনিটা বিশেষ দিশত গুৰুত্ব প্ৰদান কৰি মিচিং মহিলাসকলৰ স্বাস্থ্যৰ অৱস্থা আৰু সচেতনতা অধ্যয়ন কৰিবলৈ প্ৰয়াস কৰা হৈছে। সেইকেইটা হৈছে — বিবাহৰ বয়স, বেমাৰৰ বাবে গ্ৰহণ কৰা চিকিৎসা ব্যৱস্থা আৰু সন্তান জন্ম দিয়াৰ স্থান।

বিবাহৰ বয়স ঃ

বয়স বুলিলে কেৱল এগৰাকী মহিলাৰ শাৰীৰিক আৰু মানসিক পৈণত অৱস্থাকেই নুবুজায়, ই এখন সমাজৰ বাবেও গুৰুত্বপূৰ্ণ। ভাৰতীয় সংবিধানত মহিলাৰ বিবাহৰ ন্যূনতম বয়সৰ সীমা ১৮ বছৰ নিৰ্ধাৰণ কৰা আছে। নিম্নলিখিত তালিকাখনত নমুনাৰ বাবে নিৰ্বাচন কৰা ২০০ গৰাকী মিচিং মহিলাৰ বিবাহৰ বয়স দেখুওৱা হৈছে—

তালিকা ১ঃ বিবাহৰ বয়স

বয়স	বিবাহিত মহিলা	
	সংখ্যা	শতাংশ
১৫-২০	১২০	৬০
২১-২৫	৬০	৩০
২৬-৩০	১০	৫
৩১-৩৫	৭	৩.৫
৩৬-৪০	৩	১.৫

উৎস ঃ ক্ষেত্রভিত্তিক অধ্যয়ন

তালিকা ১ত দেখা গৈছে যে, ১২০ (৬০%) গৰাকী মহিলা বিয়া হৈছে ১৫-২০ বছৰ বয়সত; ২১-২৫ বছৰ বয়সৰ ভিতৰত ৬০ (৩০%) গৰাকী মহিলা; ২৬-৩০ বছৰ বয়সত ১০ (৫%) গৰাকী মহিলা ৩১-৩৫ আৰু ৩৬-৪০ বছৰৰ বয়সত বিবাহিত মহিলাৰ সংখ্যা ক্ৰমে ৭ (৩.৫%) আৰু ৩ (১.৫%) গৰাকী মহিলা।

সন্তান জন্ম দিয়া স্থান ঃ

তালিকাঃ ২ **সন্তান জন্ম দিয়া স্থান**

স্থান	বিবাহিত মহিলা	
	সংখ্যা	শতাংশ
ঘৰ	৪০	২০
চৰকাৰী চিকিৎসালয়	১৪০	৭০
ব্যক্তিগত চিকিৎসালয়	২০	১০

উৎস ঃ ক্ষেত্রভিত্তিক অধ্যয়ন

তালিকা -২ মিচিং মহিলাসকলৰ ৭০% মহিলাই চৰকাৰী চিকিৎসালয়ত সন্তান জন্ম দিয়ে; ২০% মহিলাই ঘৰতে আৰু বাকী ১০% মহিলাই ব্যক্তিগত চিকিৎসালয়ত সন্তান জন্ম দিয়ে।

ৰোগ নিৰাময়ৰ বাবে ৰোগীয়ে লোৱা ব্যৱস্থাসমূহ ঃ

সমাজৰ সকলোতে স্বাস্থ্যৰ লগত প্ৰকৃতি আৰু কিছুমান ধৰ্মীয় বিশ্বাস জড়িত হৈ থাকে। অতীজৰেপৰা জনজাতীয় লোকসকলৰ প্ৰকৃতিৰ লগত এক মধুৰ সম্পৰ্ক চলি আহিছে। মিচিং লোকসকলে ৰোগ নিৰাময়ৰ ক্ষেত্ৰত পৰম্পৰাগত বা আয়ুৰ্বেদিক আৰু আধুনিক চিকিৎসা বিজ্ঞানৰ সহায় লয়।

তালিকাহ্ল৩ ঃ বেমাৰৰ সময়ত গ্ৰহণ কৰা ঔষধ

ঔষধ	বিবাহিত মহিলা	
	সংখ্যা	শতাংশ
পৰম্পৰাগত ঔষধ	১১০	৫৫
আয়ুৰ্বেদিক ঔষধ	১০	৫
এল'পেথিক ঔষধ	৩০	১৫
হোমিওপেথিক ঔষধ	৫০	২৫

উৎস ঃ ক্ষেত্রভিত্তিক অধ্যয়ন

তালিকা-৩ মিচিং মহিলাসকলৰ ৫৫% মহিলাই পৰম্পৰাগত ঔষধ ব্যৱহাৰ কৰে; ২৫% মহিলাই হোমিওপেথিক ঔষধ; ১৫% মহিলাই এল'পেথিক আৰু ৫% মহিলাই আয়ুৰ্বেদিক ঔষধ ব্যৱহাৰ কৰে।

মিচিং সমাজত পৰম্পৰাগত চিকিৎসা পদ্ধতি ঃ

মিচিং লোকসকলে ৰোগ নিৰাময়ৰ ক্ষেত্ৰত পৰম্পৰাগত বা আয়ুৰ্বেদিক আৰু আধুনিক চিকিৎসা বিজ্ঞানৰ সহায় লয়। এই ক্ষেত্ৰত মিচিং জনজাতীয় মহিলাসকলো তাৰ ব্যতিক্ৰম নহয়। তেওঁলোকে ৰোগ নিৰাময়ৰ বাবে ব্যৱহাৰ কৰা বিভিন্ন পৰম্পৰাগত বনৌষধসমূহৰ তালিকা তলত দিয়া হ'ল —

জ্বৰ ঃ নেমু টেঙা (Citrus latifolia) চেনিৰ লগত মিহলি কৰি কপালত লগাই জ্বৰ নিৰাময় কৰে।

জণ্ডিচ ঃ জণ্ডিচ ৰোমাৰৰ বাবে দুপৰটেঙাৰ পাত (Bryophyllum pinnatum), বন আমলখি (Phyllanthus niruri), কুঁহিয়াৰৰ ৰস (Saccharum plant), দোৱোণ বন (Leucas aspera) ব্যৱহাৰ কৰে।

লিভাৰ অসুখ ঃ লিভাৰ অসুখ নিৰাময়ৰ বাবে পকা অমিতা (Carica papaya), মানিমুনি (Centella asiatica), দোৱোণ বন (Leucas aspera) ব্যৱহাৰ কৰে।

মূৰৰ বিষ ঃ বন তুলসীৰ গুটি (Croton bonplandianum) মিহি কৰি মূৰ বিষৰ ঔষধ প্ৰস্তুত কৰে।

ডিচেণ্ট্ৰী ঃ ডিচেণ্ট্ৰী নিৰ্মূলৰ বাবে নেমু টেঙা (Citrus latifolia) প্ৰায় এমাহমান নিমখত ডুবাই থৈ প্ৰতিদিনে দুইপালি গ্ৰহণ কৰে।

অৰ্শ ঃ অৰ্শ ৰোগৰ বাবে কপালফুটা (Cardiosperamum halicacabum) মিহি কৰি পানীৰ লগত মিহলি কৰি ঔষধ প্ৰস্তুত কৰে। ইয়াৰ উপৰি লাজুকীলতা (Mimosa pudica) গুৰি কৰি গাখীৰৰ লগত খোৱা হয়।

নিউমনীয়া ঃ নিউমনীয়া কমাবলৈ কাচিদৰীয়াৰ শিপা (Hedyotis lineate) গুৰি কৰি পানীৰ লগত মিহলি কৰি খোৱা হয়।

পেটৰ অসুখ ঃ পেটৰ অসুখৰ বাবে মাটিকাদুৰী পাতৰ ৰস (Altrenanthera sessilis) ব্যৱহাৰ কৰে। তদুপৰি ভেদাইলতা (Paderia fotida), সৰু টেঙেচিৰ ৰস (Oxalis corniculata) ব্যৱহাৰ কৰে।

ছালৰ ৰোগ ঃ ছালৰ ৰোগৰ পৰা নিৰাময় পাবলৈ মেদেলুৱা পাত (Cassia occidentalis) গুৰি কৰি ছালত লগায়।

এই অধ্যয়নৰপৰা বুজা গ'ল যে, মিচিং মহিলাসকলে যথেষ্ট পৰিমাণে বনৌষধৰ গুণাগুণক অগ্ৰাধিকাৰ দিয়ে। তেওঁলোকে এই বনৌষধবোৰৰ কিছুমান ঘৰতে প্ৰস্তুত কৰে আৰু কিছুমান গাঁৱতে থকা বনৌষধ বিশেষজ্ঞৰদ্বাৰা পৰামৰ্শ লৈ ব্যৱহাৰ কৰে।

মিচিং সমাজত মন্ত্ৰ, বাণ, ঔষধ ব্যৱহাৰ কৰিও চিকিৎসা সম্পাদন কৰা একশ্ৰেণী লোক আছে। এনে লোকক মিচিংসকলে 'বেজুৱাই' বুলি কয়। বহু মিচিং মহিলাই বেজৰ চিকিৎসা কৰ্মক অন্ধভাৱে বিশ্বাস কৰে। ফলস্বৰূপে শৰীৰৰ উপযুক্ত চিকিৎসাৰ অভাৱত নানান সমস্যাই দেখা দিয়ে। মিচিং মহিলাসকলৰ মাজত চিকিৎসা সম্পৰ্কীয় বহুতো লোকবিশ্বাস প্ৰচলন হৈ থকা দেখা গৈছে। কেঁচুমুৰীয়া হ'লে ৰোগীয়ে মাঃ তিৰি কুমচাগ কৰি তামোল পাণ আৰু মাননি হিচাপে কিছু টকা লৈ বেজৰ ওচৰলৈ যায়। এই ৰোগত বেজে ধন্বন্তৰী স্মৰণ কৰি পচতীয়া আগ ২১ টা আৰু জালুক ২১ টাৰ লগত নিৰ্দ্দিষ্ট পৰিমাণৰ নিমখ মিলাই ৰোগীক খাবলৈ দিয়ে। এনেদৰে তিনিপালি

খালে উপশম পায় বুলি তেওঁলোকে বিশ্বাস কৰে। পেটৰ অসুখৰ বাবে প্ৰেমলতা বা জাৰ্মান লতা ব্যৱহাৰ কৰে। বেজে এই লতা বিধৰ পূৱফালে মূৰ কৰি থকা আগ অংশৰ তিনিডাল লতা উশাহ বন্ধ কৰি একেবাৰতে ছিণ্ডি আনি পিহি ৰোগীক খুৱাই দিয়ে। এনে কৰিলে গিনাম বা পেটৰ অসুখ ভাল হয় বুলি তেওঁলোকৰ মাজত লোক বিশ্বাস প্ৰচলন হৈ আছে।। মহিলাৰ ধাতু গৃঃ নাম বা ধাতু যোৱা ৰোগ হ'লে বেজে ছটী গছৰ ছাল আধা লিটাৰ পানীত তিয়াই এগিলাচ ৰাতিপুৱা খালীপেটত আৰু এগিলাচ ৰাতি শোৱাৰ আগত খাবলৈ দিয়ে, এই ঔষধ খালেও উপশম পায় বুলি বিশ্বাস কৰে। মাহেকীয়াল' আবাক ইয়ি গৃঃনাম বা মাহেকীয়া সমস্যাৰ বাবে পৌজাৰ ওই নামৰ সকামৰ আয়োজন কৰাৰ এক বিশ্বাস প্ৰচলন হৈ আছে। মহিলাৰ ক্ষেত্ৰত অধিক ৰক্তক্ষৰণৰ সমস্যাই দেখা দিলে সোণাৰু গছৰ ছালেৰে প্ৰস্তুত কৰা ঔষধ দিয়া হয় আৰু এনে ঔষধৰপৰা আৰোগ্য লাভ কৰে বুলি মিচিং মহিলাসকলৰ মাজত এক লোকবিশ্বাসৰ প্ৰচলন হৈ আছে।

উপসংহাৰ ঃ

স্বাস্থ্যৰ অৱস্থাৰ ক্ষেত্ৰত জনজাতীয় লোকসকল ৰাষ্ট্ৰীয় গড়তকৈ যথেষ্ট পিছ পৰি আছে। যোৰহাট জিলাৰ মিচিং অধ্যুষিত গাঁওসমূহত মহিলাসকলে স্বাস্থ্যসেৱাৰ ক্ষেত্ৰত যথেষ্ট সমস্যাৰ সন্মুখীন হৈ আহিছে। বৰ্তমান বিজ্ঞান আৰু প্ৰযুক্তিবিদ্যাৰ সময়তো তেওঁলোকৰ বেছিসংখ্যকেই পৰম্পৰাগত চিকিৎসা পদ্ধতিক অধিক প্ৰাধান্য দিয়ে, যাৰ ফলত ৰোগ নিৰাময়ৰ প্ৰক্ৰিয়া যথেষ্ট লেহেমীয়া হয় আৰু অৱশেষত ৰোগীৰ মৃত্যুৰ আশংকা বৃদ্ধি পায়। তদুপৰি মহিলাৰ মৃত্যুৰ হাৰ মিচিং সমাজত পুৰুষতকৈ বেছি। ইয়াৰ প্ৰধান কাৰণ হৈছে, বেমাৰ আৰম্ভ হোৱাৰ লগে লগে উপযুক্ত চিকিৎসা পদ্ধতিৰ সহায় নলৈ আওপুৰণি পৰম্পৰাগত চিকিৎসাত অধিক গুৰুত্ব আৰোপ কৰে। ফলত বেমাৰীৰ অৱস্থা অধিক শোচনীয় হৈ পৰে আৰু পিছত আধুনিক চিকিৎসা কৰিও সম্পূৰ্ণৰূপে আৰোগ্য হোৱাৰপৰা বঞ্চিত হয়। সেয়েহে মিচিং মহিলাসকলৰ স্বাস্থ্য সচেতনতা বৃদ্ধি কৰিবলৈ চৰকাৰৰ বিভাগীয় কৰ্তৃপক্ষ আৰু স্বেচ্ছাসেৱক সংগঠনসমূহে আধুনিক চিকিৎসা ব্যৱস্থাৰ প্ৰতি সজাগতা আনিবলৈ ব্যৱস্থা গ্ৰহণ কৰিব লাগে।

সিদ্ধান্ত ঃ

১) মহিলাসকলৰ স্বাস্থ্যৰ ক্ষেত্ৰত বিবাহৰ সময়ে এক গুৰুত্বপূৰ্ণ ভূমিকা পালন কৰে। নিৰ্বাচিত অধ্যয়ন ক্ষেত্ৰত দেখা গ'ল যে, মিচিং মহিলাসকলৰ অধিকসংখ্যক মহিলাৰ অৰ্থাৎ ৫০ শতাংশ মহিলা ১৫-২০ বছৰ বয়সৰ ভিতৰত বিবাহপাশত আবদ্ধ হৈছিল। ই এক ভয়াবহ বাৰ্তা বহন কৰিছে। কম বয়সত বিবাহ হ'লে মহিলাসকলৰ গৰ্ভধাৰণৰ সময়তবিভিন্ন জটিল সমস্যাই দেখা দিয়ে। তদুপৰি মহিলাসকলৰ পুষ্টিহীনতাৰ সমস্যাৰ সম্ভাৱনা অধিক প্ৰকট হৈ পৰে।

২) মিচিং সমাজত এতিয়াও মহিলাসকলৰ বিভিন্ন বেমাৰ-আজাৰৰ ক্ষেত্ৰত বেমাৰ ভাল কৰিবলৈ আধুনিক চিকিৎসা বিজ্ঞানৰ ঔষধতকৈ পৰম্পৰাগত বনৌষধক অধিক প্ৰাধান্য দিয়ে। ক্ষেত্ৰ অধ্যয়নত দেখা গ'ল যে, ৫৫ শতাংশ মহিলাই আজিৰ যুগতো পৰম্পৰাগত ঔষধ ৰোগ নিৰাময়ৰ বাবে ব্যৱহাৰ কৰে। ইয়াৰ মুখ্য কাৰণ হ'ল কম খৰচতে এই পৰম্পৰাগত বন ঔষধবোৰ লাভ কৰে।

৩) এইক্ষেত্ৰত এটা যোগাত্মক দিশ দেখা গ'ল যে, মিচিং মহিলাসকলৰ ৭০ শতাংশ মহিলাই চৰকাৰী চিকিৎসালয়ত সন্তান প্ৰসৱ কৰোৱাটোত প্ৰাধান্য দিয়ে।

৪) মিচিং মহিলাসকল অর্থনৈতিক দিশত পিছ পৰি থকাৰ বাবে ২০ শতাংশ মহিলাই এতিয়াও ঘৰতে সন্তান জন্ম দিবলৈ বাধ্য হয়।

প্রসঙ্গ সূত্র ঃ

[১] তৰুণচন্দ্র পামেগাম, 'মিৰি বা মিচিং', *মিচিং সংস্কৃতিৰ আলেখ্য,* সম্পা. ভৃগুমনি কাগয়ুং, পৃ. ৩৯

[২] S.K Basu, *Tribal health in rural India*, p.21

সমল ব্যক্তিৰ তালিকা ঃ

নাম	বয়স	ঠিকনা
ৰুমা দলে	৪৫ বছৰ	বৰ মথাউৰি মিছিং গাঁও
দীপ্তি দলে	৩৬ বছৰ	ঐ
পার্বতী কামান	৩৯ বছৰ	ঐ
অনুমাই পেগু	৩০ বছৰ	ঐ
লক্ষীমাই পেগু	২৭ বছৰ	ঐ
পূর্ণিমা টাহু	৫৫ বছৰ	শগুণপৰা গাঁও
যোগেশ্বৰী কামান	৩৬ বছৰ	ঐ
অঞ্জলি কুলি	৩০ বছৰ	ঐ
পৰিস্মিতা মিলি	২৪ বছৰ	ঐ
ৰূপাঞ্জলী ৰিচং	৩২বছৰ	ঐ

গ্রন্থপঞ্জী ঃ

কাগয়ুং, ভৃগুমুনি (সম্পা.), *মিচিং সংস্কৃতিৰ আলেখ্য,* উৰুখা পঁজা, বিৰুবাৰী, গুৱাহাটী-১৬,পুনৰ প্রকাশ ১৯৮৯.

কুলি, জৱাহৰজ্যোতি, *মিচিং সংস্কৃতি,* কৌস্তুভ প্রকাশন, ডিব্রুগড়, প্রথম প্রকাশ, ২০০৩,

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Verma, Barbora and Priyanka Tamuli, *Healh status of Mishing women of Biswanah district of Assam*, Journal of critical reviews, vol. 08

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Mahanta, Latu Lal and Dr. Sadaruddin Biswas, *Healthcare practices among the Santhals of Purlia District*, West Bengal, International Journal for Innovative Research in Multidisciplinary Field, vol. 7, 2021.

অপ্রকাশিত গৱেষণা গ্রন্থ ঃ

মিলি, জ্যোতিৰঞ্জন, *মিচিং জনগোষ্ঠীৰ সামাজিক লোকাচাৰ ঃ পৰম্পৰা আৰু পৰিৱর্তন,* ডিব্রুগড় বিশ্ববিদ্যালয়ৰ অসমীয়া বিভাগৰ অধীনত দাখিল কৰা পিএইচ. ডি গৱেষণা গ্রন্থ, ২০২০ চন

অসমীয়া উপন্যাসত দেহোপজীৱিনী নাৰীৰ শাৰীৰিক আৰু মানসিক স্বাস্থ্যৰ প্ৰতিফলন
(হোমেন বৰগোহাঞিৰ 'সুবালা' আৰু জুৰী বৰা বৰগোহাঞিৰ 'ভোক' উপন্যাসৰ বিশেষ উল্লেখেৰে)

*[১]*গীতাশ্রী দত্ত, [২]জ্ঞানশ্রী দত্ত, [১]ড° পাপুমণি হাজৰিকা*

[১]অসমীয়া বিভাগ, জগন্নাথ বৰুৱা মহাবিদ্যালয় (স্বতন্ত্র)

[২]অসমীয়া বিভাগ, ডিব্রুগড় বিশ্ববিদ্যালয়

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সংক্ষিপ্তসাৰ ঃ

প্রত্যেক ব্যক্তিয়ে এক সুস্থ জীৱন-যাপন কৰাৰ ক্ষেত্রত সুস্থ শাৰীৰিক আৰু মানসিক স্বাস্থ্যৰ অতি প্রয়োজন। সমাজ এখন গঢ় দিয়াত পুৰুষ আৰু মহিলা উভয়ে সমানে ভূমিকা গ্রহণ কৰি থাকে আৰু সেয়ে উভয়ৰ সুস্থ-সবল শাৰীৰিক-মানসিক স্বাস্থ্যই সমাজখনক সুন্দৰকৈ আগবঢ়াই নিয়াত সহায় কৰি থাকে বুলিব পাৰি। এই ক্ষেত্রত মহিলাৰ স্বাস্থ্যৰ প্রসংগটোক মানুহে অধিক গুৰুত্ব সহকাৰে লোৱা উচিত। এই কথা নস্যাৎ কৰিব নোৱাৰি যে মহিলা এগৰাকীয়ে সন্তান এটাক গর্ভত ধাৰণ কৰাৰপৰা প্রায় ন মাহ ন দিন পর্যন্ত গর্ভতে ৰাখি জন্ম দিয়ালৈকে যথেষ্ট কষ্ট সহ্য কৰিবলগীয়া হয়। তদুপৰি নাৰী এগৰাকী পুষ্পিতা হোৱাৰপৰা ঋতুস্রাৱৰ সময়বোৰত অনেক যন্ত্রণা ভুগিব লগা হয়, যিবোৰে পৰৱর্তী সময়ত সন্তান ধাৰণৰ ক্ষেত্রতো প্রভাৱ পেলায়। এই ক্ষেত্রত মহিলাসকলে বিভিন্ন সময়ত সচেতনতা অৱলম্বন কৰিব লগাও হয় আৰু বহু সময়ত তেওঁলোক অৱহেলাৰ সন্মুখীন হোৱাও পৰিলক্ষিত হয়। গতিকে সকলো মানুহ মহিলাৰ স্বাস্থ্যজনিত দিশটোৰ প্রতি সতর্ক হোৱা উচিত। সময়ৰ গতিত মহিলাৰ স্বাস্থ্যগত দিশটোৰ প্রতি বিজ্ঞানৰ জগতখনত বিভিন্ন চিন্তা-চর্চা হোৱা পৰিলক্ষিত হৈছে আৰু সাহিত্যতো এই দিশৰ লগত সংগতি ৰাখি বিভিন্ন প্রসংগৰ উত্থাপন হ'বলৈ ধৰিছে। প্রাচীন কালৰেপৰা পুৰুষতান্ত্রিক সমাজ ব্যৱস্থাত নাৰীৰ লগত হোৱা শাৰীৰিক-মানসিক অত্যাচাৰ, অন্যায়-অৱহেলা আদিয়ে বিভিন্ন ক্ষেত্রত নাৰীৰ স্বাস্থ্যৰ ক্ষেত্রত হানি কৰি আহিছে আৰু সাহিত্যত ইয়াৰ প্রতিফলনে মহিলাৰ ক্ষেত্রত গুৰুত্ব দিব লগা বিভিন্ন সৰু-বৰ বিষয়ক দৃষ্টিগোচৰ

কৰিবলৈ সক্ষম হৈছে। অসমীয়া সাহিত্যতো এনে প্রতিফলন দেখা যায়। এই আলোচনাৰ জৰিয়তে সমাজৰ সাধাৰণ দৃষ্টিৰপৰা সততে অৱহেলিত দেহোপজীৱিনী নাৰীসকলৰ স্বাস্থ্যৰ প্রসংগ অসমীয়া সাহিত্যত কিদৰে চিত্রিত হৈছে, সেই দিশটোৰ অধ্যয়ন কৰাৰ প্রয়াস কৰা হৈছে। নির্বাচিত দুখন উপন্যাসৰ আধাৰত বিষয়ৰ বিশ্লেষণ কৰাৰ যত্ন কৰা হৈছে।

বীজ শব্দ ঃ অসমীয়া উপন্যাস, দেহোপজীৱিনী নাৰী, শাৰীৰিক স্বাস্থ্য, মানসিক স্বাস্থ্য, নির্যাতন, সচেতনতা

০.০ অৱতৰণিকা

সাধাৰণভাৱে 'দেহোপজীৱিনী' শব্দৰ জৰিয়তে নিজৰ দেহক যৌন সম্ভোগৰ বাবে ব্যৱহাৰ কৰি জীৱিকা অর্জন কৰা মহিলাসকলক বুজোৱা দেখা যায়। এনে দেহোপজীৱিনী নাৰীসকলে পইচাৰ বিনিময়ত বিভিন্ন পুৰুষৰ সৈতে যৌন সম্পর্ক কৰি দৈনন্দিন জীৱন-যাপনৰ পথ উলিয়ায় আৰু সেই কর্মই তেওঁলোকৰ পৰিচয়বহনকাৰী এক বৃত্তি হিচাপে পৰিগণিত হোৱা দেখা যায়। এই বৃত্তিক 'বেশ্যা বৃত্তি' বুলিও কোৱা হয় আৰু ইয়াক পৃথিৱীৰ অন্যতম প্রাচীন বৃত্তি বুলিও জনা যায়। এনে বৃত্তি গ্রহণ কৰা নাৰীসকলক বুজাবৰ বাবে অসমীয়া সমাজত দেহোপজীৱিনী, বেশ্যা, বাৰাংগনা, গণিকা, যৌনকর্মী আদি বিভিন্ন শব্দৰ প্রয়োগ দেখা যায়। ইংৰাজীত ইয়াক বুজাবলৈ *Prostitute, Sex Workers* আদি শব্দৰ প্রয়োগ আছে। তদুপৰি প্রাচীন ভাৰতীয় সাহিত্যৰ বেদ, মহাকাব্য আৰু পু�ৰাণবোৰত এনে মহিলাসকলৰ প্রসংগত হস্রা, অগ্নু, পুংশ্চলী, পালি, গামনি, নগৰশোভিনী, জনপদকল্যাণী, কুলটা, স্বৈৰিণী, বাৰঙ্গনা, স্বতন্ত্রা, ভণ্ডহাসিনী, কামৰেখা, বাৰস্ত্রী, ৰূপাজীবা আদি শব্দৰ প্রয়োগ দেখা গৈছে। আকৌ প্রাচীন অসমীয়া সাহিত্যত 'নটিনী' আৰু বুৰঞ্জী পুথিত 'খাৰছাই' আদিৰ শব্দৰ জৰিয়তে বেশ্যা বৃত্তিত জড়িত নাৰীসকলক বুজোৱা পৰিলক্ষিত হৈছে।[১] মন কৰিবলগীয়া যে, প্রাচীন কালৰেপৰা ভাৰততে বেশ্যা বৃত্তিৰ লগত জড়িত নাৰীৰ অস্তিত্ব পোৱা যায়। ঋগ্বেদতেই ইয়াৰ প্রথম উল্লেখ পোৱা গৈছিল।[২] ঋগ্বেদৰ ১০৪ / ১১২ আদি সুক্তত বেশ্যা নাৰীৰ উল্লেখ আছে।[৩] মধ্য যুগত অর্থাৎ মোগল সাম্রাজ্যৰ সময়ছোৱাৰ ৰজা-মন্ত্রী আদিয়ে এক শ্রেণী নাৰীৰপৰা নৃত্য-গীতৰ আমোদ লোৱাৰ লগতে যৌন সম্ভোগৰ বাবেও তেওঁলোকক ব্যৱহাৰ কৰিছিল। ব্রিটিছৰ দিনতো সেই প্রক্রিয়া চলিয়েই থাকিল আৰু মহিলাৰ এক নির্দিষ্ট দলক কেৱল যৌন সমল হিচাপেই গণ্য কৰি ব্যৱহাৰ কৰা হ'ল। পৰৱর্তী সময়ত এনে মহিলাসকলৰ উত্তৰাধিকাৰীসকলকো যৌন কর্মৰ বলি কৰা হ'ল। মহিলাৰ ওপৰত কৰা এনে ব্যৱহাৰৰ ফলত একশ্রেণী মহিলাই দুখীয়া হোৱাৰ বাবে অথবা কিছু টকা উপার্জনৰ বাবে সহজ উপায় হিচাপে বেশ্যা বৃত্তিকেই গ্রহণ কৰি থকা দেখা গ'ল আৰু বর্তমানেও সমাজত এই বৃত্তি অব্যাহত আছে। মন কৰিবলগীয়া যে, ভাৰতৰ পৰিপ্রেক্ষিতত বেশ্যা বৃত্তিক অবৈধ অথবা নীতিসন্মত এই কোনোটোৰেই অন্তর্ভুক্ত হিচাপে স্পষ্টৰূপে গণ্য কৰা হোৱা নাই। ১৯৫৬ চনত গৃহীত হোৱা 'অনৈতিক সৰবৰাহ প্রতিৰোধ আইন' [Immoral Traffic (Prevention) Act, (ITPA) or The Traffic (Suppression) Act, (SITA)] অনুসৰি বেশ্যাবৃত্তিক বিধিগতভাৱে গ্রহণ কৰিব পাৰি; কিন্তু মুকলিভাৱে গ্রাহক বিচৰা অথবা প্রলোভনৰ জৰিয়তে যৌন কর্মত লিপ্ত কৰোৱা আদি কর্মক ইয়াৰ জৰিয়তে অবৈধৰূপে গণ্য কৰা হয়।[৪] তদুপৰি বেশ্যালয়ৰ মালিকৰূপে কাম কৰা, দালালি কৰা, সংগঠিত যৌন কর্ম আদিক এই আইনে অবৈধ বুলি গণ্য কৰে। সেই দিশৰপৰা এই আইনৰ অধীনত বেশ্যাবৃত্তিক 'যৌন

নির্যাতন' বুলি উল্লেখ কৰা হৈছে। স্ব- ইচ্ছাই গ্ৰহণ কৰিলে এই বৃত্তিক অপৰাধ বুলি গণ্য কৰা নহয়। উল্লেখনীয় যে, বৰ্তমান সমাজত গণিকাৰ সামাজিক মান হীনাত্মক হোৱা দেখা যায়; কিন্তু প্ৰাচীন কালত বাৰাংগনায়ো সমাজৰ সন্মানীয় ব্যক্তি হিচাপে স্থান লাভ কৰিছিল। প্ৰাচীন অসমৰ মন্দিৰবোৰত 'নটিনী' থকাৰ বৰ্ণনা বুৰঞ্জীৰ পাতত পোৱা গৈছে। মন্দিৰৰ এই নটিনীসকলক 'দেৱদাসী' নামেৰে জনা গৈছিল। নটিনীসকলে মন্দিৰৰ আগত নৃত্য কৰি পুৰুষৰ কামভাৱৰ উদ্ৰেক কৰি ধন অৰ্জাৰ উপায় উলিয়াইছিল। শিৱসিংহৰ পত্নী ৰাণী ফুলেশ্বৰী নটৰ জীয়ৰী আছিল। জয়দৌলত দেৱতাৰ আগত নাচ-গীত কৰি থাকোঁতে তেওঁ শিৱসিংহৰ চকুত পৰিছিল।[৫]

আধুনিক অসমীয়া সাহিত্যৰ বিশেষকৈ উপন্যাসত হোমেন বৰগোহাঞিৰ 'সুবালা'ৰ জৰিয়তে পোনপ্ৰথমবাৰৰ বাবে দেহোপজীৱিনী নাৰীৰ জীৱন চিত্ৰৰ স্পষ্ট প্ৰতিফলন দেখা যায়। পৰৱৰ্তী কালৰ অন্যান্য অসমীয়া উপন্যাসতো দেহোপজীৱিনীৰ চৰিত্ৰ চিত্ৰিত হোৱা পৰিলক্ষিত হয়। এই ক্ষেত্ৰত মামণি ৰয়ছম গোস্বামীৰ 'তেজ আৰু ধূলিৰে ধূসৰিত পৃষ্ঠা' উপন্যাসত দেহোপজীৱিনী নাৰীৰ চিত্ৰণ দেখা গৈছে। ঠিক সেইদৰে একবিংশ শতিকাৰ ঔপন্যাসিক জুৰী বৰা বৰগোহাঞিৰ 'ভোক' উপন্যাসখন অসংখ্যগৰাকী দেহোপজীৱিনী নাৰীৰ ঘাত-প্ৰতিঘাত, যন্ত্ৰণাৰ জীৱন্ত দলিল বুলিব পাৰি। অৱশ্যে মন কৰিবলগীয়া যে, অসমীয়া সাহিত্যত উপন্যাসৰ পূৰ্বে সাহিত্যৰ অন্যান্য বিধাতো সীমিত ৰূপত এনে দিশৰ প্ৰতিফলন ঘটিছে। ঊনবিংশ শতিকাত এম.ই. লেছ্লীৰ 'এলোকেশী বেশ্যাৰ বিষয়' (১৮৭৭ খ্ৰীষ্টাব্দ) উপন্যাসিকাত ঘটনাৰ পাক্চক্ৰত পৰি বেশ্যা বৃত্তি গ্ৰহণ কৰা এলোকেশী নামৰ এগৰাকী নাৰীৰ জীৱন গাথা প্ৰকাশ পাইছে।[৬] ঠিক সেইদৰে গল্প-সাহিত্যৰ ক্ষেত্ৰত 'আৱাহন'(১৯৩৭ চনৰ ৮ম বছৰ ৫ম সংখ্যা)ত প্ৰকাশিত কৃষ্ণ ভূঞাৰ 'যাদুঘৰ' গল্পত প্ৰথম বেশ্যা চৰিত্ৰক চিত্ৰিত কৰি তেওঁলোকৰ প্ৰতি এক নতুন দৃষ্টিভংগী গ্ৰহণ কৰা দেখা গৈছে।[৭] তদুপৰি চৈয়দ আব্দুল মালিকৰ 'এন্ধাৰ ৰাতিৰ আলহী', 'চিকাৰ' ইত্যাদি গল্প; হোমেন বৰগোহাঞিৰ 'ইছমাইল শেখৰ সন্ধানত', 'নৰকত বসন্ত' আদিৰ মাজেৰে বেশ্যাবৃত্তিৰ লগত জড়িত নাৰীৰ চৰিত্ৰ চিত্ৰিত হৈছে। অন্যহাতে কবিতাৰ ক্ষেত্ৰত অমূল্য বৰুৱাৰ 'জয়ন্তী' আলোচনীত প্ৰকাশিত 'বেশ্যা'(১৯৪৩ চন) কবিতাৰ জৰিয়তে প্ৰথমবাৰৰ বাবে দেহোপজীৱিনীসকলৰ প্ৰতি সমাজৰ পৰম্পৰাগত দৃষ্টিৰপৰা সুকীয়া দৃষ্টিভংগী গ্ৰহণ কৰা পৰিলক্ষিত হৈছে।

০.১ অধ্যয়নৰ উদ্দেশ্য

বিষয়টো অধ্যয়নৰ অন্তৰালত থকা উদ্দেশ্যসমূহ এনেধৰণৰ—

- অসমীয়া উপন্যাসত দেহোপজীৱিনীৰ জীৱন চিত্ৰৰ কেনেদৰে চিত্ৰিত হৈছে, তাক নির্ণয় কৰা;
- দেহোপজীৱিনীসকলৰ শাৰীৰিক স্বাস্থ্যৰ প্ৰতিফলন কেনেধৰণেৰে হৈছে, সেয়া বিচাৰ কৰা;
- দেহোপজীৱিনীসকলৰ মানসিক স্থিতি নির্ণয় কৰা;
- নির্বাচিত উপন্যাস দুখনত দেহোপজীৱিনীসকলৰ শাৰীৰিক আৰু মানসিক স্বাস্থ্যৰ প্ৰতি সচেতনতা কেনেদৰে ফুটাই তুলিছে, তাক বিচাৰ কৰা।

০.২ অধ্যয়নৰ পদ্ধতি আৰু পৰিসৰ

অসমীয়া উপন্যাসত দেহোপজীৱিনী নাৰীৰ শাৰীৰিক আৰু মানসিক স্বাস্থ্যৰ প্ৰতিফলন সম্পৰ্কত আলোচনা কৰাটো এটা বহল পৰিসৰৰ বিষয়। গতিকে এই অধ্যয়নত হোমেন বৰগোহাঞিৰ *'সুবালা'* আৰু জুৰী বৰা বৰগোহাঞিৰ

'ভোক' উপন্যাস দুখনক পৰিসৰৰ অন্তৰ্ভুক্ত কৰি আলোচনা কৰা হৈছে। অধ্যয়ন কৰোঁতে মূলতঃ বিশ্লেষণাত্মক পদ্ধতিৰ জৰিয়তে বিষয়ৰ বিশ্লেষণ কৰা হৈছে।

১.০ 'সুবালা' আৰু 'ভোক' উপন্যাসৰ বিষয়বস্তু

'সুবালা' আৰু 'ভোক' উভয়ে দেহোপজীৱিনী নাৰীৰ জীৱনক কেন্দ্ৰ কৰি ৰচনা কৰা উপন্যাস। ১৯৬৩ চনত প্ৰকাশিত হোমেন বৰগোহাঞিৰ 'সুবালা' উপন্যাসত নিষ্ঠুৰ দৰিদ্ৰতা অথবা ঘটনাৰ পাক্চক্ৰত সোমাই দেহোপজীৱিনী নাৰীলৈ ৰূপান্তৰ হোৱা সুবালাৰ জীৱন যন্ত্ৰণাৰ প্ৰকাশ ঘটিছে। উপন্যাসত বর্ণিত কাহিনী অনুসৰি প্ৰত্যক্ষভাৱে দৰিদ্ৰতাই সুবালাক বেশ্যা বৃত্তি গ্ৰহণ কৰিবলৈ বাধ্য কৰোৱা নাই; বৰঞ্চ তাই গাঁৱৰে ডেকা নৱেন আৰু এগৰাকী দালালি বুটীৰ ষড়যন্ত্ৰৰ বলি হৈ দেহোপজীৱিনীত পৰিণত হৈছে। অন্যহাতে সুবালাৰ মাকে পেটৰ ভাতসাজ উলিওৱাৰ স্বাৰ্থত সিহঁতৰ (সুবালা, বায়েক আৰু ভায়েক) অজ্ঞাতে পইচাৰ বিনিময়ত অন্য পুৰুষৰ সৈতে যৌন সম্পৰ্ক কৰিবলৈ বাধ্য হোৱা দেখা গৈছে। উপন্যাসখনত দালালি কৰা বেশ্যা বুটীগৰাকী থকা বেশ্যালয়ৰ পৰিৱেশ বর্ণনাৰ মাজেৰে দৰিদ্ৰতাৰ কুৎসিত ৰূপ ফুটি উঠিছে। পুৰুষৰ ভিন্ন মানসিকতা, নাৰীৰ ওপৰত পুৰুষৰ শাৰীৰিক-মানসিক নির্যাতন, যৌন ক্ষুধা, বিকৃত যৌন মানসিকতা, বেশ্যালয়ৰ পৰিৱেশ; নাৰীৰ স্বাভাৱিক আকাংক্ষা, আশা ভংগ; দেহোপজীৱিনী নাৰীৰ প্ৰতি পুৰুষৰ কটু বাক্য, অসভ্য আচৰণ আদিৰ মুক্ত প্ৰকাশ উপন্যাসখনৰ মাজত দেখিবলৈ পোৱা যায়।

২০১৫ চনত প্ৰকাশিত জুৰী বৰা বৰগোহাঞিৰ 'ভোক' উপন্যাসত ভাৰত-চীনৰ যুদ্ধকালীন পৰিস্থিতিৰ ফলত ঘৰ-দুৱাৰ, পৰিয়াল সকলো বাদ পৰি ৰোৱাৰ পাছত পেটৰ ভাত মুঠি মোকলোৱাৰ স্বাৰ্থত দেহোপজীৱিনীলৈ ৰূপান্তৰ হোৱা অনেক নাৰীৰ জীৱন চিত্ৰ প্ৰকাশ পাইছে। তদুপৰি দেহ ব্যৱসায়ীৰ চক্ৰান্ত, আত্মীয় পুৰুষৰদ্বাৰা বলাৎকাৰ, সামাজিক কু-প্ৰথা, প্ৰেমৰ চক্ৰান্ত, পৰিয়ালৰ ভৰণ-পোষণ আদি বিভিন্ন কাৰণৰ ফলত দেহোপজীৱিনীত পৰিণত হোৱা বিভিন্ন নাৰীৰ সৰু-বৰ জীৱন কাহিনী উপন্যাসখনত প্ৰকাশ পাইছে। আকৌ উপন্যাসখনত দেহ ব্যৱসায়ৰ এখন বৃহৎ বজাৰৰ চিত্ৰণ দেখা পোৱা যায়। ইয়াৰ উপৰি দেহোপজীৱিনীসকলৰ শাৰীৰিক-মানসিক যন্ত্ৰণা, তেওঁলোকৰ ওপৰত কৰা অত্যাচাৰ; তেওঁলোকৰ ব্যক্তিগত আশা-আকাংক্ষা, স্বপ্নভংগ; দেহোপজীৱিনীসকলৰ প্ৰতি সামাজিক দৃষ্টিভংগী, বেশ্যালয়ৰ অস্বাস্থ্যকৰ পৰিৱেশ, পুৰুষৰ মানসিকতা আদি বিভিন্ন দিশৰ প্ৰতিফলন উপন্যাসখনত আছে। অন্যহাতে ক'ব পাৰি যে, উপন্যাসখনত প্ৰথম পুৰুষত কাহিনী বর্ণনা কৰি যোৱা এক নামবিহীন চৰিত্ৰৰ জীৱন গাথাৰ মাজেৰে সকলো দেহোপজীৱিনী নাৰীক প্ৰতিনিধিত্ব কৰি তেওঁলোকৰ জীৱন যন্ত্ৰণাৰ ছবি দাঙি ধৰা দেখা গৈছে।

১.১ দুর্বল অথবা ৰুগীয়া শাৰীৰিক স্বাস্থ্যৰ প্ৰতিফলন

দেহোপজীৱিনী নাৰীসকলৰ মাজত সততে পৰিলক্ষিত এটা দিশ হৈছে— সময়ৰ গতিত স্বাস্থ্যৰ দুর্বলতা। প্ৰত্যেকদিনে যথেষ্ট পুৰুষৰ লগত কৰা যৌন সম্পৰ্ক, অসংখ্যবাৰ গর্ভত সন্তান নষ্ট কৰা আদিৰ ফলত এনে নাৰীসকলে জীৱনজোৰা শাৰীৰিক পীড়া সহ্য কৰিব লগা হয়। বিশেষভাৱে সকলো নাৰীয়েই পেট বিষৰ অসম্ভৱ যন্ত্ৰণাত ভুগিব লগা হোৱা দেখা যায়। প্ৰায়সকলৰে যৌনাংগ নিম্নগামী হয় আৰু তেওঁলোকৰ গাৰ পৰা দুর্গন্ধ নির্গত হয়। 'ভোক' উপন্যাসৰ মূল নাৰী চৰিত্ৰটিৰ লগতে পতলা, ভাৰতী দিদি, ৰেণুকা, ৰুবেয়া, চিনু আদি প্ৰায়বোৰৰ ক্ষেত্ৰতেই উপলব্ধ

বিভিন্ন শাৰীৰিক যন্ত্ৰণাৰ ছবি উপন্যাসখনত ফুটি উঠিছে। পতলাৰ ক্ষেত্ৰত তেনে বৰ্ণনা এইধৰণৰ— *তাই বাৰান্দাত আঁঠু কোঁচাই বহি আছে। তাইৰ ওলমা গৰ্ভাশয় দেখা গৈছে। তাই ভৰত খোজ কাঢ়িব পৰা নাই। ওলমি লৰি যায়। যন্ত্ৰণা হয়। তাইৰ খোজ কঢ়াই বন্ধ হৈ গৈছে। য'তে ত'তে লেধেপা লাগি বহি থাকে।*[৯] এই মহিলাসকল বিভিন্ন সময়ত বিভিন্ন ৰোগৰদ্বাৰা আক্ৰান্ত হৈ থাকে। উপন্যাসৰ অন্যতম চৰিত্ৰ জেইমালাৰ শৰীৰত দেখা পোৱা ৰোগ সম্পৰ্কে এনেদৰে বৰ্ণনা কৰা হৈছে— *তাইৰ পেটৰ টিউমাৰ বাঢ়ি গৈ চাগে বৃহৎ আকাৰ হৈছে। তাইৰ পেটটো উখহি ডাঙৰ হৈ পৰিছে। মানুহবোৰে পাতিছে জেইমালাৰ কেঞ্চাৰ হৈছে। ইয়াত বহুত মানুহ কেঞ্চাৰ হৈ মৰিছে। লক্ষণ একেই। মানুহজনীৰ পেটটোৰ বাহিৰে বাকী অংগবোৰ খৰি শুকুৰাদি শুকাইছে।*[১০] আকৌ ৰুবেয়াৰ ৰুগীয়া দেহাৰ চিত্ৰণ উপন্যাসখনত এনেদৰে ফুটি উঠিছে— *তাইৰ গোটেই গাত খজুৰতি বিয়পিছে। যৌনাংগৰ পৰাই খজুৰতি হৈ এই অৱস্থা। কিছুমানে কৈছে গনৰীয়া। তাইৰ গাৰ অ'ৰ ত'ৰপৰা মঙহ খহি পৰিছে। নাকত ঘা লাগিছে। মানুহবোৰে পাতিছে, আগতে ইয়াত নাক খহা মানুহ আছিল। ৰুবেয়াৰো তেনেকুৱা হ'বগৈ। খহি পৰা ঠাইখিনিত ঘা লাগি বিয়পি যোৱা দেখি আটাইয়ে ঘিণ কৰে। মোৰো সহ্য নোহোৱা হৈছে। ওচৰ চাপিলেই সিহঁতৰ গাৰ পৰা ওলোৱা অকটা গোন্ধ আহি নাকত লাগে।*[১০]

ঠিক সেইদৰে দেহোপজীৱিনী নাৰীসকলৰ বয়স বঢ়াৰ লগে লগে শৰীৰৰ দুৰ্বলতা বাঢ়ি অহা পৰিলক্ষিত হয় আৰু সেই দুৰ্বলতা দূৰ কৰিবৰ বাবেও তেওঁলোক আৰ্থিকভাৱে সবল নহয়। সেই দিশটোৰ প্ৰতিফলন 'ভোক' উপন্যাসৰ মূল চৰিত্ৰৰ কথাৰ মাজেৰে এনেদৰে প্ৰতিফলন ঘটিছে— *আমাৰ বয়স বাঢ়িছে। লাহে লাহে শৰীৰ পৰি আহিব। পুনমৰ সৰু-সুৰা গা বেয়া হৈয়ে থাকে। ধৰফৰাই থাকিলো। মোৰো আজিকালি বুকু ধপ্‌ধপায়। ভৰিবোৰ উখহি থাকে। মোৰ তেজ কমিছে। ভোক কমিছে। তলপেটৰ বিষ, ডাক্তৰক দেখুৱাব পৰা নাই। বয়স হৈ গ'লে মোৰো গৰ্ভাশয় নামি আহিব, খজুৰতি হৈ ঘা লাগিব, চকুৰে নেদেখা হৈ যাম। কি হ'ব আমাৰ। কোনে ডাক্তৰৰ ওচৰলৈ নিব? পইচা কোনে দিব।...*[১১]

বহুসময়ত দেহোপজীৱিনী নাৰীসকলৰ ওপৰত পু�ৰুষে কৰা অমানুষিক শাৰীৰিক অত্যাচাৰেও তেওঁলোকৰ শৰীৰত আঘাত কৰে। 'সুবালা' উপন্যাসখনত পুৰুষৰ শাৰীৰিক নিৰ্যাতনৰ বৰ্ণনা সুবালাৰ ওপৰত মেনেজাৰে কৰা অত্যাচাৰৰ মাজেৰে ফুটি উঠিছে—

... মই বেৰাখনৰ কাষ নৌ পাওঁতেই সি পাছফালৰ পৰা আহি মোৰ চুলিকোছাতে খামোচ মাৰি ধৰি মোক টানিবলৈ ধৰিলে।... মোৰ তল পেটত প্ৰচণ্ড গোৰ এটা মাৰি মোক মাটিত পেলাই দিলে। এইবাৰ যন্ত্ৰণাত আধামৰা হৈ লৰচৰ কৰিব নোৱাৰি মই মাটিত একে ঠাইতে পৰি ৰ'লো।... মই মাটিত পৰি যোৱাৰ লগে লগে মেনেজাৰে মোৰ দেহৰ সমস্ত অংশতে নিষ্ঠুৰভাৱে গুৰিয়াবলৈ ধৰিলে। চাৰি-পাঁচটামান গোৰ খোৱা পাছতেই মই বোধহয় সংজ্ঞা হেৰুৱাই পেলালো...।[১২]

বিকৃত মানসিকতাৰ পুৰুষে মহিলাৰ ওপৰত কৰা অত্যাচাৰৰ পৰিচয় 'সুবালা' উপন্যসখনত পোৱা যায়। ৰঞ্জিতে ছোৱালী এজনীক কৰা অত্যাচাৰৰ মাজেৰে এনে ছবি ফুটি উঠিছে—*... সি তাইক বিছনাত শুৱাই দি তাইৰ হাত ভৰি আৰু মুখ কাপোৰেৰে কটকটীয়াকৈ বান্ধি পেলালে। তাৰ পাছত সি তাইক উলংগ কৰিলে।... হঠাৎ এবাৰ ৰঞ্জিতে তাইৰ পিয়াহত দাঁত বহি যোৱাকৈ এনে এটা কামোৰ মাৰি দিলে যে যন্ত্ৰণাত তাইৰ গোটেই দেহ ধৰ্‌ফৰাই*

উঠিল। চিঞৰ মাৰিবলৈ বা গাটো লৰাবলৈকো উপায় নাই, হাত মুখ সকলো বন্ধা। ৰঞ্জিতে তাইৰ পিয়াহৰপৰা মুখখন যেতিয়া এৰুৱাই আনিলে, তাৰ ওঁঠত লাগি আছে ছোৱালীজনীৰ গাৰ কেঁচা তেজ। ভয়ত আৰু যন্ত্ৰণাত আধামৰা হৈ তাই হাত-ভৰিৰ বান্ধবোৰ খুলিবলৈ চেষ্টা কৰা দেখি ৰঞ্জিতে হাঃ হাঃকৈ অট্টহাস্য কৰি উঠিল আৰু তাইৰ বুকুৰ ওপৰত বহি লৈ দোপ দিবলৈ ধৰিলে। তাৰ গাৰ হেঁচাত ছোৱালীজনীৰ হাড়-মূৰ ভাগি যাবৰ উপক্ৰম হ'ল। অলপ পাছত সি তাইৰ বুকুৰ ওপৰৰ পৰা নামি এফালৰ পৰা তাইৰ গোটেই গাটো কামুৰিবলৈ ধৰিলে।[১৩] আকৌ উদণ্ড পুৰুষে কৰা শাৰীৰিক নিৰ্যাতনৰ ছবি কান্তিয়ে সুবালাক কৰা মাৰ-পিটৰ মাজেৰে ফুটি উঠিছে। এই মহিলাসকলৰ এজন মালিক থাকে। মালিকক পইচাৰে সন্তুষ্ট কৰিব নোৱাৰিলে শাৰীৰিক নিৰ্যাতন সহিব লগা হয়। আকৌ এনে নাৰীয়ে কেতিয়াবা ল'ৰা হোষ্টেলত বহুতো পুৰুষৰ লগত একেলগে কৰা যৌন সংগমৰ ফলত হোৱা শাৰীৰিক কষ্ট, কেতিয়াবা বানচ দিব নোৱাৰি পুলিচৰপৰা মাৰ খোৱা আদি দিশবোৰে তেওঁলোকৰ স্বাস্থ্যৰ অৱনতিত অৰিহণা যোগায়। তেনে দিশবোৰৰ প্ৰতিফলনো উপন্যাস দুখনত পৰিলক্ষিত হৈছে।

১.২ স্বাস্থ্যৰ প্ৰতি অৱহেলা

দেহোপজীৱিনী নাৰীসকলে তেওঁলোকৰ বৃত্তিটোত কোনো বিৰতি নপৰিবৰ বাবে স্বাস্থ্যৰ প্ৰতি হানিকাৰক কিছুমান কাম কৰি থকা পৰিলক্ষিত হয়। তেওঁলোকে সন্তান জন্ম দিয়া কথাটোৰ সাধাৰণতে বিৰোধিতা কৰে আৰু ইটোৰ পিছত সিটো গৰ্ভত সন্তান নষ্ট কৰি থাকিবলৈও কুণ্ঠাবোধ নকৰে। ভ্ৰূণ হত্যাৰ ঔষধ এটা খোৱাটো যেন তেওঁলোকৰ বাবে পায়খানা বন্ধ থকাৰ কাৰণে জুলাপৰ বড়ি এটা খোৱাৰ দৰে সাধাৰণ কাম। 'সুবালা' উপন্যাসখনত এই কথাৰ স্পষ্ট প্ৰতিফলন দেখা যায়। সুবালাৰ ভাষাত— *এদিন মই নিজেই ভাবিবলৈ শিকিলো যে অবাঞ্ছিত গৰ্ভধাৰণ মোৰ কাৰণে আচলতে পায়খানা বন্ধ থকাৰ নিচিনা এটা তুচ্ছ ক্ষণস্থায়ী অসুখ মাত্ৰ। ভ্ৰূণ নাশ কৰা আৰু শৌচ পৰিষ্কাৰ ৰখা মোৰ কাৰণে একেই কথা।*[১৪] উপন্যাসখনত ঘৰুৱা পদ্ধতিৰে দৰৰ খাই সন্তান নষ্ট কৰা আৰু তাৰ ৰক্তাক্ত যন্ত্ৰণাৰ চিত্ৰ এনেদৰে ফুটি উঠিছে— *সময় যোৱাৰ লগে লগে পেটৰ ভিতৰৰ মাংসপিণ্ডটো তললৈ নামি যোৱা মই স্পষ্টভাৱে অনুভৱ কৰিলোঁ আৰু লগে লগে গৰ্ভৰ ভিতৰত তাক বান্ধি ৰখা সমস্ত মাংস আৰু নাড়ীৰ বন্ধন সি যেন হিংস্ৰ নিষ্ঠুৰতাৰে ছিণ্ডি যাবলৈ ধৰিলে। গৰ্ভৰ চাৰিওফালে হেজাৰ হেজাৰ বেজিৰ খোঁচ খোৱাৰ দৰে মই যন্ত্ৰণাত চেঙালুটি পাৰিবলৈ ধৰিলো। মই কিহৰ কাৰণে ভুগিছো এই যন্ত্ৰণা? সময় বোধহয় দুপৰীয়া হ'ল। অসহ্য জ্বৰত গাটো পুৰি যোৱা যেন মই অনুভৱ কৰিলোঁ। চকু দুটা যেন বাহিৰলৈ ওলাই যাব খোজে, একো বস্তুকেই ভালকৈ মনিব নোৱাৰো। উশাহ লোৱাতো মই কষ্ট অনুভৱ কৰিবলৈ ধৰিলো। মাংসপিণ্ডটো যেন কঁকালৰ অলপ তললৈ নামি হঠাৎ কিবা এটা খণ্ডত বাহিৰ নহও বুলি জেদ ধৰি থমকি ৰৈছে, আৰু তাৰে পৰা তলে-ওপৰে দেহৰ সমস্ত ৰক্ত প্ৰবাহত সঞ্চাৰিত কৰি দিছে ইটোৰ পিছত সিটো যন্ত্ৰণাৰ জোৱাৰ। মোৰ গোটেই দেহটো কোছ খাই ধেনুভিৰীয়া হৈ পৰিল।*[১৫] ঠিক সেইদৰে 'ভোক' উপন্যাসখনতো দেহোপজীৱিনী নাৰীসকলে গৰ্ভ নষ্ট কৰাৰ দৰে হানিকাৰক কাম কৰাৰ বৰ্ণনা পোৱা যায়। কোনো কোনো মহিলাই পেট খহোৱা দৰৰ অনবৰতে হাততে ৰাখে। গছৰ শিপা দুই কৰঙনৰ ফাকেৰে যৌনাংগত ভৰাই পেট খহায়। তেনে কৰিলে কেইবাদিন পৰ্যন্ত তেজ হলহলাই বয়। ফলত বাৰে বাৰে একেটা কাম কৰাৰ বাবে স্বাস্থ্যৰ অৱনতি ঘটিবলৈ লয়। আকৌ তেনে দৰৰ বহুতে আনকো বিলাই ফুৰে। কোনো কোনো নাৰীৰ গৰ্ভাশয় ওলাই আঠু পায়হি, গোন্ধ ওলায়। চিকিৎসা কৰাৰ সুবিধা নথকাৰ ফলত

তেনেদৰেই দিন কটায় আৰু গৰ্ভাশয়ত মাখি পৰি থকাৰ দৰে পৰিস্থিতিৰ সন্মুখীন হোৱা দেখা যায়। 'ভোক' উপন্যাসখনত চিত্রিত পতলা, ৰেণুকা, ভাৰতী, জেইমালা আদিৰ ক্ষেত্রত তেনে হোৱা পৰিলক্ষিত হৈছে। আকৌ বুঢ়া বয়সত বেমাৰ-আজাৰ হ'লেও চিকিৎসাৰ কোনো সুবিধা নাপায়। খাটতে লেটি লৈ পৰি থাকিবলগীয়া অৱস্থাৰ সৃষ্টি হয়। চিনু চৰিত্রৰ ক্ষেত্রতো তেনে হোৱা দেখা যায়। বুঢ়াকালত ভিক্ষা মাগিবলগীয়া হোৱা আৰু পইচা ঘটিব নোৱৰাৰ বাবে বহুতক কোঠাৰপৰা উলিয়াই দিয়াও পৰিলক্ষিত হয়।

বহু সময়ত যৌনকর্মৰ লগত জড়িত নাৰীসকলৰ ক্ষেত্রত সম্পূর্ণ গাভৰু হ'বলৈ নাপাওঁতেই কিশোৰী বয়সতে ইটোৰ পিছত সিটো সন্তানে গর্ভত স্থিতি লয় আৰু গ্রাহকসকলেও সাৱধানতা অৱলম্বন কৰিব নিবিচাৰে। ফলত সন্তান জন্ম দি দি যৌনাংগ দুর্বল হৈ যায়। অহৰহ তেজ নির্গত হোৱা আৰু উপযুক্ত চিকিৎসাৰ আৰু পুষ্টিৰ অভাৱত শৰীৰৰ কামিহাড় ওলাই যাবলৈ ধৰে। কিছুমান নিকৃষ্ট পুৰুষে এনেকুৱা কষ্ট দিয়ে যে দুই-তিনিদিন উঠিব নোৱাৰাৰ পৰিস্থিতিৰ সন্মুখীন হয়, ইউতেৰাচত ঘা পর্যন্ত লাগি যায়।[১৬]

আকৌ এনে নাৰীসকলৰ বিভিন্ন ৰকমৰ অচিনাকি পুৰুষৰ লগত যৌন সম্পর্ক কৰি বিভিন্ন বেমাৰ আনি লোৱা পৰিলক্ষিত হয়। 'ভোক' উপন্যাসৰ ৰেচমা চৰিত্রৰ ক্ষেত্রত তেনে হোৱা মন কৰা যায়। কিছুমান মহিলাই সাৱধানতা অৱলম্বন কৰি যৌন সম্পর্ক কৰে; কিন্তু সকলোৰে ক্ষেত্রত তেনে নহয়। ফলত কৰঙন ফুলি উঠা, ঘা লগা, খজুৰতি, তল পেটৰ বিষ উঠা আদি সমস্যাবোৰে দেখা দিয়ে। যৌনকর্মী নাৰীসকলৰ মাজত অনবৰতে অস্বাস্থ্যকৰ পৰিৱেশ এটা চলি থাকে বুলিব পাৰি। দেহোপজীৱিনীসকলৰপৰা গ্রাহকলৈ বেমাৰ বিয়পে নে গ্রাহকৰপৰা দেহোপজীৱিনীসকললৈ বেমাৰ বিয়পে সেয়া কোনেও নির্ণয় কৰিব নোৱাৰে। যৌনাংগ ফুলি উঠা, গাত খহ হোৱাৰ দৰে বেমাৰ নাৰীসকলৰ লগতে গ্রাহকসকলৰো হোৱা দেখা যায়। 'ভোক' উপন্যাসত মায়াৰ এজন গ্রাহকৰ ক্ষেত্রত তেনে হোৱা পৰিলক্ষিত হৈছে—

মানুহজনে লুঙীখন দাঙিলে। তাৰ উখহি থকা যৌনাংগ ওলাই পৰিল।

. . . চালীহঁতে মোৰ অৱস্থা কি কৰিলে চা। আগতে মই ইয়ালৈ আহিছিলোঁ। তেতিয়াই এই বেমাৰ লাগিল। মোক বেমাৰৰ বাবে নতুন ঘৈণীয়ে এৰি গৈছে। তহঁতৰ বাবে মোৰ এই বেমাৰ।

. . .

মানুহটোৰ সমস্ত গাত খহ। কিছুমানৰ পৰা পানী ওলাই আছে। তাৰ চেহেৰাটো বীভৎস হৈ পৰিছে।[১৭]

দেহোপজীৱিনী নাৰীসকলে স্বাস্থ্যৰ প্রতি অৱহেলা কৰাৰ মূল কাৰণ হিচাপে বেশ্যাবৃত্তিটোৰ কথা ক'ব পাৰোঁ। তেওঁলোকৰ বৃত্তিটোৰ আঁৰত থকা মূল কথাটোৱে হৈছে যে যৌন সংগমেৰে পুৰুষক সন্তুষ্ট কৰা। এই ক্ষেত্রত যদি তেওঁলোকে গ্রাহকক সন্তুষ্ট কৰাত ব্যর্থ হয় তেতিয়া এই নাৰীসকলৰ উপার্জনৰ পথ বন্ধ হৈ যাব পাৰে। গতিকে গ্রাহকক সন্তুষ্ট কৰিবলৈ গৈ বহু সময়ত তেওঁলোকে ইচ্ছা অনুসৰি বা ইচ্ছা নথকা সত্ত্বেও কিছুমান অৱহেলাজনিত কাম কৰিবলগীয়া হয়। এই ক্ষেত্রত এই বৃত্তিটোৱে তেওঁলোকৰ স্বাস্থ্যত প্রত্যক্ষ বা পৰোক্ষভাৱে প্রভাৱ পেলায়।

১.৩ মানসিক স্থিতিৰ প্রতিফলন

প্রত্যেকগৰাকী দেহ-ব্যৱসায়ী নাৰীৰ অন্তৰালত থাকে এটা যন্ত্রণাদায়ক কাহিনী। সুবালাৰ অন্তৰালত আছে ভায়েকক জীয়াই জীয়াই জুয়ে পোৱা, মাকে মানসিক ভাৱসাম্য হেৰুওৱা অৱস্থা, অভাৱ, ভোকাতুৰ পেটৰ যন্ত্রণা ইত্যাদি। তদুপৰি গাঁৱৰে লম্পট ডেকা নৰেনৰ অশালীন ব্যৱহাৰে সুবালাক মানসিক আঘাত হানিছে। পুৰুষৰ এটা চাৱনিয়েও নাৰীক দি থৈ যায় মানসিক যন্ত্রণা, যিটো নৰেনৰ চাৱনিয়ে সুবালাক দিছে— *হিচ কৰি শব্দ এটা কৰি সাপৰ জিভা এখনে যেন মোৰ মুখখন চেলেক মাৰিহে গ'ল, এটা ঠাণ্ডা, ভয়াবহ আৰু ঘিণলগা অনুভূতিত মোৰ সৰ্বশৰীৰ শিহৰি উঠিল।*[১৮]

অন্যহাতে ক'ব পাৰি যে বেশ্যা বৃত্তি প্রকৃতার্থত কোনো সহজ বৃত্তি নহয়; বিভিন্ন নাৰীয়ে বিভিন্ন ঘটনাৰ পাক্‌চক্রত পৰিহে এনে বৃত্তি গ্রহণ কৰিবলৈ বাধ্য হয়। অন্যথা সকলো নাৰীয়েই বিচাৰে এটা সহজ-সৰল, অনুভূতিপ্রৱণ, সুখ-আনন্দৰে ভৰা জীৱন। অথচ দেহোপজীৱিনী নাৰীসকলে অনিচ্ছাকৃতভাৱেই অনেক কাম কৰিবলগীয়া হয়; সুখ-আনন্দই খুব কমেইহে তেওঁলোকৰ জীৱনত ভুমুকি মাৰে। সেই জগতখনত নাৰীসকলে আপোন বুলি, সঁচা মৰম-আদৰ কৰা কোনো মানুহ বিচাৰি নাপায়। সকলো তেওঁলোকৰ ওচৰলৈ দৈহিক ক্ষুধা পূৰণ কৰিবলৈহে আহে। মানসিক জগতখনত যেন তেওঁলোক একেবাৰেই নিঃসংগ হৈ থাকে। তেওঁলোক সময়ৰ গতিত হৈ পৰে একো একোটা অনুভূতিহীন সত্তা। এই দিশটোৰ নির্মম প্রকাশ 'সুবালা' উপন্যাসখনত এনেদৰে পোৱা যায়—

বেশ্যাই দিনে-ৰাতিয়ে শত-সহস্র পুৰুষক দৈহিক মিলনৰ আনন্দ দিয়ে, কিন্তু এনেকুৱা বেশ্যা বোধহয় খুব কমেইহে আছে- যি নিজে জীৱনত অন্তত এবাৰৰ কাৰণেও সেই আনন্দৰ অভিজ্ঞতা লাভ কৰে। যৌন অনুভূতিক সম্পূর্ণ বিলুপ্ত কৰি ল'ব নোৱাৰিলে বেশ্যা-গিৰী কৰা সম্ভৱ নহয়। ব্যৱসায়ৰ সফলতম সময়ছোৱাত একো একোজনী সুন্দৰী বেশ্যাই দিনে অন্ততঃ কুৰি পঁচিশটাকৈ পুৰুষৰ দাবী পূৰণ কৰিব লগা হয়। তেনে অৱস্থাত নিজৰ দেহটো সম্পূর্ণ অনুভূতিশূন্য কৰি যন্ত্রত পৰিণত কৰিব নোৱাৰিলে কোনো তিৰোতাৰ পক্ষেই ইমানবোৰ পুৰুষৰ লগত সহবাস সম্ভৱ নহয়। এই অনুভূতি-শূন্যতা অৱশেষত যন্ত্রত পৰিণত হয়। গ্রাহকক সন্তুষ্ট কৰিবলৈ বেশ্যাই বাহিৰত যি পৰিতৃপ্তিৰ ভাও দেখুৱায়, সি বিশুদ্ধ অভিনয়ৰ বাহিৰে একো নহয়। বেশ্যাই প্রতি মুহূর্ততে দুখন বিভিন্ন জগতত বাস কৰে। এখন তাইৰ নিজৰ জগৎ, অন্ধকাৰ হিম-শীতল জগৎ, য'ত তাই সম্পূর্ণ নিসংগ, . . . । আনখন জগতত তাই এখন অন্তহীন নাটকৰ ব্যৱসায়ী অভিনেত্রী. . .[১৯]

দেহোপজীৱিনী নাৰীসকলে প্রেম কৰা মানে যেন মৃত্যুক আঁকোৱালি লোৱাহে। সৌভাগ্যবশতঃ কোনো এক বিশ্বাসী পুৰুষৰ প্রেমত পৰিলেও বেশ্যালয়ৰ ষড়যন্ত্রকাৰীৰ চক্রান্তত সেই প্রেমক পূর্ণতা দিবলৈ নাপায়। ফলত তেনে দুখে তেওঁলোকক এনে এক মানসিক অৱস্থালৈ লৈ যায় যে আত্মহত্যাৰ দৰে পথ বাছি ল'বলৈ বাধ্য হয়। 'ভোক' উপন্যাসৰ শেফালীৰ ক্ষেত্রত তেনে হোৱা পৰিলক্ষিত হৈছে। পুৰনক নোপোৱাৰ যন্ত্রণাত তাই নিজক ধ্বংস কৰাৰ পথ বাছি লৈছে। এনে নাৰীসকলৰ মাজত সাধাৰণতে ঈর্ষাত্মক পৰিস্থিতি এটাই বিৰাজ কৰি থকা পৰিলক্ষিত হয়। কেৱল দেহৰ সৌন্দর্য থকালৈকে তেওঁলোকৰ ওচৰলৈ গ্রাহক আহে আৰু বয়সে ভাটি দিয়াৰ লগে লগে উপার্জনৰ বাট বন্ধ হ'বলৈ লয়। তেওঁলোকৰ মাজত নতুনকৈ সেই বৃত্তিত যোগ দিয়াসকলে শৰীৰৰ বজাৰখনত অধিক দাম পোৱা দেখা যায়। 'ভোক' উপন্যাসখনত তেনে পৰিস্থিতি চিত্রিত হৈছে। প্রেমাই নতুনকৈ ব্যৱসায়ত নমা

চাজিনাৰ প্ৰতি সদায় এক ঈৰ্ষা অনুভৱ কৰে। কাৰণ চাজিনাৰ বাবে প্ৰেমাৰ গ্ৰাহক কমিবলৈ লৈছে। চাজিনা নহালৈকে প্ৰেমা সেইখন বজাৰত ৰাণীৰ দৰে আছিল আৰু কম বয়সীয়া চাজিনা আহি তাই ৰাণীলৈ পৰিণত হ'ল। দাম থকা বেশ্যাৰ পৰা কমদামী হোৱাৰ যন্ত্ৰণাৰ ভয়ত এনে নাৰীসকলৰ মনত জেদ আৰু জ্বলনৰ উৎপত্তি হয়। ফলত হাই-কাজিয়াৰ লগতে বহু সময়ত তেওঁলোকে অনৈতিক পথ বাচি ল'বলৈও যেন কুণ্ঠাবোধ নকৰে। দেহোপজীৱিনীৰ মনত থকা ভৱিষ্যতৰ আৰ্থিক সংকটৰ আশংকা, শৰীৰৰ বজাৰত দাম কমি যোৱাৰ অপমান আদিৰ বাবেই প্ৰেমাৰ মনত চাজিনাক মানুহ লগাই হত্যা কৰাৰ দৰে ভাবনাৰ উৎপন্ন হৈছে। গ্ৰাহকৰদ্বাৰা অৱহেলিত হোৱা প্ৰেমাৰ অস্থিৰ মানসিক জগতখন, চাজিনাৰ প্ৰতি থকা জ্বলন আদিৰ প্ৰেমাই দিদিক কোৱা কথাৰ মাজেৰে এনেদৰে ফুটি উঠিছে— *নুচবি মোক। চা, আজি এটা কাষ্টমাৰে মোক ক'লে মোৰ লগত টেষ্ট নাই। মই হেনো পুৰণা। ৰস নাইকিয়া। চা চা সি মোৰ কাপোৰ খুলি আধাতে এৰি থৈ গ'ল। চাজিনা হেনো ভাল। কোমল। এঘন্টা বহি বহি সি উঠি গ'ল। মোক একো নিদিয়াকৈ। অলপ দিনৰ আগতে সি মোক ৰাতিপুৱাই বুক কৰিছিল। আজি এটকাও নাই। তই কিবা বুজিলি। . . . আমি চিপ ৰমেন। সস্তীয়া মাইকী। সমাজে হেনো ঘিণ কৰে সস্তীয়া মাইকীক। মই সস্তীয়া নহয়। মই দামী মাইকী। চাজিনা চিপেষ্ট ৰমেন।*[৩]

দেহৰ ব্যৱসায় কৰি জীৱিকা কৰা মহিলাসকলৰ পৰিয়ালৰ অন্য নাৰীয়ে হওক বা সন্তানেই হওক নিকা জীৱন চৰ্যাত থাকিলেও সমাজৰ কটু দৃষ্টিৰ সন্মুখীন হ'ব লগা হয়। 'ভোক' উপন্যাসৰ মূল চৰিত্ৰটিৰ পেহীয়েক দেহোপজীৱিনী বৃত্তিত জড়িত বাবে শৈশৱতে তাই সমনীয়াৰপৰা নিন্দাৰ সন্মুখীন হৈছে। সেই নিন্দাই যি মানসিক আঘাত দিছে তাৰ ফলতেই উপন্যাসৰ প্ৰধান চৰিত্ৰ (পৰৱৰ্তী সময়ত সকলোৰে 'দিদি'ৰূপে পৰিচিত) ইচ্ছাকৃতভাৱে বেশ্যা বৃত্তিত সোমাই পৰিছে।

দেহোপজীৱিনী মহিলাসকলে বহুত পুৰুষৰ লগত যৌন সম্পৰ্ক কৰিলেও কেতিয়াবা কোনো এজন পুৰুষৰ প্ৰতি আকৃষ্ট হয়, শৰীৰ-মনত এক শিহৰণ জাগি উঠে; কিন্তু পুৰুষসকলে অভিনয় কৰে, কেতিয়াও তেনে নাৰীৰ লগত থকা সম্পৰ্কৰ সামাজিক স্বীকৃতি দিব নিবিচাৰে।[২১] পুৰুষসকলে পত্নী থকা সত্ত্বেও এই নাৰীসকলৰ সৈতে যৌন সম্পৰ্ক কৰে, প্ৰেমৰ কথা কয় আৰু বেমাৰ- আজাৰ হ'লে সেই নাৰীক হত্যা কৰিবলৈও কুণ্ঠাবোধ নকৰে। এনেবোৰ কথায়ো দেহোপজীৱিনী নাৰীসকলৰ মনত মানসিকভাৱে অহৰহ অপমানিত, লাঞ্ছিত বোধ জন্মাই থাকে।

এনেদৰে বিভিন্ন দেহোপজীৱিনী নাৰীৰ অসুস্থ আৰু অস্বাস্থ্যকৰ মানসিক জগতখনৰ ছবি দুয়োখন উপন্যাসতে ফুটি উঠিছে।

১.৪ স্বাস্থ্যজনিত সচেতনতাৰ প্ৰসংগ

দেহ ব্যৱসায়ৰ লগত কিছুমান নাৰী-পুৰুষে সাৱধানতা অৱলম্বন কৰি যৌন সম্পৰ্ক কৰে, যিয়ে তেওঁলোকৰ স্বাস্থ্যৰ প্ৰতি থকা সচেতনতাকে প্ৰকাশ কৰে বুলিব পাৰি; কিন্তু সকলোৰে ক্ষেত্ৰত তেনে নহয়। বহু সময়ত বেশ্যা বৃত্তিৰ লগত জড়িত নাৰীসকল সচেতনতাসমূহৰ সম্পৰ্কে জ্ঞাত নহয়। ফলত বিভিন্ন চিকিৎসকৰ দল তেনে ঠাইসমূহলৈ গৈ সজাগতা গঢ়ি তোলাৰ চেষ্টা কৰা পৰিলক্ষিত হয়। তেনে যৌন বৃত্তিৰ লগত জড়িত মহিলাসকল থকা ঠাইসমূহলৈ স্বাস্থ্য পৰীক্ষা কৰিবলৈ চিকিৎসকৰ দল যোৱাৰ বৰ্ণনা 'ভোক' উপন্যাসখনত পোৱা যায়। বিভিন্ন সময়ত বে-চৰকাৰী সংগঠনসমূহে তেনে কাৰ্যব্যৱস্থা গ্ৰহণ কৰে; কিন্তু চিকিৎসাৰ ক্ষেত্ৰত বিশেষ সুবিধা প্ৰদান নকৰে— *NGO*

মানুহে বাৰে বাৰে তেজ পৰীক্ষা কৰিব আহে, বেমাৰ আছে কয়, কিন্তু চিকিৎসা নকৰে।[২২] বহু সময়ত তেজ পৰীক্ষা কৰাৰ পাছত এইড্‌ছ থকাৰ কথা এনে নাৰীসকলে জানিবলৈ পায় যদিও কোনো দৰৱ আদি খাবলৈ পোৱাৰ অভিজ্ঞতা নহয়।

২.০ উপসংহাৰ

হোমেন বৰগোহাঞিৰ 'সুবালা' আৰু জুৰী বৰা বৰগোহাঞিৰ 'ভোক'— উভয় উপন্যাসতে দেহোপজীৱিনী নাৰীৰ জীৱন চিত্ৰ অংকিত হৈছে যদিও স্বাস্থ্যজনিত প্ৰসংগবোৰৰ 'সুবালা'তকৈ 'ভোক' উপন্যাসত বিস্তৃত ৰূপত উপস্থাপিত হোৱা পৰিলক্ষিত হৈছে। 'ভোক' উপন্যাসত তেনে নাৰীসকলৰ শৰীৰত দেখা দিয়া ৰোগসমূহৰ বিস্তৃত বিৱৰণ পোৱা যায়। অৱশ্যে দেহোপজীৱিনীক কেন্দ্ৰ কৰি ৰচনা কৰা প্ৰথম উপন্যাস হিচাপে তেওঁলোকৰ জীৱন যন্ত্ৰণা, শাৰীৰিক-মানসিক অৱস্থাৰ চিত্ৰ অংকনত 'সুবালা' উপন্যাসৰ গুৰুত্ব অপৰিসীম। তদুপৰি উভয় উপন্যাসতে বৰ্ণনাৰ স্পষ্টতা আৰু বাস্তৱধৰ্মিতা বিদ্যমান। 'সুবালা' উপন্যাসখনত বিশেষভাৱে সুবালাৰ জীৱন কাহিনীয়ে গুৰুত্ব লাভ কৰাৰ বাবে তাইৰ লগত জড়িত কিছুমান নিৰ্দিষ্ট চৰিত্ৰৰ স্বাস্থ্যৰ প্ৰসংগ প্ৰকাশ পাইছে। অন্যহাতে 'ভোক' উপন্যাসত এছোৱা দীঘল সময়ক কেন্দ্ৰ কৰি অসংখ্যগৰাকী দেহোপজীৱিনী নাৰীৰ জীৱন যন্ত্ৰণাৰ লগতে স্বাস্থ্যৰ লগত জড়িত বিভিন্ন দিশৰ পুংখানুপুংখ প্ৰকাশ ঘটিছে। এই ক্ষেত্ৰত *অসমীয়া উপন্যাসত দেহোপজীৱিনী নাৰীৰ শাৰীৰিক আৰু মানসিক স্বাস্থ্যৰ প্ৰতিফলন (হোমেন বৰগোহাঞিৰ 'সুবালা' আৰু জুৰী বৰা বৰগোহাঞিৰ 'ভোক' উপন্যাসৰ বিশেষ উল্লেখেৰে)* শীৰ্ষক বিষয়ৰ অধ্যয়নৰ জৰিয়তে তলত দিয়া সিদ্ধান্তসমূহত উপনীত হ'ব পাৰি—

- অসমীয়া সাহিত্যত দেহোপজীৱিনী নাৰীৰ শাৰীৰিক আৰু মানসিক অৱস্থা প্ৰকাশত 'সুবালা' আৰু 'ভোক' উপন্যাসৰ বিশেষভাৱে গুৰুত্ব আছে।
- উভয় উপন্যাসতে দেহোপজীৱিনী নাৰীৰ স্বাস্থ্যজনিত দুৰ্বলতা, শাৰীৰিক যন্ত্ৰণা আৰু তাৰ অন্তৰালৰ অস্বাস্থ্যকৰ কাৰ্যবোৰৰ প্ৰকাশ ঘটিছে আৰু ইয়ে সমাজৰে একশ্ৰেণী বিশেষ লোকক উদঙাই দেখুৱাইছে।
- 'ভোক' উপন্যাসত দেহোপজীৱিনীসকলৰ স্বাস্থ্যৰ প্ৰতি ল'বলগীয়া সচেতনতা সম্পৰ্কে বিভিন্ন দিশ উপস্থাপিত হৈছে। আধুনিক চিকিৎসা বিজ্ঞানৰ দৃষ্টিৰে ল'বলগীয়া সাৱধানতাসমূহৰ প্ৰতিও ঔপন্যাসিকে সচেতন দৃষ্টিভংগী প্ৰকাশ কৰিছে।
- উভয় উপন্যাসতে দেহোপজীৱিনী নাৰীৰ মানসিক অৱস্থাৰ সুকীয়া সুকীয়া ৰূপ পৰিলক্ষিত হৈছে। অৱশ্যে মানসিক স্বাস্থ্যৰ প্ৰতি ল'বলগীয়া সচেতনতাৰ বিশেষ উল্লেখ উপন্যাস দুখনত লক্ষ্য কৰা নাযায়।

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১ জয়ন্ত কুমাৰ বৰা, *সুবালাৰ পৰা মৎস্যগন্ধালৈ হোমেন বৰগোহাঞিৰ উপন্যাস ঃ বিচাৰ আৰু বিশ্লেষণ*, পৃ. ২৫-২৬

২ Sukumari Bhattacharji, Prostitution in Ancient India, *Social Scientist*,Vol. 15, No. 2, pp.32-61, https://www.jstor.org/stable/3520437

৩ বসন্ত খনিকৰ, *স্বৰাজোত্তৰ অসমীয়া উপন্যাসত নাৰী*, পৃ.১৫

৪ Roshni S., *Prostitution in India and Its Legality*, https://primelegal.in/2023/03/06/prostitution-in-india-and-its-legality/

৫ পদ্মনাথ গোহাঞিবৰুৱা, *অসম বুৰঞ্জী*, পৃ.৭৭

৬ নগেন ঠাকুৰ (সম্পা.), *এশ বছৰৰ অসমীয়া উপন্যাস*, পৃ.২৮

৭ প্ৰহ্লাদ কুমাৰ বৰুৱা, *অসমীয়া চুটিগল্পৰ অধ্যয়ন*, পৃ.১৩৫

৮ জুৰী বৰা বৰগোহাঞি, *ভোক*, পৃ.২১৭

৯ উল্লিখিত

১০ উল্লিখিত

১১ উল্লিখিত, পৃ.২৩০

১২ হোমেন বৰগোহাঞি, *সুবালা*, পৃ.৬৭

১৩ উল্লিখিত পৃ.৯০-৯১

১৪ উল্লিখিত, পৃ.১১৬

১৫ উল্লিখিত, পৃ.১১৬

১৬ জুৰী বৰা বৰগোহাঞি, ভোক, পৃ.৯৭

১৭ উল্লিখিত , পৃ.২২৪

১৮ হোমেন বৰগোহাঞি, সুবালা, পৃ.২২

১৯ উল্লিখিত, পৃ.১৩৫-১৩৬

২০ জুৰী বৰা বৰগোহাঞি, ভোক, পৃ.২২০-২২১

২১ উল্লিখিত, পৃ.২৮

২২ উল্লিখিত, পৃ.১৮৭

গ্ৰন্থপঞ্জী

মূল গ্ৰন্থ

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নিম্নবর্গীয় ইতিহাসতত্ত্ব হৈছে এক উত্তৰ ঔপনিৱেশিক ধাৰণা। ইটালীৰ মার্ক্সবাদী লেখক আৰু দার্শনিক আন্টোনিও গ্রামছিয়ে নিম্নবর্গ (Subaltern) শব্দটো পোনপ্রথমে তেখেতৰ ৰচনাত ব্যৱহাৰ কৰি ইয়াৰ ব্যাখ্যা আগবঢ়াইছিল। গ্রামছিৰ অধ্যয়নৰ আঁত ধৰিয়ে ভাৰতবর্ষতো বিংশ শতিকাৰ শেষ দশকত ৰণজিৎ গুহৰ হাতত পোনপ্রথমে নিম্নবর্গীয় ইতিহাসতত্ত্বৰ আলোচনাৰ প্রসংগটোৱে বিকাশ লাভ কৰে। ভাৰতবর্ষৰ ইতিহাস চর্চাৰ ক্ষেত্রত সদায়ে অৱহেলিত হৈ অহা নিম্নবর্গীয় বিভিন্ন শ্রেণী আৰু গোষ্ঠীৰ কণ্ঠস্বৰ ইতিহাসৰ পাততে প্রতিষ্ঠা কৰাই হ'ল এই ইতিহাস চর্চাৰ প্রাথমিক উদ্দেশ্য। ভাৰতবর্ষত গঢ় লৈ উঠা এই নিম্নবর্গীয় ইতিহাসতত্ত্বৰ আধাৰতে অৰূপা পটঙ্গীয়া কলিতাৰ *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজ আৰু এই সমাজৰ নাৰীসকলৰ স্বাস্থ্য সম্পর্কে অধ্যয়ন কৰিবলৈ প্রয়াস কৰা হৈছে। আলোচ্য বিষয়টিত উপন্যাসখনত বর্ণিত নিম্নবর্গীয় সমাজখনৰ দৃষ্টিৰে অসমৰ ইতিহাসত ঘটা বিভিন্ন জাতীয়তাবাদী আন্দোলনৰ স্বৰূপক বিচাৰ কৰি চাবলৈ প্রয়াস কৰা হৈছে। আন্দোলনে গৰকি যোৱা নিম্নবর্গীয় সমাজ এখনৰ যি কাহিনী উপন্যাসখনত বর্ণনা কৰিছে,তাত কাল্পনিকতা থাকিলেও সেই সমাজখন অসমবাসীৰ তেনেই চিনাকি। নিম্নবর্গীয় সমাজখনৰ নাৰীৰ স্বাস্থ্য সম্পর্কীয় আলোচনাৰ প্রসংগত তেওঁলোকৰ দৈহিক আৰু মানসিক স্বাস্থ্যত বিভিন্ন কাৰকসমূহৰ প্রভাৱ যেনে — আন্দোলনৰ শৰণার্থীসকল থকা শিবিৰৰ অস্বাস্থ্যকৰ পৰিৱেশ, অসুৰক্ষিত যৌনাচাৰ, নাৰীৰ মনোজগতত জাতীয়তাবাদী আন্দোলন আৰু পাৰিবাৰিক সংঘাতৰ প্রভাৱ, নিম্নবর্গীয় সমাজৰ নাৰীসকলৰ স্বাস্থ্যৰ প্রতি অসচেতন মনোভাব আদিক অধ্যয়ন কৰিবলৈ প্রয়াস কৰা হৈছে।

বীজ শব্দ ঃ ফেলানী, উপন্যাস, নিম্নবর্গীয়, সমাজ, নাৰী, স্বাস্থ্য।

০.০ অৱতৰণিকা ঃ

অৰূপা পটঙ্গীয়া কলিতাৰ *ফেলানী*(২০০৩) বস্তি অঞ্চলত বাস কৰা লোকসকলৰ জীৱন যুদ্ধৰ কাহিনী। জীৱনৰ বিভিন্ন ঘটনা আৰু পৰিস্থিতিৰ চাকনৈয়াত পৰি জাতি -ধর্ম- বর্ণ নির্বিশেষে ন-মাটি ভাঙি মূৰৰ ওপৰত ছাল এখন দি নির্মাণ কৰা এই লোকসকলৰ বস্তিখন কাল্পনিক। বস্তিখন কাল্পনিক হ'লেও এই লোকসকলৰ জীৱনৰ সৈতে জড়িত বিভিন্ন ঘটনা পৰিঘটনাসমূহ তেজে ধোৱা অসমৰ সজীৱ ইতিহাস। উপন্যাসখনৰ নাম চৰিত্রত থকা ফেলানীক উপন্যাসৰ কেন্দ্রীয় চৰিত্র যেন লাগিলেও বস্তিখনত বাস কৰা নিম্নবর্গৰ মানুহখিনিৰ জীৱন সংগ্রামৰ কাহিনীয়েই হ'ল উপন্যাসখনৰ মূল উপজীব্য বিষয়। নিম্নবর্গৰ এই মানুহখিনিৰ জীৱন কাহিনীৰ সৈতে ঔপন্যাসিকাই খুব সচেতনভাৱে ভাৰত ত্যাগ আন্দোলন, ভাষা আন্দোলন, বড়ো আন্দোলন, আলফা, ছালফাৰ সৈতে জড়িত বিক্ষিপ্ত ঘটনাসমূহ অংকন কৰিছে। অসমৰ ইতিহাসত খোদিত হোৱা তথা নতুন অসম গঢ়াৰ স্বার্থত গঢ়ি উঠা জাতীয়তাবাদী আন্দোলনৰ প্রভাৱ নিম্নবর্গ লোকসকলৰ ওপৰত কেনেদৰে পৰিছিল, সেই বর্ণনা উপন্যাসখনত পোৱা যায়। নিম্নবর্গীয় ইতিহাসতত্ত্বই দলিত, নিম্নবর্গ, শ্রমিক, অধীনস্থ লোকৰ দৃষ্টিকোণৰ পৰা ইতিহাস লেখন আৰু বিশ্লেষণৰ পোষকতা কৰে। অৰূপা পটঙ্গীয়া কলিতায়ো *ফেলানী* উপন্যাসত সমাজত সদায়ে দলিত, বিভিন্নধৰণে তথাকথিত উচ্চবর্গৰ দ্বাৰা অধীনস্থ হৈ থকা বিভিন্ন নিম্নবর্গীয় শ্রেণীৰ জীৱন চর্যা আৰু চেতনাৰ মাজেৰে অসমৰ ইতিহাসত ঘটা বিক্ষিপ্ত ঘটনাসমূহ বিশ্লেষণ আগবঢ়াইছে। উপন্যাসত বর্ণিত নিম্নবর্গীয় লোকৰ জীৱন যুদ্ধৰ মাজেৰে জাতি-ভেটি-মাটিৰ কথা কোৱা জাতীয়তাবাদী আন্দোলনসমূহৰ প্রকৃত স্বৰূপক দাঙি ধৰিছে। আলোচনাটিত নিম্নবর্গীয় ইতিহাসতত্ত্বৰ দৃষ্টিকোণেৰে *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজখনৰ আলোচনা দাঙি ধৰিবলৈ প্রয়াস কৰা হৈছে।

নিম্নবর্গীয় সমাজখনত জীৱন জীয়াৰ যুদ্ধত পুৰুষৰ সমানে সমানে নাৰীসকলেও কষ্ট কৰিব লগা হয়। কাৰণ এজনীয়া উপার্জনেৰে তেওঁলোকৰ ভাত-কাপোৰৰ জোৰা মাৰিব নোৱাৰে। দিনৰ দিনটো পৰিয়াল পোহ-পালৰ নামত কষ্ট কৰা এই নাৰীসকল ঘৰ আৰু সমাজ সকলোতে শোষিত হ'ব লগা হয়। পাৰিবাৰিক জীৱন আৰু বহির্সমাজত ঘটা বিভিন্ন পৰিস্থিতি আৰু ঘটনাই তেওঁলোকৰ দৈহিক আৰু মানসিক স্বাস্থ্যত কিদৰে প্রভাৱ পেলায় সেইবিষয়ে *ফেলানী* উপন্যাসখনৰ আধাৰত নিম্নবর্গীয় নাৰীৰ স্বাস্থ্য সম্পর্কে বিশ্লেষণ কৰিবলৈ প্রয়াস কৰা হৈছে।

০.১ অধ্যয়নৰ উদ্দেশ্য আৰু গুৰুত্ব ঃ

'অৰূপা পটঙ্গীয়া কলিতাৰ *ফেলানী* উপন্যাসত নিম্নবর্গীয় সমাজ আৰু নাৰীৰ স্বাস্থ্য'- শীর্ষক বিষয়টি অধ্যয়নৰ উদ্দেশ্য হ'ল --

(ক) নিম্নবর্গীয় ইতিহাসতত্ত্বৰ দৃষ্টিৰে *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজৰ স্বৰূপ দাঙি ধৰা।
(খ) ইতিহাস লেখন আৰু বিশ্লেষণৰ ক্ষেত্রত নিম্নবর্গীয় সমাজৰ জীৱন-চর্যা আৰু চেতনাৰ গুৰুত্ব বিচাৰ কৰা।
(গ) নিম্নবর্গীয় সমাজত নাৰীসকলে ভোগ কৰা দৈহিক আৰু মানসিক স্বাস্থ্য সম্পর্কে আলোচনা কৰা।
(ঘ) নিম্নবর্গীয় সমাজত নাৰীসকলৰ স্বাস্থ্যৰ প্রতি অসচেতন মনোভংগী বিচাৰ কৰা।

নিম্নবর্গীয় শ্রেণীসমূহ সমাজত সদায়ে বিভিন্ন ধৰণে শোষিত আৰু শাসিত হৈ আহিছে। তেওঁলোকৰ জীৱন-চর্যা আৰু স্বকীয় চিন্তা-চেতনাক কেতিয়াও সমাজৰ ইতিহাস ৰচনাত গুৰুত্ব দিয়া নহয়। তেওঁলোক উচ্চবর্গীয় সমাজৰ চিন্তা-চেতনাৰদ্বাৰা পৰিচালিত হ'লেও সমাজৰ ইতিহাস ৰচনাত তেওঁলোকৰ সহযোগিতাক অস্বীকাৰ কৰিব

নোৱাৰি। অসমৰ ইতিহাসৰ সৈতে জড়িত বিভিন্ন জাতীয়তাবাদী আন্দোলনে কোবাই যোৱা এই মানুহখিনিৰ জীৱন-চর্যাৰ মাজেৰে অসমৰ ইতিহাসক বিচাৰ কৰাৰ ক্ষেত্ৰত আলোচিত বিষয়টিৰ গুৰুত্ব আছে। তদুপৰি উপন্যাসখনত বর্ণিত নিম্নবর্গীয় নাৰীসকলে ভোগ কৰা দৈহিক আৰু মানসিক কষ্টৰ আলোচনা মাজেৰে নাৰীসকলে সমাজত কিদৰে পদে পদে শোষিত হ'ব লগা হৈছে তাৰ বিচাৰ কৰাৰ ক্ষেত্ৰত বিষয়টো অধ্যয়নৰ গুৰুত্ব আছে।

০.২ অধ্যয়নৰ পদ্ধতি ঃ

অৰুপা পটঙ্গীয়া কলিতাৰ *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজ আৰু নাৰীৰ স্বাস্থ্য সম্পর্কে বিচাৰ কৰিবলৈ যাওঁতে নিম্নবর্গীয় ইতিহাসতত্ত্ব বিষয়টিক আলোচনাৰ মূল আধাৰ হিচাপে লোৱা হৈছে। উপন্যাসখনিত বর্ণিত নিম্নবর্গীয় সমাজ জীৱন আৰু নিম্নবর্গীয় নাৰীসকলৰ স্বাস্থ্যসম্পর্কীয় আলোচনাৰ প্রসংগত বিশ্লেষণাত্মক পদ্ধতি গ্রহণ কৰা হৈছে।

০.৩ অধ্যয়নৰ পৰিসৰ ঃ

আলোচ্য বিষয়টিত *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজখনৰ স্বৰূপ দাঙি ধৰিবলৈ প্রয়াস কৰাৰ লগতে নিম্নবর্গীয় নাৰীসকলৰ দৈহিক আৰু মানসিক স্বাস্থ্য সম্পর্কীয় বিষয়কহে অধ্যয়নৰ পৰিসৰে সামৰি লৈছে।

১.০ নিম্নবর্গীয় ইতিহাসতত্ত্ব ঃ

বিংশ শতিকাৰ আশীৰ দশকত ভাৰতবর্ষৰ ইতিহাস চর্চাত নিম্নবর্গীয় ইতিহাসতত্ত্বৰ ধাৰণাটোৰ আৰম্ভণি ঘটে। ভাৰতবর্ষৰ ইতিহাস ৰচনা আৰু চর্চাৰ ক্ষেত্ৰত অৱহেলিত হোৱা বিভিন্ন নিম্নবর্গীয় শ্রেণী আৰু গোষ্ঠীসমূহৰ স্বকীয় চেতনাক ইতিহাসৰ পাতত প্রতিষ্ঠা কৰাই আছিল এই ধাৰাৰ ইতিহাস-চর্চাৰ প্রাথমিক উদ্দেশ্য। নিম্নবর্গ (Subaltern) এই শব্দটোৰ ব্যৱহাৰৰ প্রসংগ প্রথম উত্থাপিত হৈছিল ইটালীৰ কমিউনিষ্ট দলৰ প্রতিষ্ঠাতা মার্ক্সবাদী লেখক আৰু দার্শনিক আন্টোনিও গ্রামছিৰ ৰচনাত। তেখেতৰ 'কাৰাগাৰৰ টোকাবহী'ত সন্নিৱিষ্ট '*On the Margins of History : History of the Subaltern Social groups*' ৰচনাত মার্ক্সীয় আলোচনাৰ প্রসঙ্গত পোনপ্রথমবাৰৰ বাবে Subaltern (নিম্নবর্গ) শব্দটো ব্যৱহাৰ কৰিছিল। এই ৰচনাত গ্রামছিয়ে Subaltern শব্দটো দুটা অর্থত ব্যৱহাৰ কৰিছিল। সেয়া হ'ল -- শ্রমিক শ্রেণী (Proletariat) আৰু শ্রেণীবিভক্ত সমাজৰ অনা আধিপত্যকামী (Non-hegemonic) সামাজিক গোষ্ঠী কিছুমানক বুজাবলৈ ব্যৱহাৰ কৰিছিল।[১]

গ্রামছিয়ে পুঁজিপতি এখন সমাজ ব্যৱস্থাৰ প্রসঙ্গত শ্রেণীবিভক্ত সমাজৰ ক্ষমতাৰ বিষয়টোক এটা সামাজিক সম্পর্কৰ প্রক্রিয়াৰ মাজেৰে দাঙি ধৰিছে। তেওঁৰ মতে সমাজৰ এটা মেৰুত থাকে প্রভুত্বৰ অধিকাৰী Dominate শ্রেণী আৰু আনটো মেৰুত থাকে Dominate শ্রেণীৰ অধীনস্থ লোকসমূহ। প্রভুত্বৰ অধিকাৰী Dominate শ্রেণীৰ অধীনত থকা এই অধীনস্থ শ্রেণীসমূহক বুজাবলৈ গ্রামছিয়ে Subaltern শব্দটো ব্যৱহাৰ কৰিছিল। সামাজিক ক্ষমতাৰ এক বিশেষ ধৰণৰ বিন্যাস আৰু প্রক্রিয়াৰ মাজেৰে সমাজত এই অধীনস্থ (Subordinate)লোকসকল শোষিত আৰু শাসিত হৈ থকাৰ কথা গ্রামছিয়ে উল্লেখ কৰিছে। গ্রামছিয়ে 'কাৰাগাৰৰ টোকাবহী'ত উল্লেখ কৰিছে যে আধুনিক ইটালীৰ শাসকসকলৰ চৰিত্ৰ আৰু বুর্জোৱা ৰাষ্ট্ৰৰ স্বৰূপ বুজিবলৈ হ'লে নিম্নবর্গীয় শ্রেণীৰ ইতিহাস-চর্চা কৰাটো অতি প্রয়োজন। কিয়নো প্রভুত্ববাদী শ্রেণীৰ অধীন হৈ থাকিলেও নিম্নবর্গীয় শ্রেণীসমূহৰ আশা-আকাংক্ষা আৰু চিন্তা-চেতনাৰ এখন স্বতন্ত্র জগত আছে। তেওঁলোকৰ মাজত থকা এই স্বতন্ত্র মানসিকতাৰ ভিত্তিতে প্রভুত্ববাদী

শ্রেণীৰ সৈতে তেওঁলোকৰ সংঘাত আৰম্ভ হয়। গ্রামছিয়ে নিম্নবর্গীয়সকলৰ সম্পর্কত এটা কথা কৈছে যে -- নিম্নবর্গীয় লোকৰ মাজত স্বতঃস্ফূর্তভাৱে উন্নত চিন্তাৰ বিকাশ নহয়। বুদ্ধিজীৱীসকলৰদ্বাৰাহে উন্নত চিন্তাৰ উদয় হয় আৰু নিম্নবর্গীয়সকল তেওঁলোকৰ দ্বাৰা প্রভাৱিত হয়।[২]

গ্রামছিয়ে ইটালীৰ ইতিহাস অধ্যয়নৰ ক্ষেত্ৰত গুৰুত্ব দিয়া এনে বিশ্লেষণৰ ভিত্তিতে ভাৰতবর্ষতো নিম্নবর্গৰ ইতিহাস-চর্চাৰ বিষয়টোৱে বিশেষ গুৰুত্ব লাভ কৰিবলৈ ধৰিলে। এইক্ষেত্ৰত প্রথমেই নাম ল'ব লাগিব কেনবেৰাৰ অষ্ট্রেলিয়ান নেচনেল ইউনিভাৰছিটিৰ অধ্যাপক ৰণজিৎ গুহৰ। ১৯৮২ চনত গুহৰ সম্পাদনাত প্রকাশ পায় *'Subaltern Studies : Writings on South Asian History and Society'* নামৰ গ্রন্থখনৰ প্রথম খণ্ড। ইতিমধ্যে দহটা খণ্ড প্রকাশ পোৱা গ্রন্থখন প্রথম খণ্ডটোত প্রকাশ পোৱা গুহৰ 'On Some Aspects of the historiography of Colonial India'নামৰ প্রবন্ধটোত তেওঁ ভাৰতীয় জাতীয়তাবাদী ইতিহাস ৰচনাত দীর্ঘদিন ধৰি ঔপনিৱেশিক উচ্চবর্ণ আৰু বুর্জোৱা জাতীয়তাবাদী উচ্চবর্ণৰ আধিপত্য চলি অহাৰ কথা উল্লেখ কৰিছে।[৩] ভাৰতবর্ষৰ ইতিহাস-চর্চাৰ ক্ষেত্ৰত অৱহেলিত হৈ অহা নিম্নবর্গীয় বিভিন্ন শ্রেণী আৰু গোষ্ঠীৰ কণ্ঠস্বৰ ইতিহাসৰ পাতত প্রতিষ্ঠা কৰাই হ'ল বিংশ শতিকাৰ শেষৰ দশকত ভাৰতবর্ষত গঢ় লৈ উঠা এই নব্য ইতিহাস-চর্চাৰ প্রাথমিক উদ্দেশ্য। ঔপনিৱেশিক আৰু উত্তৰ ঔপনিৱেশিক ভাৰতবর্ষৰ ইতিহাস আৰু সমাজ-সংস্কৃতিৰ ক্ষেত্ৰত এনে কিছুমান দিশ আছে যি সদায়ে অৱহেলিত তথা অজ্ঞাত। ইতিহাসৰ এই দিশসমূহ গৱেষণামূলক এক স্বকীয় দৃষ্টিভংগীৰে বিচাৰ কৰাৰ উদ্দেশ্য আগত ৰাখিয়ে ভাৰতবর্ষত ৰণজিৎ গুহ, পার্থ চট্টোপাধ্যায়, জ্ঞানেন্দ্র পাণ্ডে, শাহিদ আমিন, গৌতম ভদ্র, তনিকা সৰকাৰ আদিয়ে নিম্নবর্গীয় ইতিহাস-চর্চাৰ ধাৰাটোক আগবঢ়াই নিয়ে।

২.০ *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজ ঃ

অৰুপা পটঙ্গীয়া কলিতাৰ *ফেলানী* উপন্যাসখনৰ পটভূমি হৈছে স্বাধীনতাৰ পৰৱর্তী কালৰ অগ্নিগর্ভা অসম। স্বাধীনতাৰ পৰৱর্তী কালৰ অগ্নিগর্ভা অসমে সন্মুখীন হোৱা বিভিন্ন সমস্যা যেনে — ৰাজনৈতিক শোষণ,অর্থনৈতিক সমস্যা, বহিৰাগত সমস্যা,ভাষাগত সমস্যা, জাতীয় অস্তিত্ব সংকট আদিয়ে অসমত বিভিন্ন বিদ্রোহী দল সংগঠনৰ জন্ম হৈছিল। উপন্যাসখনত ঔপন্যাসিকাই পোনপটীয়াভাৱে অসমত ছাত্র সংগঠনৰ উদ্যোগত গঢ় লৈ উঠা বিদেশী খেদা আন্দোলন, সার্বভৌম ৰাষ্ট্র গঠনৰ দাবীত সশস্ত্র সংগ্রামৰ পথ লোৱা আলফা আৰু নিজৰ জাতীয় অস্তিত্বৰ সংকটত ভুগি এখন স্বায়ত্তশাসিত ৰাজ্য গঠনৰ দাবী তোলা বড়ো আন্দোলনৰ কথা উল্লেখ কৰিছে। এই সংগঠনসমূহৰ লক্ষ্য বা উদ্দেশ্য যিয়েই নহওক, তেওঁলোকে আন্দোলনৰ নামত যি কার্যপন্থা লৈছিল সেয়া কেতিয়াও গ্রহণযোগ্য নহয়। আন্দোলনৰ নামত কৰা কর্মকাণ্ডই অসমৰ ৰাজনৈতিক, অর্থনৈতিক, সামাজিক, সাংস্কৃতিক জগতত প্রভাৱ পেলোৱাৰ লগতে সাধাৰণ মানুহখিনিৰ জীৱনলৈ যি দুর্যোগ নমাই আনিছিল তাৰে এক জ্বলন্ত ছবি *ফেলানী*। উপন্যাস যিহেতু কাহিনীধর্মী সাহিত্য, গতিকে তাত কল্পনাই প্রাধান্য পায়। উপন্যাসখনত কাহিনীৰ কাল্পনিকতাৰ মাজেৰে অসমৰ যিখন সমাজ, সময় আৰু যিবোৰ মানুহৰ কথা উল্লেখ কৰিছে সেইবোৰ যেন সকলোৰে নিচেই চিনাকি। চৰকাৰ প্রশাসনৰ সৈতে হোৱা বিদ্রোহী সংগঠনৰ সংঘাতৰ বলি হোৱা অসমৰ শোষিত আৰু শাসিত শ্রেণীৰ ইতিহাসৰ এক জীৱন্ত ইতিহাস *ফেলানী*।

ফেলানী বৰো ভাষাত জপংকৈ পানীত হোৱা শব্দ। সদ্যোজাত এটা সন্তানক মাতৃৰ বুকুৰপৰা কাঢ়ি লৈ পুখুৰীলৈ দলিয়াই দিয়া কার্যই জাতীয়তাবাদীৰ তেজেৰে তগবগাই থকা ডেকাহঁতৰ ঘৃণনীয় কর্মকাণ্ডক উদঙাই দিছে। পৃথিৱীলৈ আহিয়েই এই বিপর্যয়ৰ সন্মুখীন হোৱা শিশুটিয়েই হ'ল উপন্যাসৰ মূল নায়িকা ফেলানী। ফেলানীৰ নামেৰে উপন্যাসৰ নামকৰণ কৰিলেও ফেলানী হৈছে সমাজৰ সদায়ে অৱহেলিত আৰু শোষিত নিম্নবর্গ শ্রেণীৰ প্রতিনিধি। নিম্নবর্গীয় তত্ত্বই সামাজিক ক্ষমতাৰ এক বিশেষ ধৰণৰ বিন্যাস আৰু প্রক্রিয়াৰ মাজেৰে সমাজৰ অধীনস্থ লোকসকল কেনেদৰে শোষিত আৰু শাসিত হৈ থাকে, সেয়া বিচাৰ কৰিবলৈ প্রয়াস কৰে। উপন্যাসখনতো ফেলানীৰ জন্মসূত্রৰ মাজেৰে যদি ইয়াক বিচাৰ কৰি চোৱা হয়, তেন্তে দেখা যায় যে ফেলানীৰ গাতো সমাজৰ প্রভুত্বশালী উচ্চবর্ণ মৌজাদাৰৰ পৰিয়ালৰ তেজ আছে। কাৰণ ফেলানীৰ আইতাক ৰত্নমালা আছিল মৌজাদাৰৰ আদৰৰ সন্তান। অকালতে বৈধব্য জীৱন লাভ কৰি ঘৰলৈ ঘূৰি অহা ৰত্নমালাই মৌজাদাৰৰ হাতী মাউত কিনাৰাম বড়োৰ প্রেমত পৰে আৰু বিবাহপাশত আবদ্ধ হয়। ৰত্নমালা আৰু কিনাৰাম বড়োৰ এই কার্যই উচ্চবর্গৰ অভিজাত্যৰ ভেমত গর্বিত মৌজাদাৰৰ পৰিয়ালৰ আত্মসন্মানত আঘাত হানে। এগৰাকী কন্যা সন্তান জন্ম দি ৰত্নমালাই মৃত্যুক সাবটি লোৱাৰ পাছতে কিনাৰামকো মৌজাদাৰৰ পৰিয়ালে হত্যা কৰে। ৰত্নমালা আৰু কিনাৰামৰ সন্তান যুতিমালাক লোকচক্ষুৰ আঁতৰত ৰাখিবলৈ বড়োৰ পৰিয়ালে ধানৰ ডুলিত ঢাকি থ'ব লগা হোৱা, মৌজাদাৰৰ ছোৱালীক বিয়া কৰোৱাৰ বাবে মৃত্যুক আঁকোৱালি ল'ব লগা হোৱা কিনাৰামৰ মৃত্যুৱে উদঙাই দিছে নিম্নবর্গীয় শ্রেণীৰ ওপৰত থকা প্রভুত্বশালীসকলৰ আধিপত্যৰ স্বৰূপ। গতিকে সমাজৰ উচ্চ বর্গ তথা সামাজিক ক্ষমতাৰে বলীয়ান মৌজাদাৰৰ হাতত কিনাৰাম বড়োৰ দৰে সমাজৰ অধীনস্থ Subordinate লোকসকল শোষিত হৈ আহিছে ,সেই কাহিনীৰ আলমতে *ফেলানী* উপন্যাসৰ কাহিনীভাগ গঢ় লৈ উঠিছে।

ৰণজিৎ গুহকে প্রমুখ্য কৰি এই চিন্তা-চর্চাৰ সৈতে জড়িত গৱেষকসকলৰ মতে এই তত্ত্বৰ মূল উদ্দেশ্য হৈছে— নিম্নবর্গীয় লোকৰ অভিজ্ঞতা আৰু জনসমাৱেশৰ আলোকত জাতীয়তাবাদৰ স্বৰূপ আৰু জাতীয় আন্দোলনৰ অভিজ্ঞতা সমগ্রভাৱে উপলব্ধি কৰা। এই উদ্দেশ্যেই উচ্চবর্ণৰ ইতিহাস-তত্ত্বৰ অৱহেলিত হৈ থকা নিম্নবর্গৰ জীৱন-চর্চাৰ সমস্ত দিশ অধ্যয়ন কৰি উচ্চবর্ণৰ নিৰংকুশ নেতৃত্বৰ আদর্শবাদী ধাৰণাটো বাতিল কৰা।[৪] *ফেলানী*উপন্যাসখনো স্বাধীনতাৰ পৰৱর্তী কালত অসমত গঢ় লৈ উঠা জাতীয় আন্দোলনৰ ভেটিত ৰচিত উপন্যাস। অসমৰ শক্তিশালী জাতীয় ছাত্র সংগঠনে গঢ়ি তোলা বিদেশী খেদা আন্দোলনত কিদৰে পেটৰ তাড়নাত দুবেলা দুমুঠি উপার্জনৰ বাবে অসমলৈ আহি বসতি কৰা ভাৰতৰ বিভিন্ন ৰাজ্যৰ লোকসকল আন্দোলনৰ বলি হ'ব লগা হৈছিল তাৰ বর্ণনা উপন্যাসখনত পোৱা যায়। কিনাৰাম বড়ো আৰু মৌজাদাৰৰ ছোৱালী ৰত্নমালাৰ জীয়েক যুতিমালাই সংসাৰ গঢ়িছিল পশ্চিমবংগৰপৰা আহি অসমত মিঠাইৰ ব্যৱসায় কৰা সুঠাম ডেকা ক্ষিতীশ ঘোষৰ লগত। যুতিমালাৰ গাত আছে মৌজাদাৰৰ ঘৰৰ তেজ আৰু ক্ষিতীশ পশ্চিমবংগৰপৰা অহা বঙালী লোক। আনহাতে মৌজাদাৰৰ পুতেক এজন আন্দোলনৰ ডাঙৰ নেতা। গতিকে এই সকলোবিলাক কথাৰ পাকঘূৰণিয়ে সিহঁতি বাস কৰা গাঁওখনৰ মানুহৰ মনত এক ভয় আৰু ত্রাসৰ সৃষ্টি কৰি থাকে। সিহঁতি নিশ্চিত যে—

"*এইখন গাঁৱলৈ সিঁহত আহিবই। ইয়ালৈকে বিয়া হৈ আহিছিল ৰত্নমালাৰ জীয়েক যুতিমালা। যুতিমালা ইয়াতে মিঠাই কাৰিকৰৰ গৃহিণী হৈছিল। ইয়াতেই আছে যুতিমালাৰ জীয়েক।*" (ফেলানী, পৃ. ৪৯)

আন্দোলনৰ টোৱৰে সিহঁতি বাস কৰা ঠাইখনকো সহজেই আগুৰি ধৰিলে। সন্তান প্রসৱৰ যন্ত্রণাত কেঁকাই থকা যুতিমালাক ঘৰত থৈ বাহিৰৰ পৰিস্থিতি চাবৰ বাবে ঘৰৰপৰা ওলাই যোৱা ক্ষিতীশ ঘোষ আৰু ঘূৰি নাহিল। আন্দোলনৰ বলি হ'ল। যুতিমালাও এই আন্দোলনৰ ৰোষৰ পৰা সাৰি নগ'ল। তাই জন্ম দিয়া সদ্যোজাত সন্তানক আন্দোলনকাৰীয়ে পুখুৰীলৈ দলিয়াই দিছিল, তায়ে হ'ল ফেলানী। এই ফেলানীয়ে লম্বোদৰ কোঁচৰ সৈতে বিয়া হৈছিল।

ছাত্র সংগঠনৰ এই জাতীয়তাবাদী আন্দোলনত কেৱল অসমত বহিৰাগতসকলেই যে ৰোষৰ বলি হ'ব লগা হৈছিল এনে নহয়, পেটৰ ভাত মুঠিৰ তাড়নাত জীয়াই থকা ভূ-ভাৰস্তৰ খবৰ নোপোৱা আমাৰে জ্ঞাতি ভাই লম্বোদৰ কোঁচ, পৰেশ বৈশ্য, বুলেন বড়োৰ দৰে বহুজনৰ জীৱনত আন্দোলনৰ জুই লাগিল। ঘৰ মাটি উচন হ'ল। শাৰীৰিক কষ্টৰ লগতে আপোনজনক হেৰুৱাই তেওঁলোক দিশহাৰা হৈ পৰিল। ফেলানীয়ে যিদৰে লম্বোদৰ কোঁচৰ সন্ধান নাপাই হাহাকাৰ কৰি উঠিছে, তেনেদৰে বীৰেন বৈশ্যৰ ঘৈণীয়েকে সন্তানক হেৰুৱাই হাহাকাৰ কৰি উঠিছে --

"*মোৰ কপালত জুই লাগিল, পাঁচটা পো-পোৱালিৰ দুটা আছে, বাকি কেইটা ক'লৈ গ'ল ক'ব নোৱাৰোঁ।*" (পৃ. ৩২)

ফেলানী বা মামণিৰ মাকৰ জীৱনত লগা এই আন্দোলনৰ জুই আন হাজাৰজন মানুহৰ জীৱনত লাগিল। সকলোৱে হেবাং বুলি ভবা ৰঘুৱেও আন্দোলনৰ চাক্ষুস অভিজ্ঞতা বর্ণনা কৰি গ'ল --

"*দলনত মানুহ... মূল নাই... চকু নাই... মলি বাবাক জুই...। নামঘৰত জুই... তহঁতল ঘলত জুই.... দাদু-দিদাল মূল... ছাগলী মূল... লঙা লঙা তেজ।... মানুহ, বহুত মানুহ.... মূল নাই, চকু নাই, মুখ নাই... ক'লা কাপোৰ।*" (পৃ. ৩৮)

ইতিহাসতত্ত্বৰ চিৰাচৰিত যি আলোচনা তাত অসমৰ বিদেশী খেদা আন্দোলন, জাতীয়তাবাদী আন্দোলনৰ কথা চন, তাৰিখ, মাহ-বছৰ আন্দোলনৰ নেতৃত্ব বহনকাৰীসকলৰ জাতীয়তাবাদৰ কথা লিপিবদ্ধ হৈছে। কিন্তু ৰঘু, ফেলানী, বুলেনহঁতৰ দৰে সাধাৰণ মানুহখিনিয়ে লাভ কৰা আন্দোলনৰ অভিজ্ঞতাসমূহ ইতিহাসৰ পাতত সদায়ে অৱহেলিত। এই নিম্নবর্গীয় লোকসকলৰ অভিজ্ঞতাৰে যদি জাতীয় আন্দোলনবোৰক বিচাৰ কৰি চোৱা হয়, তেতিয়াহে ইতিহাসৰ বুকুত খোদিত হৈ থকা জাতীয়তাবাদী আন্দোলনৰ প্রকৃত স্বৰূপক অধ্যয়ন কৰিব পৰা যাব। *ফেলানী* উপন্যাসখনতো ঔপন্যাসিকাই নিম্নবর্গীয় সমাজৰ লোকসকলৰ আন্দোলনৰ জীয়া অভিজ্ঞতাৰ মাজেৰে অসমত জাতীয়তাবাদী আন্দোলনৰ নামত যে আন্দোলনৰ নেতৃত্বৱহনকাৰী লোকসকলে এক নৃশংস হত্যাযজ্ঞ চলাইছিল তাৰ বর্ণনা দাঙি ধৰিছে। জাতীয়তাবাদী আদর্শৰ মুখাপিন্ধা তেওঁলোকৰ প্রকৃত স্বৰূপ আন্দোলনৰ বলি হোৱা এই নিম্নবর্গীয় লোকসকলৰ অভিজ্ঞতা, জীৱন-চর্যাৰ মাজেৰে ঔপন্যাসিকাই তুলি ধৰিবলৈ সক্ষম হৈছে।

৩.০ *ফেলানী* উপন্যাসত বর্ণিত নিম্নবর্গীয় সমাজৰ নাৰীৰ স্বাস্থ্য ঃ

সুস্থিৰভাৱে এটা স্বাভাৱিক জীৱন কটাবলৈ মানুহৰ শাৰীৰিক আৰু মানসিক সুস্বাস্থ্যৰ প্রয়োজন। অসমত সংঘটিত জাতীয়তাবাদী আন্দোলনৰ ফলত ঠাইবিশেষে মানুহে নিজৰ ঘৰ-ভেটি-মাটি, আপোনজনকে যে হেৰুৱাইছিল এনে নহয়, তেওঁলোকৰ শাৰীৰিক আৰু মানসিক স্বাস্থ্যতো ইয়াৰ প্রভাৰ পৰিছিল। আন্দোলনৰ জুয়ে শৰীৰত দিয়া ঘা টুকুৰা পথ্যৰে শুকুৱাব পাৰি, কিন্তু মনৰ ঘা টুকুৰা শুকুৱাব নোৱাৰি। যেনেদৰে বুলেন বড়োৰ পত্নী সুমলাই মানসিক ভাৰসাম্য হেৰুৱাই পেলোৱাৰ কথা উপন্যাসখনত পোৱা যায়। উপন্যাসখনত বর্ণিত নিম্নবর্গীয় সমাজখনৰ নাৰীৰ

স্বাস্থ্য সম্পর্কে যদি বিচাৰ কৰা হয়, তেন্তে এনে দিশবোৰ সততে চকুত পৰে --

৩.১ নাৰীৰ দৈহিক স্বাস্থ্য ঃ

৩.১.১ শিবিৰৰ অস্বাস্থ্যকৰ পৰিৱেশ ঃ

আন্দোলনৰ জুয়ে খেদা মানুহবোৰৰ বাবে প্ৰশাসনে অস্থায়ী শিবিৰ নিৰ্মাণ কৰিছে। পূৰ্ণগৰ্ভা ফেলানীও মণি আৰু গাওঁবাসীৰ সহযোগত এই অস্থায়ী শিবিৰ পালেহি। অচেতন হৈ পৰা ফেলানীয়ে চকু মেলি দেখিলে --

" .... তাই এখন কেম্পখাটত শুই আছে, চাৰিওফালে মাটিয়ে-বালিয়ে, বস্তাই-বিছনাই পৰি থকা এজাক মানুহ। প্ৰায়বোৰবে মূৰে-হাতে-ভৰিয়ে আঘাতৰ চিন। .... ঔষধৰ গোন্ধ ভেদি তাইৰ নাকত লাগিল পায়খানা আৰু পেচাবৰ কৰুৱা গোন্ধ, পেটটো পকাই উঠিল। পেটত হাত দি তাইৰ খেয়াল হ'ল পেটৰটোৱে একেবাৰে লৰ-চৰ কৰা নাই।" (পৃ. ৩০)

ক্ষীতিশ ঘোষৰ লগত বিবাহ পাশত আবদ্ধ হৈ ফেলানীৰ মাক যুতিমালা হৈছিলগৈ বঙালীৰ বোৱাৰী। জন্ম হৈয়ে মাক দেউতাকক হেৰুৱা ফেলানীয়ে মাকৰ স্মৃতি হিচাপে হাতত পিন্ধি আছিল দুপাত শাখা। যাৱবাবে শিবিৰত ফেলানীয়ে সঠিক সময়ত উপযুক্ত চিকিৎসাৰপৰা বঞ্চিত হৈছিল। শিবিৰত যেতিয়া তাইক বগা কোট পিন্ধা ল'ৰাহঁতে আপুনি কি মানুহ? বুলি প্ৰশ্ন কৰিছিল, তাইৰ চকুৰ আগেদি কেইবাখনো মুখে অগা-দেৱা কৰিছিল --

"তাইৰ চকুৰ আগেদি পাৰ হৈ গ'ল ৰত্নমালা হাতীৰ ওপৰত উঠি থকা বড়ো ডেকা কিনাৰাম, ডিঙিত কৰ্দৈমণি এধাৰ পিন্ধি মৌজাদাৰৰ তনয়া ৰত্নমালা, ভয়দৰ নোহোৱা শিলিগুৰীয়া ডেকা ক্ষীতিশ, য'লৈকে যায় তাতে ৰাজহাঁহ এজনী হৈ জিলিকি থকা মাক যুতিমালা, তাইক তুলি-তালি ডাঙৰ-দীঘল কৰা ৰতন খুৰা আৰু বিন্দুখুৰী, কাৰ কথা কয় তাই? নে তাইক সেন্দূৰ পিন্ধাই অনা লম্বোদৰৰ কথা কয়?"(পৃ. ৩২)

সেই সময়ত পৃথিৱীৰ আটাইতকৈ সহজ প্ৰশ্নটোৰ উত্তৰ দিবলৈ গৈ ফেলানী থমকি ৰ'ব লগা হৈছিল। মানুহৰ পৰিচয় জাত-পাত, বৰ্ণই যদি নিৰ্ধাৰণ কৰে, তেন্তে মানুহৰ মাজত থকা প্ৰেম, মৰম, ভালপোৱা আদি মানৱতাবোধবোৰ ক'লৈ গ'ল? অজানিতে তাইৰ মুখৰপৰা এটা শব্দ ওলাই আহিল 'মানুহ'। যি জাত-পাত, সম্প্ৰদায়ৰ পৰা সকলোৱে উৰ্দ্ধত। কিছুদিনৰ পিছত অস্থায়ী চিকিৎসা শিবিৰতে ফেলানীয়ে এজনী মৃত ছোৱালী জন্ম দিলে--

"ভিজি থকা এমূৰ ক'লা চুলি, অকণ অকণ হাত-ভৰিৰে অকণমান ছোৱালী এজনী ...গাৰ বৰণটো নীলা পৰি আহিছে, জঠৰ হাত-ভৰিবোৰৰ ছাল কোঁচ খাই পৰিছে। তাই হাত মেলি ছোৱালীজনী এবাৰ চুই চালে, চেঁচা। ঠিক শিল এটাৰ দৰে।" (পৃ. ৪০)

ফেলানীহঁত থকা অস্থায়ী চিকিৎসা শিবিৰবোৰৰ পৰিৱেশো ক্ৰমান্বয়ে এজাক বৰষুণতে কদৰ্য ৰূপ ল'বলৈ ধৰিলে। শিবিৰৰ কদৰ্য ৰূপৰ বৰ্ণনা উপন্যাসখনত এনেদৰে পোৱা যায়—

"গাঁত পায়খানাবোৰ কেতিয়াবাই নোহোৱা হ'ল, তাৰ ঠাইত এতিয়া এখন থেপথেপীয়া গুৱনি, ওপৰত ৰ'দ দিলে ক'লা চামনি এটা পৰে .... সৰ্বত্ৰ এক বিষ্ঠাৰ গোন্ধ বিয়পি থাকে। গুৱনিখনত এক ক'লা বগা পোক হৈছে। অকণমান বৰষুণ দিলেই জাকে জাকে পোকবোৰ বিয়পি পৰি কিলবিলাই থাকে। চালিবোৰৰ প্লাষ্টিকবোৰ ফুটিছে, ৰ'দ বৰষুণ একোকে ৰক্ষা নকৰে। শিবিৰৰ আধা মানুহ গৈছেগৈ। থকাখিনিক বেমাৰে ধৰিছে। এবাৰ তেজ হাগনী হ'ল, এবাৰ বমি পায়খানা, এবাৰ জ্বৰ।" (পৃ. ৪২)

সন্তান জন্ম দি নিজৰ শাৰীৰিক অসুস্থতাকো আওকাণ কৰি ঘৰ, ভেটি আৰু স্বামী-সন্তানক হেৰুৱাই একমাত্ৰ সন্তান মণিকো দুবেলা দুমুঠি ভাতৰ যোগান ধৰিব নোৱাৰা এগৰাকী নাৰীৰ এনে অস্বাস্থ্যকৰ পৰিৱেশত জীয়াই থকাৰ সংগ্ৰামৰ কাহিনীয়ে আন্দোলনৰ বলি হোৱা প্ৰতিগৰাকী নিম্নবৰ্গীয় সমাজৰ নাৰীৰ জীৱনচৰ্যাকে দাঙি ধৰিছে।

৩.১.২ অসুৰক্ষিত যৌনাচাৰ ঃ

ফেলানীত ঔপন্যাসিকাই নিম্নবৰ্গীয় সমাজখনক পেটৰ ক্ষুধাৰ লগে লগে দেহৰ ক্ষুধায়ো তেওঁলোকক কেতিয়াবা যে বিপথে পৰিচালিত কৰে তাৰো ইংগিত দিছে। বৈধ আৰু অবৈধ অসুৰক্ষিত যৌনাচাৰে নাৰীৰ স্বাস্থ্যত কেনেদৰে প্ৰভাৱ পেলাব পাৰে সেই কথা জগুৰ ঘৈণীয়েক, ৰত্না, মিনতি আদি চৰিত্ৰসমূহৰপৰা জানিব পাৰি।

নিম্নবৰ্গীয় সমাজত জগু বা জগুৰ ঘৈণীয়েকৰ দৰে লোকসকল জীৱনৰ কোনো ক্ষেত্ৰতে সচেতন নহয়। দেহৰ সাময়িক সুখ লাভ কৰিবলৈ গৈ জগুৰ ঘৈণীয়েক জৱায়ুৰ ৰোগত ভুগিব লগা হ'ল। জগুৰ ঘৈণীয়েকে ফেলানীক তাইৰ বেমাৰটোৰ সম্পৰ্কত কৈছে—

"তিনিবাৰ গা নোহোৱাৰ কাৰণে । এনেই পেটত পাঁচটা ছলি ধৰিছো, তাৰ উপৰি তিনিবাৰ গা খহাইছো। সেই কাৰণেই এইবোৰ বেমাৰে ধৰিলে।" (পৃ. ১০১)

তেনেদৰে উপন্যসখনত বৰ্ণিত মিনতি আৰু ৰত্নাৰ চৰিত্ৰটিৰ কথা ক'ব পাৰি। আন্দোলনৰ সৈতে জড়িত জাতীয়তাবাদী নেতাৰ প্ৰলোভনত পৰি মিনতি আৰু ৰত্নাই অবৈধ সন্তানৰ বোজা বহন কৰিব লগা হৈছে। জাতিপ্ৰেম, সাৰ্বভৌম ৰাষ্ট্ৰৰ কথা কোৱা নেতাসকলৰ এনে কু-কৰ্মই তেওঁলোকৰ আদৰ্শবাদী চৰিত্ৰৰ ফোপোলা স্বৰূপটোক দাঙি ধৰিছে। অসুৰক্ষিত যৌনাচাৰৰ ফলতে বনকৰা ছোৱালী হিচাপে থকা মিনতিয়ে অবৈধ মাতৃত্বৰ বোজা চিৰজীৱন কঢ়িয়াব লগা হৈছে। আনহাতে ৰত্নায়ো ক্ষন্তেকীয়া সপোনত মজি ঘৰৰপৰা ওলাই গৈ নাৰীৰ সৰ্বস্ব হেৰুৱাব লগা হৈছিল। চাৰিমহীয়া অবৈধ মাতৃত্বৰ বোজা লৈ ঘৰলৈ ঘূৰি অহা ৰত্নাক মাকে বনৌষধিৰে মাতৃত্বৰ বোজাৰপৰা মুকলি কৰিছিল যদিও তাইৰ স্বাস্থ্যত ইয়াৰ প্ৰভাৱ বাৰুকৈয়ে পৰিছিল। তেজ গৈ গৈ শুকান হৈ পৰা ৰত্নাৰ দেহাটোলৈ লক্ষ্য কৰি মিনতিয়ে দেখিলে—

"তাই বহি থকা ঠাইখিনিত ভাঙি দিয়া মেলা জিকাৰ পৰা ওলোৱা বিজলুৱা ৰসৰ দৰে ঘোলা মটীয়া বস্তু অলপ মাটি ভিজাই তুলিছে। তাইৰ নাকত এটা পুঁজৰ গোন্ধ লাগিল। ঠিক পুঁজ নহয় গেলা তেজ-পুঁজ একেলগে ওলালে হোৱা এটা গোন্ধ। এইটো গোন্ধ বস্তিৰ প্ৰায়বোৰ মাইকী মানুহৰে চিনাকী।" (পৃ. ২২৫)

পুৰুষশাসিত সমাজ এখনত সৱহসংখ্যক নাৰীয়ে পুৰুষৰ অধীন। অশিক্ষিত এই নাৰীসকল পদে পদে পুৰুষৰ ছলনা আৰু কামনাৰ বলি হ'ব লগা হয়। সুৰক্ষিত যৌনভোগ সম্পৰ্কে তেওঁলোকে সম্পূৰ্ণ অজ্ঞ। সেয়েহে অসুৰক্ষিত যৌনাচাৰে নাৰীৰ স্বাস্থ্যৰ অৱনতি ঘটোৱাৰ লগতে তেওঁলোকৰ জীৱনলৈয়ো অমানিশা নমোৱাই আনিব পাৰে। তাৰে জ্বলন্ত উদাহৰণ উপন্যাসখনত জগুৰ পত্নী, মিনতি, ৰত্না আদিৰ জীৱন কাহিনীৰ মাজেৰে দাঙি ধৰিছে।

৩.২ নাৰীৰ মানসিক স্বাস্থ্য ঃ

৩.২.১ জাতীয়তাবাদী আন্দোলনৰ প্ৰভাৱ ঃ

উপন্যাসখনত জাতীয়তাবাদৰ নামত আন্দোলনকাৰীসকলে যি হত্যাযজ্ঞ চলাইছিল, তাৰ চাক্ষুষ অভিজ্ঞতাই বহুজনৰে মানসিক সন্তুলন হেৰুৱাই পেলাইছিল। উপন্যাসখনিত বৰ্ণিত এনে এটা চৰিত্ৰ হৈছে বুলেন বড়োৰ পত্নী সুমলা দাস। কৰ্মঠ ডেকা বুলেনে বিয়া কৰোৱা সুমলা হ'ল অঞ্চলৰ জনাজাত বামপন্থী কৰ্মী মাধৱ দাসৰ ভগ্নী। জননেতা হিচাপে মাধৱ দাসক এচাম মানুহে যেনেদৰে ভাল পায়, আন এচাম মানুহে তেওঁক বেয়া পায়। মাধৱ দাসক এচামে বেয়া পোৱাৰ কাৰণটো হ'ল— মাধৱ দাস আৰু তেওঁৰ পার্টিৰ কৰ্মীয়ে মাটি দখলৰ আন্দোলনত জয়ী হৈ কেইজনমান কৃষকক মাটিৰ দখলী স্বত্ব ঘূৰাই দিছিল। তেতিয়াৰপৰা মাধৱ দাস এচামৰ কাল শত্ৰুত পৰিণত হ'ল। বুলেন আৰু সুমলাৰ প্ৰথম সন্তানৰ মুখত ভাত দিয়া অনুষ্ঠানলৈ মাধৱ দাস পার্টিৰ কৰ্মী ৰত্নেশ্বৰ বৈশ্যৰ লগত সিহঁতৰ ঘৰত ভৰি থোৱাৰ কিছুসময়ৰ পাছতে অবৰ্ণনীয় অঘটনটো ঘটিছিল—

"মোমায়েকে ভাগিনীটোৰ মুখত তাৰ প্ৰথম অন্ন তুলি পায়স এচামুচ তুলি দিব খুজিছিল। সেইখিনি সময়তে 'জয় আই অসম'ৰ ধ্বনি তুলি এজাক ল'ৰাই বুলেনৰ ঘৰখন ঘেৰি পেলালে ..... দাস আৰু বৈশ্যক সিহঁতজাকে হাত ভৰি বান্ধি গলত ৰচি বান্ধি চোঁচোৰাবলৈ ধৰিলে। .... ৰাং কুকুৰজাকে মানুহ দুজনৰ হাত-ভৰিৰ আঙুলি টুকুৰা-টুকুৰকৈ কাটি কুকুৰক খাবলৈ দিলে। ... খা ঔ বদনৰ মাংস, টেষ্ট আছে।" (পৃ. ৪৭)

মাধৱ দাস আৰু ৰত্নেশ্বৰ বৈশ্যৰ আন্দোলনকাৰীৰ হাতত মৃত্যু হ'ল। নিজৰ চকুৰ সন্মুখতে ককায়েক নৃশংস হত্যাকাণ্ডৰ বলি হ'ব লগা হ'ল, সুমলাই মানসিক ভাৰসাম্য হেৰুৱাই পেলালে। সুমলা পাগলী হ'ল। এদিন দেশৰ ৰক্ষকৰ হাততে ধৰ্ষিতা হৈ তাইৰ মৃত্যু হ'ল।

সুমলাৰ দৰে ফেলানী, বীৰেন বৈশ্যৰ পত্নী, কালী বুঢ়ী আদিৰ মানসিক জগতত আন্দোলনৰ প্ৰভাৱ কিদৰে পৰিছিল, তাৰ আভাস উপন্যাসখনত পোৱা যায়। সন্তানসম্ভৱা ফেলানীয়ে পুত্ৰ মণিৰ হাতত ধৰি শিৰিৰ পোৱালৈকে আন্দোলনৰ যিকুৰা জুই পাৰ হৈ আহিছিল তাৰ অভিজ্ঞতাই তাইক চেতন আৰু অৱচেতন মনতে অনবৰতে খেদি ফুৰিছিল। চুলিখিনি আঁচুৰি তাই সেওঁতাত সেন্দূৰ অকণমান ল'বলৈ মামণিৰ মাকৰ ওচৰলৈ যাব বুলি ভাবি ৰৈ গ'ল। তাইৰ কাণত বাজি উঠিল ৰঘু বেঙাৰ ৰ নথকা শব্দবোৰ.....

"মলি বাবা পুখুলীল পলা নামঘল ... মূল নাই, চকু নাই, মলি বাবাক .... । তাইৰ গাটোৰ ভিতৰত পাক খাই উঠিল এটা বেঙা মানুহৰ অদ্ভুত গেঙনি, মূৰৰপৰা ভৰিলৈকে গেঙনিটো নামি যায়। আকৌ ভৰিৰ পৰা উঠি আহে।" (পৃ. ৪১)

এফালে খাদ্য, বস্ত্ৰ আৰু মূৰৰ ওপৰত চালখনৰ অভাৱ, বুকুৰ আপোনজনক হেৰুৱাৰ দুখ, অন্ধকাৰ এটা ভৱিষ্যতক লৈ জীয়াই থকা এগৰাকী নাৰীৰ মানসিক জগতত জাতীয়তাবাদী আন্দোলনে কেনেদৰে মোক্ষম আঘাত হানিছিল উল্লিখিত উক্তিটো তাৰ এক উদাহৰণহে মাত্ৰ।

৩.২.২ পাৰিবাৰিক সংঘাতৰ প্ৰভাৱ ঃ

মৰম, ভালপোৱা, বিশ্বাস, প্ৰেম আৰু এজনে আনজনৰ প্ৰতি থকা সন্মান আৰু শ্ৰদ্ধাৰ মনোভাৱেহে ঘৰুৱা জীৱন এটা মোহময় কৰি তুলে। নিম্নবৰ্গীয় সমাজ এখনত এনে প্ৰেম-ভালপোৱাৰ অনুভূতিয়ে গাৰ্হস্থ্য সুখ ল'বলৈ তেওঁলোকৰ সময়ে বা ক'ত? এইখন সমাজত নিতৌ ভাত-কাপোৰৰ চিন্তা। পুৰুষৰ সমানে সমানে নাৰীসকলেও উপাৰ্জন কৰিব ল'গা হয়। নিম্নবৰ্গীয় সমাজ এখনত পুৰুষতকৈ নাৰীসকলেহে নিজৰ সন্তান আৰু পৰিয়ালক পোহপাল দিয়াৰ ক্ষেত্ৰত বেছি সচেতন। ৰাতিপুৱা শুই উঠাৰ পৰা সকলোৱে দুপইচা আৰ্জনৰ বাবে কৰা শাৰীৰিক শ্ৰম আৰু ৰাতি যৌনসুখ এইয়াই হৈছে তেওঁলোকৰ স্বাভাৱিক জীৱন। এইখন সমাজত পুৰুষৰ সমানে সমানে পৰিয়াল পোহপাল দিয়াত কষ্ট স্বীকাৰ কৰিলেও পুৰুষৰ দ্বাৰা নাৰীসকল প্ৰায়ে দলিত হ'ব লগা হয়। ইয়াৰ ফলস্বৰূপেই পৰিয়ালবোৰত পাৰিবাৰিক সংঘাতে গঢ় লৈ উঠে। তদুপৰি পতি-পত্নীৰ মাজত বিশ্বাসৰ অভাৱ, পৰকীয়া প্ৰেম, অভাৱ-অনাটন, ৰুগ্নস্বাস্থ্য, সন্তানৰ মাক-দেউতাকৰ প্ৰতি অসহানুভূতিশীল আচৰণ আদি বিভিন্ন কাৰকে পৰিয়ালসমূহৰ মাজত পাৰিবাৰিক সংঘাতৰ সৃষ্টি কৰে। এই ঘৰুৱা সংঘাতে নাৰীৰ মানসিক স্বাস্থ্যত্তে বিৰূপ প্ৰভাৱ পেলায়। *ফেলানী* উপন্যাসখনতো এনে বহু নাৰী চৰিত্ৰ আছে, যিয়ে মনৰ ভিতৰত এটুকুৰা কেঁচা ঘা লৈ পতি আৰু পৰিয়ালৰ সৈতে স্বাভাৱিক জীৱন কটাই আছে। উপন্যাসখনত বৰ্ণিত এনে এটি চৰিত্ৰ হৈছে জোনৰ মাক। জোনৰ দেউতাক এজন হাপানী ৰোগী। গতিকে জোনৰ মাকেই ঘৰখনৰ ভাত-কাপোৰৰ পৰা আৰম্ভ কৰি ঔষধলৈকে চিন্তা কৰিব লাগে। দিনৰ দিনটো বজাৰত বস্তু বেচি ভাগৰুৱা দেহাৰে ঘৰলৈ ঘূৰি অহা মানুহগৰাকীয়ে স্বামীৰ পৰা মৰমৰ মাত এষাৰো নাপায়। বেমাৰী স্বামীয়ে পুৰঠ মানুহজনীৰ দেহাটোক অবিশ্বাসৰ দৃষ্টিৰে চায় তাইক কটাক্ষ কৰে-

"চালি বজ্জাতী মাইকী.... ঘৰত বেমাৰী মানুহটো পৰি আছে..... তাই মৰেগৈ ক'ত.... ।"(পৃ. ৬৯)

এগৰাকী নাৰীৰ বাবে ইয়াতকৈ দুখ আৰু অপমানৰ কথা একো হ'ব নোৱাৰে। জোনৰ মাকৰ প্ৰতি দেউতাকৰ বিশ্বাসৰ অভাৱে তেওঁলোকৰ ঘৰুৱা জীৱনটো বিষময় কৰি তুলিছে।

তেনেদৰে জগুৰ ঘৈণীয়েকো জৰাযুৰ অসুখত ভুগি জগুক যৌনসুখ দিব নোৱাৰা হ'ল। জগুৱেও পত্নীৰ সন্মুখতে ড্ৰাইভাৰণীৰ ঘৰলৈ অহা-যোৱা কৰিবলৈ ধৰিলে। স্বামীৰ এই পৰস্ত্ৰীগামী স্বভাৱে এগৰাকী পত্নীৰ মনত কেনেদৰে আঘাত হানিব পাৰে জগুৰ ঘৈণীয়েকে মণিৰ মাকৰ আগত ব্যক্ত কৰা এই কথাষাৰেই প্ৰমাণ --

"দেহাৰ জ্বালা সহিব পাৰি কিন্তু মনটোৰ জ্বালা সহিবলৈ বৰ টান অ' মণিৰ মাক।.... মই যেতিয়া নাৰিকল ৰুকি, পটাত বাটি পাছদিনাৰ দোকানৰ বাবে এইটো লৈ সন্দেশ লাড়ু বনাই থাকো মোৰ মৰদে ৰেণ্ডীৰ তাত মৌজ কৰে। দিনটোৰ কামানি তাইৰ হাতত দি আহি মোৰ ঘৰত লাঠি-গোৰ মাৰে, ভাত-ভাতকৈ থকা ছলিক কোবায়।" (পৃ.১০২)

স্বামীৰ পৰস্ত্ৰীগামী স্বভাৱে জগুৰ ঘৈণীয়েকৰ দৰে মীৰাৰ মাকো পতিৰ দ্বাৰা কেনেদৰে পদে পদে শাৰীৰিক আৰু মানসিক আঘাত পাব লগা হৈছিল তাৰ বৰ্ণনা উপন্যাসখনত বৰ্ণনা পোৱা যায়।

উপন্যাসখনিত বৰ্ণিত ৰত্নাৰ মাকো পতিৰ অকথ্য মানসিক নিৰ্যাতনে জুৰুলা কৰা এটা চৰিত্ৰ। ল'ৰা সন্তান এটা জন্ম দিব নোৱাৰাৰ কাৰণে স্বামীৰ লগতে নিজৰ সৰুজনী ছোৱালীৰ পৰাও তাই মনোকষ্ট পাব লগা হৈছে। তেওঁৰ ডাঙৰ ছোৱালীজনী চহৰৰ মানুহৰ ঘৰত বনকৰা ছোৱালী। ৰত্নাৰ মাকেও মুড়ি ভাজি, মূঢ়া সাজি দিনৰ দিনটো বজাৰত বিক্ৰী কৰি ঘৰখন চলালেও অভাৱে জুৰুলা কৰা ঘৰত স্বামীৰ এটাই অভিযোগ --

"মোৰ ল'ৰাটো বাচি থাকিলে ডেকা হৈ কামানি কৰিলেহেঁতেন। কিমান দিন অকণমান মাছৰ গোন্ধ পোৱা নাই। মোৰ কপালত এনে অমঙ্গলীয়া মাইকী, পেটত ল'ৰা ধৰিও মাৰি পেলায়।" (পৃ. ১১৫)

আনৰ ঘৰত বন কৰি দুহাত চিৰাল-ফটা হাতেৰে উপার্জন কৰা ছোৱালীৰ টকাৰে ঘৰ চলোৱা পিতৃয়ে ল'ৰা এটাৰ কাৰণে হামৰাও কাঢ়ে। সৰু ছোৱালী ৰত্নাও অবুজন। বিচৰা বস্তুটো নাপালে তায়ো বাপেকৰ দৰেই মাকক মানসিক আঘাত হানে--

"কামানি কৰা দাদা এটা থাকিলে মই কি লোকৰ পেলাই দিয়া কাপোৰ পিন্ধিব লাগিলহেঁতেন।" (পৃ. ৯৩)

সন্তান জন্ম দি দেহা কোঙা হৈ পৰা মানুহগৰাকীক স্বামী আৰু সন্তানে প্রতি মূহুর্ততে মৃত সন্তানলৈ মনত পেলাই দিয়াত মানসিক যন্ত্রণাত তাই চটফটাই উঠে। মণিৰ মাকৰ আগত তাই নিজৰ মনোকষ্ট এনেদৰে ব্যক্ত কৰিছে --

"এটা ল'ৰা জনম দিব নোৱাৰিলোঁ। অম্বিকা আৰু ৰত্নাৰ মাজত দুটা নষ্ট হ'ল, ৰত্নাৰ পাছত আৰু দুটা। শেষৰটো ল'ৰা আছিল মণিৰ মাক, ছমাহত গা খহিছিল। মই নিজেই ল'ৰাটো পুতি থৈ আহিছিলোঁ। এই গা খহা বেমাৰটোৱেই মোক শেষ কৰিলে।" (পৃ. ৯৩) নিম্নবর্গীয় সমাজ এখনত শাৰীৰিক আৰু মানসিক আঘাতে জুৰুলা কৰা এয়াই হৈছে নাৰীৰ জীৱন। যি মৰি মৰিও জীয়াই থাকে।

৩.৩ নাৰীসকলৰ স্বাস্থ্যৰ প্রতি অসচেতন মনোভংগী ঃ

জীয়াই থকাৰ তাড়নাত মানুহৰ অতি প্রয়োজনীয় অন্ন, বস্ত্র, বাসস্থানৰ কাৰণেই নিম্নবর্গীয় সমাজখনে গোটেই জীৱন সংগ্রাম কৰি যাব লগা হয়। *ফেলানী* উপন্যাসতো আন্দোলনত সর্বস্বান্ত হোৱা এনে এচাম মানুহৰ জীৱনৰ প্রতিচ্ছবিকে তুলি ধৰিছে। ফেলানী, ৰত্নাৰ মাক, মিনতি, জোনৰ মাক আদি নাৰীসকলে পৰিয়াল আৰু সন্তানৰ ভাত-কাপোৰৰ চিন্তাতে সদা ব্যস্ত। সমাজত ঘটি থকা বিভিন্ন ঘটনা পৰিস্থিতিয়ে তেওঁলোকক খন্তেক প্রভাৱিত কৰিলেও তেওঁলোকৰ মন-মগজুত এটাই মাত্র চিন্তা, সেয়া হ'ল -- পেটৰ ক্ষুধা। দুদিনীয়া লঘোণৰ পেটত এমুঠি শুকান মুড়ি আৰু নিমখ দিয়া চাহপানীকণ, জলকীয়া এটাৰে কর্কৰা ভাতমুঠিও তেওঁলোকৰ কাৰণে অমৃত সদৃশ। গতিকে সুস্বাস্থ্যৰ কাৰণে প্রয়োজনীয় পুষ্টিকৰ খাদ্য খোৱাটো তেওঁলোকৰ কাৰণে এটা অলীক কল্পনা। স্থানীয় বজাৰখনত, লগতে মানুহৰ ঘৰে ঘৰে মুড়ি, নাৰিকলৰ লাড়ু, আচাৰ, হাবিৰ কচু-ঢেকীয়া বেচিয়ে ফেলানী, মিনতি, জোনৰ মাক, কালী বুঢ়ী, ৰত্নাৰ মাক আদিয়ে নিজৰ লগতে পৰিয়ালটো পোহপাল দি আহিছে। অশিক্ষিত সমাজৰ নিম্নবর্গীয় শ্রেণীৰ এই লোকসকলে ৰাতিপুৱাৰে পৰা দিনৰ দিনটো কামৰ পাছত দৌৰি ফুৰি নিজৰ স্বাস্থ্যৰ যতনৰ কথা পাহৰি যায়। কাৰণ কাম নকৰিলে তেওঁলোকৰ পেট নভৰে। জগুৰ ঘৈণীয়েকৰ জীৱনটোৱে তাৰ সাক্ষ্য দাঙি ধৰে। জৰাযুৰ অসুখত ভোগা মানুহজনীয়ে উন্নত চিকিৎসাৰ অবিহনেই আলাই-আথানি হৈ মৃত্যু মুখত পৰিব লগা হয়। জগুৰ ঘৈণীয়েকে মণিৰ মাকক কৈছে --

"যন্তৰ দি জৰাযুটো ভিতৰলৈ ঠেলি দিছিলে? আকৌ ওলাই আহিল। ডাক্তৰে কৈছে মচলা নবটিবা, দমকল নামাৰিবা, ভাৰী বস্তু নুটুলিবা, নাৰিকল নুৰুকিবা। ক' মণিৰ মাক, এইবোৰ নকৰিলে মোৰ চলিব? দিনে মই বিছটা ত্রিছটা নাৰিকল ৰোকো, ৰোকা নাৰিকল পটাত বাটোঁ। নহ'লে চাউলমুঠি ক'ৰ পৰা ওলাব?" (পৃ. ১০১)

জগুৰ পত্নীৰ এই কথাষাৰৰ মাজেদিয়ে প্রকাশ পাইছে নিম্নবর্গীয় সমাজৰ নাৰীৰ জীৱন-চর্যা। এনে জীৱন-চর্যাত স্বাস্থ্যৰ প্রতি সচেতন হ'বলৈ তেওঁলোকৰ সময় বা অৱকাশ ক'ত?

৪.০ সামৰণি ঃ

ফেলানী উপন্যাসখনত অসমৰ মানুহৰ মনত সদায়ে সজীৱ হৈ থকা তেজে ধোৱা অসমৰ ইতিহাসক নিম্নবর্গীয়, দলিত, শোষিত মানুহৰ জীৱন সংগ্রামৰ কাহিনীৰ মাজেৰে ঔপন্যাসিকাই সাৱলীলভাৱে উপস্থাপন কৰিছে। এয়া ঔপন্যাসিকাৰ সাহসিকতা আৰু সৃষ্টিশীলতাৰে পৰিচায়ক। অসমত গঢ় লৈ উঠা বিভিন্ন জাতীয়তাবাদী আন্দোলনৰ পটভূমিত নিম্নবর্গীয় সমাজৰ নাৰীসকলৰ জীৱন চর্যা আৰু তেওঁলোকৰ চিন্তা-চেতনাই উপন্যাসখনত প্রাধান্য লাভ কৰিছে। ভাত মুঠিৰ কাৰণে অহৰহ সংগ্রাম কৰা এই নাৰীসকল সমাজত সদায়ে অৱহেলিত। সকলো কষ্ট স্বীকাৰ কৰি দুহাত আঁজুৰি উপার্জন কৰা নাৰীসকল পুৰুষশাসিত সমাজত সদায়ে শোষিত, লাঞ্ছিত হৈ আহিছে। তেওঁলোকে সততে ভোগ কৰিব লগা হয় দৈহিক আৰু মানসিক কষ্ট। সন্তান আৰু পৰিয়ালৰ চিন্তাতে নিমজ্জিত এই নাৰীসকলৰ নিজৰ স্বাস্থ্যৰ প্রতি চিন্তা কৰিবলৈ সময় নাই। তেওঁলোকৰ জীৱন যেন কেৱল আনৰ বাবেই উৎসর্গিত; কিন্তু এইখন সমাজৰে কালীবুঢ়ী আৰু মণিৰ মাক ফেলানীয়ে পুৰুষশাসিত সমাজৰ বান্ধোনৰপৰা নিজক উলিয়াই আনিবলৈ সক্ষম হৈছে। নাৰী সদায়ে মেম জলকীয়াৰ দৰে হ'ব লাগে। দেখাত সৰু; কিন্তু মুখত দিলেই জ্বালা বুলি কোৱা কালীবুঢ়ীয়ে সময়ে সময়ে জঁটাধাৰী ৰূপ লৈছে। ফেলানীয়ে জীৱনত ঘটি যোৱা ইমানবোৰ ঘাত-প্রতিঘাতৰ পিছতো একমাত্র সন্তান মণিকে বুকত সাবটি তাক মানুহ হোৱাৰ শিক্ষা দিছে। মিনতিয়েও ক'ব পাৰিছে মোক এনে এজন পুৰুষ লাগে, যাৰ মৰম আৰু ভালপোৱাৰে ভৰা এখন বহল হৃদয় আছে। গতিকে সমাজত সদায়ে দৈহিক আৰু মানসিকভাৱে শোষিত নাৰীসকলৰ চিন্তা-চেতনাত গঢ়ি উঠা এক নাৰীবাদী চেতনাৰ ভাবো উপন্যাসখনিত বর্ণিত নিম্নবর্গীয় নাৰীসকলৰ জীৱন কাহিনীৰ মাজত পৰিলক্ষিত হয়। গতিকে নিম্নবর্গীয় সমাজৰ বিভিন্ন দিশসমূহ সূক্ষ্ম দৃষ্টিভংগীৰে উপস্থাপন কৰা অৰূপা পটঙ্গীয়া কলিতাৰ *ফেলানী* উপন্যাসখন একবিংশ শতিকাৰ অসমীয়া উপন্যাস সাহিত্যৰ এক ব্যতিক্রমী সংযোজন।

প্রসংগ সূত্র ঃ

[১] কমল কুমাৰ তাঁতী, *নিম্নবর্গ সমাজ ঐতিহ্য*, পৃ. ০৩
[২] উল্লিখিত, পৃ. ০৪
[৩] উল্লিখিত, পৃ. ০১
[৪] উল্লিখিত, পৃ. ০৮

সহায়ক গ্রন্থপঞ্জী ঃ

কলিতা, অৰূপা পটঙ্গীয়া, *ফেলানী*, পঞ্চম সংস্কৰণ,জ্যোতি প্রকাশন ঃ গুৱাহাটী, ২০১৪
তাঁতী, কমল কুমাৰ, *নিম্নবর্গ সমাজ ঐতিহ্য*, আখৰ প্রকাশন ঃ গুৱাহাটী, ২০০৭

হিন্দী বোলছবিত মহিলা মানসিক ৰোগী, মানসিক ৰোগ আৰু চিকিৎসাৰ উপস্থাপন

ড° মৌচুমী মহন্ত

মহিলা অধ্যয়ন কেন্দ্ৰ, তেজপুৰ কেন্দ্ৰীয় বিশ্ববিদ্যালয়, নপাম, পিন- ৭৮৪০২৮, তেজপুৰ, অসম

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সংক্ষিপ্তসাৰ ঃ

জনসংযোগৰ জনপ্ৰিয় মাধ্যম যেনে চলচিত্ৰ, ছপামাধ্যম বা ধাৰাবাহিক সমূহে প্ৰায়ে সমাজৰ সদ্য প্ৰচলিত ঘটনা বা ভাৱধাৰাক উপস্থাপন কৰা দেখা যায়। 'মানসিক ৰোগো' এক বিষয়বস্তু যাক হিন্দী চলচ্চিত্ৰ সমুহত বিভিন্ন সময়ত ভিন্নধৰণে উপস্থাপন কৰি ৰাইজৰ জনপ্ৰিয়তা অৰ্জন কৰিবলৈ সক্ষম হৈছে; কিন্তু 'মানসিক ৰোগ', 'মানসিক ৰোগী' বা ইয়াৰ চিকিৎসা সমূহক চলচিত্ৰ সমূহে প্ৰায়ে এনে ধৰণেৰে উপস্থাপন কৰিছে যে যাৰ দ্বাৰা সমাজত এই বিষয়সমূহৰ প্ৰতি এক ভ্ৰান্ত ধাৰণাৰহে সৃষ্টি হৈছে বা সমাজত এই বিষয়সমূহৰ প্ৰতি থকা বদ্ধমূল ধাৰণাসমূহ গাঢ় হোৱাত সহায় আগবঢ়াইছে। বিশেষকৈ হিন্দী চলচ্চিত্ৰ সমূহত মহিলা মানসিক ৰোগী আৰু তাৰ লগত জড়িত বিষয় সমুহক অতিৰঞ্জিতভাৱে উপস্থাপন কৰাৰ ফলত মানসিক ৰোগক 'মহিলাৰ অসুখ' হিচাপে প্ৰতিষ্ঠাপিত কৰাত এই চলচ্চিত্ৰসমূহে বিশেষ অৰিহণা যোগাই আহিছে। আমাৰ পুৰুষতান্ত্ৰিক সমাজখনক মহিলা মানসিক ৰোগীৰ প্ৰতি এক সম্পূৰ্ণ বিভেদকামী মনোভাব সৃষ্টি কৰাত এই চলচ্চিত্ৰসমূহৰ এক বিশেষ অৱদান আছে। এই প-প্ৰত্ৰখনৰ যোগেদি বিভিন্ন সময়ত হিন্দী চলচ্চিত্ৰত মহিলা মানসিক ৰোগী আৰু ইয়াৰ চিকিৎসাক কি ধৰণে উপস্থাপন কৰা হৈছে ইয়াকেই বিশ্লেষণ কৰা হৈছে। বিশ্লেষণৰ সময়ত নাৰীবাদী দৃষ্টিভংগীৰ ব্যৱহাৰ কৰা হৈছে।

বীজ শব্দ ঃ মানসিক ৰোগ, মহিলা মানসিক ৰোগী, চিকিৎসা, উপস্থাপন, হিন্দী চলচ্চিত্ৰ, সমাজ।

অৱতৰণিকা ঃ

সমাজতত্ত্ববিদ তথা ৰাজনৈতিক বিশ্লেষক ষ্টুৰাৰ্ট হলৰ মতে উপস্থাপন হৈছে এক গুৰুত্বপূৰ্ণ প্ৰক্ৰিয়া যাৰদ্বাৰা কোনো এক বিষয়বস্তুৰ ভাবাৰ্থ নতুনকৈ সৃষ্টি কৰা হয় আৰু তাক গণমাধ্যমৰ যোগেদি প্ৰচাৰ কৰা হয়। এই ভাবাৰ্থসমূহ সাধাৰণতে ভাষা, চিহ্ন আৰু অভিব্যক্তিৰদ্বাৰা প্ৰকাশ কৰা হয়। হলৰ মতে, উপস্থাপন হৈছে সামাজিক আৰু

সাংস্কৃতিকভাৱে নিৰ্মিত আৰু ই কেতিয়াবা সমাজত অসমতা আৰু শোষণৰ ভাব বিয়পাব পাৰে[১]। গণমাধ্যম, বিশেষকৈ চলচ্চিত্ৰৰ ভাষা, চিহ্ন আৰু অভিব্যক্তিসমূহত প্ৰায়ে প্ৰকৃত সত্যৰ প্ৰতিফলন ঘটোৱা নহয়। এইসমূহ প্ৰদৰ্শন কৰোঁতে কেতিয়াবা এখন সমাজৰ প্ৰচলিত নিয়ম, ৰীতি-নীতি বা লোকাচাৰসমূহ পৰিশীলিত ৰূপত উপস্থাপন কৰিবলৈ চেষ্টা কৰা হয় যদিও সেয়া যথাযথ হৈ নুঠে[২]।

এই প্ৰতিবেদনৰ জৰিয়তে ১৯৬০-২০০৫ চনৰ সময়ছোৱাত জনপ্ৰিয় হিন্দী চলচ্চিত্ৰসমূহত মানসিক ৰোগ, মহিলা মানসিক ৰোগী আৰু এই ৰোগৰ চিকিৎসা কিদৰে উপস্থাপন কৰা হৈছে বা দৰ্শকৰ সন্মুখত কিদৰে প্ৰদৰ্শন কৰা হৈছে, তাকেই অন্বেষণ কৰাৰ প্ৰয়াস কৰা হৈছে। এই প-প্ৰত্ৰখনত মানসিক ৰোগ আৰু ইয়াৰ চিকিৎসাক বিশ্লেষণ কৰিবলৈ কিছু পুৰুষ মানসিক ৰোগীক কেন্দ্ৰ কৰি নিৰ্মাণ কৰা কিছু চলচ্চিত্ৰও আলোচনাৰ বাবে লোৱা হৈছে।

উদ্দেশ্য ঃ

এই গৱেষণা পত্ৰখনৰ উদ্দেশ্য হৈছে যে ১৯৬০-২০০৫ চনৰ ভিতৰত মুক্তি পোৱা জনপ্ৰিয় হিন্দী চলচ্চিত্ৰসমূহত কি দৰে মহিলা মানসিক ৰোগীসমূহক উপস্থাপন কৰা হৈছে তাকেই বিশ্লেষণ কৰা।

গৱেষণাপত্ৰখনৰ আন এক উদ্দেশ্য হৈছে এই চলচ্চিত্ৰসমূহক মানসিক ৰোগীৰ লগতে মানসিক ৰোগ আৰু ইয়াৰ চিকিৎসা পদ্ধতিক কি দৰে চিত্ৰায়ণ কৰা হৈছে তাক সমালোচনামূলকভাৱে বিশ্লেষণ কৰা।

প্ৰয়োজনীয়তা ঃ

কোনো এক বিষয়বস্তুৰ ওপৰত কোনো এক ধাৰণা অনুধাৱন কৰাত চলচ্চিত্ৰসমূহৰ এক বিশেষ অৱদান আছে। মানসিক ৰোগীৰ ওপৰত ভাৰতীয় সমাজৰ মনোভাব গঠন কৰাত হিন্দী চলচ্চিত্ৰসমূহত চিত্ৰায়িত হোৱা মানসিক ৰোগৰ চৰিত্ৰসমূহে প্ৰভাৰ পেলায়। এই অধ্যয়নৰদ্বাৰা হিন্দী বোলছবিসমূহত উপস্থাপন কৰা মানসিক ৰোগীৰ চৰিত্ৰসমূহ বিশ্লেষণ কৰি মানসিক ৰোগ আৰু বিশেষকৈ মহিলা মানসিক ৰোগীৰ ওপৰত থকা ভাৰতীয় সমাজখনৰ সামাজিক আৰু সাংস্কৃতিক মূল্যবোধ নিৰ্ণয় কৰাত সহায়ক হ'ব। তাৰোপৰি এই অধ্যয়নৰ দ্বাৰা চলচ্চিত্ৰসমূহত উপস্থাপিত মহিলা মানসিক ৰোগীৰ ওপৰত থকা সামাজিক বৈষমতা আৰু অস্পৃশ্যতাক বুজিবলৈ চেষ্টা কৰা হৈছে। ইয়াৰ জৰিয়তে চলচিত্ৰ সমূহত প্ৰকাশ কৰা মানসিক ৰোগ আৰু ইয়াৰ চিকিৎসা পদ্ধতিৰ মিথক আৰু ভুলধাৰণা সমূহ চিনাক্ত কৰণ কৰি এই বিষয়সমূহৰ ওপৰত সমাজত এক শুদ্ধ ধাৰণা বিকাশ কৰিবলৈ প্ৰয়াস কৰা হৈছে।

হিন্দী চলচ্চিত্ৰ সমূহত মানসিক ৰোগ আৰু ৰোগীৰ শুদ্ধ উপস্থাপন হোৱাটো অতি প্ৰয়োজনীয়। এই শুদ্ধ উপস্থাপনৰ যোগেদি সমাজত মানসিক ৰোগীৰ প্ৰতি ধাৰণা আৰু ইয়াৰ লগত জড়িত সামাজিক নীতি নিয়মসমূহৰ এক ইতিবাচক পৰিৱৰ্তন হোৱাত সহায়ক হ'ব।

পূৰ্বকৃত অধ্যয়নৰ সমীক্ষা ঃ

ডিনেশ ভূগ্ৰা (Dinesh Bhugra) ৰ দ্বাৰা ৰচিত "Mad Tales from Bollywood: the Impact of Social, Political, and Economic Climate on the Portrayal of Mental Illness in Hindi Films" নামৰ পুথিখনত হিন্দী চলচিত্ৰ সমূহত কি দৰে মানসিক ৰোগক চিত্ৰায়ণ কৰা হৈছে সেয়া বিশদভাৱে আলোচনা কৰা

হৈছে। এই পুথিত ভাৰতীয় সমাজখনত মানসিক ৰোগৰ প্ৰতি থকা ধাৰণা আৰু মনোভাব আৰু এই সমূহ কি দৰে চলচ্চিত্ৰসমূহত প্ৰতিফলিত হৈছে তাক বিশ্লেষণ কৰা হৈছে[৩]। "Movies and Matters of Mind -Portrayal of psychiatric illness in Bollywood over last two decades: A content analyses" ত বলিউদ চলচ্চিত্ৰসমূহত চিত্ৰায়ন কৰা মানসিক ৰোগীৰ চৰিত্ৰ সমূহৰ গাঁঠনি, মানসিক ৰোগৰ লক্ষণ আৰু চিকিৎসা পদ্ধতি মূল্যায়ন কৰা হৈছে। গৱেষণা পত্ৰখনৰ সন্ধানৰপৰা সূচিত হৈছে যে এই হিন্দী চলচ্চিত্ৰসমূহত মানসিক ৰোগৰ লক্ষণ আৰু চিকিৎসা মনোৰঞ্জনৰ খাতিৰত নাটকীয়ভাৱে উপস্থাপন কৰা হৈছে[৪]।

"Bollywood Cinema and Mental Illness: An Approach to Balance Entertainment and Exactness" ত লিখিছে যে কিছুমান বলিউদ চিনেমা যেনে— তাৰে জমিন পৰ, মাই নেম ইজ খান আৰু ৰৱফি আদিবোৰত যদিও মানসিক ৰোগীৰ লক্ষণসমূহ মনোবিজ্ঞানীসকলে নিৰ্ধাৰণ কৰা ধৰণেৰে দেখুওৱা হৈছে; কিন্তু ৰোগীৰ চিকিৎসাৰ ওপৰত নিৰ্মাতাসকলে কোনো গুৰুত্ব প্ৰদান কৰা নাই। তাৰ বিপৰীতে চৰিত্ৰ সমূহক এক নাটকীয় ৰূপ দি এক সংবেদনশীল দৃশ্যপটৰহে সৃষ্টি কৰিছে[৫]।

ৰাকাৰে কৈছে যে চলচ্চিত্ৰসমূহত কুৰি শতিকাৰ পৰাই মহিলাৰ ওপৰত পুৰুষৰ আধিপত্য দেখা যায়। মহিলাৰ চৰিত্ৰসমূহে সদায় নীৰৱ বা অস্পষ্ট ভূমিকা পালন কৰে। মানসিক ৰোগক কেন্দ্ৰ কৰি বনোৱা চিনেমাসমূহতো মহিলাক ৰোগী বা চিকিৎসক এই দুই ক্ষেত্ৰতে এক সম্পূৰ্ণ ভিন্ন ভূমিকা পালন কৰা দেখা যায়। চিকিৎসক বা শুশ্ৰূষাকাৰী হিচাপেও মহিলাক এক ৰোমাণ্টিক, দুৰ্বল আৰু প্ৰেমাস্পদৰদ্বাৰা ৰোগীক ভাল কৰা আদি চৰিত্ৰসমূহতহে চিত্ৰায়ণ কৰা হয়। যি সম্পূৰ্ণ অপ্ৰমাণিত আৰু মিথক ধাৰণাৰ ভিত্তিত প্ৰতিষ্ঠাপিত[৬]।

মানসিক ৰোগ আৰু চিকিৎসা ঃ

পশ্চিমীয়া দেশসমূহৰ লগতে ভাৰতবৰ্ষত মানসিক ৰোগৰ চিকিৎসা পূৰ্বতে পৰম্পৰাগতভাৱে কৰা হৈছিল। মানসিক ৰোগক ভূত-প্ৰেত বা বেয়া শক্তিৰ প্ৰকোপৰ পৰা হোৱা ৰোগ বুলি ধাৰণা কৰা হৈছিল আৰু তাৰ চিকিৎসা তেনেধৰণৰ নিৰাময়কাৰীৰদ্বাৰা কৰোৱা হৈছিল[৭]।

ওঠৰ শতিকাৰ পৰা ঊনৈশ শতিকাৰ মাজ ভাগত বিভিন্ন ধৰণৰ মানসিক ৰোগৰ চিকিৎসা প্ৰতিষ্ঠান (এচাইলাম) ব্ৰিটিছ চৰকাৰে তেওঁলোকৰ আৰ্হিৰে ভাৰতৰ বিভিন্ন স্থানত যেনে— বম্বে, কলকাতা, বিহাৰ আৰু লগতে অসমৰ তেজপুৰতো "তেজপুৰ লুনেটিক এচাইলাম" (১৮৭৬) হিচাপে স্থাপন কৰে। কুৰি শতিকাৰ প্ৰথম ভাগত ১৯০৬ চনত লাহোৰ, ৰাচী আৰু পুনেতো মানসিক ৰোগৰ ডাঙৰ চিকিৎসালয় স্থাপন কৰা হ য়। সেই সময়ত পৰম্পৰাগত চিকিৎসাসমূহ পুৰণি আৰু অলাগতিয়াল বুলি ভবা হৈছিল। তাৰ ঠাইত এই চিকিৎসালয় সমূহত ঠাই পাইছিল পশ্চিমীয়া চিকিৎসকে দিয়া বিভিন্ন চিকিৎসা যেনে— হেম্প থেৰাপি, মেছমেৰিজিম, মৰ্ফি আদিবোৰেই[৮]। কুৰি শতিকাৰ প্ৰথম ভাগত মানসিক ৰোগৰ চিকিৎসসকলে নিউৰ'লজি আৰু পেথ'লজিৰ সহায়ত বিশেষ চিকিৎসা পদ্ধতিৰ উদ্ভাৱন কৰিলে। তাৰ ভিতৰত বিশেষ হৈছে ইলেকট্ৰিক চ'ক আৰু চাইক'ছাৰ্জাৰি। পাছত এই চিকিৎসাসমূহ ৰোগীৰ বাবে অতিশয় ক্ষতিকাৰক বুলি প্ৰমাণিত হ'ল।

১৯৪০-১৯৬০ চনৰ ভিতৰত চাইক'ফাৰ্মেক'লজিয়ে মানসিক ৰোগীৰ চিকিৎসাৰ বাবে এক গুৰুত্বপূৰ্ণ ভূমিকা গ্ৰহণ কৰিলে। পেনিচিলিন, ক্লৰপ্ৰমেজাইন, থিয়'জন আদি ঔষধসমূহ ৰোগীৰ চিকিৎসাত ব্যৱহাৰ কৰা হ'ল।

১৯৫২ চনত মনোৰোগ বিশেষজ্ঞসকলে Diagnostic Statistical Manual (DSM) নামৰ এখন প্ৰসংগ পুথি প্ৰকাশ কৰিলে। য'ত মানসিক ৰোগসমূহৰ বিভিন্ন লক্ষণ অনুযায়ী শ্ৰেণী বিভাজন কৰা হ'ল[৭]। আমেৰিকান চাইক্ৰিয়েতিক এছোচিয়েচনে সময়ে সময়ে ক্ৰমান্বয়ে DSM II (১৯৬৮), DSM III (১৯৮০), DSM IV (১৯৯৪), DSM V (২০১৩), DSM-V-TR (২০২২) নাম দি মেনুৱেলখন সংশোধন কৰি আহিছে। DSM-V-TR খনত মানসিক ৰোগক লক্ষণ অনুযায়ী ৭০ টা ভাগত শ্ৰেণী বিভাজন কৰা হৈছে। এই শ্ৰেণী অনুযায়ি তাৰ চিকিৎসা পদ্ধতিও বেলেগ বেলেগ আৰু এই ধৰণৰে চিকিৎসালয়সমূহত চিকিৎসা প্ৰদান কৰা হয়। হিন্দী চলচ্চিত্ৰসমূহত সময়ে সময়ে মানসিক ৰোগ আৰু ইয়াৰ চিকিৎসাক উপস্থাপন কৰোঁতে কিমান বৈজ্ঞানিক দৃষ্টিভংগীৰ ব্যৱহাৰ কৰা হয় সেয়া বিচাৰ্য বিষয়।

চলচ্চিত্ৰ আৰু মানসিক ৰোগ ঃ

কুৰি শতিকাত দূৰদৰ্শন আৰু চলচ্চিত্ৰসমূহ অতি জনপ্ৰিয় হৈ পৰিছিল। সেই সময়তে হলিউডৰ কিছুমান চলচ্চিত্ৰ যেনে—চায়ক' (১৯৬০), হল'উইন (১৯৭৮), দ্য এক্সৰিষ্ট (১৯৭৩) আদি চলচ্চিত্ৰসমূহে মানসিক ৰোগক এক বিকৃত ৰূপত প্ৰকাশ কৰি দৰ্শকৰ মাজত ত্ৰাস সৃষ্টি কৰিছিল। এণ্ডাৰচনৰ মতে মানসিক ৰোগক এনেধৰণৰ ভয়ংকৰ ৰূপত প্ৰকাশ কৰি ছবি নিৰ্মাতাসকলে এই চলচ্চিত্ৰসমূহৰ 'চেনচেচনেল ছেল' কৰোৱাতহে বেছি গুৰুত্ব দিছিল, সমাজক প্ৰভাৱিত কৰিব পৰা বিৰূপ প্ৰতিক্ৰিয়াৰ বিষয়টো গৌণ কৰি ৰাখিছিল। এই শিহৰণকাৰী চিনেমাসমূহত স্কিজ'ফ্ৰেনিয়া নামৰ ৰোগবিধক এক দানৱীয় আৰু হিংস্ৰ ৰূপত প্ৰদৰ্শন কৰিছে[৯]। স্বামীনাথ আৰু বিদেৰ মতে চলচ্চিত্ৰসমূহত কিছুমান সংঘাতপূৰ্ণ আৰু নাটকীয় দৃশ্যৰদ্বাৰা দৰ্শকৰ মনোযোগ ধৰি ৰাখিব পৰা যায় আৰু মানসিক ৰোগ হৈছে আটাইতকৈ মনোগ্ৰাহী বিষয়বস্তু যাৰ দ্বাৰা মানুহৰ ব্যক্তিত্বৰ অস্বাভাৱিক দিশবোৰ যেনে— কৌতুক, সন্দেহ, হিংসা, গোপন ৰহস্য আদি বিষয়সমূহ গতানুগতিকভাৱে প্ৰকাশ কৰা দেখুৱায়[১০]। ৰালৰ মতে চলচ্চিত্ৰসমূহত সমূহীয়া মনোৰঞ্জনৰ স্বাৰ্থত মানসিক ৰোগক শিহৰণকাৰী দৃশ্য আৰু কৌতুক অভিনয়সমূহত ব্যৱহাৰ কৰে। ভাৰতবৰ্ষৰ চলচ্চিত্ৰসমূহতো কোনো এক ব্যক্তিৰ মনোভাব আৰু সাৰ্বজনীক প্ৰভাৱ স্পষ্টভাৱে পৰে[১১]। মুম্বাইৰ চিনেমা উদ্যোগ বিশ্বৰ ভিতৰতে সৰ্ববৃহৎ আৰু দৈনিক প্ৰায় ১৫ মিলিয়ন দৰ্শকে ইয়াক উপভোগ কৰে।

নাৰীবাদ আৰু মানসিক ৰোগ ঃ

নাৰীবাদী বিশ্লেষকসকলে মহিলাৰ মানসিক ৰোগ আৰু ৰোগীসমূহক কি দৰে চলচ্চিত্ৰ সমূহত বিভিন্ন সময়ত উপস্থাপন কৰি আহিছে, সেই বিষয়ে বিশদভাৱে বিশ্লেষণ কৰিছে। 'Elaine Showalter' এ তেওঁৰ 'Female Malady' নামক গ্ৰন্থখনত উল্লেখ কৰিছে য়ে 'নাৰী সত্তা' আৰু 'পাগলামী' এই দুইটা ধাৰণাই সমাজ আৰু সংস্কৃতিৰ দ্বাৰা নিৰ্মিত। এই গ্ৰন্থখনত তেওঁ উল্লেখ কৰিছে যে পশ্চিমীয় চলচ্চিত্ৰ বা উপন্যাসসমূহত মহিলাৰ মানসিক ৰোগক নাৰী সত্তাৰ স্বাভাৱিকতাৰ লগত সাদৃশ্য ৰাখি উপস্থাপন কৰা হৈছে। উদাহৰণস্বৰূপে 'হিষ্টেৰিয়া ৰোগক' এক মহিলাৰ ৰোগ হিচাপে উপস্থাপন কৰিছে, যি মহিলাৰ গৰ্ভ আৰু যৌনতাৰ লগত জড়িত[১২]। কুৰি শতিকাৰ প্ৰায়বোৰ চিনেমাই Frued অৰ 'হিষ্টেৰিয়া'ৰ ধাৰণাৰ আলমত তৈয়াৰ কৰা হৈছিল। Mary Jacobus অৰ মতে Fued ৰ 'হিষ্টেৰিয়া'ৰ ধাৰণটোক একেবাৰে অব্যবহাৰিক আৰু অস্বাভাৱিক। তেওঁৰ মতে এই ধাৰণাই সদায়ে এক 'পুৰুষবাদী মনোবিশ্লেষক

তত্ত্ব'ক প্রতিফলিত কৰিছে, যিয়ে মহিলাৰ শৰীৰৰ লগত উন্মাদনাক একাকাৰ কৰিবলৈ চেষ্টা চলাইছে[১৩]। Showalter অৰ মতেও নাৰীসত্তা আৰু উন্মাদনা দুইকে একাকাৰ ৰূপত প্রকাশ কৰি চলচিত্র সমুহত এক বিশেষ ৰোমাঞ্চৰ সৃষ্টি কৰা হয়[১২]। ইতিহাসত মহিলাৰ মানসিক ৰোগৰ কাৰণ সদায় অতি প্রাকৃতিক বা কোনোধৰণৰ বিশেষ বাহিৰা শক্তি বা ৰাক্ষসে শৰীৰত প্রৱেশ কৰি মহিলাগৰাকীক গ্রাস কৰাৰ ফলতেই মহিলাগৰাকী মানসিক ৰোগগ্রস্ত হয় বুলি ধৰি লোৱা হৈছিল। ইয়াৰ কাৰণ মহিলাসকল মানসিক আৰু শাৰীৰিকভাৱে অতি দুর্বল যাৰ ফলত বাহিৰা শক্তিয়ে মহিলাক অতি সহজে প্রভাৱিত কৰিব পাৰে বুলি ধৰি লোৱা হৈছিল আৰু এই ধৰণৰ বিষয়বস্তুসমূহ হিন্দী বা পশ্চিমীয়া চলচ্চিত্রসমূহত সতকাই প্রকাশ পোৱা দেখা যায়[১৪]। ভাৰতীয় চিনেমা সমুহতো মহিলাৰ শৰীৰক সদায় মনতকৈ অধিক গুৰুত্ব প্রদান কৰা হয়। এই চিনেমাসমূহত এগৰাকী জ্ঞানী বুদ্ধিমান মহিলা আৰু শাৰীৰিকভাৱে আকর্ষণীয় মহিলা, আনহাতে শাৰীৰিক ভাৱে কুৰূপ মহিলাক মানসিকভাৱেও দুর্বল বা অসুস্থ হিচাপে প্রদর্শন কৰা হয়[১৫]।

হিন্দী চলচ্চিত্র আৰু মহিলা মানসিক ৰোগী ঃ

মানসিক ৰোগ আৰু ৰোগীৰ প্রতি থকা ধাৰণা গাঢ় কৰাত হিন্দী বোলছবিসমূহৰ বিশেষ ভূমিকা আছে। ৰাকাৰৰ (Walker) মতে মানসিক ৰোগসমূহৰ এনেধৰণৰ বিকৃত প্রদর্শনে সমাজক ভুলপথে পৰিচালিত কৰিছে। উদাহৰণস্বৰূপে প্রেম আৰু সহানুভূতিৰে মানসিক ৰোগ সুস্থ কৰিব পাৰি[৬]। 'খামুচি' (১৯৬৯) এখন অতি জনপ্রিয় হিন্দী বোলছবি। এই চিনেমাখনৰ মুখ্য নায়কজন হৈছে এজন মানসিক ৰোগী। তেওঁ একিউট মেনিয়া (Acute Mania) নামৰ এক মানসিক ৰোগত আক্রান্ত আৰু হস্পিতালৰ এগৰাকী নার্ছ ৰাধাক হস্পিতাল কর্তৃপক্ষই তেওঁৰ শুশ্রূষাৰ দায়িত্ব দিয়ে। নার্ছ ৰাধাক এগৰাকী অতি মৰমিয়াল আৰু মাতৃসুলভ হিচাপে প্রদর্শন কৰা হৈছে। তেওঁৰ মৰম আৰু আদৰৰ চিকিৎসাৰে অৱশেষত মানসিক ৰোগীজন সুস্থ হৈ উঠে। এই 'প্রেম আৱেদনমূলক চিকিৎসা'ৰ সময়তে ৰাধা প্রকৃত অর্থতে ৰোগীজনৰ প্রেমত পৰে; কিন্তু ৰোগীজন সুস্থ হৈ উঠাৰ পাছত ৰাধাক একেবাৰেই পাহৰি যায়। অৱশেষত ৰাধা নিজেই এগৰাকী মানসিক ৰোগীত পৰিণত হয়।

এলাইন শ্বলটাৰে (Elaine Showalter) অভিমত ব্যক্ত কৰিছে যে পশ্চিমৰ অনেক চিনেমাত এনে বহু দৃশ্য দেখিবলৈ পোৱা যায় য'ত বহু পুৰুষ মানসিক ৰোগীক মহিলা চিকিৎসক বা নার্ছে প্রেমভাৱে শুশ্রূষা কৰোতে ৰোগীৰ লক্ষণসমূহ আহৰণ কৰে। ইয়াৰ জৰিয়তে প্রত্যক্ষভাৱে মহিলাৰ ওপৰত পুৰুষৰ আধিপত্যকে প্রদর্শন কৰা হৈছে[১২]। 'খামুচি' চিনেমাখনতো পশ্চিমীয়া চিনেমাৰ দৰেই মানসিক ৰোগৰ চিকিৎসা ভুলকৈ প্রদর্শন কৰা হৈছে। ইয়াত নাৰীৰ প্রতি থকা সমাজৰ বদ্ধমূল ধাৰণা যেনে—নাৰী অৱলা, নাৰী দুর্বলা, নাৰীয়ে কেৱল প্রেমিকা বা মাতৃৰ ভূমিকাহে পালন কৰিব পাৰে আদি ধাৰণাবোৰহে প্রকাশ পাইছে। তদুপৰি, মানসিক ৰোগ সংক্রামক, মানসিক ৰোগৰ চিকিৎসালয়ত মনোৰোগ বিশেষজ্ঞৰ ভূমিকা গৌণ, মুখ্য ভূমিকা নার্ছৰহে—এনে ভ্রান্ত ধাৰণাসমূহহে স্পষ্টৰূপত প্রতিফলিত হৈছে। 'খিল'না' (১৯৬৯) অন্য এখন একে ধৰণৰ বিষয়বস্তুৰে নির্মিত চিনেমা। এই চিনেমাখনত নায়ক বিজয় এজন উচ্চ বংশৰ ধনী পিতৃৰ সন্তান আৰু তেওঁ অতি উগ্র স্বভাৱৰ মানসিক ৰোগী। আনহাতে নায়িকা চান্দ এগৰাকী সুন্দৰী বেশ্যা। বিজয়ৰ পিতৃয়ে চান্দৰ আকর্ষণীয় ৰূপলাৱণ্যৰ বাবেই পত্নীসুলভ আচৰণেৰে বিজয়ক সুস্থ কৰাৰ উদ্দেশ্যে চান্দক নিয়োগ কৰিছিল। কাৰণ নায়ক বিজয়ৰ মানসিক ৰোগৰ মূল কাৰণ আছিল তেওঁৰ প্রেমিকাই

আনৰ লগত বিয়া হ'বলগা হোৱাত বিজয়ৰ সন্মুখতে আত্মহত্যা কৰিছিল। প্রথম অৱস্থাত চান্দই বিজয়ৰ কাষলৈ যাবলৈ ভয় কৰিছিল। কাৰণ শুশ্রূষাৰ সময়ত চান্দ বিজয়ৰ উন্মাদনাৰ বলি হৈছিল। চান্দক বিজয়ে ধর্ষণ কৰিছিল আৰু পৰিণতিত চান্দ গর্ভৱতী হৈছিল। কিন্তু এই কর্মৰ বিৰোধ কৰাৰ বিপৰীতে চান্দ বিজয়ৰ প্রেমপাশত আবদ্ধ হৈছিল। পৰিয়ালৰ আন সদস্যসকলে এই কার্যৰ বাবে চান্দকে দোষাৰোপ কৰিছিল। কিন্তু চান্দে সকলো পাহৰি বিজয়ৰ শুশ্রূষাতে আত্মনিয়োগ কৰিছিল আৰু এদিন বিজয় সুস্থ হৈ উঠিছিল। পিছত বিজয়ৰ পৰিয়ালে জানিব পাৰিলে যে চান্দো এগৰাকী উচ্চ বংশৰে ছোৱালী আৰু তেতিয়া তেওঁলোকে চান্দক বিজয়ৰ পত্নী হিচাপে স্বীকৃতি দিছিল। চাবলৈ গ'লে এই বোলছবিখনতো মানসিক ৰোগ, ৰোগী, শুশ্রূষা পদ্ধতি আৰু নাৰীৰ স্বকীয় সত্তাক নেতিবাচক দৃষ্টিভংগীৰে উপস্থাপন কৰা হৈছে। যিটোৱে একাংশ সচেতন দর্শকৰ মনত বিৰূপ প্রভাৱ পেলাব পাৰে। মানসিক ৰোগীক চলচ্চিত্রখনত হিংস্র ৰূপত উপস্থাপন কৰা হৈছে। তদুপৰি ধর্ষণকাৰী মানসিক ৰোগীজনক স্বামী হিচাপে বৰণ কৰাটোৱে নাৰীৰ দুর্বলতাকে প্রকাশ কৰিছে। সাধাৰণতে আমাৰ সমাজত এনে ধৰণৰ ধর্ষণৰ ঘটনা অনেক সংঘটিত হৈ থাকে আৰু ধর্ষিতাগৰাকীয়ে ধর্ষণকাৰীৰ লগত বৈবাহিক সম্পর্ক স্থাপন কৰাটোৱে তেওঁৰ প্রতি ন্যায় প্রদান কৰা বুলি পুৰুষপ্রধান সমাজ এখনে ধৰি লয়। এই ক্ষেত্রত মহিলাগৰাকীৰ মানসিক অৱস্থাক উপেক্ষা কৰি ধর্ষণকাৰীৰ লগত বিয়াত বহা আৰু তেওঁৰ সন্তান জন্ম দিয়া ধৰণৰ ঘটনাৰ উপস্থাপনে সমাজত নাৰীৰ ওপৰত হোৱা অত্যাচাৰক উদগনি দিয়াকে সূচাইছে। নাৰীৰ যৌনতাক অতিৰঞ্জিতভাৱে উপস্থাপন কৰাৰ বিপৰীতে এই চিনেমাখনত এজন পুৰুষৰ 'পৌৰষত্ব' আৰু 'পাগলামি'ক একাকাৰ কৰি দুয়োটা দিশকে স্বাভাৱিকতা প্রদান কৰিছে। ১৯৯০ চনৰ পিছৰ চিনেমাসমূহ যেনে—'বাজিগৰ' (১৯৯৩), 'ডৰ' (১৯৯৩), 'একেএছ' (১৯৯৫) আদিত মানসিক ৰোগীক অলৌকিকভাৱে ৰূপায়ণ কৰি জনসমাজত ভয়, ত্রাস, শিহৰণ, ৰোমাঞ্চৰ সৃষ্টি কৰিছে। এই আটাইকেইখন চিনেমতে নায়ককেইজন মানসিকভাৱে বিকৃত আৰু তেওঁলোকৰ ভীতি প্রদর্শন কৰাৰ কিছুমান বিশেষ লক্ষণ উপস্থাপন কৰা হৈছে। তেওঁলোকে নিজৰ আকাংক্ষা পূৰাবলৈ নৰঘাতকো হ'ব পাৰে। 'আগ্নিসাক্ষী' (১৯৯৬) আন এখন চাইক' থ্রিলাৰ বিষয়ক চলচ্চিত্র, য'ত নায়ক এজন চাইক'চিছ। এইখন চিনেমাত নায়কজন অপৰাধ মনোবৃত্তিৰ আৰু নিজৰ পত্নীক শাস্তি প্রদান কৰাই তেওঁৰ প্রধান কাম। 'দস্তক' (১৯৯৬) সেই সময়ৰ এখন জনপ্রিয় চিনেমা, য'ত নায়ক মানসিক বিকাৰগ্রস্ত এজন পুৰুষ আৰু তেওঁৰ প্রেমিকাৰ প্রতি থকা সন্দেহৰ বাবেই বহু অপৰাধ আৰু অনাকাংক্ষিত হত্যাকাণ্ডও সংঘটিত কৰে। এই আটাইকেইখন চিনেমাতে মানসিক ৰোগীকেইজন পুৰুষ চৰিত্রৰ আৰু তেওঁলোক অতি প্রতিশোধপৰায়ণ, সন্দেহবাদী, নিষ্ঠুৰ আৰু হত্যাকাৰী। এইসমূহ চিনেমাত পৌৰষত্ব, উন্মাদনা, নিষ্ঠুৰতা আৰু অপৰাধপ্রৱণতাৰে উপস্থাপন কৰি এখন পুৰুষপ্রধান সমাজতে পুৰুষৰ 'টকচিক মেস্কুলিনিটি'ক উদগনি যোগোৱা হৈছে। প্রায় একে সময়তে হিন্দী চিনেমাসমূহত মহিলাকো চাইক'পেথ বা চাইক'কীলাৰ হিচাপে উপস্থাপন কৰা দেখুওৱা হৈছে। 'আইনা' (১৯৯৩) চিনেমাখনত নায়িকা ৰুমাক এগৰাকী অপৰাধী মনোবৃত্তিৰ উগ্র, হিংসুক, চাইক'টিক মহিলা হিচাপে ৰূপায়ণ কৰাৰ বিপৰীতে ৰীমাক এগৰাকী বিনয়ী, সহনশীল মহিলা হিচাপে উপস্থাপন কৰা হৈছে। নষ্ট চৰিত্রৰ ৰুমাই নিজৰ স্বামীক এৰি থৈ যোৱাৰ পাছত ৰুমাৰ ভনীয়েক ৰীমাক বিয়া কৰায়। কিন্তু ৰুমা ঘূৰি আহি এই বিবাহৰ বাবে ভাবুকিস্বৰূপ হৈ পৰে। 'গুপ্ত' (১৯৯৭) আন এখন একে ধৰণৰ চিনেমা য'ত নায়িকা ঈশ্বাক মানসিকভাৱে অস্থিৰ, হিংসুক, আঁকোৱগোজ মনোভাৱৰ লগতে নীৰৱ ঘাতক আৰু 'আধুনিক' মহিলা হিচাপে ৰূপায়ণ কৰিছে।

একেখন চিনেমাতে আন এগৰাকী নায়িকা শীতলক স্বভাৱগতভাৱেই এগৰাকী শান্ত, অমায়িক আৰু সংস্কাৰী মহিলা হিচাপে প্ৰদৰ্শন কৰিছে। 'প্যাৰ তুনে ক্যা কিয়া' (১৯৯৪) শীৰ্ষক চিনেমাখনত ৰিয়া এগৰাকী উদণ্ড, যৌন আবেদনময়ী, সন্দেহবাদী আৰু লগতে আধুনিক মনৰ, যি পেছাত এগৰাকী মডেল। ইয়াত ৰিয়াক তেওঁৰ বিবাহিত ফটোগ্ৰাফাৰজনৰ প্ৰেমত উদ্ভাউল হৈ মানসিক বিকাৰগ্ৰস্ততাত ভোগা দেখুওৱা হৈছে। আনহাতে ফটোগ্ৰাফাৰজনৰ পত্নী গীতা এগৰাকী সহজ সৰল নাৰীগুণসম্পন্না মহিলা আৰু তেওঁ নিজৰ সাংসাৰিক জীৱনত সুখী। এই আটাইকেইখন চিনেমাতে আজ্ঞানুৱৰ্তী, সহনশীল আৰু ভাৰতীয় সংস্কাৰী মহিলাকেইগৰাকী হৈছে স্বাভাৱিক অৱস্থাৰ অৰ্থাৎ সুস্থিৰ মগজুৰ আৰু দেৱদূত সদৃশ। এই নাৰী চৰিত্ৰসমূহে নিজৰ স্বামী বা প্ৰেমিকৰ সান্নিধ্য পাবলৈ সক্ষম হোৱাটো প্ৰদৰ্শন কৰা হৈছে। বিপৰীতে যিসকলক উগ্ৰ, উদণ্ড, সম্পূৰ্ণ আধুনিক আৰু পেছাদাৰী, তেনেধৰণৰ চৰিত্ৰবোৰক মানসিকভাৱে বিকাৰগ্ৰস্ত হোৱাৰ লগতে এগৰাকী ভাল প্ৰেমিকা বা পত্নী হোৱাৰ অযোগ্য হিচাপে উপস্থাপন কৰা হৈছে। এইকেইখন চিনেমাত প্ৰগতিশীল, উচ্চাকাংক্ষী আৰু বহিৰ্মুখী মহিলাক চাইক'টিক হিচাপে দেখুওৱা হৈছে। সেইদৰে স্বামীভক্তিপৰায়ণ, অন্তৰ্মুখী মহিলাসকলক দেৱদূত হিচাপে প্ৰদৰ্শন কৰোৱা হৈছে যিয়ে সমাজত আদৰ বুটলিবলৈ সক্ষম হৈছে।

হিন্দী চলচ্চিত্ৰ, মানসিক ৰোগ আৰু ইয়াৰ চিকিৎসা ঃ

ওপৰোক্ত আটাইকেইখন চিনেমাতে মানসিক ৰোগীৰ প্ৰতি থকা মিথিকেল ধাৰণাসমূহো দৃঢ় ভাৱে প্ৰতিপন্ন কৰিছে। মনোৰোগ বিজ্ঞানৰ হাতপুথি—'Diognastic and Statistical Menual of Mental Disorders', (DSM I, DSM II, DSM III, DSM IV, DSM V, DSM-V-TR) আদি পাঠবোৰত মানসিক ৰোগসমূহক ইয়াৰ লক্ষণ অনুযায়ী বিভিন্ন ভাগত ভাগ কৰা হৈছে আৰু ইয়াৰ চিকিৎসাও সেইদৰে ভাগ কৰি থোৱা আছে; কিন্তু এই চিনেমাবোৰত এই ৰোগ আৰু চিকিৎসাক একাকাৰ কৰি প্ৰদৰ্শন কৰা হৈছে অৰ্থাৎ স্কিজ'ফ্ৰেনিয়া, ডিপ্ৰেচন, পাৰ্ছনেলিটি ডিছঅৰ্দাৰ, একিউট মেনিয়া - এই সকলো ৰোগকে একে ধৰণৰ ৰোগ হিচাপেই প্ৰদৰ্শন কৰা হৈছে। যেনে — মানসিক ৰোগ মানেই 'বলিয়ালি', 'পাগলামি', 'উদণ্ডতা' আৰু 'বিকৃত পৌৰুষত্ব' বা 'বিকৃত নাৰীসত্তা' ইত্যাদি।

২০০৩ চনত মুক্তিলাভ কৰা 'তেৰে নাম' আৰু ২০০৫ চনত মুক্তিলাভ কৰা 'কিউকি' এই দুয়োখন চিনেমাই মানসিক ৰোগক বিষয়বস্তু হিচাপে লৈ নিৰ্মাণ কৰা হৈছিল। 'তেৰে নাম' চিনেমাখনত 'ৰাধে' চৰিত্ৰটোত এজন উচ্ছৃংখল আৰু শিষ্টাচাৰহীন যুৱক হিচাপে দেখুওৱা হৈছে। তেওঁ এগৰাকী উচ্চ জাতৰ ছোৱালী 'নিৰ্জৰা'ৰ পিছত ঘূৰি ফুৰে আৰু প্ৰেম নিবেদন কৰিব বিচাৰে। মন কৰিবলগীয়া যে ৰাধে চৰিত্ৰটো সেই সময়ত যুৱ দৰ্শকসকলৰ মাজত অতি জনপ্ৰিয় হৈ পৰিছিল। সেই সময়ত ল'ৰাবিলাকে ৰাধেৰ দৰে সাজ-পোছাক পৰিধান কৰাৰ উপৰি চুলিৰ ষ্টাইলো ৰাধেৰ দৰেই কৰি লৈছিল। ৰাধে অতি উদণ্ড আছিল আৰু য'তে ত'তে , যেতিয়াই তেতিয়াই কাজিয়াত লিপ্ত হৈছিল। এনে উদ্ভণ্ডালিৰ কাৰণে প্ৰথমে নিৰ্জৰাই বেয়া পাইছিল যদিও পিছত ৰাধেক প্ৰেমিক হিচাপে গ্ৰহণ কৰিছিল। এদিন ৰাধেক শত্ৰুৰে মূৰত আঘাত কৰাৰ ফলত তেওঁ মানসিকভাৱে অক্ষম হৈ পৰে। কেইবাদিনো মূৰ্চ্ছিত অৱস্থাত থকাৰ পিছত ৰাধে নিশ্চল হৈ পৰে ঠিক আগৰ স্বভাৱৰ বিপৰীত। ৰাধেক মনোৰোগ বিশেষজ্ঞ চিকিৎসকে সুস্থ কৰিব নোৱাৰি পৰিয়ালক এখন পৰম্পৰাগত মানসিক ৰোগৰ চিকিৎসা প্ৰতিষ্ঠান শিৱপুৰ ধামলৈ নিয়াৰ পৰামৰ্শ দিয়ে। আনহাতে শিৱপুৰ ধাম অতি দুৰ্গম ঠাইত অৱস্থিত আৰু চা�ৰিওকাষে ওখ দেৱাল থকা। ইয়াত মানসিক

ৰোগীক অতি নিষ্ঠুৰ পদ্ধতিৰে চিকিৎসা কৰা হয়। ৰাধেকো আন মানসিক ৰোগীৰ দৰেই হাত-ভৰি শিকলিৰে বান্ধি জে'লৰ কয়দীৰ দৰে অথবা হিংস্ৰ জন্তুৰ দৰে ৰখা হৈছিল। ৰাধে কেইবাবাৰো শিৱপুৰ ধামৰ পৰা পলাবলৈ চেষ্টা কৰি এবাৰ সফল হৈছিল; কিন্তু আহি দেখে যে তেওঁৰ প্ৰেমিকাই জোৰকৈ আনলৈ বিয়া দিয়াৰ চেষ্টা কৰা বাবে আত্মহত্যা কৰে। তাকে দেখি ৰাধে পুনৰ শিৱপুৰ ধামলৈ উভতি গ'ল। এই চিনেমাখনত আমাৰ সমাজত থকা কিছুমান তথাকথিত ধাৰণা যেনে—এজন ৰোডচাইড ৰোমিঅ'য়ো যে ছোৱালীৰ মন জয় কৰিব পাৰে, মানসিক ৰোগীক কিছুমান নিষ্ঠুৰ পদ্ধতিৰেহে নিয়ন্ত্ৰণ কৰিব পাৰে, পৰম্পৰাগত মানসিক ৰোগৰ চিকিৎসা যে অতি নিৰ্মম হয়, প্ৰেম সফল নহ'লে আত্মহত্যাৰ দৰে চূড়ান্ত সিদ্ধান্ত লোৱাটোকো বৈধতা প্ৰদান কৰাৰ দৰে দৃশ্য উপস্থাপন কৰি দৰ্শকক মনোৰঞ্জন দিয়াৰ প্ৰয়াস কৰা হৈছে। তদুপৰি চিকিৎসকৰদ্ধাৰাই শিৱপুৰ ধামৰ দৰে পৰম্পৰাগত চিকিৎসা প্ৰতিষ্ঠানলৈ ৰাধেক পঠিয়াবলৈ কোৱা বিষয়টোৱে, আধুনিক চিকিৎসা বিজ্ঞানৰ বাবেই এক প্ৰত্যাহ্বান হিচাপেই চিনেমাখনত পৰিৱেশিত হৈছে। ইয়াৰ জৰিয়তে ব্যৱসায়িকভাৱে চিনেমাখনে সফলতা অৰ্জন কৰিছে ঠিকেই, কিন্তু যুৱ প্ৰজন্মক বৌদ্ধিক বা মানসিক দিশত কোনো ইতিবাচক প্ৰভাৱ পেলাব পৰা নাই। সেইদৰেই 'কিউকি' (২০০৫) একেধৰণৰ বিষয়বস্তুৰে নিৰ্মিত সেই সময়ৰ আন এখন জনপ্ৰিয় ছবি। এই চিনেমাখনৰ নায়ক 'আনন্দ'ক মানসিক চিকিৎসাৰ বাবে এখন চিকিৎসালয়ত ভৰ্তি কৰোৱা হয়। আনন্দ চৰিত্ৰটো যথেষ্ট হাস্যৰসিক আৰু আন চলচ্চিত্ৰসমূহৰ মানসিক ৰোগীৰ তুলনাত কিছু পৃথকভাৱে দেখুওৱা হৈছে। প্ৰথম অৱস্থাত তেওঁক এজন মানসিক ৰোগী হিচাপে দৰ্শকৰ সন্মুখত উপস্থাপন কৰা নাছিল। চিকিৎসালয়খনৰ চিকিৎসক, নাৰ্ছ, নিৰাপত্তাৰক্ষী আৰু আন কৰ্মচাৰীসকলেও আনন্দক দুৰ্ব্যৱহাৰ কৰিছিল আৰু অলপমান হেৰফেৰ হ'লেই শাৰীৰিকভাৱে অত্যাচাৰ কৰিছিল। আনহাতে চিকিৎসালয়খনৰ স্বত্বাধিকাৰী ডাঃ খুৰানাও আছিল এজন গোৱাৰ আৰু নিষ্ঠুৰ প্ৰকৃতিৰ লোক। তেওঁৰ মতে মানসিক ৰোগীক নিষ্ঠুৰ ব্যৱহাৰ আৰু শাৰীৰিক নিৰ্যাতন কৰাটোৱেই উচিত চিকিৎসা। আনন্দকো তেওঁলোকৰ চিকিৎসালয়ৰ নীতি ভংগ কৰা কাৰ্যৰ বাবে কঠোৰ শাস্তি বিহিছিল। ডাঃ খুৰানাৰ কন্যা ডাঃ তনভিয়েও প্ৰথম অৱস্থাত আনন্দক অতি ৰুক্ষ ব্যৱহাৰ কৰিছিল। কিন্তু আন এজন চিকিৎসক ডাঃ সুনীলৰ বুজনিত ডাঃ তনভিয়ে আনন্দক মৰম আৰু সহানুভূতিৰে চিকিৎসা কৰি সুস্থ কৰাৰ চেষ্টা চলালে। পৰিণতিত ইয়াত উল্লেখ কৰা আন চিনেমাসমূহৰ দৰেই গতানুগতিকভাৱেই ডাঃ তনভি আনন্দৰ প্ৰেমত আবদ্ধ হ'ল। আনন্দ সুস্থ হৈ তনভিক বিয়া কৰাবলৈ সিদ্ধান্ত ল'লে। এই কথা ডাঃ খুৰানাই জানিব পাৰি খঙত অগ্নিশৰ্মা হৈ আনন্দক 'লব'ট'মি' কৰি নিষ্ক্ৰিয় কৰি পেলালে। 'লব'ট'মি' হৈছে মগজুৰ এক অস্ত্ৰোপচাৰ, য'ত মগজুৰ এডাল সিৰা কাটি পেলোৱা হয়। এই ধৰণৰ চিকিৎসা কুৰি শতিকাৰ মাজভাগত পশ্চিমীয়া দেশসমূহত প্ৰচলিত আছিল। এনে ধৰণৰ চিকিৎসা সাধাৰণতে গম্ভীৰ মানসিক ৰোগ যেনে—স্কিজ'ফ্ৰেনিয়া, বাইপ'লাৰ ডিছঅৰ্ডাৰ আদি ৰোগসমূহত ব্যৱহাৰ কৰে; কিন্তু ইয়াৰ পাৰ্শ্বক্ৰিয়া অতি ভয়ানক হোৱাৰ বাবে ১৯৫০ চনৰ পাছত সম্পূৰ্ণৰূপে বন্ধ কৰি দিয়া হয়। কাৰণ এনে চিকিৎসাৰ ফলত ৰোগীৰ মৃত্যুপৰ্যন্ত হ'ব পাৰে। ডাঃ সুনীলে আনন্দৰ এনে মৃতপ্ৰায় অৱস্থা দেখি তেওঁক মুক্তি দিয়াৰ বাবে অৱশেষত হত্যা কৰে আৰু ডাঃ তনভিও মানসিক ৰোগগ্ৰস্ত হৈ উক্ত চিকিৎসালয়তে ভৰ্তি হয়। এই চিনেমাখনত মনোৰোগ চিকিৎসকসকলৰ ভূমিকা অতি ৰহস্যজনক। ইয়াৰ চিকিৎসা পদ্ধতিসমূহত ৰোগীক চিকিৎসা প্ৰদানৰ পৰিৱৰ্তে প্ৰতিশোধ পূৰণৰ বাবেহে ব্যৱহাৰ কৰা দেখা গৈছে। ইচিটি (Electro Convulsive Therapy) হৈছে মানসিক ৰোগ নিয়ন্ত্ৰণ কৰিবলৈ ব্যৱহাৰ কৰা Electric Shock Therapy।

এই পদ্ধতিৰ চিকিৎসাৰ পাৰ্শ্বক্ৰিয়াও অতিমাত্ৰা হোৱা বাবে এই চিকিৎসা বৰ্তমান প্ৰচলিত নহয়। বহুতে ইয়াক সহ্য কৰিবও নোৱাৰে। কিছুমান ৰোগ যেনে— মেজৰ ডিপ্ৰেছিভ ডিছঅৰ্ডাৰ, ছিভিয়াৰ মেনিয়া, কেটাটনিয়া আদি ৰোগত এনে পদ্ধতি ব্যৱহাৰ কৰা হয়। এইবোৰ ৰোগৰ লক্ষণৰ লগত মিল নথকা সত্ত্বেও আনন্দক কেইবাবাৰো ইচিটি দিয়া হৈছিল। উদ্দেশ্য আনন্দক সুস্থ কৰা নহয়, শাস্তি দিয়াহে। এনে ধৰণেৰে এই হিন্দী চলচ্চিত্ৰ সমূহত মানসিক ৰোগী, মানসিক ৰোগৰ চিকিৎসক আৰু চিকিৎসা পদ্ধতিসমূহক বিকৃতৰূপে চিত্ৰায়িত কৰি জনসাধাৰণক ভুল দিশে পৰিচালিত কৰাৰ উপৰি জনসাধাৰণৰ মাজত মানসিক ৰোগী আৰু ইয়াৰ চিকিৎসাৰ পদ্ধতিৰ ওপৰত ঘৃণাৰ ভাব গঢ়ি তুলিছে।

উপসংহাৰ ঃ

১৯৬০-২০০৫ চনৰ ভিতৰত নিৰ্মিত উল্লিখিত হিন্দী চিনেমাসমূহত মানসিক ৰোগ, ৰোগী আৰু এই ৰোগৰ চিকিৎসাক অত্যধিক ৰোমাঞ্চিত কৰি তোলাৰ স্বাৰ্থত আসোঁৱাহপূৰ্ণভাৱে উপস্থাপন কৰা হৈছে। আমাৰ সমাজত 'পগলা', 'পাগলী', 'বলিয়া' আদি শব্দবোৰ অতি সুলভ। 'পাগলামি' আৰু 'বলিয়ালি' বুলি ক'লে মানসিক ৰোগী এজনৰ উদণ্ডতা, উচ্ছৃংখলতা আৰু সমাজ বিপৰীত আচৰণকে সূচায়। মানসিক ৰোগী বিশেষকৈ মহিলা মানসিক ৰোগীৰ প্ৰতি থকা এনে অস্পৃশ্য মনোভাৱৰ ফলত তেওঁলোক বহু বিপদত পৰা দেখা যায় আৰু চিকিৎসা প্ৰদানৰ ক্ষেত্ৰতো বাধাৰ সন্মুখীন হয়। বহু ৰোগীক চিকিৎসালয় বা মনোৰোগ বিশেষজ্ঞৰ ওচৰলৈ যোৱা দেখা নাযায়। কাৰণ এনে অস্পৃশ্যতাৰ ভাব চিকিৎসক, চিকিৎসা প্ৰতিষ্ঠানৰ প্ৰতিও পোষণ কৰা দেখা যায়। যেনে— 'পগলা ফাটেক', 'পগলা ডাক্তৰ', 'পগলা হস্পিতাল' আদি। সম্প্ৰতি জনসাধাৰণৰ মাজত দৃষ্টিভংগীৰ কিছু পৰিৱৰ্তন হৈছে যদিও প্ৰদৰ্শিত চিনেমাসমূহৰ সুদূৰপ্ৰসাৰী প্ৰভাৱৰপৰা আমাৰ সমাজ মুক্ত হ'ব পৰা নাই। এতিয়াও আমাৰ সমাজত মানসিক ৰোগীক উপযুক্ত চিকিৎসাৰ বিপৰীতে ঘৰতে আবদ্ধ কৰি ৰাখি অস্পৃশ্যতাৰ বলি হ'বলৈ বাধ্য কৰোৱা হয়। বিশেষকৈ পুৰুষতান্ত্ৰিক সমাজখনক মহিলা মানসিক ৰোগীসমূহক চিকিৎসালয়লৈ নিয়াত বহুত হেমাহি দেখা পোৱা যায়। ইয়াৰ কাৰণ হৈছে পৰিয়ালত নাৰীৰ প্ৰতি থকা বৈষম্যতা, পৰিয়ালৰ সন্মান হানি হোৱাৰ ভয়, নাৰীয়ে নিজে ল'ব নোৱাৰা সিদ্ধান্ত, অতিকৈ অন্ধবিশ্বাস অথাৎ বেজ-বেজালিৰ ওপৰত বেছি নিৰ্ভৰশীলতা ইত্যাদি। পৰিণতিত বহু মানসিক ৰোগীয়ে অন্তৰ্দগ্ধ হৈ আত্মহত্যা কৰাৰ উদাহৰণ অনেক আছে। সেয়ে ভাৰতীয় চিনেমা উদ্যোগে মানসিক ৰোগক বিষয়বস্তু হিচাপে লৈ নিৰ্মাণ কৰা চিনেমাসমূহত মহিলা মানসিক ৰোগ, ৰোগী আৰু চিকিৎসাৰ প্ৰতি প্ৰদৰ্শন কৰা নেতিবাচক দিশসমূহৰ পৰিৱৰ্তে ইবোৰৰ প্ৰতি সজাগ, সচেতন হোৱা দৃশ্যাৱলী প্ৰদৰ্শন কৰিলেহে প্ৰকৃত সামাজিক দায়বদ্ধতা পালন কৰা হ'ব আৰু মানসিক ৰোগীৰ প্ৰতিও ন্যায় প্ৰদান কৰা হ'ব।

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সন্তানে গৰ্ভত থিতাপি লোৱাৰেপৰা প্ৰসৱোত্তৰ সময়লৈকে নাৰী এগৰাকীয়ে ভালেমান শাৰীৰিক-মানসিক পৰিৱৰ্তনৰ মাজেৰে গতি কৰিবলগীয়া হয়। সন্তান-জন্মদায়িনী ৰূপটোৱে এগৰাকী নাৰীৰ জীৱনক সমৃদ্ধ কৰাৰ লগতে এখন সমাজকো গতিশীলতা প্ৰদান কৰে। সেয়েহে পৃথিৱীৰ সকলো লোকসমাজতে সন্তানে গৰ্ভত থিত লোৱাৰপৰা সন্তান জন্মৰ পাছলৈকে নাৰী জীৱনৰ এই বিশেষ সময়খিনিক বিভিন্ন পৰম্পৰা বিশেষ ৰীতি-নীতিৰে উদ্‌যাপন কৰা হয়। অসমীয়া লোকসমাজো ইয়াৰ ব্যতিক্ৰম নহয়। লোক-সংস্কৃতি অধ্যয়নৰ তাত্ত্বিক দৃষ্টিৰে বিচাৰ কৰিলে দেখা যায় যে, অসমীয়া লোকসমাজতো নাৰীৰ গৰ্ভধাৰণ আৰু প্ৰসৱোত্তৰবিষয়ক ভালেমান বিশেষ ৰীতি-নীতি, লোকাচাৰ (যেনে ঃ সন্তানসম্ভৱা নাৰীক পঞ্চামৃত খাবলৈ দিয়া, গৰ্ভাৱস্থাৰ সাত মাহ, ন মাহত সকাম পতা আদি), লোকবিশ্বাস (যেনে ঃ সন্তানসম্ভৱা মহিলাক অমিতা, মাটিকঁঠাল খাবলৈ বা�ৰণ কৰা, প্ৰাণী বধ কৰিবলৈ বাধা প্ৰদান, সন্তান জন্মৰ লগে লগে দুৱাৰমুখত বগৰীজেং,তাঁতশালৰ ছিৰি ৰখা, সৰিয়হ, লোহানিৰ্মিত কটাৰীজাতীয় অস্ত্ৰ প্ৰসূতিৰ লগত ৰখা আদি) তথা বিভিন্ন লোক-বাক্‌ভংগী প্ৰচলিত হৈ আহিছে। উল্লেখযোগ্য যে এনেধৰণৰ লোকাচাৰ, লোক-বাক্‌ভংগীসমূহ ঘাইকৈ নাৰীসমাজৰ মাজত প্ৰচলিত; ইয়াত পুৰুষৰ অংশগ্ৰহণ অতি সীমিত।

আলোচ্য গৱেষণাপত্ৰত অসমীয়া লোকসমাজত প্ৰচলিত নাৰীৰ গৰ্ভধাৰণ, প্ৰসৱ আৰু প্ৰসৱোত্তৰবিষয়ক লোক-বাক্‌ভংগীক লোক-সাংস্কৃতিক প্ৰেক্ষাপটৰ আধাৰত সমাজ-ভাষাতত্ত্বৰ দৃষ্টিৰে আলোচনা কৰা হ'ব। এই অধ্যয়নে সামাজিক লিংগ (gender)আধাৰিত ভাষিক প্ৰকাশ হিচাপে এনে লোক-বাকভংগীক বিশ্লেষণ কৰাৰ লগতে এনে বাক্‌ভংগী ব্যৱহাৰৰ অন্তৰালত জড়িত হৈ থকা কাৰকসমূহক উন্মোচন কৰিব। আলোচ্য বিষয়ক প্ৰতিষ্ঠাপন কৰিবলৈ ঘাইকৈ বিশ্লেষণাত্মক পদ্ধতি গ্ৰহণ কৰা হ'ব। আলোচনাৰ বাবে মুখ্য সমল হিচাপে তথ্যদাতাৰপৰা সংগৃহীত তথ্য আৰু নিৰ্বাচিত লোক-বাক্‌ভংগীবিষয়ক গ্ৰন্থক গ্ৰহণ কৰাৰ বিপৰীতে বিভিন্ন গ্ৰন্থ-আলোচনী আদিত প্ৰকাশিত তথ্যক গৌণ সমল হিচাপে বিবেচনা কৰা হ'ব। এই অধ্যয়নে সাম্প্ৰতিক সময়ৰ অসমীয়া লোক-সমাজৰ প্ৰেক্ষাপটত লাহে লাহে হেৰাই যোৱাৰ উপক্ৰম হোৱা অসমীয়া ভাষাৰ জতুৱা প্ৰকাশভংগী হিচাপে এনে লোক-বাক্‌ভংগীক নৱ- মূল্যায়ন কৰাৰ বাট মুকলি কৰিব।

বীজ শব্দ ঃ *লোক- বাক্‌ভংগী, অসমীয়া সমাজ-মনস্তত্ত্ব, সামাজিক লিংগ, নিষিদ্ধ শব্দ (টেবু), গৰ্ভধাৰণ, প্ৰসৱকালীন আৰু প্ৰসৱোত্তৰ কাল।*

অৱতৰণিকা ঃ

লোকসমাজত এগৰাকী নাৰীৰ গৰ্ভধাৰণ আৰু সন্তান জন্মৰ প্ৰক্ৰিয়াটোক এক স্বাভাৱিক পৰিঘটনা হিচাপে গণ্য কৰা হয়। সেয়ে হ'লেও এই পৰিঘটনাই নাৰী এগৰাকীৰ মানসিক তথা শাৰীৰিক স্বাস্থ্যত যথেষ্ট প্ৰভাৱ পেলায়। সাধাৰণতে, সন্তানে গৰ্ভত থিতাপি লোৱাৰেপৰা প্ৰসৱোত্তৰ সময়লৈকে নাৰী এগৰাকীয়ে ভালেমান শাৰীৰিক-মানসিক পৰিৱৰ্তনৰ মাজেৰে গতি কৰিবলগীয়া হয়। সেয়েহে, নাৰী এগৰাকীৰ গৰ্ভধাৰণ আৰু প্ৰসৱোত্তৰকালীন স্বাস্থ্যৰ সৈতে নাৰীগৰাকীয়ে এই বিশেষ সময়খিনিত অতিক্ৰম কৰিবলগীয়া সকলোধৰণৰ শাৰীৰিক আৰু মানসিক দিশ জড়িত হৈ থাকে। তদুপৰি সমাজ তথা পৰিয়ালৰ ভূমিকায়ো সন্তানসম্ভৱা নাৰী এগৰাকীৰ শাৰীৰিক তথা মানসিক স্বাস্থ্যক প্ৰভাৱান্বিত কৰে। উল্লেখযোগ্য যে, পৃথিৱীৰ সকলো লোকসমাজতে সন্তানে গৰ্ভত থিত লোৱাৰেপৰা সন্তান জন্মৰ পাছলৈকে নাৰী জীৱনৰ এই বিশেষ সময়খিনিক বিভিন্ন পৰম্পৰা-ৰীতি-নীতিৰে উদ্‌যাপন কৰা হয়। অসমীয়া লোকসমাজো ইয়াৰ ব্যতিক্ৰম নহয়। সন্তানসম্ভৱা নাৰীগৰাকী আৰু গৰ্ভস্থ সন্তানৰ মংগল কামনাৰে এই সময়খিনিত ভিন ভিন বিশেষ ৰীতি-নীতি, লোকাচাৰ (যেনে— সন্তানসম্ভৱা নাৰীক পঞ্চামৃত খাবলৈ দিয়া, গৰ্ভাৱস্থাৰ সাত মাহ, ন মাহত সকাম পতা আদি), লোকবিশ্বাস (যেনে— সন্তানসম্ভৱা মহিলাক অমিতা, মাটিকঁঠাল খাবলৈ বাৰণ কৰা, প্ৰাণী বধ কৰিবলৈ বাধা প্ৰদান, সন্তান জন্মৰ লগে লগে দুৱাৰমুখত বগৰীজেং, তাঁতশালৰ ছিৰি ৰখা, সৰিয়হ, লোহানিৰ্মিত কটাৰীজাতীয় অস্ত্ৰ প্ৰসূতিৰ লগত ৰখা আদি) তথা বিভিন্ন লোক-বাক্‌ভংগী প্ৰচলিত হৈ আহিছে। সাধাৰণতে দেখা যায় যে, এনেধৰণৰ লোকাচাৰ, লোক-বাক্‌ভংগীসমূহ ঘাইকৈ নাৰীসমাজৰ মাজত প্ৰচলিত; ইয়াত পুৰুষৰ অংশগ্ৰহণ অতি সীমিত। ইয়াৰ অন্তৰালত অসমীয়া লোকসমাজৰ সামাজিক লিংগ নিৰ্মাণৰ প্ৰসংগ অন্যতম কাৰক হিচাপে ক্ৰিয়াশীল হৈ আছে বুলি ধাৰণা কৰিব পৰা যায়। কিয়নো অসমীয়া লোকসমাজে ব্যক্তিৰ সামাজিক পৰিচয় আৰু স্থিতি নিৰ্মাণৰ ক্ষেত্ৰত নাৰী আৰু পুৰুষৰ বাবে সুকীয়া সুকীয়া ধাৰণাৰ পোষকতা কৰি আহিছে।[১] পৰম্পৰাগতভাৱে অসমীয়া লোক-সমাজত প্ৰচলিত এনে ধাৰণাৰ বাবেই নাৰী এগৰাকীৰ গৰ্ভাৱস্থা আৰু প্ৰসৱকালীন সময়খিনিৰ

সৈতে জড়িত বিষয়সমূহকো পুৰুষসকলৰপৰা আঁতৰাই কেৱল নাৰীসকলৰ মাজতে সীমাবদ্ধ থাকিবলগীয়া বিষয় হিচাপে গণ্য কৰা হৈছিল। সন্তান জন্মৰ পূৰ্বে আয়োজন কৰা ন-মহীয়া অনুষ্ঠানত সন্তানসম্ভৱা নাৰী এগৰাকীক পিৰালিৰ কুকুৰ-মেকুৰীয়ে গম নোপোৱাকৈ প্ৰসৱ হ'বলৈ দিয়া আশীৰ্বাদৰ প্ৰসংগ এইক্ষেত্ৰত বিশেষভাৱে লক্ষ্যণীয়।[২]

বিশ্ব স্বাস্থ্য সংস্থাই ২০২৩ বৰ্ষত আগবঢ়োৱা মত অনুসৰি স্বাস্থ্যৰ ধাৰণাই এজন ব্যক্তিৰ শাৰীৰিক, মানসিক আৰু সামাজিক ৰোগহীনতাক নিৰ্দেশ কৰে।[৩] আনহাতে, সাম্প্ৰতিক সময়ত সৰ্বভাৰতীয় পৰ্যায়ত প্ৰসূতি আৰু শিশুৰ মৃত্যুৰ হাৰ অসমত সৰ্বাধিক বুলি স্বাস্থ্যবিষয়ক গৱেষণাসমূহত প্ৰকাশ পাইছে।[৪] এনে প্ৰেক্ষাপটত অসমীয়া লোকসমাজৰ লগতে অসমৰ জনজাতীয় লোকসমাজত নাৰী এগৰাকীৰ গৰ্ভধাৰণ, প্ৰসৱ আৰু প্ৰসৱোত্তৰ কালক কিদৰে গ্ৰহণ কৰা হয় তথা প্ৰসূতিৰ স্বাস্থ্যক প্ৰত্যক্ষ আৰু পৰোক্ষভাৱে প্ৰভাৱান্বিত কৰা দিশসমূহক বিশ্লেষণ কৰাৰ অৱকাশ আছে।

ভাৱৰ আদান-প্ৰদানৰ সুচলতা প্ৰদানৰ লগতে ভাষাই একোখন সমাজৰ মনস্তত্ত্বকো প্ৰতিফলিত কৰে। অৰ্থাৎ ভাষাই দুটা স্তৰত কাৰ্য সাধন কৰে। ইয়াৰে প্ৰথম স্তৰত ভাষাই, ভাৱৰ আদান-প্ৰদানৰ মাধ্যম হিচাপে আৰু দ্বিতীয় স্তৰত, সামাজিক প্ৰমূল্য বহনকাৰী মাধ্যম হিচাপে কাৰ্য সাধন কৰে। ভাষাই দ্বিতীয় স্তৰত সাধন কৰা কাৰ্যক সমাজ-ভাষাবিজ্ঞানৰ পৰিসৰত অধ্যয়ন কৰা হয়। সমাজ-ভাষাবিজ্ঞানে ভাষাই বহন কৰা সামাজিক প্ৰমূল্যক বিশ্লেষণ কৰিবৰ বাবে একোখন সমাজৰ সামাজিক-সাংস্কৃতিক প্ৰেক্ষাপটক আধাৰ হিচাপে গ্ৰহণ কৰে। ৰিচার্ড এম. ডৰচনে লোকসাহিত্যৰ বিভাজন কৰিবলৈ গৈ প্ৰবাদ, প্ৰবচন, লোকোক্তি আদিক লোকভাষা বা লোক-বাক্‌ভংগী হিচাপে লোকসাহিত্যৰ ক্ষুদ্ৰ বিভাগ (Minor Genre)ৰূপে নিৰ্দেশ কৰিছে।[৫] এনেবোৰ সমলক বিশেষ একোখন লোকসমাজৰ আধাৰত বিচাৰ কৰিলেহে সেই লোকসমাজৰ জীৱন-বীক্ষা, বিশ্ব-বীক্ষা আৰু লোক-প্ৰজ্ঞাক সঠিকভাৱে বিশ্লেষণ কৰিব পৰা যায়। সেয়েহে লোক- বাক্‌ভংগীক সমাজ ভাষাবিজ্ঞান আৰু লোকসংস্কৃতি অধ্যয়নৰ মধ্যৱৰ্তী বিষয় হিচাপে বিশ্লেষণ কৰা হয়। সেই দিশৰপৰা অসমীয়া লোকসমাজত প্ৰচলিত প্ৰবাদ, প্ৰবচন, ফকৰা-যোজনা, ডাকৰ বচন আদিক লোক-বাক্‌ভংগীৰ সমল হিচাপে বিশ্লেষণ কৰিব পৰা যায়। উদাহৰণস্বৰূপে অসমীয়া লোকসমাজত নাৰীৰ গৰ্ভধাৰণৰপৰা প্ৰসৱোত্তৰ কালছোৱালৈকে— এই সময়খিনিক বুজাবৰ বাবে পৰম্পৰাগতভাৱে ভালেসংখ্যক প্ৰকাশভংগী ব্যৱহৃত হৈ আহিছে, যাৰ আধাৰত অসমীয়া লোকসমাজে গৰ্ভধাৰণ আৰু প্ৰসৱকালীন সময়খিনিৰ প্ৰতি পোষণ কৰা ধাৰণাক সহজে অনুধাৱন কৰিব পৰা যায়।

০.০১ পূৰ্বকৃত সাহিত্য-সমীক্ষা ঃ

অসমীয়া প্ৰবাদ-প্ৰবচন, ফকৰা-যোজনা, জতুৱা খণ্ডবাক্যবিষয়ক সমলৰ পদ্ধতিগত সংগ্ৰহ মিছনেৰিসকলৰ দিনৰেপৰা আৰম্ভ হৈছিল। বৰ্তমান সময়লৈকে লোক-সাহিত্যৰ এই বিভাগটিৰ সন্দৰ্ভত ১৮৭৭ চনত শিৱসাগৰৰপৰা প্ৰকাশিত শ্ৰীমতী এইচ্ বি এল কট্টাৰৰ *Phrases in English and Assamese* শীৰ্ষক অধুনালুপ্ত গ্ৰন্থখনকে এই দিশৰ প্ৰথম চৰ্চা হিচাপে ধৰা হয়।[৬] পৰৱৰ্তী সময়ত, কেপ্তেইন পি. আৰ. গৰ্ডনৰ ১৮৯৬ চনত প্ৰকাশিত *Some Assamese Proverbs* গ্ৰন্থখনে বিজ্ঞানসন্মত তথা পদ্ধতিগতভাৱে ফকৰা-যোজনাসমূহক আলোচনা কৰে। তেওঁ মুঠ ৩৬০টা ফকৰা-যোজনা সংগ্ৰহ কৰি ন-টা ভাগত ভগাই আলোচনা কৰিছে। এনেদৰে আলোচনা কৰোঁতে তেওঁ ৰোমান আৰু অসমীয়া লিপিৰে ফকৰা-যোজনাসমূহ লিপিবদ্ধ কৰি অৰ্থবোৰ ইংৰাজী ভাষাৰে বৰ্ণনা কৰিছে। ইয়াৰ

পাছৰেপৰা অসমীয়া ব্যক্তিসকলৰ উদ্যোগতো প্ৰবাদ-প্ৰবচন, ফকৰা-যোজনা আদি সংগ্ৰহ তথা প্ৰকাশ কৰা হয়।

এনে কেইখনমান লেখত ল'বলগীয়া তথা এই অধ্যয়নত প্ৰধান সমল হিচাপে গ্ৰহণ কৰা গ্ৰন্থ হৈছে— প্ৰফুল্ল চন্দ্ৰ বৰুৱাৰ *অসমীয়া প্ৰবচন*, চন্দ্ৰধৰ বৰুৱাৰ *ৰত্নকোষ* (প্ৰথম আৰু দ্বিতীয় খণ্ড), সৰ্ৱেশ্বৰ ৰাজগুৰুৰ *অসমীয়া প্ৰবাদ*, বেণুধৰ ৰাজখোৱাৰ *অসমীয়া খণ্ডবাক্য-কোষ*, হৰেন্দ্ৰনাথ শৰ্মাৰ *অসমীয়া বচন-ভঙ্গী*, অতুল চন্দ্ৰ বৰুৱাৰ *ডাকে বোলা শুনা উপায়*, নবীন চন্দ্ৰ শৰ্মা সম্পাদিত *ডাক প্ৰবচন আৰু ডাক পৰম্পৰা*। উল্লিখিত আটাইকেইখন গ্ৰন্থৰ ভিতৰত প্ৰফুল্ল চন্দ্ৰ বৰুৱাৰ *অসমীয়া প্ৰবচন* গ্ৰন্থখন ত্ৰিভাষিক। এই গ্ৰন্থখনত অসমীয়া ভাষাৰ প্ৰতিটো প্ৰবচন ইংৰাজী আৰু সংস্কৃত ভাষালৈ অনুবাদ কৰি প্ৰকাশ কৰা হৈছে। উল্লেখযোগ্য যে, গ্ৰন্থখনত সন্নিৱিষ্ট প্ৰতিটো প্ৰবচন দেৱনাগৰী লিপিলৈকো লিপ্যন্তৰ কৰা হৈছে। মুখ্য সমল হিচাপে গ্ৰহণ কৰা এই গ্ৰন্থসমূহত নাৰীৰ গৰ্ভধাৰণ, প্ৰসৱ আৰু প্ৰসৱোত্তৰ কালৰ সৈতে জড়িত ভালেখিনি ফকৰা-যোজনা, প্ৰবাদ আদি সন্নিৱিষ্ট হৈছে।

লোক-সংস্কৃতি আৰু সমাজ-ভাষাবিজ্ঞানৰ তাত্ত্বিক অধ্যয়নৰ বাবে গ্ৰহণ কৰা Richard M. Dorson সম্পাদিত *Folklore and Folklife: An Introduction*, Jane Sunderland অৰ *Language and Gender*, Peter Trudgill ৰ *Sociolinguistics*, আশিষ কুমাৰ দে আৰু সনৎ কুমাৰ মিত্ৰ সম্পাদিত *লোকভাষা* শীৰ্ষক গ্ৰন্থৰ সহায় লোৱা হৈছে। এই সকলো গ্ৰন্থতে লোক-বাকভংগীৰ প্ৰয়োগৰ সৈতে সমাজ-মনস্তত্ত্বৰ সম্পৰ্কক ভিন্ন দিশৰপৰা বিশ্লেষণ কৰা হৈছে।

০.০২ উদ্দেশ্য আৰু লক্ষ্য ঃ

এই অধ্যয়নে গুৰুত্ব দিবলগীয়া উদ্দেশ্য আৰু লক্ষ্যসমূহ হৈছে—

(ক) অসমীয়া লোকসমাজত নাৰীৰ গৰ্ভধাৰণ, প্ৰসৱ আৰু প্ৰসৱোত্তৰ কালক বুজাবৰ বাবে প্ৰয়োগ হোৱা সুকীয়া সুকীয়া বৈশিষ্ট্যপূৰ্ণ লোক বাক্‌ভংগীৰ প্ৰয়োগৰ অন্তৰালত নিহিত সমাজ-মনস্তাত্ত্বিক কাৰকসমূহৰ বিশ্লেষণ।

(খ) সামাজিক লিংগ আধা�ৰিত ভাষা হিচাপে এনেধৰণৰ লোক বাক্‌ভংগীৰ প্ৰয়োগ বিশ্লেষণ।

(গ) অসমীয়া ভাষাৰ জতুৱা প্ৰকাশ-ভংগী হিচাপে প্ৰবাদ-প্ৰবচন, ফকৰা-যোজনা আদিৰ প্ৰয়োগ বৈচিত্ৰ্য বিচাৰ।

০.০৩ পূৰ্বানুমান ঃ

এই অধ্যয়নে উন্মোচিত কৰিবলগীয়া দিশসমূহ হৈছে—

(ক) অসমীয়া ভাষাত গৰ্ভধাৰণ, প্ৰসৱ আৰু প্ৰসৱোত্তৰ কালক বুজাবৰ বাবে প্ৰয়োগ হোৱা লোক-বাক্‌ভংগীৰ প্ৰয়োগ বৈচিত্ৰ্য।

(খ) সামাজিক লিংগ নিৰ্মাণৰ প্ৰসংগই এনে বাকভংগীত বিস্তাৰ কৰা প্ৰত্যক্ষ আৰু পৰোক্ষ প্ৰভাৱ।

(গ) অসমীয়া লোকসমাজত গৰ্ভৱতী মহিলা আৰু প্ৰসূতি স্বাস্থ্যৰ সৈতে লোকাচাৰ-লোকবিশ্বাস আৰু লোক-পৰম্পৰাসমূহ।

০.০৪ গৱেষণা পদ্ধতি ঃ

অধ্যয়নীয় বিষয়বস্তুক প্ৰতিষ্ঠাপন কৰিবলৈ আলোচ্য গৱেষণাপত্ৰখনত বিশ্লেষণাত্মক পদ্ধতি গ্ৰহণ কৰা হৈছে। আলোচনাৰ বাবে নিৰ্বাচন কৰা প্ৰবাদ-প্ৰবচন, ফকৰা-যোজনা আদি লোক-বাক্‌ভংগীৰ সমলসমূহক লোক-

সাংস্কৃতিক প্রেক্ষাপটৰ আধাৰত, সমাজ-ভাষাতত্ত্বৰ দৃষ্টিৰে বিশ্লেষণ কৰা হৈছে। আলোচনাৰ বাবে প্রয়োজনীয় তথ্য সংগ্রহৰ বাবে মুখ্য সমল হিচাপে তথ্যদাতাৰপৰা সংগৃহীত তথ্য আৰু নির্বাচিত লোক-বাক্‌ভংগীবিষয়ক গ্রন্থক গ্রহণ কৰাৰ বিপৰীতে বিভিন্ন ছপা গ্রন্থ-আলোচনী, জার্ণেল, ৱেবছাইট, ই-বুক আদিত প্রকাশিত তথ্যক গৌণ সমল হিচাপে গ্রহণ কৰা হৈছে। তথ্যদাতাৰপৰা সমল সংগ্রহ কৰিবৰ বাবে প্রত্যক্ষ মৌখিক সাক্ষাৎকাৰ পদ্ধতি গ্রহণ কৰা হৈছে। **কেতবোৰ প্রবাদ-প্রবচনৰ ক্ষেত্রত লিখিত গ্রন্থত বহু বর্ণাশুদ্ধি পৰিলক্ষিত হয় যদিও এই আলোচনাত তেনে ভুলসমূহ শুদ্ধ নকৰি আখৰ-জোঁটনি মূল ৰূপত ৰখা হৈছে।**

১.০০ মূল আলোচনা ঃ

পৰম্পৰাগত অসমীয়া সমাজ-ব্যৱস্থাত গৃহস্থালি এখন সুচলতাৰে পৰিচালনা কৰাৰ ক্ষেত্রত নাৰীসকলে গুৰুত্বপূর্ণ ভূমিকা পালন কৰি আহিছে। অসমীয়া লোকসমাজে গৃহস্থালি এখন নিপুণতাৰে পৰিচালনা কৰাৰ বাবে অপৰিহার্য ৰোৱা-বোৱা-কটাকে ধৰি ঘৰুৱা কাম-কাজৰ নিপুণতাৰ লগতে সন্তান জন্ম-প্রতিপালনক নাৰীৰ প্রধান কর্মক্ষেত্র হিচাপে নিৰূপণ কৰিছে।[৭] চাৰিত্রিক দিশৰপৰা অসমীয়া লোকসমাজ পুৰুষতান্ত্রিকতাৰ প্রভাৱপুষ্ট হোৱা বাবে অসমীয়া সমাজ-ব্যৱস্থাত নাৰীৰ উপস্থাপন আৰু নাৰীৰ স্থিতি— এই দুয়োটা দিশৰে বৈশিষ্ট্যপূর্ণ প্রকাশ লক্ষ্য কৰা যায়। ইয়াৰ অন্যতম নিদর্শন হৈছে— নাৰীবিষয়ক অসমীয়া লোক-বাক্‌ভংগীৰ সমলসমূহ। লোকসমাজত পৰম্পৰাগতভাৱে প্রচলিত লক্ষ্মী- অলক্ষ্মী বা সুলক্ষণীয়া আৰু কুলক্ষণীয়া বা লাগী-এলাগী নাৰীৰ ধাৰণাৰ প্রতিস্থাপন, উদাহৰণস্বৰূপে— ডাকৰ বচনত উল্লেখ থকা *উচল চাল, দাতিনী তিৰী, সিতো গৃহস্থৰ নাহিকে চিৰী।।... মূৰ পিঠি থেপেকা ভিসন। সিটো তিৰী বৰ কুলক্ষন।।*[৮] অথবা *সম দন্ত লাৱন্য মাত/ গৃহে বাতি সন্ধ্যা বেলাত/ ৰন্ধন কৰে বচন মিষ্ট/ সেহি গৃহিনি বুলিবা ইষ্ট । সাসুৰিত পুচি কৰে আয় ব্যয়। সি নাৰিক সদা লক্ষ্মী নাচাড়য়।।*[৯]; নাৰী চৰিত্র আৰু নাৰীৰ স্বাস্থ্য বিচাৰ, যেনে ঃ *ঘোৰাক চিনি কাণত, তিৰিক চিনি ঠানত, খুৰক চিনি শালত ; A horse is known by his ears, A women in times of adversity, And a razor on a whetstone*[১০], *যতেক সুন্দৰী নাৰী, ততেক অনর্থকাৰী*[১১]; নাৰীৰ সামাজিক স্থিতি, যেনে— *সর্ব্ব সুলক্ষনী তাই, পাটিটো মুতে চৰুটো খাই ।A paragon of a wife, she spoils the bed and eats from the cooking pot.* [১২], *তিৰিক মিলে, মিৰি কিলে। When the Miri meets his wife, he beats her.*[১৩], *বেটিয়ে ভাঙ্গিলে কটৰা, গড়গাঁও পালেহি বতৰা, ঘৈণীয়ে ভাঙ্গিলে কাঁহি, ঠলে মুচুকাই হাঁহি। The maid-servent broke a cocanut shell, and the news spread to Gargao. The wife broke a brass plate, and the result was only a smile.*[১৪], *বিধতাই দিলেও তিৰুতাই নিদিয়ে। Although Bidhata (the law-giver) gave, the wife does not.*[১৫], *ঠুপৰীৰ পৈ, মাজে ফুটা চৈ, কাতি খাই কটনা, এই তিনি চাৰি জমৰ জতনা। To be the husband of a worthless women, a cart-covering with a hole in the middle of it, a hired weaver, These three are the agony of death.*[১৬], *বেটীক মাৰি বোৱাৰীক চকোৱা* [১৭] আদি সমলসমূহৰ জৰিয়তে অসমীয়া লোকসমাজৰ নাৰীবিষয়ক সমাজ-মনস্তত্ত্বক বিশ্লেষণ কৰিব পৰা যায়। তদুপৰি, অসমীয়া লোকসমাজত প্রচলিত লিংগভিত্তিক ভাষিক পার্থক্যয়ো অসমীয়া লোকসমাজৰ গাঁথনিক দিশক প্রতিফলিত কৰে— যাৰ আধাৰত নাৰী এগৰাকীৰ গর্ভধাৰণৰপৰা প্রসৰোত্তৰ কালক বুজাবৰ বাবে প্রয়োগ কৰা লোক-বাক্‌ভংগীক বিশ্লেষণ কৰিব পৰা যায়।

১.০১ অসমীয়া লোকসমাজত প্রচলিত গর্ভধাৰণ আৰু প্রসৰকালীন সময়ৰ সৈতে জড়িত লোক-বাক্‌ভংগীক নাৰী এগৰাকীৰ শাৰীৰিক স্থিতি অনুসৰি পাঁচটা স্তৰত ভাগ কৰিব পৰা যায়।[১৮] যথা ঃ

(ক) গর্ভ সঞ্চাৰ বা গর্ভধাৰণৰ সৈতে জড়িত;
(খ) গর্ভ ধাৰণৰপৰা প্রসৰৰ সময়লৈকে জড়িত;
(গ) গর্ভপাতৰ সৈতে জড়িত;
(ঘ) প্রসৰৰ সৈতে জড়িত;
(ঙ) প্রসৰোত্তৰ কালৰ সৈতে জড়িত আদি।

(ক) গর্ভসঞ্চাৰ বা গর্ভধাৰণৰ সৈতে জড়িত ঃ

সন্তানে গর্ভত থিত লোৱা সময়খিনিক বুজাবলৈ ব্যৱহাৰ কৰা বাক্‌ভংগীক এই শাখাত আলোচনা কৰা হৈছে। উদাহৰণস্বৰূপে— গাত লেঠা লাগ/ গাত হ/ (গাত) কিবা হ (গর্ভ সঞ্চাৰ হ), গা বান্ধোন/ গা বন্দী/গা ভৰুণ/ গা ভাৰী/ গা নৰিয়া হ (সগর্ভা হ), গা-মূৰ নোধো (গর্ভৱতী হ), পেট সাঁচ (সগর্ভা হ), পেট হ (গর্ভৱতী হ), গা বন্ধ হ (সন্তানে গর্ভত থিত লোৱা বাবে মাহিলী ৰক্তস্রাৰ নোহোৱা হ)।

(খ) গর্ভধাৰণৰপৰা প্রসৰৰ সময়লৈকে জড়িত ঃ

গর্ভধাৰণৰপৰা সন্তান প্রসৰ হোৱালৈকে সমগ্র সময়খিনিক বুজাবলৈ প্রয়োগ কৰা বাক্‌ভংগীক এই শাখাত বিভক্ত কৰা হৈছে। এনে প্রকাশভংগী হৈছে— এক মৰণাত পৰ্ (মৰণৰ বাট পা, গর্ভৱতী হ), গা চুৱা যা (প্রসৰৰ পূর্বে স্রাৱ হ), গাঁজি-গুড়া খোৱা (সগর্ভা নাৰীক পঞ্চামৃতকে ধৰি পুষ্টিকৰ খাদ্য খাবলৈ দে), জেউৰা দে/ খা[১৯] (গর্ভৱতী তিৰোতাক পাঁচমাহত পঞ্চামৃত হিচাপে পুষ্টিকৰ আহাৰ খাবলৈ দে), সাৰ খোৱা[২০] (গর্ভধাৰণৰপৰা সাত মাহত গর্ভৱতী নাৰীগৰাকীক পুষ্টিকৰ আহাৰ খাবলৈ দিয়া পৰম্পৰা), খোৱনী দে[২১] (গর্ভধাৰণৰপৰা ন মাহত গর্ভৱতী নাৰীগৰাকীক পুষ্টিকৰ আহাৰ খাবলৈ দি সুকলমে সন্তান প্রসৰ কৰিবলৈ আশীর্বাদ দিয়া পৰম্পৰা), গা জিলিক (সগর্ভা হোৱাৰ চিন প্রকট হ), গাত থাক (গর্ভত সন্তান থাক), মাটি খা (পুষ্টিহীনতাত ভোগা মহিলাই গর্ভধাৰণ কালত বেৰৰ মাটি, খোলাকটি, এঙাৰ আদি অখাদ্য ভক্ষণ কৰ), গা ভৰ হ (গর্ভাৱস্থাৰ শেষৰফালে সন্তান পৈণত হ), গা-মুখ ভাগ (সন্তান জন্মৰ সময় উপস্থিত হ)।

(গ) গর্ভপাতৰ সৈতে জড়িত ঃ

গর্ভপাত বা গর্ভত থিত লোৱা সন্তান কিবা কাৰণত নষ্ট হৈ যোৱা অর্থ প্রকাশক বাক্‌ভংগীৰ প্রচলনো অসমীয়া লোকসমাজত দেখা যায়। উদাহৰণস্বৰূপে— গা খহ বা খহা (আপোনা-আপুনি গর্ভপাত হোৱা বা দৰৱ-জাতিৰ প্রয়োগৰে বলপূর্বকভাৱে গর্ভপাত কৰা), গা ব/ যা/ গা সুৰ/ গা সুৰি যা/ গা ৰজস যা (গর্ভৱতী অৱস্থাত ৰক্তস্রাৰ হ), গা ৰ (গর্ভাৱস্থা বা প্রসৰোত্তৰ কালত হোৱা ৰক্তস্রাৰ বন্ধ হ), নষ্ট হ (গর্ভস্থ সন্তানৰ মৃত্যু হ), বেয়া বা বইয়া হ/বঙহ য'[২২] (গর্ভ নষ্ট হ)।

(ঘ) প্রসৰৰ সৈতে জড়িত ঃ

সন্তান এটি প্রসৰ হোৱাৰ পূর্বে নাৰী এগৰাকীৰ শাৰীৰিক-মানসিক স্থিতিপ্রকাশক ভালেমান বাক্‌ভংগীৰ প্রয়োগ দেখা যায়। উদাহৰণস্বৰূপে— গা বেয়া কৰ/ বিষ আহ /বিষ মাৰ (প্রসৰ-বেদনা আৰম্ভ হ), ওপ্‌ৰা বেদ্‌না

/বিষ[২৩] (প্রসৱৰ সময় কাষ চপাৰ লগে লগে নাৰীগৰাকীয়ে অনুভৱ কৰা কম পৰিমাণৰ প্রসৱ বেদনা,) গা লৰ (প্রসৱৰ সময় উপস্থিত হ), চেৰাশালিত পৰ (প্রসৱৰ কাল উপস্থিত হ), গা যা / পানী ভাগ / গা ভাগ / তেজ ভাঙ[২৪] (সন্তান প্রসৱৰ সময় উপস্থিত হ'লে হোৱা স্রাৱ নিঃসৰণ), ভাল হ (সুকলমে প্রসৱ কার্য সম্পন্ন হ), আগ লেঠা গুছা/ আগ শূল আহ (প্রসৱৰ অনতিপলমে হোৱা ৰক্তস্রাৱ), ফুল সৰ/ফুল বাজ হ[২৫], পাছ আহ / পাছ-কঠা বাজ হ [২৬] (জৰায়ুৰ ভিতৰত সন্তানে থিত লোৱা মোনাসদৃশ অংশটো বাহিৰ হ), জলমোনা[২৭] (গর্ভস্থ সন্তানক আৱৰি ৰখা পানীৰ মোনা), গেঁৰ খহা[২৮] (প্রসৱ হোৱা), নাই কাট /নাড়ী কাট (মাতৃ আৰু সন্তান সংলগ্ন হৈ থকা নাড়ী ছেদ কৰ), ল'ৰা ফুকা (প্রসৱ হ), ধেন দে (প্রসৱ হোৱা অর্থবাচক নিন্দাসূচক প্রয়োগ। সাধাৰণতে গৰু, ম'হ আদি জন্তুৰ প্রসৱ বুজাবলৈ প্রয়োগ হয়), গা এৰ/ গা সাৰ (প্রসৱ কার্য সমাপন হ), গা খালী বা খালাচ হ (প্রসৱ কার্য সম্পন্ন হ), পুৰুষৰ ৰণ, তিৰীৰ বিয়ন।

(ঙ) প্রসৱোত্তৰ সময়ৰ সৈতে জড়িত ঃ

গা এফলীয়া হোৱা (নিৰাপদে সন্তান প্রসৱ কৰি নিজে ৰক্ষা পোৱা), নাড়ী সৰ্ (মাতৃৰ সৈতে সংযোগ হৈ থকা নাড়ী ছেদ কৰাৰপাছত সন্তানৰ গাত লাগি থকা নাড়ী অংশ শুকাই খহি পৰা), জাল খা, এঘাৰ দিনীয়া ওলা (প্রসৱ হোৱাৰপৰা এঘাৰ দিনৰ অন্তত গা-মূৰ ধুই শুচি হোৱা), পোৱাঁতীৰ খক/ পোৱাঁতীৰ ভোক (সন্তান জন্মৰ পিছত বৰকৈ লগা ভোক), বাজলৈ ওলা (সদ্যোজাত সন্তানৰ নাড়ী সৰাৰ পাছত মাক আৰু সন্তানক প্রথম সূর্যৰ পোহৰ দেখা), পিয়াহ শিৰা/ শিৰ-কোব (দুগ্ধপান কৰাই থকা মহিলাৰ স্তনত বিষ হোৱা ৰোগবিশেষ), বাজীয়ে নুবুজে পোৱাঁতীৰ মোল।[২৯]

২.০০ অসমীয়া লোক-সমাজত পৰম্পৰাগতভাৱে প্রচলিত এনে বাক্‌ভংগীৰ প্রয়োগ-শৈলীক সমাজ-মনস্তাত্ত্বিক দিশৰপৰা বিশ্লেষণ কৰোঁতে এনেদৰে ভাগ কৰিব পাৰি ঃ

(ক) লোক-সাংস্কৃতিক সমল,
(খ) প্রসূতি-স্বাস্থ্য আৰু প্রসূতি-মৃত্যুৰ সৈতে জড়িত,
(গ) সামাজিক টেবু,
(ঘ) লিংগভিত্তিক ভাষা,
(ঙ) নিন্দা বা ব্যংগার্থসূচক প্রয়োগ আদি।

(ক) লোক-সাংস্কৃতিক সমল ঃ

এনে বাক্‌ভংগীৰ সৈতে অসমীয়া লোকসমাজত সততে ক্রিয়াশীল হৈ থকা সামাজিক-সাংস্কৃতিক বিশ্বাস, লোকাচাৰ আদি জড়িত হৈ থকা পৰিলক্ষিত হয়। উদাহৰণস্বৰূপে—

কাউৰী বাঁজী ঃ কাউৰীয়ে জীৱনত এবাৰহে বিয়া কৰায় বুলি অসমীয়া লোক-সমাজত প্রবাদ আছে। এতেকে এটা সন্তানৰ পাছত দুনাই সন্তান নোহোৱা তিৰোতাক বুজাবলৈ এই পদ ব্যৱহাৰ কৰা হয়। (তুল. সংস্কৃতৰ কাকবন্ধ্যা)।

... দুষ্টা ভনীৰ নহ'বা ভাই, ঘন পোৱাঁতীৰ নহ'বা জোঁৱাই[৩০] ঃ লোক-সমাজৰ মত অনুসৰি, দুটা সন্তানৰ মাজত উপযুক্ত সময়ৰ ব্যৱধান থাকিলেহে মাতৃ তথা সন্তানৰ সুস্বাস্থ্য অটুট থাকে। আধুনিক চিকিৎসাবিজ্ঞানেও এই প্রসংগত সহমত প্রকাশ কৰে। সাধাৰণতে খুব কম সময়ৰ ব্যৱধানত জন্ম পোৱা শিশু চিৰ-ৰুগীয়া আৰু দুর্বল হোৱা

দেখা যায়। আনহাতে মাতৃ স্বাস্থ্যৱান হ'লেহে শিশু স্বাস্থ্যৱান হ'ব। যদি মাতৃগৰাকী ৰুগীয়া, দুর্বল হয়, তেন্তে শিশুও নিশকতীয়া হ'ব। সেয়েহে ডাকৰ বচনৰ জৰিয়তে লোক-সমাজত প্রচলিত প্রজনন আৰু বংশৰক্ষাবিষয়ক অভিজ্ঞতা প্রকাশ পাইছে।

(খ) প্রসূতি-স্বাস্থ্য আৰু প্রসূতিৰ মৃত্যুৰ সৈতে জড়িত ঃ এনে বাক্‌ভংগীয়ে গর্ভৱতী নাৰী আৰু প্রসূতিৰ স্বাস্থ্যৰ সৈতে জড়িত দিশসমূহক প্রতিফলিত কৰে। উদাহৰণস্বৰূপে—

মাটি খা ঃ গর্ভৱতী নাৰী এগৰাকী আৰু গর্ভস্থ সন্তানৰ সুস্বাস্থ্যৰ বাবে সুষম তথা পুষ্টিকৰ আহাৰ অতিকৈ প্রয়োজনীয়। কেতিয়াবা এনে মহিলাই গ্রহণ কৰা আহাৰৰ পুষ্টিগুণৰ তাৰতম্য হ'লে শৰীৰত বিভিন্ন খনিজ লৱণ, ভিটামিন আদিৰ অভাৱে দেখা দিয়ে। তদুপৰি গর্ভধাৰণৰ বাবে শৰীৰত হোৱা হ'ৰমনৰ তাৰতম্যৰ বাবেও কেতিয়াবা সগর্ভা মহিলা এগৰাকীয়ে পুষ্টিহীনতা আৰু খনিজ লৱণ, ভিটামিন আদিৰ অভাৱত ভোগে। এনেক্ষেত্রত, বিশেষকৈ দেহত আয়ৱনৰ অতিমাত্রা অভাৱ হ'লে মহিলাগৰাকীৰ বেৰৰ মাটি, খোলাকটি, এণ্ডাৰ আদি অখাদ্য ভক্ষণ কৰাৰ তাড়না তীব্র হৈ পৰে আৰু তেনেধৰণৰ খাদ্য গ্রহণ কৰে।

গাঁজি-গুড়া খোৱা ঃ সগর্ভা নাৰীক পাঁচ মাহত দৈ, এঁৰা, ঘিঁউ, মৌ, চেনিৰে পঞ্চামৃত খাবলৈ দিয়া হয়। সেয়েহে অসমীয়া লোক-পৰম্পৰা অনুসৰি এনে নাৰীক পঞ্চামৃতকে ধৰি আন পুষ্টিকৰ খাদ্য খাবলৈ দিয়া প্রথাৰ প্রচলন আছে। গর্ভৱতী নাৰীৰ সু-স্বাস্থ্য কামনা কৰা এনে পৰম্পৰাক গাঁজি-গুড়া খোৱা বোলা হয়।

জেউৰা দে / জেউৰ গুড়ি খা ঃ নামনি অসমত প্রচলিত, সগর্ভা নাৰীক পঞ্চামৃত হিচাপে পাঁচ মাহৰপৰা বংশ-পৰিয়াল, গাঁৱৰ আত্মীয় পৰিয়ালৰ লোকে পুষ্টিকৰ খাদ্য খাবলৈ দিয়া পৰম্পৰাবিশেষ।

সাৰ খোৱা ঃ নামনি অসমত প্রচলিত গর্ভধাৰণৰপৰা সাত মাহত গর্ভৱতী নাৰীগৰাকীক পুষ্টিকৰ আহাৰ খাবলৈ দিয়া পৰম্পৰাবিশেষ।

খোৱনী দে ঃ নামনি অসমত প্রচলিত গর্ভধাৰণৰপৰা ন মাহত গর্ভৱতী নাৰীগৰাকীক পুষ্টিকৰ আহাৰ খাবলৈ দি সুকলমে সন্তান প্রসৱ কৰিবলৈ আশীর্বাদ দিয়া পৰম্পৰাবিশেষ।

পুৰুষৰ ৰণ, তিৰীৰ বিয়ন ঃ সাধাৰণতে দেশ ৰক্ষা তথা যুদ্ধ-বিগ্রহত অংশগ্রহণ কৰাৰ দায়িত্ব পুৰুষসকলে লাভ কৰে। এনেদৰে যুদ্ধ-বিগ্রহলৈ ওলাই যোৱা পুৰুষসকলৰ জীৱনৰ কোনো নিৰাপত্তা নাথাকে। তেওঁলোকে কেতিয়াবা ৰণথলীত মৃত্যুবৰণ কৰিবলগীয়াও হয়। একেদৰে গর্ভত সন্তান ধাৰণ কৰা নাৰী এগৰাকীৰ জীৱনো নিৰাপত্তাহীন হৈ পৰে। বহুক্ষেত্রত, প্রসৱকালীন জটিলতাৰ বাবে সন্তান জন্ম দিবলৈ যাওঁতে কেতিয়াবা এগৰাকী নাৰী মৃত্যুমুখত পৰিবলগীয়াও হয়। তুল. মুনিহৰ ৰণ তিৰীৰ বিয়ন, পুৰুষ মৰে ৰণে তিৰী মৰে বিয়নে।

এক মৰণাত পৰ্ / মৰণৰ বাট পা ঃ গর্ভস্থ সন্তানক সুকলমে প্রসৱ কৰিবলৈ যাওঁতে নাৰী এগৰাকীয়ে সাধাৰণতে ভালেখিনি শাৰীৰিক প্রত্যাহ্বান অতিক্রম কৰিবলগীয়া হয়। এনে পৰিস্থিতিত কোনো নাৰীয়ে কেতিয়াবা অকাল মৃত্যুক সাবটিবলগীয়াও হয়। সেয়েহে গর্ভত সন্তান ধাৰণ কৰাৰেপৰা সুকলমে প্রসৱ নোহোৱালৈকে মৃত্যুৰ ভয় জড়িত হৈ থাকে। সেয়েহে এই সময়ছোৱাক বুজাবলৈ এনেধৰণৰ বাক্-ভংগীৰ প্রয়োগ দেখা যায়।

ডাকৰ বচনত নৱজাতক আৰু প্ৰসূতিৰ যতন ঃ

ডাকৰ বচনক অসমীয়া লোকপ্ৰজ্ঞাৰ চানেকি হিচাপে বিবেচনা কৰিব পৰা যায়। অসমীয়া লোকসমাজৰ সৈতে জড়িত বিভিন্ন দিশৰ পৰম্পৰাগত জ্ঞানৰ আভাস ডাকৰ বচনত পোৱা যায়। এনে এক দিশ হৈছে নৱজাতক আৰু প্ৰসূতি-পৰিচৰ্যা। অসমীয়া লোক-সমাজত প্ৰসূতি আৰু সন্তানক জুইৰ সেক দিয়াৰ পৰম্পৰা প্ৰচলিত। তদুপৰি বিবিধ বনৌষধি যতনাই প্ৰসূতিক খাবলৈ দিয়াৰ ৰীতিও প্ৰচলিত। ডাকৰ বচনত এই লোকপ্ৰজ্ঞাৰ প্ৰতিফলন হিচাপে সন্তান জন্মৰ সময়ৰেপৰা নৱজাতক আৰু প্ৰসূতিক লোৱা যতন সম্পৰ্কে বিস্তৃত অভিজ্ঞতালব্ধ জ্ঞান সঞ্চিত হৈ আছে। উদাহৰণস্বৰূপে[৩১]—

... ...
ধুৱাই পখলাই কোলে লৈব জেবে।
ভালে ভালে ফুল পৰিব তেবে।।
হৰিধ্বনি কৰি নাভি কাটিবা।
দৃঢ় মুষ্টি কৰি গাঠি বান্ধিবা।।
গোবৰ সুঠি সুচলি কাঠ।
সেকিলে নাভি নহৱে অনাঠ।।
... ...
তিনি কাঠে কৰিয়া এক।
যেনে লাগে তেনে দিবা সেক।।
লোন ঝালুক দি খুৱাব ঝাল।
তেবে স্তন ৰস হুইবেক ভাল।।
ক'লা তুলসি বেলৰ পাত।
মুথা সমে খুন্দি পটাত।।
তপত কৰিয়া জননি খাইব।
তেবেসে জননি দৃঢ়ক পাইব।।
... ...
বাৰিপুষ্প ঝিণ্টিৰমূল খুদ্ৰ ৰাৰ্ত্তকি।
বাটিয়া খুৱাইব নাথাকে বাঙ্কি।।
অপৰাজিতা ইহৰতি ইহাৰ মূল।
জানি সুনি দিবা দসমূল।।
... ...
ঔসচ বাঝে মঙ্গল্য কৰি।
সূৰ্যক দেখাইবা নয়ন ভৰি।।

(গ) সামাজিক টেবু বা নিষিদ্ধ শব্দ ঃ টেবু বা নিষিদ্ধ শব্দই সামাজিকভাৱে সংচালনিকৈ প্ৰয়োগ কৰিব নোৱৰা শব্দ বা শব্দসমষ্টিক নিৰ্দেশ কৰে। নিষিদ্ধ শব্দৰ গাঁথনিক বিশেষত্বক সামাজিক বাধা-নিষেধ, লোক-পৰম্পৰা, লোকবিশ্বাস আদিয়ে প্ৰভাৱান্বিত কৰে। তদুপৰি, এনেধৰণৰ বাক্‌ভংগীৰ প্ৰয়োগ পৰিৱেশ আৰু পৰিস্থিতিনিৰ্ভৰ। অনুষংগ অবিহনে এনে বাক্‌ভংগীৰ প্ৰকৃত তাৎপৰ্য অনুধাৱন কৰাটো সম্ভৱপৰ নহয়। তদুপৰি, বিষয় বা পৰিস্থিতিৰপূৰ্বজ্ঞান অবিহনেও এনে বাক্‌ভংগীৰ প্ৰায়োগিক বিশেষত্ব উপলব্ধি কৰিব পৰা নাযায়। সেয়ে এনে বাক্‌ভংগীক শব্দাৰ্থতত্ত্বৰ পৰিসীমাত আলোচনা কৰা হয়। সাধাৰণতে, অসমীয়া লোকসমাজত প্ৰসৱ, গৰ্ভধাৰণ আৰু প্ৰসৱকালীন সময়ছোৱাৰ সৈতে জড়িত দিশসমূহক স্ত্ৰী-পুৰুষ নিৰ্বিশেষে উন্মুক্তভাৱে ব্যৱহাৰ কৰিব পৰা বিষয় বুলি ভবা নহয়। সেয়েহে এনেধৰণৰ বাক্‌ভংগী নিৰ্মাণৰ ক্ষেত্ৰত বিশেষত্বপূৰ্ণ প্ৰয়োগ দেখা যায়। উদাহৰণস্বৰূপে—

শৰীৰ অর্থবোধক *গা* শব্দৰ প্ৰয়োগ ঃ আলোচ্য বিষয়ৰ সৈতে জড়িত অসমীয়া লোক-বাকভংগীত *শৰীৰশব্দতকৈ* একে অর্থবোধক *গা* শব্দৰহে প্ৰয়োগ দেখা যায়। লক্ষণীয় যে এনে বাক্‌ভংগীত *গা* শব্দই দুটা অর্থ প্ৰকাশ কৰে। যেনে—

(অ) অভিধা অর্থ ঃ কিছুসংখ্যক বাক্‌ভংগীত *গা*শব্দই পোনপটীয়াকৈ শৰীৰ অর্থ বহন কৰে। উদাহৰণস্বৰূপে ঃ গাত লেঠা লাগ/ গাত হ/ (গাত) কিবা হ , গা বান্ধোন/ গা বন্দী/ গা ভৰুণ/ গা ভাৰী, গা খালী বা খালাচ হ আদি।

(আ) আৰোপিত অর্থ ঃ গা-মূৰ নোধো, গা-মুখ ভাগ, গা খহ বা খহা , গা ব/ যা/ গা সুৰ/ গা সুৰি যা/ গা ৰজস যা , গা ৰ, গা বেয়া কৰ, গা লৰ, গা যা / গা ভাগ, গা এৰ/ গা সাৰ আদি। এনে বাক্‌ভংগীত *গা* শব্দৰ অভিধার্থতকৈ লক্ষণার্থহে অধিক প্ৰকাশক্ষম ৰূপত উপস্থাপিত হয়।

(ই) শৰীৰৰ অংগ-প্ৰত্যংগৰ সৈতে জড়িত ঃ শৰীৰৰ অংগ-প্ৰত্যংগৰ সৈতে জড়িত শব্দৰ প্ৰয়োগো এনে বাক্‌ভংগীৰ অন্যতম বিশেষত্ব। উদাহৰণস্বৰূপে—

পেট ঃ পেট সাঁচ , পেট হ

নাড়ী ঃ নাই কাট /নাড়ী কাট আদি। উল্লেখযোগ্য যে, এনে বাক্‌ভংগীসমূহতো শৰীৰৰ অংগ-প্ৰত্যংগবাচক শব্দসমূহে অভিধার্থ এৰি লক্ষণার্থ গ্ৰহণ কৰে।

(ঘ) লিংগভিত্তিক ভাষা ঃ অসমীয়া লোকসমাজত নাৰীৰ সৈতে জড়িত এই বাক্‌ভংগীসমূহ সাধাৰণতে নাৰী সমাজত প্ৰয়োগ হয়। সেয়েহে এনে বাক্‌ভংগীক লিংগভিত্তিক ভাষা বুলিও অভিহিত কৰিব পৰা যায়।

(ঙ) নিন্দা বা ব্যংগার্থসূচক বাক্‌-ভংগী ঃ এনে বাক্‌ভংগীৰ জৰিয়তে অভিধা অর্থ এৰি আন অর্থৰে বিষয়বস্তুক উপস্থাপন কৰা হয়। উদাহৰণস্বৰূপে—

ধেন দে ঃ সাধাৰণতে গৰু-ম'হ আদি ইতৰ জন্তুৰে খুব সঘনাই, বছৰেকৰ মূৰতে পোৱালি জন্ম দিয়ে। ইয়াৰ বিপৰীতে মানৱ-সমাজত নাৰীগৰাকী আৰু সন্তানৰ সুস্বাস্থ্য কামনা বা প্ৰাকৃতিকভাৱেই সন্তান জন্মৰ মাজত সময়ৰ ব্যৱধান মানি চলা হয়; কিন্তু ইয়াৰ ব্যতিক্ৰমে, খুব কম সময়ৰ ব্যৱধানত একাধিক সন্তান জন্ম দিয়া নাৰীক বুজাবলৈ ঠাট্টাসূচকভাৱে এনে বাক্‌ভংগী ব্যৱহাৰ কৰা হয়।

নাগিনীয়ে ল'ৰা পালে, নগাই জাল খালে ঃ প্ৰসৱ-যন্ত্ৰণা অতিশয় পীড়াদায়ক। সন্তান জন্মৰ সময়ত হোৱা বিষ-কোপ কমিবৰ বাবে প্ৰসূতিক সন্তান জন্মৰপৰা তিনি দিনৰ দিনা কচুশাকৰ সৈতে বিভিন্ন বনৌষধি মিহলাই

সৰহীয়াকৈ জালুক দি আঞ্জা খাবলৈ দিয়া হয়। অসমীয়া লোকসমাজে বিশ্বাস কৰে এই আঞ্জা নাৰীগৰাকীক সোনকালে সুস্থ কৰি তোলাৰ লগতে সন্তানৰ বাবে অধিক দুগ্ধ উৎপাদনৰ সহায়ক হয়। নাগিনী অর্থাৎ, তিৰোতাগৰাকীয়ে কষ্ট কৰি সন্তান জন্ম দিলে; কিন্তু নগা অর্থাৎ তিৰোতাগৰাকীৰ স্বামীয়েহে জাল খাই গাৰ বিষ কমালে। এতেকে কোনো এটা কষ্টকৰ কামৰ ফল ভোগ কৰিবৰ পৰত, কষ্ট কৰাজনক নিলগতে ৰাখি আনে ওপৰতে কষ্ট কৰা যেন দেখুৱাই ফল ভোগ কৰা অর্থ প্রকাশ কৰিবলৈ এনে বাক্‌ভংগী ব্যৱহাৰ কৰা হয়।

চৈ খাই পৈ পাহৰা ঃ চৈ এবিধ লতাজাতীয় বনৌষধি। সন্তানসম্ভৱা নাৰীৰ লগতে গর্ভস্থ সন্তানৰ সুস্বাস্থ্যৰ বাবে জেউৰ গুড়ি খুৱাওঁতে চৈ লতাও দিয়া হয়। সন্তানসম্ভৱা নাৰীয়ে সাত মাহত চৈ খাবলৈ পাই গিৰিয়েকক পাহৰা অর্থত এই যোজনা প্রয়োগ কৰা হয়। অর্থাৎ লাভৰ আগন্তুক বা সম্ভাৱনা দেখি যাৰ নিমিত্তে সেই লাভ হ'বৰ উপক্রম হৈছে, তেওঁকে অৱহেলা কৰা। অতিশয় অকৃতজ্ঞজনৰ প্রসংগত এনে বাক্‌ভংগী ব্যৱহাৰ কৰা হয়।

নৌ দোহোঁতেই কঁৰীয়াই মাতে, নাই কাটোঁতেই মেদিনী ফাটে ঃ সাধাৰণতে কঁৰীয়াত কিছু পৰিমাণৰ গাখীৰ খীৰোৱাৰ পিছতহে গাখীৰৰ শব্দ হয়। সেয়ে গাখীৰ খীৰোৱাৰ আগতেই শব্দ হোৱাটো অ সম্ভৱ কথা। একেদৰে কেঁচুৰা এটা জন্মৰ পিছতেই কৰিবলগীয়া প্রথম আচাৰ হৈছে মাতৃ আৰু কেঁচুৰা সংলগ্ন হৈ থকা নাই বা নাড়ী কটা। সাধাৰণতে এই কামটোত কোনো আনুষ্ঠানিকতা পালন কৰা নহয়। এতেকে কোনো কার্যৰ আৰম্ভণি নহওঁতেই অতিপাত আড়ম্বৰপূর্ণ পৰিৱেশ সৃষ্টি কৰা প্রসংগত এনে বাক্‌ভংগী ব্যৱহাৰ কৰা হয়।

যমে টানে নিবলৈ, ল'ৰাই টানে পিবলৈ ঃ সন্তান জন্মৰ সময়খিনি এগৰাকী নাৰীৰ বাবে বৰ জটিল সময়। এই সময়খিনিতে এগৰাকী নাৰী জীৱন-মৰণৰ দোমোজাত উপনীত হোৱাৰ দৰে হয়। প্রসৱকালীন জটিলতাত পৰি মৃত্যুমুখত পৰিবলগীয়া হোৱা মাকগৰাকীৰ শাৰীৰিক স্থিতিৰ কোনো উমান নোপোৱা সদ্যজাত সন্তানে পিয়াহ খাবলৈ কান্দোন জোৰে। অর্থাৎ কোনো এক ডাঙৰ বিপদত বিতত হোৱা অৱস্থাতে আন কোনো সৰু অথচ এৰাব নোৱৰা লেঠাৰ বাবে অসহায় অৱস্থাৰ সৃষ্টি হোৱা অৱস্থা বুজাবলৈ এনে বাক্‌ভংগী প্রয়োগ কৰা হয়।

৩.০০ উপসংহাৰ ঃ

অসমীয়া লোকসমাজত গর্ভধাৰণ, প্রসৱ আৰু প্রসৱোত্তৰ কালবিষয়ক বাক্‌ভংগীসমূহৰ প্রায়োগিক বৈচিত্র্যলৈ লক্ষ্য কৰিলে দেখা যায় যে, এই বাক্‌ভংগীসমূহে নাৰী এগৰাকীৰ জীৱনৰ গুৰুত্বপূর্ণ সময় এছোৱাক সাৱলীলতাৰে প্রকাশ কৰে। যিহেতু গর্ভধাৰণৰ সৈতে যৌনতাৰ পোনপটীয়া সম্পর্ক আছে আৰু অসমীয়া লোকসমাজত যৌনতা আৰু যৌন জীৱনসম্পর্কীয় বিষয়সমূহক প্রায়ক্ষেত্রতে আবুৰত ৰখা হয়, তাৰ পৰিপ্রেক্ষিতত লোক সমাজত গর্ভধাৰণৰপৰা প্রসৱোত্তৰ সময়লৈকে— এই সমগ্র প্রক্রিয়াক সামাজিকভাৱে আলোচনা কৰিব পৰা বিষয় হিচাপে গণ্য কৰা নহয়। তদুপৰি, এই সমগ্র প্রক্রিয়া এগৰাকী নাৰীৰ সৈতে জড়িত হোৱাৰ বাবেও নাৰীসমাজৰ প্রত্যক্ষ আৰু পৰোক্ষ অংশগ্রহণ অধিক হোৱা পৰিলক্ষিত হয়। ফলস্বৰূপে সামাজিকভাৱে নিষিদ্ধ শব্দ বা টেবুৰূপে প্রয়োগ হোৱাৰ লগতে এনে বাক্‌ভংগীক লিংগভিত্তিক ভাষাশৈলী বুলিও অভিহিত কৰিব পৰা যায়।

৩.০১ সিদ্ধান্ত ঃ

(ক) অসমীয়া ভাষাৰ শব্দার্থতাত্ত্বিক অধ্যয়নত জতুৱা বাক্‌ভংগী হিচাপে এনে বাক্‌ভংগীৰ গুৰুত্ব অপৰিসীম।

(খ) পৰম্পৰাগত অসমীয়া সমাজ-মনস্তত্ত্ব আৰু লোক-চিকিৎসাবিষয়ক অধ্যয়নৰ যথেষ্ট সমল এনে বাক্‌ভংগীৰ সৈতে জড়িত হৈ আছে।

(গ) এনে বাক্‌ভংগীৰ প্রয়োগৰ অন্তৰালত সামাজিক টেবু বা নিষিদ্ধ শব্দ হিচাপে থকা ধাৰণাৰ প্রসংগ জড়িত হৈ থাকে।

(ঘ) অধিকাংশ বাক্‌ভংগী পৰিস্থিতি আৰু প্রসংগ-নির্ভৰ। পৰিস্থিতি আৰু প্রসংগৰ পূর্বজ্ঞান নাথাকিলে এনে বাক্‌ভংগীৰ অর্থবোধ সহজ নহয়। উদাহৰণস্বৰূপে, শৰীৰ অর্থবোধক *গা* শব্দৰ সৈতে জড়িত বাক্‌ভংগীৰ সংখ্যা অধিক; কিন্তু প্রায়ক্ষেত্রতে *গা* শব্দই নিজ অর্থ এৰি, পৰিস্থিতি-প্রসংগ অনুসৰি আন আন অর্থ গ্রহণ কৰিছে। যেনে ঃ গা ব (গর্ভৱতী অৱস্থাত ৰক্তস্রাৱ হ), গা ভাৰী (সগর্ভা) আদি।

(ঙ) সামাজিক লিংগ নির্মাণ প্রসংগৰ ক্রিয়াশীলতাই এনে লোক-বাক্‌ভংগী গঠনৰ অন্তৰালত কাৰক হিচাপে ক্রিয়াশীল হৈ আছে।

(চ) সাম্প্রতিক সময়ত এনে বাক্‌ভংগী প্রয়োগৰ ক্ষেত্রত সীমাবদ্ধতা পৰিলক্ষিত হয়। বিশেষকৈ ইংৰাজী ভাষাৰ conceive, miscarriage, pregnant/pregnancy, bleeding আদি প্রকাশভংগীৰ ব্যাপক প্রয়োগে অসমীয়া লোক-বাক্‌ভংগী ব্যৱহাৰৰ পৰিসৰ সংকুচিত কৰি আনিছে।

৩.০২ ভৱিষ্যৎ অধ্যয়নৰ সম্ভাৱনীয়তা ঃ আলোচ্য বিষয়সম্পর্কীয় এই অধ্যয়নে গৱেষণাৰ প্রাৰম্ভিক স্তৰকহে সামৰি লৈছে। সেয়েহে এই অধ্যয়নত আলোচ্য বিষয়ৰ সৈতে জড়িত সকলোবোৰ দিশ অধ্যয়নৰ পৰিসৰত সামৰা হোৱা নাই। এই অধ্যয়নত অন্তর্ভুক্ত নোহোৱা, অথচ অধ্যয়নৰ প্রচুৰ সম্ভাৱনা থকা বিশেষ দুটামান দিশ হৈছে—

(ক) বিস্তৃত পৰিসৰত নমুনা সংগ্রহ কৰি অসমীয়া ভাষাৰ ঔপভাষিক ৰূপ অনুসৰি গর্ভধাৰণ, প্রসৱ আৰু প্রসৱোত্তৰ সময়ৰ সৈতে জড়িত লোক-বাক্‌ভংগীৰ অঞ্চলভিত্তিক ভাষিক আৰু নন্দনতাত্ত্বিক বিশেষত্বসমূহ বিশ্লেষণ কৰিব পৰা যাব।

(খ) অঞ্চলভিত্তিক ভাষিক বিশেষত্বসমূহ বিচাৰ কৰোঁতে এই বাক্‌ভংগীসমূহৰ সৈতে জড়িত আঞ্চলিক বৈশিষ্ট্যসম্পন্ন সামাজিক সমলসমূহো বিশ্লেষণ কৰিব পৰা যাব।

(গ) অসমত প্রচলিত আন আর্যমূলীয় বা আর্যভিন্ন ভাষাসমূহত গর্ভধাৰণ, প্রসৱ আৰু প্রসৱোত্তৰ সময়ৰ ভিন্ন স্তৰক বুজাবলৈ কেনেধৰণৰ বাক্‌ভংগীৰ প্রচলন আছে, এই সম্পর্কে ক্ষেত্রভিত্তিক অধ্যয়নৰ সম্ভাৱনা আছে।

(ঘ) আলোচ্য বিষয়ৰ সৈতে জড়িত অসমীয়া লোক-বাক্‌ভংগী আৰু আন আর্যমূলীয় বা আর্যভিন্ন ভাষাৰ বাক্‌ভংগীৰ মাজত তুলনামূলক অধ্যয়নৰো সম্ভাৱনা আছে। এনে অধ্যয়নে অসমৰ জনজাতীয় আৰু অ-জনজাতীয় সমাজৰ ইতিপূর্বে আলোচিত নোহোৱা বিভিন্ন দিশক উন্মোচিত কৰিব।

প্রসংগ-সূত্র ঃ

১। অসমীয়া লোকসমাজত ল'ৰাক গুটি ধান, ছোৱালীক পতান ধানৰ লগত ৰিজোৱা বাক্‌ভংগীয়ে ইংগিত কৰে যে ল'ৰা বংশ ৰক্ষাৰ সৈতে জড়িত, কিন্তু ছোৱালীক বিয়া দিয়াৰ লগে লগে বংশ-গোত্ৰৰপৰাই বাদ দিয়া হয়। একেদৰে, ল'ৰাৰ জন্মত মাছ বিলোৱা, ছোৱালীৰ জন্মত ঢেঁকী দিয়া, কুলা কোবোৱাৰ পৰম্পৰা আদিকো সামাজিক লিংগ নির্মাণৰ প্রথমটো ঢাপ বুলি অভিহিত কৰিব পৰা যায়। এই ধাৰণাক লক্ষ্মীনাথ বেজবৰুৱাৰ আত্মজীৱনী *মোৰ জীৱন সোঁৱৰণ*(*বেজবৰুৱা ৰচনাৱলী*, প্রথম খণ্ড, পৃ.নং ৪)ত বেজবৰুৱাই নিজৰ জন্মৰ সময়ৰ প্রসংগত উল্লেখ কৰা— *আমাৰ আসামত ল'ৰা উপজিলে উৰুলি দিয়ে, শংখ-ঘণ্টা বজায়, বৰকাঁহ কোবায়; ছোৱালী উপজিলে ঢেকি কোবায়, কুলা বজায়...* — শীর্ষক বক্তব্যয়ো সমর্থন কৰে।

২। এই প্রসংগত লীলা গগৈৰ *নৈ বৈ যায়* উপন্যাসত (পৃ. নং ১৯৩) ন মাহত পতা প্রসূতি সবাহৰ অন্তত সুৱাগীক গোপিনীসকলে সন্তান সুকলমে জন্ম হ'বলৈ দিয়া আশীর্বাদ উল্লেখযোগ্য —*ঘৰৰ পিৱালিৰ কুকুৰেও যেন গম নেপায়। নিলগৰ টো নিলগতে মাৰ নিয়াই গা- খালি কৰায়*। একেখন উপন্যাসৰে, ১৯৪ পৃ.ত সন্তান জন্মৰ সময়ত প্রসৱ বেদনা সহ্য কৰিব নোৱাৰি চিঞৰ-বাখৰ কৰিলে প্রসূতিগৰাকীক সমাজত ঠাট্টা-মস্কৰা কৰাৰ উল্লেখো পোৱা যায়। লিখিত সাহিত্যত এই প্রসংগসমূহৰ উপস্থাপনে প্রসৱ আৰু প্রসূতিবিষয়ক লোকসমাজৰ মনস্তত্ত্বক প্রকাশ কৰিছে।

৩।Health is a state of complete physical,mental and social well-being and not merely absence of disease or infirmity.- https://www.who.int/data/gho/data/major-themes/health-and-well-being#:~:text =The%20WHO%20constitution%20states%3A%20%22Health,of%20mental%20disorders%20or%20disabilities. visited on 10/08/24 at 12.45 pm

৪। The infant mortality rate stands at 48 against the national average of 40. The situation is even worse in Under-Five mortality rate, which stands at 56. Though it has shown remarkable improvement from 84, registered in NFHS 3 of 2005-6. The maternal mortality rate in the State is highest in the country at 300 in 2011-13 as against national average of 167 out of per one lakh live births. https: //hfw.assam.gov.in/ frontimpotentdata/health-indicators-of-assam visited on 07/08/24 at 12.12 pm

৫। *Folklore & Folklife: An Introduction*, P.2

৬। *অসমীয়া খণ্ডবাক্য কোষ*, পৃ. ৩৮-৩৯

৭। সাম্প্রতিক সময়ত এই ধাৰণাৰ কিছু সালসলনি ঘটি নাৰীৰ কর্মক্ষেত্রৰ পৰিসৰে পুৰুষসকলৰ আধিপত্য থকা বৃত্তিকো সামৰি লৈছে। সেয়ে হ'লেও বর্তমানেও প্রায়ক্ষেত্রতে নাৰীয়ে উল্লিখিত ঘৰুৱা জীৱনৰ কর্ম-পৰিসৰ আৰু বৃত্তিগত জীৱনৰ মাজত সমতুলতা ৰক্ষা কৰিবলগীয়া হয়।

৮। *ডাক প্রবচন আৰু ডাক পৰম্পৰা*, পৃ. ৭৩

৯। *ডাক প্রবচন আৰু ডাক পৰম্পৰা*, পৃ. ২৫

১০। Some Assamese Proverbs, Proverb 102. p. 36

১১। *লোক সাহিত্যৰ ৰহঘৰা ফকৰা-যোজনা*, পৃ. ১৫৮

১২। Some Assamese Proverbs, Proverb 241 p. 80

১৩। Some Assamese Proverbs, Proverb 180 p. 59

১৪।Some Assamese Proverbs, Proverb 237 p. 79

১৫।Some Assamese Proverbs, Proverb 239 p. 79

১৬ । Some Assamese Proverbs, Proverb 244 p. 80

১৭। *অসমীয়া প্রবচন*, পৃ. ১৫৭

১৮। সমল ব্যক্তি আৰু মুখ্য সমল হিচাপে গ্রহণ কৰা গ্রন্থসমূহৰপৰা আহৰিত সমলসমূহকো এই পাঁচোটা স্তৰ অনুসৰি বিভাজন কৰা হৈছে।

১৯। সংবাদদাতা ঃ শকুন্তলা কলিতা, গংগা ৰাজবংশী, ৰৰপেটা

২০। সংবাদদাতা ঃ শকুন্তলা কলিতা, গংগা ৰাজবংশী, ৰৰপেটা

২১। সংবাদদাতা ঃ শকুন্তলা কলিতা, ৰৰপেটা

২২। সংবাদদাতা ঃ শকুন্তলা কলিতা, গংগা ৰাজবংশী,ৰৰপেটা

২৩। সংবাদদাতা ঃ শকুন্তলা কলিতা, ৰৰপেটা

২৪। সংবাদদাতা ঃ শকুন্তলা কলিতা, গংগা ৰাজবংশী, ৰৰপেটা

২৫। সংবাদদাতা ঃ গুণপ্রভা শইকীয়া, শিৱসাগৰ

২৬।সংবাদদাতা ঃ লাৱণ্য ৰৱা, দেৰগাঁও

২৭।সংবাদদাতা ঃ লাৱণ্য ৰৱা, দেৰগাঁও

২৮। চন্দ্রধৰ বৰুৱাৰ *ৰত্নকোষ*ৰ প্রথম খণ্ডত মন্ত্রসাহিত্যৰ উদাহৰণসহ এই বাক্‌ভংগীৰ ব্যৱহাৰৰ উল্লেখ পোৱা যায়। যেনে- *হৰ্ বিস্তু হৰ্, আমুকীৰ গেঁৰ খহি পৰ্*।

২৯। প্রফুল্ল চন্দ্র বৰুৱাৰ *অসমীয়া প্রবচন*, পৃ. নং ১৫৭-ত উল্লেখ থকা এই প্রবচনটিৰ বিপৰীত এটা প্রবচনো অসমীয়া লোকসমাজত পোৱা যায়। যথা ঃ *পোঁৱাতীয়েহে জানে পোঁৱাতীৰ বেদনা*।

৩০। নবীন চন্দ্র শর্মাৰ *ডাক প্রবচন আৰু ডাক পৰম্পৰা* গ্রন্থৰ পৃ. ১৩-ত এই বাকভংগীৰ উল্লেখ এনেদৰে পোৱা যায়— *দুষ্টা স্ত্রীৰ নহৈবা ভাই। ঘন পোৱাতিৰ নহৈবা জোঁৱাই।।*

৩১। নবীন চন্দ্র শর্মা ঃ *ডাক প্রবচন আৰু ডাক পৰম্পৰা*, পৃ. ১-৩

গ্রন্থপঞ্জী ঃ

অসমীয়া ঃ

১। কলিতা, ফুলকুমাৰী ঃ *লোক সাহিত্যৰ ৰহঘৰা ফকৰা-যোজনা*, ৰৰপেটা, নবীন চন্দ্র কলিতা, দ্বিতীয় প্রকাশ, ২০১২

২। গগৈ, লীলা ঃ *নৈ বৈ যায়*, কলিকতা, শ্রীভূমি পাবলিচিং কোম্পানী, চতুর্থ প্রকাশ, ২০০১

৩।বৰুৱা, অতুল চন্দ্র ঃ *ডাকে বোলা শুনা উপায়, মঙ্গলদৈ, প্রকাশক ঃ শৰত চন্দ্র হাজৰিকা*, ১৯৬৯

৩। বৰুৱা, চন্দ্রধৰ ঃ *ৰত্নকোষ*, প্রথম খণ্ড, শৰাইঘাট প্রকাশন,২য় প্রকাশ,১৯৯৭

৪। — ঃ *ৰত্নকোষ*, দ্বিতীয় খণ্ড, শৰাইঘাট প্রকাশন,২য় প্রকাশ,১৯৯৮

৫। ৰাজখোৱা, বেণুধৰ ঃ *অসমীয়া খণ্ডবাক্য কোষ*, গুৱাহাটী, বনলতা, ৩য় প্রকাশ , ২০২০

৬। ৰাজগুৰু, সৰ্ব্বেশ্বৰ ঃ *অসমীয়া প্ৰবাদ,* নগাঁও, প্ৰকাশক ঃ ৰচক, প্ৰথম প্ৰকাশ ১৯৭২

৭। শইকীয়া, নগেন (সম্পা.)ঃ *বেজবৰুৱা ৰচনাৱলী* (প্ৰথম খণ্ড), গুৱাহাটী, বনলতা, প্ৰথম প্ৰকাশ, ২০১০

৮। — ঃ *অধ্যয়ন বৈচিত্ৰ্য,* গুৱাহাটী, অসম প্ৰকাশন পৰিষদ, ২০১০

৯। শৰ্মা, নবীন চন্দ্ৰ ঃ *ডাক প্ৰবচন আৰু ডাক পৰম্পৰা,* গুৱাহাটী, জ্যোতি প্ৰকাশন, দ্বিতীয় প্ৰকাশ, ২০১২

১০। শৰ্মা, হৰেন্দ্ৰনাথ ঃ *অসমীয়া বচন-ভঙ্গী,* গুৱাহাটী, বাণী প্ৰকাশ মন্দিৰ, ২য় প্ৰকাশ, ২০১৪

১১। হাকাচাম, উপেন ৰাভা ঃ *লক্ষ্মী (লখিমী) ধন-ধান-যশ-ঐশ্বৰ্য দেৱী,* গুৱাহাটী, চন্দ্ৰ প্ৰকাশ, ২০১৮

১২। — ঃ *লোকভাষাৰ প্ৰকৃতি বিচাৰ,* গুৱাহাটী, বিশাল প্ৰকাশন, ২০১৫

১৩। হাজৰিকা, লক্ষী ঃ *ভাষা-সাহিত্য-সংস্কৃতি বীথিকা,* গুৱাহাটী, আঁক-বাক, ২০১১

বাংলা ঃ

১। দে, আশিষ কুমার, সনৎ কুমার মিত্র (সম্পা.) ঃ *লোকভাষা,* লোকসংস্কৃতি গবেষণা পরিষদ, কলিকতা, প্রথম প্রকাশ, ১৯৯৩

ইংৰাজী ঃ

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সমল দাতা ঃ

ক্ৰম	নাম	বয়স	ঠিকনা
১।	হিৰদা কলিতা	৮৭	গড়মূৰ, যোৰহাট
২।	শুভলতা কলিতা	৮৩	শংকৰপুৰ, যোৰহাট
৩।	গুণপ্ৰভা শইকীয়া	৭৭	বলিয়াঘাট, শিৰসাগৰ
৪।	যোগদা হাজৰিকা	৭৬	কমাৰগাঁও, দেৰগাঁও
৫।	অণিমা কাকতি	৫৮	বামুণবড়ি, ভৰানীপুৰ, বৰপেটা
৬।	শকুন্তলা কলিতা	৫৮	কালঝাৰ, বৰপেটা
৭।	গংগা ৰাজবংশী	৫৭	কালঝাৰ, বৰপেটা
৮।	নিজুলা দত্ত	৫৫	বঙালগাঁও, দেৰগাঁও
৯।	লাৱণ্য বৰা	৫২	পদ্মপুৰ, দেৰগাঁও

গৰ্ভধাৰণত অসমৰ লোকাচাৰসমূহৰ গুৰুত্ব ঃ এক বিশ্লেষণাত্মক অধ্যয়ন

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সংক্ষিপ্তসাৰ ঃ

নাৰীৰ স্বাস্থ্যৰ প্ৰতি থকা আগ্ৰহ তথা সজাগতাৰ ফলত অতীতৰেপৰা অসমীয়া সমাজত গঢ় লৈ উঠিছে কেতবোৰ লোকাচাৰ। ইয়াৰে কিছুমান পৰোক্ষভাৱে নাৰীৰ স্বাস্থ্য বিশেষকৈ গৰ্ভধাৰণৰ সৈতে জড়িত। বৰ্তমান সময়ত নৱ-বিবাহিতা মহিলাসকলে প্ৰায়ে গৰ্ভধাৰণৰ সমস্যাৰ সন্মুখীন হ'ব লগাত পৰে। গৰ্ভধাৰণ নকৰাৰ বহুতো কাৰণ থাকিব পাৰে। যেনে— বয়স, মেদবহুলতা, শাৰীৰিক প্ৰতিবন্ধকতা, মানসিক চাপ, অস্বাস্থ্যকৰ খাদ্য আদি। মূলতঃ সময়ৰ সৈতে খোজ মিলাই আজিৰ নাৰীয়ে অতীতৰ জীৱন শৈলীৰপৰা আঁতৰি আহি সাম্প্ৰতিক সময়ত অত্যধিক মানসিক চাপ, যান্ত্ৰিকতা আৰু কম শাৰীৰিক শ্ৰমেৰে পৰিপূৰ্ণ জীৱন অতিবাহিত কৰে। এনেবোৰ কাৰণ মানসিক স্বাস্থ্যৰ লগতে শাৰীৰিক স্বাস্থ্যৰো অৱনতিৰ কাৰক। আনহাতে অসমৰ নানা খেল-ধেমালি, উৎসৱ-অনুষ্ঠান, লোকধৰ্ম, লোকচিকিৎসাৰে ভৰপূৰ নানা সামাজিক লোকাচাৰ জড়িত হৈ আছে গৰ্ভৱতী মহিলাৰ স্বাস্থ্যৰ সৈতে। এই লোকাচাৰসমূহ অসমৰ লোক-সংস্কৃতিৰ অবিচ্ছেদ্য অংগ। সম্প্ৰতি এই লোকাচাৰসমূহৰ গুৰুত্বৰ প্ৰাসংগিকতা কিমান সেয়া চৰ্চাৰ বিষয়। এই লোকাচাৰসমূহ প্ৰত্যক্ষ আৰু পৰোক্ষভাৱে গৰ্ভধাৰণ বা গৰ্ভৱতী নাৰীৰ স্বাস্থ্যৰ সৈতে কিদৰে জড়িত হৈ আছে, প্ৰকৃতপক্ষে এই লোকাচাৰসমূহ গৰ্ভধাৰণৰ বাবে ফলপ্ৰসূ হয়নে অথবা বৈজ্ঞানিক দৃষ্টিভংগীৰে বিচাৰ কৰি এক সিদ্ধান্তত উপনীত হ'ব পাৰিনে— এই আটাইবোৰ দিশ গৱেষণাপত্ৰখনত বিশ্লেষণ কৰা হ'ব। গৱেষণাপত্ৰখন মূলতঃ বিশ্লেষণাত্মক পদ্ধতিৰে সম্পন্ন কৰা হৈছে। লগতে তথ্য আহৰণৰ বাবে ক্ষেত্ৰভিত্তিক অধ্যয়ন পদ্ধতি গ্ৰহণ কৰা হৈছে।

বীজ শব্দ ঃ *গৰ্ভৱতী, লোকাচাৰ, চিকিৎসা, স্বাস্থ্য, খাদ্য, মানসিক-শাৰীৰিক উৎকৰ্ষ।*

অৱতৰণিকা ঃ

অসমৰ লোকাচাৰসমূহে অসমৰ লোকসংস্কৃতিক চহকী কৰি ৰাখিছে। লোকসংস্কৃতিৰ অন্যতম ভাগ সামাজিক লোকাচাৰ। কোনো এখন সমাজৰ নানা দিশ যেনে— পৰম্পৰাগত ৰীতি-নীতি, উৎসৱ-পাৰ্বন, ধৰ্মীয় বিশ্বাস, খেল-ধেমালি, অৱসৰ-বিনোদন, খাদ্য আহৰণৰ সামূহিক আচৰণ আদিক সামাজিক লোকাচাৰ বুলিব পাৰি। সামাজিক লোকাচাৰ সম্পৰ্কে নবীন চন্দ্ৰ শৰ্মাই সংজ্ঞা দিছে— "মৌখিক সাহিত্য আৰু ভৌতিক সংস্কৃতিৰ মাজত পৰম্পৰাগত জীৱন। পৰম্পৰাগত জীৱন, মৌখিক সাহিত্য আৰু ভৌতিক সংস্কৃতিৰ মাজৰ সংযোগ সেতু, পৰম্পৰাগত জীৱনত এক প্ৰকাৰে সামাজিক লোকাচাৰ (Social Folk Custom) আখ্যা দিব পাৰো[১]। অসমৰ লোকাচাৰসমূহৰ অধিকাংশই মহিলা সমাজৰ মাজত প্ৰচলিত। সন্তান প্ৰাপ্তিৰ ক্ষেত্ৰত সাম্প্ৰতিক সময়ত মহিলাসকলে প্ৰায়ে চিকিৎসা সেৱা কৰিহে সুফল পায়। মেদবহুলতা, হ'ৰমনৰ ভাৰসাম্যহীনতা (PCOD) আদি কাৰণতো সাম্প্ৰতিক সময়ৰ মহিলাসকল সন্তান প্ৰাপ্তিৰ বাবে হাবাথুৰি খাব লগা হৈছে। আৰামদায়ক জীৱনশৈলী, ময়দা-চেনি জাতীয় অত্যধিক খাদ্য, কম শাৰীৰিক পৰিশ্ৰম, অত্যধিক মানসিক চাপ, যান্ত্ৰিকতাৰ ধামখুমীয়াত মহিলাৰ স্বাস্থ্যৰ অৱনতি ঘটা দেখা গৈছে। ছোৱালী পুষ্পিতা হোৱাৰপৰা মাহেকীয়া বন্ধ নোহোৱালৈ যিকোনো সময়তে মাতৃত্বৰ গৌৰৱ অৰ্জন কৰিব পাৰে, যদিও সম্পূৰ্ণভাৱে শাৰীৰিক আৰু মানসিকভাৱে বিকশিত অৱস্থাতহে সন্তান জন্ম দিয়া উচিত। মানসিক চাপ আঁতৰাবলৈ অথবা শাৰীৰিক ব্যায়াম হ'বলৈ অৱসৰ-বিনোদন, খেল-ধেমালি, উৎসৱ-অনুষ্ঠান, লোকধৰ্ম আদিৰ প্ৰাসংগিকতা অনস্বীকাৰ্য। অসমীয়া সমাজত মহিলাই অৱসৰ বিনোদনত কৰা ধেমালিবোৰৰ ভিতৰত ৰছী টনা, ভুঁই ৰুই পথাৰত গান গোৱা, ধান কটাৰ পৰত কৰা ধেমালি, কিশোৰীহঁতে কৰা চোৱা-চুই, লুকাভাকু, ৰজাই হুকুম দিছে, ইচনি-বিচনি, দৌৰা আদি খেলবোৰ প্ৰচলিত। এইবোৰে শৰীৰক মেদবহুল হোৱাত বাধা দিয়ে।

একেদৰে অসমীয়া সমাজত প্ৰচলিত নানাবিধ লোক ঔষধৰ ব্যৱহাৰৰ প্ৰাসংগিকতা সন্তান প্ৰাপ্তিৰ ক্ষেত্ৰত অপৰিহাৰ্য। "খাৰলি খুৱাই গৰ্ভ খালচ কৰাৰ বিধানো একালত সমাজত লুকাই চুৰকৈ চলিছিল[২]। গৰ্ভৱতীক পঞ্চামৃত খুওৱাৰ পৰা আঠমহীয়া চুৱা লগালৈ কত লোকাচাৰ। গৱেষণাপত্ৰত আটাইবোৰ বিশ্লেষণ কৰা হৈছে। একেদৰে ব্ৰত উপাসনাৰে মানসিক তথা শাৰীৰিক প্ৰভাৱ কিদৰে স্বাস্থ্যত পৰে তাকো বিশ্লেষণ কৰিবলৈ প্ৰয়াস কৰা হৈছে।

মূলতঃ গৰ্ভধাৰণ আৰু গৰ্ভধাৰণৰ পাছত গৰ্ভৱতী মহিলাৰ স্বাস্থ্যৰ যতন সম্পৰ্কে থকা পৰম্পৰাগত ৰীতি-নীতি, লোকাচাৰৰ প্ৰাসংগিকতা বিচাৰৰ লগতে যুক্তিনিষ্ঠতা বিশ্লেষণ কৰা উদ্দেশ্যৰে গৱেষণাপত্ৰখন প্ৰস্তুত কৰা হৈছে।

গৱেষণাৰ পদ্ধতি ঃ

গৱেষণাপত্ৰখন মূলতঃ বিশ্লেষণাত্মক পদ্ধতিৰ সহায়ত বিশ্লেষণ কৰা হৈছে। মহিলাৰ স্বাস্থ্যজনিত তথ্য আহৰণৰ বাবে প্ৰসূতিবিষয়ক চিকিৎসক, কমিউনিটি হেল্‌থ অফিচাৰ (CHO) আদিৰপৰা সংবাদ গ্ৰহণ কৰা হৈছে। সাগৰকুছি হেল্‌থ এণ্ড ৱেলনেছ চেণ্টাৰৰপৰা গৱেষণাপত্ৰখন প্ৰস্তুত কৰিবলৈ সমল সংগ্ৰহ কৰা হৈছে।

পূর্বকৃত অধ্যয়নৰ চমু সমীক্ষা ঃ

অসমৰ লোকসংস্কৃতিৰ ভালেমান অধ্যয়ন এতিয়ালৈ হৈছে। প্ৰমোদ চন্দ্ৰ ভট্টাচার্যৰ 'অসমৰ লোক উৎসৱ (১৯৬৯), নির্মল প্রভা বৰদলৈৰ 'অসমৰ লোক সংস্কৃতি' (২০১১), নবীন শর্মাৰ 'লোক সংস্কৃতি' (২০১৯); 'অসমীয়া লোক সংস্কৃতিৰ আভাস' (২০২১); বিৰিঞ্চি কুমাৰ বৰুৱাৰ 'অসমৰ লোক সংস্কৃতি' (২০১২); উপেন ৰাভা হাকাচামৰ 'বৰ অসমৰ বর্ণিল সংস্কৃতি' (২০০৪) আদি ভালেমান পুথিত জন্ম সম্পৰ্কীয় লোকাচাৰৰ অধ্যয়ন হৈছে কিন্তু এই লোকাচাৰবোৰৰ প্রাসংগিকতা বিচাৰ কৰি ইয়াৰ অন্তৰালত থকা যুক্তিনিষ্ঠ কাৰণসমূহ ফঁহিয়াই এটা স্বতন্ত্র বিষয় হিচাপে অধ্যয়ন বর্তমানলৈ হোৱা নাই। স্বাস্থ্য সম্পৰ্কীয় আলোচনী 'স্বাস্থ্য আৰু দীর্ঘজীৱন', 'জি এন আৰ চি স্বাস্থ্য' আদি আলোচনীত গর্ভৱতী, গর্ভধাৰণ সম্পর্কে ভিন ভিন প্রবন্ধ মাজে সময়ে প্রকাশিত হয়। বৈজ্ঞানিক দৃষ্টিভংগীৰে পৰম্পৰাগত লোকাচাৰসমূহক লৈ পূর্বতে বিশ্লেষিত নোহোৱা বিষয়টি এটি স্বতন্ত্র বিষয় হিচাপে লৈ গৱেষণা পত্রখন লিখিবলৈ প্রয়াস কৰা হ'ল।

বিষয়বস্তুৰ বিশ্লেষণ ঃ

'কুৰিতে বুঢ়ী' বোলা দিন সাম্প্রতিক সময়ত অপ্রাসংগিক। বর্তমান অসমৰ প্রায়বোৰ অঞ্চলতে নাৰীয়ে পুৰুষৰ সমানে বিদ্যায়তনিক তথা বৃত্তিগত পেচাত জড়িত হৈ পৰিছে। ছোৱালী পুষ্পিতা হৈয়েই গর্ভধাৰণ কৰাৰ ক্ষমতা লাভ কৰে যদিও গর্ভৱতী হোৱাৰ বাবে দেহ আৰু মনৰ উপযুক্ত বিকাশ হোৱা দৰকাৰ। সেয়েহে অসম তথা ভাৰতবর্ষত ওঠৰ বছৰৰ আগত বিবাহ কার্য আইনসন্মত নহয়। "অপৈণত বয়সত মাতৃত্ব অর্জন কৰিলে তথা বেছিকৈ ল'ৰা-ছোৱালী জন্ম হোৱাৰ ফলত কম বয়সীয়া মাতৃগৰাকীৰ স্বাস্থ্যৰ অৱনতি হয়"[৩]। সেয়েহে 'কুৰিতে বুঢ়ী' বোলা অসমীয়া সমাজত প্রচলিত বাক্যাংশ বর্তমান অপ্রাসংগিক।

গর্ভধাৰণ কৰা গর্ভৱতী এগৰাকীক পাঁচমাহৰ পাছত শৰীৰত কেলচিয়াম, ভিটামিন আদিৰ ভালেখিনি দৰকাৰ। অসমীয়া সমাজত পঞ্চামৃত খুওৱাৰ যি লোকাচাৰ, তাত ঘি, দুগ্ধ, দৈ আদি গর্ভৱতীক খাবলৈ দিয়া হয়। লগতে নানা ফল-মূল, কাপোৰ-কানি উপহাৰ দি গর্ভৱতীক বিশেষভাৱে উৎসাহ যোগোৱা হয়। শাৰীৰিক অৱয়বৰ পৰিৱর্তনৰ এই সময়ছোৱাত গর্ভৱতী এগৰাকী মানসিক আৰু শাৰীৰিকভাৱে দুর্বল হৈ থকাটো স্বাভাৱিক। তেনে সময়ত আত্মীয়-স্বজনৰ সম্মিলিত প্রচেষ্টাত গঢ় লৈ উঠা এই লোকাচাৰে মানসিক, শাৰীৰিক উৎকর্ষ সাধনত ভালেখিনি ভূমিকা লয়।

গর্ভৱতী মহিলাৰ সাত মাহৰপৰা আত্মীয়-স্বজনে মিলি এসাজ খুওৱা নিয়ম। বিশেষকৈ নামনিৰ ফালে 'খুৱনি' অনুষ্ঠানটো সাতৰপৰা নমাহ পর্যন্ত চলি থাকে। ভ্রূণ বিকাশৰ বাবে প্রচুৰ পৰিমাণে কেলচিয়াম, প্র'টিন, কার্বহাইড্রেট, আইৰণ আদিৰ প্রয়োজন। 'খুৱনি'ৰ সময়ত গর্ভৱতীলৈ খুওৱাবলৈ অহা আত্মীয়ই কাপোৰ-কানি উপহাৰ স্বৰূপে লৈ অহা নিয়ম। এনে ক্ষেত্রত গর্ভৱতীয়ে সুন্দৰ আহাৰ গ্রহণ কৰাৰ সুযোগ পোৱাৰ উপৰি অকলশৰীয়া অনুভৱ নকৰি হাঁহি-ধেমালিৰে আত্মীয়ৰ সৈতে সময় পাৰ কৰিবলৈ সুযোগ পায়। সেয়েহে এই লোকাচাৰ আজিও প্রাসংগিক।

গর্ভৱতী মহিলাই আঠ মাহত পাকঘৰত সোমাব নাপায়। সেই সময়ত গর্ভৱতীক চুৱা জ্ঞান কৰা হয়। "আঠমহীয়া গর্ভৱতীৰ গর্ভস্থ সন্তানটিৰ দৈহিক বিকাশ আঠ মাহত আটাইতকৈ বেছি হয়। এই সময়ত গর্ভৱতীক

আটাইতকৈ বেছি জিৰণিৰ প্রয়োজন হয়।"[৪] পাকঘৰত সোমাব নিদিয়া গর্ভৱতীয়ে এইকেইদিন ৰন্ধা-বঢ়াৰ পৰা নিজকে আঁতৰাই ৰাখি জিৰণি লোৱাৰ সুযোগ পায়। হয়তো এনে কাৰণতে এই লোকাচাৰ গঢ় লৈ উঠে।

গর্ভৱতী মহিলাই বেজী সূতা ব্যৱহাৰ কৰা নিষেধ। একেদৰে গাঁঠি দিয়া কার্য, পাচলি ছিঙিব লোৱা আদি কার্যৰপৰা আঁতৰত ৰখা হয়। যুক্তিনিষ্ঠভাৱে বিচাৰ কৰিলে এই লোকাচাৰৰ কোনো বৈজ্ঞানিক দৃষ্টিভংগীৰে বিচাৰ সম্ভৱ নহয়। অৱশ্যে পাচলি আদি ছিঙিবলৈ যোৱা অর্থাৎ খেতিডৰালৈ যাওঁতে গর্ভৱতী অসাৱধানবশতঃ পিচলি পৰিব পাৰে, বেজীয়ে বিন্ধিব পাৰে আদি ভাবেৰেই হয়তো মহিলাগৰাকীক এইবোৰ কার্যৰপৰা আঁতৰাই ৰখা হৈছিল।

গর্ভধাৰণৰ সৈতে জড়িত আন এটি লোকাচাৰ হৈছে প্রথম তিনিমাহ গর্ভাৱস্থাৰ খবৰ ৰাজহুৱা কৰা নহয়। এই লোকাচাৰৰ অন্তর্নিহিত যুক্তি বিচাৰ কৰি ক'ব পৰা যায় যে "ভ্রূণ এটা মাতৃদেহত থিতাপি লৈ মাতৃদেহৰ পৰা খোৱা খাদ্য গ্রহণ কৰিবলৈ গঠন হোৱা প্লেচেণ্টা প্রথম তিনিমাহতহে গঠন হয়। বিভিন্ন কাৰণত তিনিমাহ সময়ৰ ভিতৰত ভ্রূণ এটা নষ্ট হৈ মাতৃদেহৰপৰা বিচ্ছিন্ন হ'ব পাৰে। তিনিমাহৰ পিছত গর্ভপাতৰ সম্ভাৱনা ভালেখিনি নাইকীয়া হয়"[৫]।

সন্তান ভূমিষ্ঠ হোৱাৰ পিছত টঙালেৰে নাড়ী কটা, সন্তানৰ প্রথম শৌচেৰে সন্তানৰ কপালত ফোট দিয়া, সন্তানৰ পৰা সৰি পৰা নাভিৰ নাড়ীৰ পানী সন্তানৰ অসুখ হ'লে খুওৱা আদি নিয়ম অসমীয়া সমাজত প্রচলিত; কিন্তু আজিৰ যুগত এইবোৰ কেৱল অপ্রাসংগিকেই নহয়, বহু ক্ষতিকাৰকো। এনে ভ্রান্ত ধাৰণা আনকি নিৰক্ষৰ গাঁৱলীয়া সমাজৰ উপৰি বহু উচ্চ শিক্ষিত পৰিয়ালৰ মাজতো দেখা যায়। তাৰ পৰিৱর্তে গর্ভৱতী আৰু ভূমিষ্ঠ সন্তান উভয়কে চাফ-চিকুণকৈ ৰাখি চিকিৎসকৰ পৰামর্শমতে চিকিৎসা গ্রহণ কৰা উচিত।

অসমীয়া সমাজত বছৰ বছৰ ধৰি চলি অহা পৰম্পৰা অনুসৰি সন্তান জন্ম দিয়া প্রসূতিগৰাকীক অতি কম পৰিমাণে খাদ্য যোগান ধৰা হয়। শোৱাপাটী মাটিত দিয়া হয় আৰু মাতৃ আৰু প্রসূতিক চুৱা বা অস্পৃশ্য জ্ঞান কৰা হয় কিন্তু এনে লোকাচাৰ ভিত্তিহীন, ক্ষতিকাৰক। সন্তান জন্ম দিয়া প্রসূতিগৰাকীক প্রচুৰ পৰিমাণে খাদ্য আৰু সংগ দিয়াহে উচিত। দুগ্ধ পান কৰোৱা মাতৃ গৰাকীয়ে উপযুক্ত খাদ্য খালেহে শিশুটিয়ে উপযুক্ত পৰিমাণে গাখীৰ পান কৰিব পায়।

বর্তমান প্রতিযোগিতাৰ যুগত পুৰুষৰ সমানেই মহিলাসকল বৃত্তিগতভাৱে জড়িত হৈ পৰিছে। এটা উপযুক্ত কেৰিয়াৰ গঢ় লৈ কর্মজীৱনত ব্যস্ত হৈ পৰালৈ মহিলাসকলে জীৱনৰ ত্রিশ-পঁয়ত্রিশ বছৰ অতিক্রম কৰে। এই সময়ছোৱাত গর্ভধাৰণৰ ক্ষমতা লাহে লাহে কমি আহিবলৈ আৰম্ভ কৰে। চিকিৎসকৰ মতে সেয়েহে পঁয়ত্রিশ বছৰৰ আগতেই গর্ভধাৰণ কৰিবলৈ চেষ্টা কৰা উচিত। আজিকালি কৃত্রিম পদ্ধতি যেনে IUI, IVF আদিৰেও সন্তান প্রাপ্তি কৰিব পাৰে।

কর্মময় জীৱনত ব্যস্ত আজিৰ মহিলা ডিপ্রেশ্চন বা অত্যধিক মানসিক চাপত জীৱন অতিবাহিত কৰিব লগীয়া হৈছে। সন্তান প্রাপ্তিৰ ক্ষেত্রত ইয়ো বাধা হৈ দেখা দিয়ে। অসমীয়া সমাজত প্রচলিত নানা উৎসৱ-অনুষ্ঠানত মহিলাসকলৰ অংশগ্রহণে তেওঁলোকৰ মাজত আধ্যাত্মিক দিশটো সজীৱ কৰি ৰাখে। "আধ্যাত্মিকতা সুস্বাস্থ্য ৰক্ষাত অতিকৈ প্রয়োজনীয়। মন-মগজু স্থিৰে নাথাকিলে অর্থাৎ মানসিক স্বাস্থ্যৰ যত্ন নহ'লে শাৰীৰিক

স্বাস্থ্যৰ উন্নতি অসম্ভৱ। সেয়েহে আধ্যাত্মিক আচৰণ এটা সুস্থ জীৱন যাপন কৰিবলৈ অতিকৈ প্ৰয়োজন।"[৬] অসমৰ মহিলাসকলে লোকধৰ্মত জন্মাষ্টমী, শিৱৰাত্ৰি, লক্ষ্মীপূজা, শাওণৰ সোমবাৰ, পূৰ্ণিমা, অমাৱস্যা আদিত নানা ব্ৰত পালন কৰে। মাহেকীয়াৰ তিনিদিন বা চাৰিদিন পাছতো ব্ৰত পালন কৰি অহা দেখা যায়। সন্তানহীন মহিলাই জন্মাষ্টমী বা পচেতিৰ সময়ত কেঁচুৰাৰূপী কৃষ্ণৰ পুতলা কোলাত নিচুকালে সন্তান প্ৰাপ্তি হয় বুলি বিশ্বাস। একেদৰে জগন্নাথ মন্দিৰ, বাৰগোপাল থান আদিত সেৱা ল'লে সন্তান প্ৰাপ্তি হয় বুলি ধাৰণা। এইবোৰৰ কোনো বৈজ্ঞানিক পোনপটীয়া কাৰণ বিশ্লেষণ সম্ভৱ নহয়; কিন্তু প্ৰসূতি বিশেষজ্ঞৰ মতেও এইবোৰে আধ্যাত্মিক স্থিৰতা আনি মনত শান্তি দিয়ে, যি মানসিক স্বাস্থ্যৰ বাবে অতিকৈ প্ৰয়োজন। "বিজ্ঞানে মানুহক যিমান সন্তুষ্টি দিব পাৰে অনুভূতি দিব নোৱাৰে।"[৭]

সন্তানৰ মংগল কামনা কৰি গৰ্ভৱতী মহিলা অথবা সন্তানৰ পিতৃয়ে সন্তান ভূমিষ্ঠ নোহোৱালৈ মৃতকৰ কোনো অনুষ্ঠানতে ভাগ নলয়। ইয়াৰ অন্তৰালত বৈজ্ঞানিক যুক্তি বিচাৰ কৰিব পাৰি। এনে মহিলা সুখত থকা দৰকাৰ। মৃতকৰ অনুষ্ঠানত কন্দা-কটা পৰিবেশত যাতে গৰ্ভৱতীয়ে মনোকষ্ট নাপায়, সেয়েহে হয়তো পৰম্পৰাগতভাৱেই এই লোকাচাৰ গঢ় লৈ উঠিছে। একেদৰে এই সময়ছোৱাত গৰ্ভৱতী মহিলা অথবা হ'বলগীয়া পিতৃয়ে কোনো জীৱ হত্যা কৰিব নাপায়। জীৱ হত্যাই মানসিক অশান্তি দিব পাৰে। এনে অৱস্থাত নাৰীদেহত মাতৃত্বৰ ভাব জাগি অনবৰতেই অধিক আকুল হৈ থাকে। সেয়েহে হয়তো এনেবোৰ লোকাচাৰ গঢ় লৈ উঠিল।

নৱজাতকক ল'বলৈ ন-কাপোৰ (অনাকাটা) আগতীয়াকৈ যোগাৰ কৰি থোৱা হয়। নতুন কাপোৰে চাফ-চিকুণৰ কথা সোঁৱৰাই দিয়ে। ডিমাচাসকলে সন্তান প্ৰসৱ কৰাৰ পিছত যন্ত্ৰণা লাঘৱ কৰিবলৈ পেনমাটি পিতলৰ গিলাচত ভৰাই গৰম কৰি তাৰ সেক দিয়ে। সন্তান জন্মৰ পাছত নিমখ, মাছ, জ্বালাবতা আদি দিয়া লোকাচাৰ অসমীয়া সমাজত আছে। এই ক্ষেত্ৰত নিজ আনন্দ প্ৰকাশৰ ই যেন এটা মাধ্যমহে। একেদৰে পূৰ্বতে জন্মৰ পিছতেই নৱজাতকৰ চুলি খুৰাই অশৌচ বা চুৱা খেদোৱা হৈছিল। আজিকালি এই লোকাচাৰ প্ৰায় নোহোৱা হৈছে। ডাক্তৰৰ পৰামৰ্শ মতেহে কেঁচুৰাৰ চুলি খুৰোৱা উচিত। কেঁচুৰাক কুনজাৱৰপৰা ৰক্ষা পোৱাবলৈ ক'লা ফোট, ক'লা জৰী আদি গাঠি দিয়ে। ইয়াৰ অন্তৰালত বৈজ্ঞানিক ভিত্তি নাই।

এনেদৰে বিশ্লেষণ কৰিলে দেখা যায় গৰ্ভধাৰণ আৰু গৰ্ভৱতীৰ স্বাস্থ্য, নৱজাতকৰ সৈতে ভালেমান লোকাচাৰ অসমীয়া সমাজত বৰ্তি আছে।

সিদ্ধান্ত ঃ

অসমীয়া সমাজত মানি অহা লোকাচাৰবোৰৰ কিছুসংখ্যক লোকাচাৰ ইতিবাচক। বিশেষকৈ গৰ্ভৱতী মহিলাৰ ইচ্ছানুসাৰে খোৱা-লোৱাৰ অনুষ্ঠান অনুষ্ঠিত কৰা জটিল কামৰপৰা ৰেহাই দিয়া আদি লোকাচাৰসমূহ প্ৰাসংগিক। মানসিক স্বাস্থ্যৰ উৎকৰ্ষ সাধনৰ হেতু লোৱা আধ্যাত্মিক কাৰুকাৰ্য বা লোকাচাৰসমূহে মহিলা গৰাকীক আত্মবিশ্বাস দিয়ে।

আনহাতে কেঁচুৰাৰ নাড়ী চোঁচ বা টঙালেৰে কটা, প্ৰথম শৌচৰ ফোট দিয়া, প্ৰথম মাতৃদুগ্ধ পানৰপৰা আঁতৰাই ৰখা, প্ৰসূতিগৰাকীক মাছ-মাংস বা উপযুক্ত খাদ্য গ্ৰহণৰপৰা আঁতৰাই ৰখা আদি লোকাচাৰসমূহ বৰ্তমান সময়ত অপ্ৰাসংগিক। এইবোৰে মাতৃ আৰু শিশু উভয়ৰে ক্ষতি সাধন কৰে।

গৰ্ভৱতী মহিলাগৰাকীয়ে অকলশৰীয়া অনুভৱ নকৰিবলৈ আত্মীয়-স্বজনে নানা অনুষ্ঠানৰ অজুহাতত আহি সংগ দিয়া কাৰ্য স্বীকাৰ্য। অৱশ্যে প্ৰসূতিগৰাকীয়ে যাতে উপযুক্ত পৰিমাণে জিৰণি পায় তালৈ মন দিয়া উচিত। উপযুক্ত বয়সতহে বিবাহ হোৱা আৰু মাতৃত্ব অৰ্জন কৰা দৰকাৰ।

সামৰণি ঃ

গৱেষণাপত্ৰত উল্লেখ কৰাৰ উপৰি অসমীয়া সমাজত কেঁচুৰা ওমলাবলৈ নিচুকনি গীত, জেউৰাৰ সময়ত গোৱা গীত আদি ভালেসংখ্যক লোকগীত আছে। সেইবোৰ আলোচনাৰ আওতালৈ অনা হোৱা নাই। গৱেষণাপত্ৰখনত কেৱল গৰ্ভৱতী মহিলাৰ মানসিক আৰু শাৰীৰিক বিকাশৰ বাবে লোকাচাৰৰ গুৰুত্বকহে স্থান দিয়া হৈছে। বৰ্তমানৰ সন্তানপ্ৰাপ্তিৰ ক্ষেত্ৰত বাধা হিচাপে দেখা দিয়া বৰ্দ্ধিত বয়স, মানসিক অশান্তি, অস্বাস্থ্যকৰ খাদ্যাভ্যাস, কম শাৰীৰিক পৰিশ্ৰমৰ বিপৰীতে এটি সুস্থ সন্তানৰ কামনাৰে নাৰীসকলে উপযুক্ত বয়সত সন্তান জন্ম দিয়া পৰিকল্পনা, অসমীয়া থলুৱা খাদ্য গ্ৰহণৰ অভ্যাস, পৰম্পৰাগত খেল-ধেমালি বা যোগাসন, আধ্যাত্মিক আচৰণত ব্ৰতী হোৱাত মনোনিৱেশ কৰা উচিত। কিয়নো সন্তান-মাতৃৰ মৰমৰ এনাজৰীডাল যান্ত্ৰিকতাৰ আহ্বানত হেৰাই যাবলৈ দিয়া উচিত নহয়।

প্ৰসংগ সূত্ৰ ঃ

[১]নবীন শৰ্মা, লোক সংস্কৃতি, পৃ. ২১।
[২]উপেন ৰাভা হাকাচাম, বৰ অসমৰ বৰ্ণিল সংস্কৃতি, পৃ. ১৭।
[৩]সংবাদ ঃ শ্ৰুতিলেখা ডেকা (ব্যক্তিগত সাক্ষাৎকাৰ) কমিউনিটি হেলথ- অফিচাৰ, সাগৰকুছি হেলথ্ এণ্ড ৱেলনেছ চেণ্টাৰ, ২৭ অক্টোবৰ, ২০২৩।
[৪]সংবাদ ঃ দেৱব্ৰত শৰ্মা, (ব্যক্তিগত সাক্ষাৎকাৰ) চিকিৎসক, ডিফু মেডিকেল কলেজ, ১৪ এপ্ৰিল, ২০২৩।
[৫]সংবাদ ঃ গোপাল কলিতা, (ব্যক্তিগত সাক্ষাৎকাৰ) প্ৰসূতি বিভাগৰ চিকিৎসক। নলবাৰী মেটাৰনিটি হাস্পাতাল, ২৭ ফেব্ৰুৱাৰী।
[৬]হিতেন কলিতা (ব্যক্তিগত সাক্ষাৎকাৰ) সদৌ অসম লেখিকা সমাৱোহ সমিতিৰ ৰূপালী জয়ন্তীৰ সামৰণি অনুষ্ঠানৰ ভাষণ, ৫ জানুৱাৰী, ২০২২।
[৭]প্ৰা গু ক্ত।

সহায়ক গ্ৰন্থপঞ্জী ঃ

পাটৰ, পদ্ম (সম্পা.)। জনজাতি সমাজ সংস্কৃতি। ৩য় প্ৰকাশ। গুৱাহাটী ঃ ৰিংচাং পাব্লিকেশন, ২০১৩। মুদ্ৰিত।
বৰুৱা, বিৰিঞ্চি কুমাৰ। অসমৰ লোক-সংস্কৃতি। ২য় প্ৰকাশ। গুৱাহাটী ঃ বীণা লাইব্ৰেৰী, ১৯৮৫। মুদ্ৰিত।
শৰ্মা, নবীন চন্দ্ৰ। লোক-সংস্কৃতি। ৪র্থ সংস্কৰণ। গুৱাহাটী ঃ চন্দ্ৰ প্ৰকাশ, ২০১৯। মুদ্ৰিত।
হাকাচাম, উপেন ৰাভা, বৰ অসমৰ বৰ্ণিল সংস্কৃতি। গুৱাহাটী ঃ বীণা লাইব্ৰেৰী, ২০০৮। মুদ্ৰিত।

জৈৱিক পদ্ধতিৰে পৰম্পৰাগত খাদ্য সংৰক্ষণ আৰু শাৰীৰিক স্বাস্থ্য ৰক্ষাত নাৰীৰ ভূমিকা

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সংক্ষিপ্তসাৰ ঃ

অন্ন, বস্ত্ৰ আৰু বাসস্থান মানুহৰ মৌলিক প্ৰয়োজন। এই তিনিটা মৌলিক প্ৰয়োজনৰ ভিতৰত অন্ন প্ৰথম আৰু প্ৰধান। প্ৰাকৃতিকভাৱে সহজতে পোৱা খাদ্যই মানৱ দেহক নিৰোগী কৰি ৰাখে। আগৰ দিনত মানুহে ঘৰতে পোৱা বস্তু প্ৰাকৃতিকভাৱে বহুদিনৰ বাবে সংৰক্ষণ কৰি ৰাখিছিল। অসমীয়া খাদ্যৰ এক স্বকীয় বৈশিষ্ট্য আছে। অসমীয়া মানুহে জুতি লগাই খাব জানে। এই দিশত অসমীয়া মহিলাসকলৰ অৱদান উল্লেখযোগ্য। এই আলোচনা পত্ৰৰ সহায়ত জৈৱিক পদ্ধতিৰে পৰম্পৰাগত খাদ্য সংৰক্ষণ আৰু শাৰীৰিক স্বাস্থ্য ৰক্ষাত নাৰীৰ ভূমিকা সম্পৰ্কে আলোচনা কৰা হ'ব।

বীজ শব্দ ঃ লোকখাদ্য, জৈৱিক, সংৰক্ষণ, স্বাস্থ্য, কলখাৰ, খৰিচা, পানীটেঙা

০.০১ অৱতৰণিকা ঃ

অসম প্ৰাকৃতিক সম্পদেৰে পৰিপূৰ্ণ এখন ৰাজ্য। প্ৰাকৃতিক সম্পদ হিচাপে পৰিচিত তেল, কাঠ, বাঁহ, চাহপাত আদিৰ উপৰি অসমৰ দৈনিক খাদ্যাভ্যাসত প্ৰকৃতিৰ অৱদান অপৰিসীম। লোকখাদ্য এখন সমাজৰ লোকসংস্কৃতিৰ পৰিচায়ক। অসমীয়া সমাজৰো পৰম্পৰাগত লোকখাদ্যসমূহে যুগ যুগ ধৰি অসমীয়া লোকসংস্কৃতিৰ ঐতিহ্য বহন কৰি আহিছে। দৈনন্দিন খাদ্য তালিকাৰ বেছিভাগেইপ্ৰকৃতিৰ পৰা আহৰিত। অসমীয়া থলুৱা পৰম্পৰাগত খাদ্যসমূহ অতি স্বাস্থ্যসম্মত আৰু সহজে বিচাৰি পোৱা যায়। বাৰেৰহণীয়া সংস্কৃতিৰে অসমীয়া সংস্কৃতি যিদৰে পৰিপূৰ্ণ একেদৰে বৈচিত্ৰ্যময়। অসমীয়া সংস্কৃতিৰ এক অন্যতম উপকৰণ অসমীয়া লোক-খাদ্য। পৰম্পৰাগত

লোকখাদ্যসমূহে অসমৰ সংস্কৃতিক চহকী কৰি তুলিছে। অসমৰ জংঘলত পোৱা প্ৰায়বোৰ গছ-লতাই খোৱাৰ উপযোগী। কোনবিধ সামগ্ৰী কিদৰে খাব লাগে আৰু কিদৰে ভৱিষ্যতৰ বাবে সংৰক্ষণ কৰি ৰাখিব লাগে সেই দিশত মহিলাসকল পাকৈত। অসমীয়া মহিলাৰ আহাৰ প্ৰস্তুতকৰণ প্ৰণালী আৰু ইয়াৰ সংৰক্ষণ প্ৰণালীও বিধিসন্মত। বিশেষকৈ বাঁহৰ গাজৰ পৰা খৰিচা প্ৰস্তুত কৰা, কলৰ বাকলি আৰু কলৰ মধুনাৰ পৰা কলখাৰ প্ৰস্তুত কৰা, বিভিন্ন ধৰণৰ টেঙাৰ ব্যৱহাৰ, বিভিন্ন ধৰণৰ তিতাৰ প্ৰস্তুত প্ৰণালী, জুইত পুৰি খোৱাৰ পৰম্পৰা আদি লোকখাদ্যসমূহ অসমীয়া সমাজৰ পৰিচায়ক। খাৰ আৰু টেঙা অসমীয়াৰ লোক-আহাৰ। টেঙা বুলি ক'লে বিভিন্ন ধৰণৰ টেঙা যেনে- নেমু, থেকেৰা, তেঁতেলী, কৰ্দৈ, আম, ঔটেঙা, জলফাই, অমৰা আদিকে বুজায়। থেকেৰা, কৰ্দৈ, অমৰা ইত্যাদি টেঙা জাতীয় ফলবোৰ পাতল পাতলকৈ চকলিয়াই ভালদৰে ৰ'দত শুকুৰাই বতাহ সোমাবলৈ নিদিয়াকৈ বাঁহৰ চুঙা বা কলহত ভৰাই থৈ বছৰ বছৰৰ বাবে সংৰক্ষণ কৰি থ'ব পাৰি। ইয়াৰ উপৰি কচু, কোমোৰাও সৰু সৰুকৈ চকলিয়াই সংৰক্ষণ কৰা প্ৰথা আছে। অসমীয়া লোক-আহাৰৰ আন এক অন্যতম উপাদান হৈছে খাৰ। খাৰ হৈছে ঔষধি গুণসম্পন্ন খাদ্যবস্তু। থলুৱাভাৱে পোৱা খাদ্য সামগ্ৰীবোৰ অসমীয়া মহিলাই কোনো ৰাসায়নিক দ্ৰব্য ব্যৱহাৰ নকৰাকৈ বছৰ বছৰ বাবে সংৰক্ষণ কৰি ৰাখে। ৰাসায়নিক দ্ৰব্য ব্যৱহাৰ নকৰাৰ বাবে সংৰক্ষিত খাদ্যবোৰৰ কোনোধৰণৰ পাৰ্শ্বক্ৰিয়া নাথাকে। পৰম্পৰাগত খাদ্যৰ পুষ্টিগুণো বেছি। থলুৱা সহজলভ্য বস্তুবোৰ কিদৰে সংৰক্ষণ কৰি ৰাখে আৰু তাৰ ঔষধি গুণাগুণ সম্পৰ্কে তলত বিস্তৃতভাৱে আলোচনা কৰা হৈছে।

০.০২ অধ্যয়নৰ উদ্দেশ্য আৰু গুৰুত্ব ঃ

অসমীয়া সংস্কৃতিৰ অন্যতম উপকৰণ অসমীয়া লোক-খাদ্য বা লোক-আহাৰ। লোক-আহাৰৰ ভিতৰত প্ৰধানকৈ কলখাৰৰ প্ৰয়োগ, বিবিধ টেঙাৰ ব্যৱহাৰ, বিভিন্ন তিতা ৰ প্ৰস্তুত প্ৰণালী, শুকান খাদ্য সংৰক্ষণ আদি উল্লেখযোগ্য। ঋতু অনুযায়ী উপলব্ধ বিভিন্ন ফলমূল, শাক-পাচলি শুকুৰাই গোটেই বছৰটোৰ বাবে সাঁচি ৰাখিব পাৰি। থলুৱাভাৱে উপলব্ধ খাদ্যসমূহ অনেক ঔষধি গুণেৰে ভৰপূৰ। অসমীয়া মহিলাসকলে এটা প্ৰজন্মৰপৰা আন এটা প্ৰজন্মলৈ খাদ্য সংৰক্ষণৰ জ্ঞান প্ৰবাহিত কৰি আহিছে । খাদ্য শুকুৰাই সংৰক্ষণ কৰোঁতে বিভিন্ন পদ্ধতিৰ সহায় লোৱা হয়। খাদ্য সংৰক্ষণ প্ৰক্ৰিয়া আৰু পদ্ধতি সম্পৰ্কে বিজ্ঞানসম্মতভাৱে অধ্যয়ন কৰাৰ প্ৰয়োজনীয়তা আছে।

গৱেষণাপত্ৰৰ মুখ্য উদ্দেশ্য হৈছে—

ক) খাদ্য সুৰক্ষা আৰু খাদ্য সংৰক্ষণত অসমীয়া মহিলাৰ অৱদান সম্পৰ্কে আলোচনা আগবঢ়োৱা

খ) থলুৱা অসমীয়া খাদ্যৰ ঔষধি গুণাগুণ বিচাৰ কৰা

গ) খাদ্য সংৰক্ষণৰ বিবিধ পদ্ধতি সম্পৰ্কে অধ্যয়ন কৰা।

০.০৩ অধ্যয়নৰ পদ্ধতি ঃ

গৱেষণাপত্ৰৰ উদ্দেশ্য হৈছে অসমীয়া সমাজত খাদ্য সংৰক্ষণ কেনেকৈ কৰা হয় তাৰ বিষয়ে আলোচনা কৰা। গৱেষণাত্ৰখন প্ৰস্তুত কৰোঁতে বিশ্লেষণাত্মক আৰু বৰ্ণনাত্মক দুয়োটা পদ্ধতিৰ সহায় লোৱা হৈছে। বিশ্লেষণাত্মক পদ্ধতিৰ সহায়ত বিষয়ৰ বিশ্লেষণ আগবঢ়োৱা হৈছে আৰু বৰ্ণানাত্মক পদ্ধতিৰ সহায়েৰে সংৰক্ষণ ব্যৱস্থাত ব্যৱহৃত বিবিধ বিধি সম্পৰ্কীয় বৰ্ণনা আগবঢ়োৱা হৈছে।

০.০৪ তথ্য সংগ্রহৰ পদ্ধতি ঃ

প্রস্তাৱিত অধ্যয়নটি সম্পূর্ণ কৰি তুলিবৰ বাবে মুখ্য আৰু গৌণ উৎসৰ পৰা তথ্য সংগ্রহ কৰা হৈছে। মুখ্য উৎস হিচাপে তথ্যদাতাৰ পৰা তথ্য সংগ্রহ কৰা হৈছে। গৌণ উৎস সংগ্রহ কৰিবৰ বাবে সম্পূর্ণভাৱে গ্রন্থাগাৰৰ অধ্যয়ন পদ্ধতি প্রয়োগ কৰা হৈছে।

০.০৫ পূর্বকৃত অধ্যয়ন ঃ

অসমীয়া লোকখাদ্য সম্পর্কীয় আলোচনা পোৱা কেইখনমান গ্রন্থ হৈছে— ৰুদ্র নাৰায়ণ বৰকাকতিৰ *উত্তৰ- পূর্বাঞ্চলৰ মানুহৰ প্রিয় খাদ্য পতংগ,* পৰমানন্দ ৰাজবংশী আৰু নাৰায়ণ দাস সম্পাদিত *অসমীয়া সংস্কৃতিৰ কণিকা,* উপেন ৰাভা হাকাচামৰ *অসমীয়া ভাষাৰ গঠন ঃ ঐতিহ্য আৰু ৰূপান্তৰ,* বিৰিঞ্চি কুমাৰ বৰুৱাৰ *অসমৰ লোক-সংস্কৃতি,* প্রদীপ বৰুৱাৰ *চিত্র-বিচিত্র অসম,* নবীন চন্দ্র শর্মাৰ *লোকসংস্কৃতি* আদি। গুণাৰাম খনিকৰৰ *বন দৰবেৰে ঘৰুৱা চিকিৎসা, সহজ লভ্য বন দৰবৰ গুণ, ৰোগ নিৰাময় আৰু সৌন্দর্য চর্চাত বন দৰবৰ গুণাগুণ, ৰোগ পথ্য আৰু অপথ্য* গ্রন্থত বাৰীতে পোৱা বনৌষধৰ দ্বাৰা কিদৰে ঘৰুৱা চিকিৎসা কৰি ৰোগ নিৰাময় কৰিব পাৰি সেই বিষয়ৰ আলোচনা আগবঢ়াইছে।

১.০০ অসমৰ থলুৱা খাদ্য ঃ

অসম এখন কৃষি প্রধান ৰাজ্য। ইয়াত শাক-পাচলিৰ পৰা ধৰি সকলো ধৰণৰ খাদ্যশস্যৰ খেতি কৰা হয়। সেয়েহে ইযাৰ প্রায়বোৰ খাদ্য থলুৱা উপকৰণেৰে তৈয়াৰী।

১.০১ কলখাৰৰ প্রস্তুত প্রণালী আৰু ঔষধি গুণ ঃ

অসমৰ থলুৱা প্রজাতিৰ এবিধ কল হৈছে ভীমকল। ভীমকল ঔষধি গুণসম্পন্ন। ই এবিধ ফল হোৱাৰ উপৰি অন্য কিছুমান দিশতো ইয়াৰ উপকাৰিতা অপৰিসীম। 'খাৰ খোৱা অসমীয়া' বুলি অসমীয়া মানুহৰ নামেই আছে। 'খাৰ' হৈছে অসমীয়া মহিলাই ঘৰতে প্রস্তুত কৰা ক্ষাৰৰ গুণ থকা এবিধ পৰম্পৰাগত অসমীয়া ব্যঞ্জন। প্রাকৃতিকভাৱে প্রস্তুত কৰা এই সামগ্রীবিধ বহু বছৰলৈকে সংৰক্ষণ কৰি ৰাখিব পাৰে। ভীমকলৰ বাকলি আৰু শিপাৰ পৰা এইবিধ খাৰ প্রস্তুত কৰা হয়। কল খাই বাকলিবোৰ একে ঠাইতে গোটাই ৰখা হয়। বাকলিবোৰ শুকাই গ'লে সেইবোৰ জুইত পুৰি ক'লা ছাঁই প্রস্তুত কৰা হয়। ছাঁইখিনি এটা বাঁহেৰে নির্মিত খৰাহিত থৈ তাত কম কমকৈ পানী ঢালি দিয়া হয়। ছাঁইৰ খৰাহিটো পৰিষ্কাৰ পাত্র এটাৰ ওপৰত ৰখা হয় যাতে ছাঁইৰ পৰা নিগৰি ওলোৱা পানী পাত্রটোত জমা হয়। সেইখিনিকেই কলখাৰ বুলি কোৱা হয়। কলগছজোপাৰ গুৰিটো খান্দি চকল চকলকৈ কাটি ৰ'দত শুকুৰাই পিছত জুইত পুৰি একে পদ্ধতিৰেই কলখাৰ প্রস্তুত কৰে। কলখাৰ বিভিন্ন ধৰণৰ পাচলি যেনে- অমিতা, পচলা, শেৰালি ফুল, মাটিমাহ আৰু মাছৰ মূৰ আদিৰ লগত মিহলি কৰি সুস্বাদু ব্যঞ্জন প্রস্তুত কৰা হয়।

১.০১.০১ কলখাৰৰ ঔষধি গুণ ঃ

- হজমজনিত সমস্যা সমাধান কৰে।
- পেটৰ অপ্রয়োজনীয় বাহ্য পদার্থ নিষ্কাশন কৰে।
- বৃক্কত হোৱা পাথৰৰ সমস্যা দূৰ কৰে।
- আভোক নোহোৱা কৰে।

- পানীলগা, কাহ, উচ্চ ৰক্তচাপ আদিতো দৰৰৰ দৰে কাম কৰে।
- এছিডিটি নোহোৱা কৰে।
- গাঁৰে-ভূঞে কলখাৰ চুলি আৰু কাপোৰ ধুবৰ বাবেও ব্যৱহাৰ কৰে।

১.০২ খৰিচাৰ প্রস্তুত প্রণালী আৰু ঔষধি গুণ ঃ

অসমীয়া খাদ্য সম্ভাৰৰ ভিতৰত অন্য এক উল্লেখনীয় থলুৱা খাদ্য হৈছে বাঁহগাজ বা খৰিচা। খৰিচা বাঁহগছৰ গজালিৰ পৰা প্রস্তুত কৰা হয়। শাওণ আৰু ভাদ মাহত ওলোৱা বাঁহৰ গজালিৰপৰা খৰিচা প্রস্তুত কৰা হয়। বাঁহৰ বিভিন্ন প্রকাৰৰ ভিতৰত কাকবাঁহৰ খৰিচা খাবলৈ সোৱাদ। ঘৰৰ পুৰুষসকলে বাঁহনিৰপৰা বাঁহৰ গাঁজ আনি মহিলাসকলক দিয়ে। মহিলাসকলেই এই কামত প্রধান অংশ লয়। প্রথমে বাঁহৰ গাঁজবোৰৰ ওপৰৰ বাকলিবোৰ এৰুৱাই পৰিষ্কাৰ কৰি লয়। ভালকৈ ধুই ঢেঁকীত খুন্দি লোৱা হয়। আজিকালি ঢেঁকীৰ ব্যৱহাৰ প্রায় নোহোৱা হোৱাৰ বাবে পিচনা বা গ্রাইণ্ডাৰত পিচি লয়। পিচি উলিওৱা গাজখিনি টেঙা হ'বৰ বাবে কুজি থেকেৰা কেইফুলামান মিহলাই আইনাৰ বৈয়াম বা মাটিৰ কলহত ভৰাই ৰখা হয়। এনেদৰে ৰাখিলে বহুদিন ভালে থাকে। কেঁচা খৰিচাত হালধি সানি চোকা ৰ'দত শুকুৰাই ৰাখিলেও বহুদিন ভালে থাকে। এনে খৰিচাক শুকান খৰিচা বুলি কোৱা হয়। খৰিচাৰ আচাৰ প্রস্তুত কৰিও ৰাখিব পাৰি। মাছৰ লগত খৰিচা ৰান্ধিলে এটি সুস্বাদু হয়।

১.০২.০১ খৰিচাৰ উপকাৰিতা ঃ

- বাঁহগাজত থকা পটাচিয়ামে ৰক্তচাপ নিয়ন্ত্রণ কৰে।
- বিষনাশক হিচাপে বাতবিষৰ ৰোগীয়ে ব্যৱহাৰ কৰে।
- বসন্ত ওলালে মাগুৰ মাছৰ লগত শুকান খৰিচা ৰান্ধি শুকতি খালে বসন্ত ৰোগ ভাল হয়।

১.০৩ শোকোতাৰ প্রস্তুত প্রণালী আৰু ঔষধি গুণ ঃ

অসমীয়া থলুৱা খাদ্যৰ অন্যতম এবিধ উপকৰণ হৈছে শোকোতা। তিতামৰা গছৰ পাতৰ পৰা শোকোতা প্রস্তুত কৰা হয়। মৰাপাটৰ গছ বছৰৰ এটা সময়তহে হয় বাবে অসমীয়া মহিলাসকলে মৰাগছৰ পাত বছৰটোৰ কাৰণে শুকুৰাই থৈ দিয়ে। মৰাগছ কটাৰ পাছত পাতবোৰ ছিঙি পেলোৱা হয়। ভালকৈ ধুই খুব টান ৰ'দত তিতামৰা গছৰ পাত শুকুৰাই ল'ব লাগে। মচমচীয়াকৈ শুকুৰাৰ পাছত হাতেৰে মোহাৰি বাঁহৰ খৰাহি এটাৰে চালি ল'ব লাগে। চালি লোৱাৰ পাছত খৰাহিৰ তলত পৰা গুৰিখিনি বৈয়ামত ভৰাই থৈ দিয়া হয়। যেতিয়া খাবৰ ইচ্ছা হয় তেতিয়া শুকান মৰাপাটৰপৰা শোকোতা প্রস্তুত কৰি খোৱা হয়। শোকোতাৰ স্বাদ তিতা। শৰৎ কালত ফুলা শেৰালি ফুলৰপৰাও শোকোতা প্রস্তুত কৰা হয়। শেৰালি ফুলো শুকুৰাই বছৰটোৰ বাবে সংৰক্ষণ কৰা হয়।

১.০৩.০১ শোকোতাৰ ঔষধি গুণ ঃ

- পানীলগা, কাহ আদিৰ কাৰণে উপকাৰী।
- তেজৰ শর্কৰা নিয়ন্ত্রণ কৰি ৰাখে।
- মধুমেহ ৰোগত শোকোতা ভাল।
- পেলু, কৃমি নাশ কৰে।

১.০৪ নিমখত ৰখা গোলনেমুৰ সংৰক্ষণ প্ৰণালী আৰু ঔষধি গুণ ঃ

মহিলাসকলে সংৰক্ষণ কৰি ৰখা আন এবিধ উপকৰণ হৈছে নিমখত ৰখা গোলনেমু। দৈনন্দিন খাদ্যৰ ৰুচিবৰ্ধক আৰু নানা ঔষধি গুণসম্পন্ন ফল হৈছে নেমুটেঙা। কাজিনেমুতকৈ গোলনেমুৰ গুণাগুণ অধিক। নেমুত ভিটামিন এ, ভিটামিন চি, ভিটামিন বি কমপ্লেক্স থাকে। গোলনেমু বছৰৰ আহিন-কাতি মাহত পকে। পকা গোলনেমু বছৰ বছৰৰ বাবে সংৰক্ষণ কৰি ৰাখিব পাৰি। পকা গোলনেমুৰ বাকলি অংশ কটাৰীৰে চুঁচি ল'ব লাগে। চুঁচি লোৱা নেমুখিনি ষ্টীলৰ গামলা এটাত ৰাখি তাত অলপ নিমখ ছটিয়াই তিনি/চাৰিদিন ৰাখি দিব লাগে। নেমুখিনি ৰসগোল্লাৰ নিচিনাকৈ কোমল হ'লে নিমখৰ পৰা উলিয়াই এদিন বা দুদিন চোকা ৰ'দত শুকুৰাব লাগে। শুকুৰাৰ পাছত কাঁচৰ বৈয়ামত ভৰাই ভালকৈ সাফৰ মাৰি ৰাখি থ'লে বছৰ বছৰ ধৰি ভাল হৈ থাকে।

১.০৪.০১ ঔষধি গুণ ঃ

● পেট কামোৰণি, পেট চলা, পেটৰ বিষ, পেটফুলা, আভোক আভোক লগা আদিত নিমখত ৰখা গোলনেমুৰ সাহ বা বাকলি খালে সুফল পোৱা যায়।

১.০৫ থেকেৰা টেঙাৰ প্ৰস্তুত প্ৰণালী আৰু ঔষধি গুণ ঃ

অসমীয়া খাদ্যসম্ভাৰ আৰু ঔষধি গুণসম্পন্ন থলুৰা বস্তুৰ ব্যৱহাৰে ঘৰুৱা চিকিৎসা পদ্ধতিত প্ৰাচীন কালৰপৰা অতি গুৰুত্বপূৰ্ণ স্থান লাভ কৰি আহিছে। তাৰ ভিতৰত থেকেৰা অন্যতম। থেকেৰা বহুত প্ৰকাৰৰ পোৱা যায়। বৰ থেকেৰা, কুঁজী থেকেৰা আৰু ৰূপহী থেকেৰা। খুব সহজ পদ্ধতিৰে থেকেৰা বহু দিনৰ কাৰণে সংৰক্ষণ কৰি ৰাখিব পাৰি। সংৰক্ষণ কৰি ৰখা থেকেৰা বিভিন্ন ব্যঞ্জনত দি সুস্বাদু খাদ্য ৰান্ধি অসমীয়া লোকসকলে বছৰ বছৰ ধৰি উপভোগ কৰি আহিছে। তিনিবিধ থেকেৰাৰ ভিতৰত কুঁজী থেকেৰা সংৰক্ষণৰ বাবে বেছি উপযোগী। কুঁজী থেকেৰা গছৰ ফলবোৰ জেঠ আহাৰ মহীয়া পূৰঠ হয়। পকা ফলবোৰ পাৰি আনি তাৰ ভিতৰৰ গুটিবোৰ উলিয়াই লৈ ওপৰৰ বাকলিবোৰ ভালকৈ ধুই ল'ব লাগে। আঠাজাতীয় পদাৰ্থ থকাৰ বাবে অলপ সময় পানীত তিয়াই ৰাখিব লাগে। তাৰ পাছত সৰু সৰুকৈ কাটি বাঁহৰ চালনী বা খৰাহীত মেলি লৈ চোকা ৰ'দত কিছুদিন শুকুৰাব লাগে। শুকাই যোৱাৰ পাছত থেকেৰাখিনি ক'লা পৰি যায়। ক'লা পৰা থেকেৰাখিনিত মিঠাতেল ঘঁহি এদিন বা দুদিন আকৌ ৰ'দাব লাগে। তাৰ পিছত শুকান থেকেৰাখিনি চিচাৰ বৈয়ামত ভৰাই ৰাখিব লাগে। এনেদৰে থ'লে বহুত বছৰলৈ সেইখিনি থেকেৰা ব্যৱহাৰ কৰিব পাৰি। থেকেৰাৰে ৰন্ধা মাছৰ জোল, থেকেৰা দিয়া মগু মাহৰ দাইলখন, পদিনাৰ ছাটনি, সৰু আলুগুটি আৰু থেকেৰা আঞ্জা সকলো অসমীয়াৰে প্ৰিয়। থেকেৰাৰপৰা বনোৱা জুৰণি (থেকেৰা তিয়াই থৈ গুৰ দি প্ৰস্তুত কৰা চৰবত) গৰমৰ দিনত প্ৰখৰ ৰ'দত কাম কৰি থকা পথৰুৱাসকলৰ অতি প্ৰিয়।

১.০৫.০১ থেকেৰাৰ ঔষধি গুণ ঃ

● পেটচলা, কৌষ্ঠকাঠিন্য, পেট কামোৰণি আদি পেটৰ যিকোনো সমস্যাত থেকেৰা উপকাৰী।

● প্ৰস্ৰাৱ জ্বলা-পোৰা কৰা, প্ৰস্ৰাৱৰ সংক্ৰমণৰ বাবে থেকেৰা উপযোগী। এগিলাচ পানীত কেইফুটামান থেকেৰা তাল মিছিৰিৰ সৈতে এৰাতি তিয়াই ৰাখি পিছদিনা খালী পেটত খালে উপশম পোৱা যায়।

● নিয়মীয়াকৈ থেকেৰাৰ চৰবত খালে মেদবহুলতা কমে।

১.০৬ তিতা নিমপাতৰ সংৰক্ষণ প্ৰণালী আৰু ঔষধি গুণ ঃ

নিমপাত দুই ধৰণৰ— মহানিম আৰু ঘোঁৰানিম। মহানিমৰ পাত খাদ্য হিচাপে খোৱা হয়। ঘোঁৰানিমৰ পাত নাখায়। নিমপাতৰ ঔষধি গুণ সৰ্বজনবিদিত। নিমপাতে প্ৰকৃতিক প্ৰচুৰ পৰিমাণে অক্সিজেন যোগান ধৰে। ছালৰ বিভিন্ন ৰোগত নিমপাত বহুত উপকাৰী । নিমপাত শুকুৰাই বহুদিনৰ বাবে সাঁচি ৰাখিব পাৰি। প্ৰতিঘৰ অসমীয়া মানুহৰ ঘৰত শুকান নিমপাত থাকেই বুলি ক'লেও বঢ়াই কোৱা নহ'ব। নিমপাত শুকুৰাবলৈ অতি সহজ। নিমগছৰ পাত ছিঙি আনি ভালদৰে ধুই ৰ'দত শুকুৰাই থৈ বহুদিনৰ বাবে সংৰক্ষণ কৰিব পাৰি।

১.০৬.০১ নিমপাতৰ ঔষধি গুণ ঃ

● বসন্ত ৰোগ প্ৰতিৰোধ কৰে।

● পেলু আৰু কৃমি নাশ কৰে।

● সকলো ধৰণৰ ছালৰ ৰোগত নিমপাত ব্যৱহাৰ কৰা হয়।

● কাহ হ'লে নিমপাত ভাজি বা আঞ্জা ৰান্ধি খালে কাহ ভাল হয়।

১.০৭ খাৰলি আৰু পানীটেঙাৰ প্ৰস্তুত প্ৰণালী আৰু ঔষধি গুণ ঃ

খাৰলি আৰু পানীটেঙা দুয়োবিধ সৰিয়হৰ গুৰিৰপৰা প্ৰস্তুত কৰা হয়। ঠায়ে ঠায়ে খাৰলিক বেহুৰা বুলিও কোৱা হয়। ৰঙা বা বগা সৰিয়হ ভালকৈ ধুই ৰ'দত শুকুৰাই ল'ব লাগে। ঢেঁকী বা মিক্সাৰ গ্ৰাইণ্ডাৰত শুকান সৰিয়হখিনি পিচিব লাগে। খাৰলি কলখাৰ বা বজাৰত কিনিবলৈ পোৱা ক্ষাৰৰ গুৰি দি প্ৰস্তুত কৰা হয়। আনহাতে থেকেৰা টেঙা বা কাজিনেমুৰ ৰস দি পানীটেঙা প্ৰস্তুত কৰা হয়। পানী আৰু টেঙা দি প্ৰস্তুত কৰাৰ বাবে এইবিধ খাদ্যবস্তুক পানীটেঙা নামেৰে জনা যায়। সৰিয়হৰ গুড়ি, নিমখ, জলকীয়া আৰু খাৰপানী (খাৰপানী কেনেকৈ প্ৰস্তুত কৰা হয় খাৰ প্ৰস্তুত প্ৰণালীত দিয়া হৈছে) একেলগে মিলাই খাৰলি প্ৰস্তুত কৰা হয়। মিশ্ৰণটোৰ এটা লাড়ু বনাই কলপাতত ৰান্ধি তিনি-চাৰি দিন ৰাখিব লাগে। সৰিয়হৰ লাড়ুটো বেছি কোমল হ'ব নালাগে। ৰুটি বনাবৰ বাবে আটাগুড়ি সানি যিদৰে আটা মথা হয়, ঠিক একেদৰে সৰিয়হৰ এটা ডাঙৰ লাড়ু বনোৱা হয়। এনেদৰে প্ৰস্তুত কৰা খাৰলিৰ লাড়ুটো দহ-পোন্ধৰ দিনলৈকে ভাল হৈ থাকে। গৰমৰ দিনত ভাতৰ লগত খাৰলি খাই বহুত ভাল লাগে। খাৰ দি বনোৱা হয় কাৰণে এইবিধ খাদ্যসামগ্ৰীক খাৰলি নামেৰে জনা যায়।

১.০৭.০১ খাৰলিৰ ঔষধি গুণ ঃ

● খোৱাৰ ৰুচি বৃদ্ধি কৰে;

● পেট পৰিষ্কাৰ কৰে।

১.০৮ শুকান তেঁতেলিৰ সংৰক্ষণ প্ৰণালী আৰু ঔষধি গুণ ঃ

তেঁতেলি এবিধ টেঙাজাতীয় ফল। অসমীয়া মহিলাই পকা তেঁতেলিৰ গুটি শুকুৰাই ৰাখে। তেঁতেলি প্ৰচুৰ পৰিমাণে ঔষধি গুণসম্পন্ন। অতিপাত গৰমত তেঁতেলিৰ চৰবত বনাই খালে শৰীৰ শীতল পৰি যায়। উচ্চ ৰক্তচাপযুক্ত ৰোগীয়ে তেঁতেলি খালে ৰক্তচাপ নিয়ন্ত্ৰণত থাকে। তেঁতেলিয়ে মধুমেহ ৰোগৰ আশংকা কম কৰে। সৌন্দৰ্য-চৰ্চাত তেঁতেলিৰ ব্যৱহাৰ বহু পুৰণি দিনৰপৰাই চলি আহিছে। তেঁতেলিয়ে হজম ক্ষমতা বৃদ্ধি কৰাৰ লগতে স্মৃতিশক্তিও বৃদ্ধি কৰে। বহুধা গুণযুক্ত তেঁতেলি অসমীয়া মহিলাই ৰ'দত শুকুৰাই বহুদিনৰ বাবে সংৰক্ষণ কৰি ৰাখে। গৰমৰ

দিনত তেঁতেলিৰ গুড়ি বা পকা তেঁতেলিৰ পৰা চৰবত প্ৰস্তুত কৰি খোৱা হয়। এইবিধ চৰবতে শৰীৰ ঠাণ্ডা কৰি ৰাখে।

১.০৯ আচাৰ আৰু মুখৰোচক খাদ্য ঃ

বিভিন্ন ঋতুকালীন সামগ্ৰীক বছৰ বছৰৰ বাবে সংৰক্ষণ কৰি ৰাখিব পৰা আন এক পদ্ধতি হৈছে আচাৰ। আচাৰ ৰাসায়নিক আৰু প্ৰাকৃতিক দুই ধৰণেৰে প্ৰস্তুত কৰিব পাৰি। অসমীয়া মহিলাসকলে ৰাসায়নিক দ্ৰব্য ব্যৱহাৰ নকৰাকৈ সম্পূৰ্ণ প্ৰাকৃতিকভাৱে আচাৰ প্ৰস্তুত কৰে। আম, কঁঠাল, বগৰী, কৰদৈ, নেমু, জলকীয়া, জলফাই, অমৰা, আমলখিৰ আচাৰ খাবলৈ বৰ সোৱাদ। এই আটাইবোৰ আচাৰৰ প্ৰস্তুত প্ৰণালী সুকীয়া সুকীয়া। থলুৱাভাৱে প্ৰস্তুত কৰা আচাৰ ভালে ৰাখিবলৈ কোনো ধৰণৰ ৰাসায়নিক দ্ৰব্য ব্যৱহাৰ কৰা নহয়। নিমখ, মিঠাতেল, চেনি এইবোৰ হৈছে প্ৰাকৃতিকভাৱে উপলব্ধ খাদ্য সংৰক্ষক। নিমখ আৰু মিঠাতেল এই দুবিধ বস্তু ব্যৱহাৰ কৰি আচাৰ প্ৰস্তুত কৰা হয়। চেনি বা গুৰ ব্যৱহাৰ কৰি জলফাই, বগৰী, টেঙামৰাৰ গুটি আদিৰ মিঠা আচাৰ প্ৰস্তুত কৰা হয়। এনেদৰে প্ৰস্তুত কৰা আচাৰ মাজে মাজে ৰ'দত দিব লাগে। আচাৰে খাদ্য সুস্বাদু কৰি তোলে।

প্ৰতিঘৰ অসমীয়া মানুহৰ বাৰীত শিলিখা, অমৰা, আমলখি পোৱা যায়। এইকেইবিধ মুখৰোচক খাদ্যও ৰ'দত শুকুৰাই সংৰক্ষণ কৰা হয়। কেইবাদিনো নিমখত তিয়াই ৰাখি বা নিমখ দি জুইত সিজাই ৰ'দত দি শুকুৰাই ৰাখিলে বহুদিনলৈকে ভালে থাকে।

১.০৯.০১ শিলিখাৰ খাদ্য গুণ ঃ শিলিখাৰ বহুতো ঔষধি গুণ আছে। শিলিখাই বিভিন্ন ৰোগ নিৰাময়ত সহায় কৰে।

- এলার্জীৰ বাবে শিলিখা অতি উপকাৰী।
- দাঁতৰ বিষ হ'লে শিলিখাৰ গুড়ি লগালে ভাল হয়।
- শিলিখাই কৌষ্ঠকাঠিন্য দূৰ কৰে।
- শৰীৰৰ অপ্ৰয়োজনীয় আৰু বৰ্জনীয় পদাৰ্থবোৰ শৰীৰৰপৰা নিষ্কাষণ কৰি শৰীৰটোক প্ৰাকৃতিকভাৱে সুস্থ কৰি ৰাখে।
- ডিঙিৰ টনচিল আদি ৰোগ নিৰাময়তো সহায় কৰে।
- নিয়মীয়াকৈ শিলিখা খালে কফ নহয়।

১.০৯.০২ আমলখিৰ খাদ্যগুণ ঃ

আমলখি এবিধ কেঁহা ফল। আমলখিৰ ঔষধি গুণ সম্পৰ্কে কম-বেছি পৰিমাণে আমি সকলো জ্ঞাত। আমলখিত প্ৰচুৰ পৰিমাণে এণ্টি অক্সিডেণ্ট থাকে। আমলখি আঁহযুক্ত। পেটৰ সমস্যাজনিত ৰোগ নিৰাময় কৰাত আমলখি অতি গুৰুত্বপূৰ্ণ। চকুৰ দৃষ্টিশক্তি বৃদ্ধি কৰে। দুই/চাৰিটা আমলখিৰ ৰসৰ লগত মৌ মিহলাই খালে ফল পোৱা যায়। চুলিৰ বাবেও আমলখিৰ ৰস অতি উত্তম। চুলি সৰাৰপৰা উপশম পাবলৈ হ'লে আমলখিৰ ৰস উলিয়াই দুই-তিনি ঘণ্টা চুলিত লগাই ৰাখিব লাগে। দিনে চাৰি-পাঁচটা আমলখি খালে শৰীৰৰ অতিৰিক্ত চৰ্বি কমে।

২.০০ সিদ্ধান্ত

১. বসন্তই দেখা দিলে শুকান খৰিচাৰে শুকতি খুওৱা হয়। শুকতি খালে বসন্তৰ দাগসমূহ সোনকালে শুকায়। পেট চলিলে শুকান কুঁজী থেকেৰা দুফোটামান তিয়াই খৈ তাৰ পানী খালে পেটচলা বন্ধ হয়। এই বস্তুবোৰ

সকলো সময়ত উপলব্ধ নহয় বাবে প্ৰয়োজনীয় সময়ত পোৱা নাযায়; কিন্তু শুকুৰাই খৈ সংৰক্ষণ কৰাৰ বাবে বছৰৰ সকলো সময়তে এই বস্তুবোৰ উপলব্ধ। এই কথাৰপৰা এটা সিদ্ধান্তত উপনীত হ'ব পাৰি যে থলুৱা খাদ্য সংৰক্ষণৰ মাধ্যমেৰে মহিলাসকলে নিজৰ স্বাস্থ্যৰক্ষাত সফল হৈছে।

২. লোকসমাজত থলুৱা খাদ্যৰ সংৰক্ষণত মহিলাসকলে পুৰুষতকৈ বেছি গুৰুত্বপূৰ্ণ ভূমিকা পালন কৰি আহিছে। মহিলাসকলে এটা প্ৰজন্মৰপৰা আন এটা প্ৰজন্মলৈ খাদ্য সংৰক্ষণৰ জ্ঞান প্ৰৰাহিত কৰি আহিছে।

৩. অসমৰ হাবিত যথেষ্ট পৰিমাণে ঔষধি গুণসম্পন্ন গছ-লতিকা পোৱা যায়।

৩.০০ উপসংহাৰ ঃ

অসম প্ৰাকৃতিকভাৱে যথেষ্ট চহকী। অসমৰ বন-জংঘলত বহুতো ঔষধি গুণসম্পন্ন গছ-লতিকা পোৱা যায়। ইয়াৰে কিছুমান ঋতুকালীন। বছৰৰ সকলো সময়তে উপলব্ধ নহয়। সেয়ে অসমীয়া মহিলাসকলে বছৰৰ সকলো সময়তে খাব পৰাকৈ সংৰক্ষণ কৰি ৰাখে। এই সংৰক্ষণ পদ্ধতিও সম্পূৰ্ণ প্ৰাকৃতিক। কোনোধৰণৰ ৰাসায়নিক দ্ৰব্য ব্যৱহাৰ নকৰাকৈ ঘৰতে বিজ্ঞানসন্মতভাৱে সংৰক্ষণ কৰে। অসমীয়া মানুহৰ প্ৰধান আহাৰ হৈছে ভাত। ভাতৰ লগত খোৱা বিবিধ ব্যঞ্জন সংৰক্ষিত বস্তুৰপৰা অসমীয়া মানুহে প্ৰস্তুত কৰি লয়। ইয়াৰ ভিতৰত খাৰ দি ৰন্ধা বেলেগ বেলেগ ব্যঞ্জন, টেঙা দি ৰন্ধা বিভিন্ন ব্যঞ্জন উল্লেখযোগ্য। অসমীয়া পদ্ধতিৰে ৰন্ধা খাৰৰ আঞ্জাকেইখনমান হ'ল— পচলাৰ খাৰ, মাছৰ মূৰৰ খাৰ, অমিতাৰ খাৰ, মচুৰ মাহৰ খাৰ, শেৰালি ফুলৰ খাৰ, মাটিমাহৰ খাৰ, কোমোৰা বা জাতিলাউৰ খাৰ। খাৰৰ নিচিনাকৈয়ে টেঙা আঞ্জাও অসমীয়া মানুহৰ খুব প্ৰিয়। মাছৰ টেঙাজোল অসমীয়াৰ পৰম্পৰাগত খাদ্য। নিৰামিষ টেঙাৰ আঞ্জাও অসমীয়া মানুহে ৰান্ধি খায়। থেকেৰা টেঙা, নেমু, কণবিলাহী, ঔটেঙা, চুকাশাকৰ টেঙা, মধুসোলেং টেঙা, নলটেঙা পাতৰ টেঙা, তেঁতেলী টেঙা, বগৰী টেঙা, অমৰা টেঙা, জলফাই টেঙা দি ৰন্ধা আমিষ আৰু নিৰামিষ আঞ্জা অসমীয়া মানুহৰ অতি প্ৰিয়। অসমৰ হাবিত পোৱা বিভিন্ন ধৰণৰ মছলা সংৰক্ষণ কৰি ৰখা হয়। এইবোৰৰ ভিতৰত আদা, তেজপাত, জালুক, জলকীয়া প্ৰধান। খাৰলি-পানীটেঙা ভাতৰ লগত খোৱা মুখৰোচক। বগৰী, আম, বুটমাহ ৰ'দত শুকুৰাই গুড়ি কৰি টেকেলি বা বাঁহৰ চুঙাত বহুদিনলৈ সাঁচি ৰাখিব পাৰি। এইদৰে প্ৰস্তুত কৰা গুড়িত নিমখ, তেল আৰু জলকীয়া সানি ভাতৰ লগত খোৱা হয়। গৰম গৰম দাইল ভাতৰ লগত খৰিচা পিটিকা, খাৰলি, পানীটেঙা খাই বেছি ভাল লাগে। পাতত দিয়া খাদ্যৰ কথা নোকোৱাকৈ থাকিলে অসমীয়া থলুৱা খাদ্যসম্ভাৰ অসম্পূৰ্ণ হৈ ৰ'ব। কেইবিধমান পাতত দিয়া খাদ্য হ'ল— কচুথোৰ আৰু কণ বিলাহী, মচন্দৰী আৰু শুকলতি, বনজালুক পাতত দিয়া, মোৰা মাছ আৰু ডৰিকণা মাছ পাতত দিয়া, মানিমুনি শাক পাতত দিয়া অসমীয়াৰ অতি আপোন খাদ্য। জা-জলপান আৰু এইবোৰৰ প্ৰস্তুত প্ৰণালী অসমীয়াৰ স্বকীয় বৈশিষ্ট্য। গৰুবিহুৰ দিনা এশ এবিধ শাকৰ আঞ্জা খোৱাৰ পৰম্পৰা অসমীয়া সমাজৰ পুৰণি দিনৰপৰা চলি আহিছে। অসমীয়া গৃহিণীয়ে বাৰীতে পোৱা বিভিন্ন ধৰণৰ শাক বুটলি সেইখিনি সুন্দৰকৈ ৰান্ধি পৰিয়ালৰ সদস্যসকলক আপ্যায়ন কৰে। এশ এবিধ শাকৰ লগত এক বিশ্বাস জড়িত হৈ আছে। এশ এবিধ শাকৰ আঞ্জা খালে বছৰটোৰ বাবে বেমাৰ-আজাৰৰপৰা ৰক্ষা পোৱা যায় বুলি বিশ্বাস কৰা হয়। এই পৰম্পৰাগত শাকৰ আঞ্জা আৰু তাৰ লগত জড়িত লোকবিশ্বাস গৃহিণীসকলেই এটা যুগৰপৰা আন এটা যুগলৈ কঢ়িয়াই আনে। মহিলাসকলক প্ৰাকৃতিক জ্ঞানৰ সংৰক্ষক বুলি ক'লেও বঢ়াই কোৱা নহ'ব। চিকিৎসাৰ ক্ষেত্ৰতো মহিলাসকলে প্ৰাকৃতিক চিকিৎসকৰ ভূমিকা পালন কৰি আহিছে।

সহায়ক গ্ৰন্থপঞ্জী ঃ

খনিকৰ, গুণাৰাম, বন দৰবেৰে ঘৰুৱা চিকিৎসা, গুৱাহাটী, কল্যাণী বুক ষ্টল ২০১১

দাস, নাৰায়ণ, পৰমানন্দ ৰাজবংশী (সম্পা.), অসমৰ সংস্কৃতি কোষ, গুৱাহাটী, জ্যোতি প্ৰকাশন, তৃতীয় সংস্কৰণ ২০২১

দত্ত বৰুৱা, ফণীন্দ্ৰ নাৰায়ণ, বিশ্বদীপ গগৈ, দেৱজিত শৰ্মা (সম্পা.), অসমীয়া সাংস্কৃতিক শব্দকোষ, মহীষুৰ, কেন্দ্ৰীয় ভাষা সংস্থান ২০০৯

নেওগ, হৰিপ্ৰসাদ আৰু লীলা গগৈ, অসমীয়া সংস্কৃতি, ডিব্ৰুগড়, বনলতা, চতুৰ্থ সংস্কাৰণ ২০০৩

বৰদলৈ, নিৰ্মলপ্ৰভা, অসমৰ লোকসংস্কৃতি, গুৱাহাটী, বীণা লাইবেৰী, প্ৰথম প্ৰকাশ, ২০১২

বৰুৱা, প্ৰদীপ, চিত্ৰ-বিচিত্ৰ অসম, গুৱাহাটী, জ্যোতি প্ৰকাশন, চতুৰ্থ সংস্কৰণ ২০২২

শৰ্মা, নবীন চন্দ্ৰ, লোকসংস্কৃতি, গুৱাহাটী, চন্দ্ৰ প্ৰকাশ, পঞ্চম সংস্কৰণ ২০২২

তথ্যদাতাৰ তালিকা

১ । ৰুণুমাই বৰা, অৱসৰপ্ৰাপ্ত শিক্ষয়িত্ৰী, মাজুলী, বয়স ৬৮ বছৰ

২ । অঞ্জলি বৰা, গৃহিণী, গোলাঘাট, বয়স ৬৬ বছৰ

৩। কুসুম বৰা, গৃহিণী, মাজুলী, বয়স ৭২ বছৰ

৪ । বন্তি দত্ত, শিক্ষয়িত্ৰী, শিৱসাগৰ, বয়স ৫২

ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসত প্ৰতিফলিত অভিবাসী নাৰীৰ সামাজিক অৱস্থান

বনিশা শইকীয়া

অসমীয়া বিভাগ, ডিব্ৰুগড় বিশ্ববিদ্যালয়, ডিব্ৰুগড়, অসম

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সংক্ষিপ্তসাৰ ঃ

সামাজিক অৱস্থানে এখন সমাজত ব্যক্তিৰ ভূমিকা অনুসৰি তেওঁৰ স্থিতিক প্ৰতিফলিত কৰে। প্ৰত্যেক সমাজতে পুৰুষ আৰু নাৰী উভয়ে কিছুমান গুৰুত্বপূৰ্ণ দায়িত্ব পালন কৰিবলগীয়া হয়। তথাপি এখন সমাজত পুৰুষৰ তুলনাত নাৰীক প্ৰায়ে অৱদমিত কৰি ৰখাৰ প্ৰয়াস দেখিবলৈ পোৱা যায়। অসমৰ তথাকথিত মূলসুঁতিৰ পৰা আঁতৰত থকা এটি প্ৰান্তীয় জনগোট হৈছে অভিবাসী মুছলমানসকল। উক্ত প্ৰান্তীয় জনগোটটোৰ নাৰীসকলে প্ৰতিটো দায়িত্ব সুকলমে পালন কৰাৰ পিছতো পুৰুষতান্ত্ৰিক মানসিকতাৰ বাবে নিপীড়িত হৈ আহিছে। বিশেষকৈ পূৰ্ববংগীয় মুছলমান সমাজখনৰ নিৰক্ষৰতা আৰু অসচেতনতাই নাৰীৰ জীৱন অত্যন্ত শোচনীয় কৰি তুলিছে। লিংগ বৈষম্যৰ সন্মুখীন হোৱা নাৰীসকলে অনগ্ৰসৰতা, পুৰুষতান্ত্ৰিক মানসিকতা, নিৰক্ষৰতা ইত্যাদি কাৰণত স্বাধীনতাৰ পূৰ্বৰে পৰা সাম্প্ৰতিক সময়লৈকে সমস্যাসমূহৰ সৈতে সহবাস কৰিবলগীয়া হৈছে। সাহিত্যই সমাজক প্ৰতিফলিত কৰি ইতিবাচক আৰু নেতিবাচক দিশসমূহ উন্মোচনেৰে নতুন চিন্তাৰ প্ৰকাশ ঘটায়। এই অধ্যয়নত ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসৰ আধাৰত অভিবাসী নাৰীৰ সামাজিক অৱস্থান সম্পৰ্কে বিশ্লেষণ কৰা হৈছে। সাহিত্যৰ সমাজতত্ত্বৰ অন্তৰ্গত সমাজ বিশ্লেষণ পদ্ধতিৰ সহায়ত অভিবাসী সমাজখনত নাৰীৰ সামাজিক অৱস্থান, নাৰীৰ প্ৰতিৰোধ আৰু নাৰীকেন্দ্ৰিক সমস্যাৰ সম্ভাব্য সমাধান সম্পৰ্কে উপন্যাসখনৰ আধাৰত অধ্যয়ন কৰাটোৱে হৈছে প্ৰস্তুত গৱেষণা পত্ৰখনিৰ মূল উদ্দেশ্য। পূৰ্ববংগীয় সমাজখনত শিক্ষা আৰু স্বাস্থ্য সম্পৰ্কীয় সজাগতাৰ অভাৱ, ধৰ্মীয় গোড়ামি আৰু পুৰুষতান্ত্ৰিকতাৰ ফলত নাৰীসকলে যথেষ্ট কষ্ট ভোগা পৰিলক্ষিত হৈছে। এই সমাজখনত কমসংখ্যক নাৰীয়েহে নিজৰ অধিকাৰৰ প্ৰতি সচেতন হৈ প্ৰত্যক্ষ আৰু পৰোক্ষভাৱে আত্মৰক্ষাৰ উদ্দেশ্যে একধৰণৰ প্ৰতিৰোধ অব্যাহত ৰাখিছে। পূৰ্ববংগীয় সমাজখনৰ সৰ্বাংগীন বিকাশৰদ্বাৰা নাৰীসকলৰ সমস্যা সমাধানৰ বাবে অসমৰ জনসাধাৰণ আৰু এই সমাজখনৰ শিক্ষিত চামটোক পদক্ষেপ গ্ৰহণ কৰিবলৈ জনোৱা আহ্বান উপন্যাসখনত প্ৰতিফলিত হৈছে।

বীজ শব্দ ঃ *অভিবাসী নাৰী, অসমীয়া উপন্যাস, পূৰ্ববংগীয় সমাজ, সামাজিক অৱস্থান।*

১.১ অৱতৰণিকা ঃ

অসমলৈ ঔপনিৱেশিক প্ৰেক্ষাপটত অভিবাসন সংঘটিত কৰা এক জনগোট হৈছে পূৰ্ববংগীয় মুছলমান কৃষকসকল। অধিক ৰাজহ লাভৰ স্বাৰ্থত ব্ৰিটিছে কঠোৰ পৰিশ্ৰমী ভূমিহীন এই কৃষকসকলক অসমৰ চৰ-চাপৰিত বসতি স্থাপনৰ বাবে অনুমতি প্ৰদান কৰিছিল। চৰ-চাপৰি এলেকাত বসবাস কৰাৰ ফলত অসমৰ স্থানীয় লোকৰ সৈতে পূৰ্ববংগীয় কৃষকসকলে সম্পৰ্ক স্থাপন কৰিবলৈ বৰ বিশেষ সুযোগ পোৱা নাছিল। ফলত এই অভিবাসী সমাজখনে পূৰ্ববংগৰ দৰেই সমাজ ব্যৱস্থা মানি চলিবলৈ ধৰে। একবিংশ শতিকাৰ বিকাশশীল সময়তো তেওঁলোকৰ এই সমাজখন যথেষ্ট পিছপৰি আছে। পুৰুষতান্ত্ৰিক মানসিকতাই গ্ৰাস কৰা অভিবাসী সমাজত বিশেষকৈ নাৰীসকল বহু সমস্যাৰে ভাৰাক্ৰান্ত। পূৰ্ববংগীয় সমাজত এগৰাকী নাৰীয়ে দৈনন্দিন কৰণীয়সমূহ নিয়াৰিকৈ সামৰি ল'লেও বিনিময়ত শাৰীৰিক-মানসিক আঘাতহে লাভ কৰিছিল। শৈক্ষিক ক্ষেত্ৰৰ পশ্চাৎপদতা, অনগ্ৰসৰতা, স্বাস্থ্য সম্পৰ্কীয় অজ্ঞতা, বাসস্থানৰ স্থায়িত্ব নথকা, যাত্ৰাপথৰ অসুবিধা ইত্যাদি সমস্যাৰে জৰ্জৰিত এই সমাজখনত নাৰীসকলৰ অৱস্থা অতি শোচনীয়। এই সমাজত নাৰীক কেৱল সন্তান জন্ম আৰু পৰিয়ালৰ যত্ন লোৱাৰ অধিকাৰহে প্ৰদান কৰা হয়। চিৰজীৱন পুৰুষৰ অধীনত থকা নাৰীসকলৰ উত্তৰণৰ সকলো পথ যেন পূৰ্ববংগীয় সমাজত বন্ধ হৈ পৰিছে। শাৰীৰিক আৰু মানসিক কষ্টত ভুগি থাকিলেও নাৰীসকল এইক্ষেত্ৰত সমূলি সজাগ নহয়। প্ৰত্যেক পৰিয়ালতে পুৰুষে মুখ্য ব্যক্তিৰ আসন লাভ কৰি নাৰীক তেওঁলোকৰ অধীনত ৰাখে। সামাজিক নিৰ্মিতিৰ আৱেষ্টনীত নাৰীয়ে বিনা প্ৰতিবাদে পুৰুষৰ আধিপত্য স্বীকাৰ কৰাত তেওঁলোকৰ ইচ্ছা সম্পৰ্কীয় প্ৰসংগটো লুপ্ত হ'বলৈ ধৰে। কৰ্ম অনুসৰি নাৰী আৰু পুৰুষ উভয়েই কঠোৰ পৰিশ্ৰম কৰিবলগীয়া হয়। নাৰীসকলে ঘৰুৱা-বাহিৰা সকলো কাৰ্য্য সুকলমে কৰাৰ উপৰি পৰিয়ালৰ প্ৰত্যেকৰে যত্ন লয়। পুৰুষৰ তুলনাত কম পৰিমাণৰ জিৰণি লাভ কৰা নাৰীসকলে ভাগৰুৱা দেহাৰেই পুৰুষ(পতি)ৰ মন যোগাবলৈ বাধ্য হৈ পৰে। অসমত বিংশ শতিকাৰ দ্বিতীয়ার্ধৰ পৰা নাৰীৰ স্বাধিকাৰ প্ৰতিষ্ঠাৰ উদ্দেশ্যৰে অসমৰ নাৰীসকলে এক আন্দোলন গঢ়ি তুলিছিল। ১৯২৬ চনত অসমৰ প্ৰথমটো আঞ্চলিক নাৰী সংগঠন 'অসম মহিলা সমিতি' গঠন কৰা হৈছিল। স্বাধীন অসমৰ নতুন চৰকাৰে নাৰী আৰু শিশুৰ কল্যাণৰ বাবে বিভিন্ন আঁচনি লোৱাৰ প্ৰস্তাৱো গ্ৰহণ কৰিছিল। শতিকাজোৱা নাৰীৰ অধিকাৰ সম্পৰ্কীয় আন্দোলনৰ পিছতো অসমৰ বাসিন্দা পূৰ্ববংগীয় সমাজৰ নাৰীসকল মৌলিক সুবিধাৰ পৰাও বঞ্চিত হৈ আহিছে। পূৰ্ববংগীয় সমাজখনত পৰিয়াল প্ৰতিপালন, দৈনন্দিন ঘৰুৱা কৰ্ম, কৃষিক্ষেত্ৰত শ্ৰমদান ইত্যাদি কামতে নাৰীসকলক প্ৰায়ে ব্যস্ত হৈ থকা দেখা যায়। শ্ৰমৰ তুলনাত পুষ্টিকৰ খাদ্যৰ অভাৱত নাৰীসকল দুৰ্বল হোৱাত সন্তানেও পুষ্টিহীনতাত ভুগিবলৈ ধৰে। অভিবাসী সমাজখনত সকলোতকৈ প্ৰান্তত অৱস্থান গ্ৰহণ কৰা এই নাৰীসকলৰ শাৰীৰিক-মানসিক কষ্ট সম্পৰ্কে চৰ্চা হোৱাৰ পিছতো কাৰ্য্যক্ষেত্ৰত সেয়া সম্ভৱ হৈ উঠা নাই। এই অভিবাসী জনগোটটোৰ জীৱন সম্পৰ্কে অসমীয়া উপন্যাসতো কিছু পৰিমাণে অধ্যয়ন হোৱা পৰিলক্ষিত হৈছে। পূৰ্ববংগীয় সমাজৰ চিত্ৰণ থকা কেইখনমান অসমীয়া উপন্যাস হৈছে, ছৈয়দ আব্দুল মালিকৰ *'ৰূপাবৰিৰ পলস'*(১৯৮০), উমাকান্ত শৰ্মাৰ *'কাজলীৰ ৰোগ'*(২০০১), আব্দুচ ছামাদৰ *'বৈ যায় চম্পাৱতী'*(২০০৫), ৰুদ্ৰাণী শৰ্মাৰ *'কাঁহিবুনৰ মালিতা'*(২০১৭), অনামিকা বৰাৰ *'অস্তিত্ব'* (২০১৮), কলচুম বিবিৰ *'ছিন্নমূল'*(২০২৩) ইত্যাদি। পূৰ্ববংগীয় সমাজখনৰ চিত্ৰণেৰে ৰচিত উপন্যাসসমূহৰ ভিতৰত ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসখনে উক্ত সমাজখনৰ নাৰীসকলৰ জীৱনক গুৰুত্বসহকাৰে তুলি

ধৰাৰ প্ৰয়াস কৰিছে। অসমৰ তথাকথিত মূলসুঁতিৰ পৰা আঁতৰৰ এই নিম্নবৰ্গীয় সমাজখনত শোষিত নাৰীসকলৰ স্বাস্থ্যজনিত সমস্যা, সামাজিক পৰিচয়, স্বাধিকাৰ সম্পৰ্কীয় সচেতনতা ইত্যাদিৰ উপস্থাপনেৰে কিছু অনুদ্‌ঘাটিত দিশক পোহৰলৈ আনিবলৈ ঔপন্যাসিকে প্ৰয়াস কৰিছে। সাহিত্যই এখন সমাজৰ পৰিৱেশ-পৰিস্থিতিক অধিক হৃদয়স্পৰ্শী ৰূপত ফুটাই তুলিব পাৰে। বিশেষকৈ সাহিত্যৰ বিধা উপন্যাসে সমাজ একোখনক বহল পৰিসৰত অংকন কৰাৰ বাবে ইয়াৰ বিশ্লেষণৰ যথেষ্ট গুৰুত্ব আছে। সেয়ে পূৰ্ববংগীয় সমাজখনত নাৰীসকলৰ স্থিতি কেনেধৰণৰ, নাৰীসকলে প্ৰচলিত প্ৰথাৰ বিৰোধিতা কৰিছে নে, নাৰী হিচাপে সন্মুখীন হোৱা সমস্যাসমূহৰ প্ৰতিকাৰৰ ক্ষেত্ৰত ল'ব পৰা ব্যৱস্থা সম্পৰ্কে *কাঁহিবুনৰ মালিতা*(২০১৭)ত উল্লেখ কৰা হৈছে নেকি — এই দিশকেইটাক উপন্যাসখনৰ আধাৰত উন্মোচিত কৰাটোৱে হৈছে এই অধ্যয়নটিৰ মূল উদ্দেশ্য।

১.২ পূৰ্বকৃত অধ্যয়নৰ সমীক্ষা ঃ

ধ্ৰুৱজ্যোতি বৰাৰ দ্বাৰা সম্পাদিত ***গৰীয়সী*** (২০২১) আলোচনীত প্ৰকাশিত বিৰিঞ্চি কুমাৰ দাসৰ 'প্ৰান্তীয়কৰণৰ প্ৰসংগ আৰু ৰুদ্ৰাণী শৰ্মাৰ উপন্যাস' শীৰ্ষক প্ৰবন্ধটিত ৰুদ্ৰাণী শৰ্মাৰ ছয়খন উপন্যাসত প্ৰতিফলিত প্ৰান্তীয়কৰণ ধাৰণাটোৰ পৰিচয়মূলক ব্যাখ্যা আগবঢ়োৱা হৈছে। অসমৰ মূলসুঁতিৰ সমাজখনৰদ্বাৰা পূৰ্ববংগীয় সমাজক প্ৰান্তীয়কৰণ আৰু অন্যকৰণৰ প্ৰসংগক *কাঁহিবুনৰ মালিতা*উপন্যাসত কেনেদৰে প্ৰতিফলিত হৈছে, সেই দিশটোৰ এক চমু বিশ্লেষণ প্ৰবন্ধটিত দৃষ্টিগোচৰ হৈছে। পূৰ্ববংগীয় সমাজৰ নাৰীৰ জীৱন সম্পৰ্কে বিশেষভাৱে কোনো অধ্যয়ন প্ৰবন্ধটিত পৰিলক্ষিত হোৱা নাই।

হৃদয়ানন্দ গগৈৰ দ্বাৰা সম্পাদিত ***স্বৰ্ণলিপি*** (২০২২) আলোচনীত প্ৰকাশিত বনিশা শইকীয়াৰ 'ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসত প্ৰতিফলিত অভিবাসনজড়িত সমাজৰ স্থিতি' শীৰ্ষক গৱেষণামূলক প্ৰবন্ধটিত কাঁহিবুনৰ মালিতা উপন্যাসত প্ৰতিফলিত সমাজখনৰ স্থিতিক উন্মোচিত কৰিছে। ঔপনিৱেশিক সময়ৰ পূৰ্বৰ স্থানীয় সমাজ আৰু পূৰ্ববংগীয় সমাজখনৰ পাৰস্পৰিক সম্পৰ্ক আৰু পৰস্পৰৰ প্ৰতি পোষণ কৰা মনোভাব সম্পৰ্কে প্ৰবন্ধটিত বিশ্লেষণ কৰা হৈছে। উক্ত প্ৰবন্ধটিয়ে নাৰীৰ প্ৰসংগটোক বিশেষভাৱে অধ্যয়ন কৰা দৃষ্টিগোচৰ হোৱা নাই।

ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা*উপন্যাসখনৰ চৰ্চা বৰ্তমানলৈকে অধিক পৰিমাণে পৰিলক্ষিত হোৱা নাই। উক্ত সমাজখনৰ নাৰীসকলে প্ৰজন্মৰ পৰা প্ৰজন্মলৈ ভুগি অহা সমস্যা সম্পৰ্কে সচেতন সমাজৰ দৃষ্টি আকৰ্ষণ কৰাৰ ক্ষেত্ৰত উপন্যাসখনে এক ভূমিকা গ্ৰহণ কৰিছে বুলি ক'ব পাৰি। এই উপন্যাসখনে পূৰ্ববংগীয় সমাজৰ নাৰীসকলৰ জীৱন সম্পৰ্কে গুৰুত্বসহকাৰে উপস্থাপন কৰিছে, যদিও সেই দিশটোক কেন্দ্ৰ কৰি বিশেষ অধ্যয়ন পৰিলক্ষিত হোৱা নাই। সেয়ে উক্ত অধ্যয়নটিত পূৰ্ববংগীয় নাৰীৰ সৈতে জড়িত প্ৰসংগসমূহক উন্মোচিত কৰিবলৈ প্ৰয়াস কৰা হৈছে।

১.৩ অধ্যয়নৰ উদ্দেশ্য ঃ

'ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসত প্ৰতিফলিত অভিবাসী নাৰীৰ সামাজিক অৱস্থান' শীৰ্ষক প্ৰস্তুত অধ্যয়নটিৰ উদ্দেশ্যসমূহ হৈছে এনেধৰণৰ —

ক) *কাঁহিবুনৰ মালিতা* উপন্যাসৰ আধাৰত পূৰ্ববংগীয় অভিবাসী সমাজত নাৰীৰ সামাজিক স্থিতিক জানিবলৈ প্ৰয়াস কৰা।

খ) অভিবাসী সমাজখনৰ নাৰীৰ প্ৰতিৰোধী মানসিকতাক উপন্যাসখনে প্ৰকাশ কৰিছে নেকি, তাক অনুধাৱন কৰা।
গ) অভিবাসী নাৰীকেন্দ্ৰিক সমস্যাসমূহৰ সম্ভাৱ্য সমাধান উপন্যাসখনৰ জৰিয়তে উন্মোচিত কৰা।

১.৪ অধ্যয়নৰ পদ্ধতি ঃ

সাহিত্যই কোনো এক সময়ৰ সমসাময়িক চৰিত্ৰৰ বৰ্ণনা কৰাৰ লগতে স্বৰূপটোৰ আঁৰৰ উৎস সম্পৰ্কীয় ব্যাখ্যা-বিশ্লেষণতো গুৰুত্ব আৰোপ কৰে। সাহিত্য আৰু সমাজৰ সম্পৰ্কক অনুসন্ধান কৰিবলৈ সৃষ্টি হোৱা এক বিদ্যায়তনিক অনুশাসন সাহিত্যৰ সমাজতত্ত্বৰ অন্তৰ্গত সমাজ বিশ্লেষণ পদ্ধতি (socio-analysis method) হৈছে সামূহিক সম্পৰ্ক, সমাজতন্ত্ৰৰ চিন্তা-ধাৰা, সাংগঠনিক আচৰণ আৰু সামাজিক প্ৰত্যাশাৰ সংশ্লেষিতআৰু সংমিশ্ৰিত একপ্ৰকাৰৰ কাৰ্যকৰী গৱেষণা।[১] সামাজিক সমস্যাক চিনাক্তকৰণ আৰু সামাজিক সমস্যা সমাধানৰ বাবে এই পদ্ধতি ব্যৱহাৰ কৰা হয়। *কাঁহিবুনৰ মালিতা* উপন্যাসৰ জৰিয়তে পূৰ্ববংগীয় সমাজত নাৰীৰ সামাজিক স্থিতিক অনুধাৱন কৰা আৰু নাৰীসকলে সন্মুখীন হোৱা সমস্যাসমূহৰ সমাধানৰ সন্ধান কৰিবলৈ এই পদ্ধতিৰ সহায় লোৱা হৈছে।

গৱেষণা কৰ্ম সম্পাদন কৰিবলৈ প্ৰথমে তথ্য সংগ্ৰহ আৰু তাৰপাছত প্ৰাপ্ত তথ্যসমূহৰ বিশ্লেষণ কৰা হয়। এই গৱেষণা কৰ্মটিৰ বাবে দুইধৰণৰ উৎসৰ পৰা গুণগত পদ্ধতিৰে নমুনা সংগ্ৰহ কৰা হৈছে। উক্ত উৎস দুটা হৈছে এনেধৰণৰ -

১) মুখ্য উৎস ঃ ৰুদ্ৰাণী শৰ্মাৰ *কাঁহিবুনৰ মালিতা*।

২) গৌণ উৎস ঃ বিষয়ৰ সৈতে সম্পৰ্কিত প্ৰাসংগিক গ্ৰন্থ, আলোচনী, গৱেষণামূলক অধ্যয়ন, সাক্ষাৎকাৰ, বক্তৃতানুষ্ঠান ইত্যাদি।

এই গৱেষণা পত্ৰখনিত *কাঁহিবুনৰ মালিতা* উপন্যাস আৰু অন্যান্য প্ৰাসংগিক উৎসৰপৰা নাৰীৰ অৱস্থান সম্পৰ্কীয় দিশসমূহৰ সন্ধান কৰি গুণগত পদ্ধতিৰ অন্তৰ্গত বিশ্লেষণাত্মক আৰু বৰ্ণনাত্মক পদ্ধতিৰ সহায়ত অধ্যয়ন আগবঢ়োৱা হৈছে।

২.০ *কাঁহিবুনৰ মালিতা* উপন্যাসত প্ৰতিফলিত অভিবাসী নাৰীৰ সামাজিক স্থিতি ঃ

অসমৰ চৰ-চাপৰি এলেকাত বসতি স্থাপন কৰি থকা পূৰ্ববংগীয় সমাজখনৰ নাৰীসকলক লোকচক্ষুৰ আঁৰত ৰাখিবলৈ যত্ন কৰা হয়। পৰিয়াল আৰু নিজ সমাজখনৰ বাহিৰে অন্যলোকৰ সৈতে সামাজিক সম্পৰ্ক গঢ়িবলৈ তেওঁলোকক সুযোগ দিয়া নহয়। নাৰীক দমন কৰি ৰখাৰ এই প্ৰক্ৰিয়াটো প্ৰজন্মৰপৰা প্ৰজন্মলৈকে প্ৰবাহিত হৈ আহিছে। পুৰুষৰ ইচ্ছা-অনিচ্ছাকে জীৱনৰ মূল উদ্দেশ্য হিচাপে গ্ৰহণ কৰা নাৰীসকল ব্যক্তিগত অধিকাৰ সম্পৰ্কে সজাগ নহয়। ধৰ্মান্ধ সমাজখনে বহুক্ষেত্ৰত নাৰীসকলক অন্ধকাৰতে ৰাখি থ'বলৈ যত্ন কৰে। অসমত প্ৰান্তীয় গোটলৈ পৰিণত হোৱা এই লোকসকলে পূৰ্ববংগৰ মৈমনসিঙৰ পৰা অসমলৈ অভিবাসিত হোৱা প্ৰসংগ *কাঁহিবুনৰ মালিতা* উপন্যাসত উল্লেখ কৰা হৈছে। বংগদেশত জমিদাৰ শ্ৰেণীৰ অত্যাচাৰ, প্ৰচুৰ জনসংখ্যা, দুৰ্ভিক্ষ ইত্যাদি কাৰকৰ ফলত ব্ৰিটিছ চৰকাৰৰ উদ্যোগত বহু মৈমনসিঙীয়া লোক অসমলৈ অভিবাসিত হৈছিল। ব্ৰিটিছ চৰকাৰে 'পূৰ্ববংগ আৰু অসম'ক এখন প্ৰদেশ হিচাপে শাসন কৰিবলৈ লোৱাত এই অভিবাসন প্ৰক্ৰিয়া অতি সহজ হৈ পৰে। বংগৰ প্ৰতিকূল পৰিৱেশৰ পৰা নিস্তাৰ পাবলৈ বছিৰেও পৰিয়ালসহ অসমলৈ অভিবাসিত হৈছিল। অসমত কৃষিকাৰ্যৰ

বাবে প্ৰচুৰ ভূমি উপলব্ধ হ'লেও চৰ-চাপৰিসমূহত বছৰি হোৱা বানপানীৰ সৈতে পূৰ্ববংগীয়সকলে ওৰে জীৱন যুঁজি আছে। বানপানীৰ ফলত সঘনাই স্থান সলনি কৰি থকা এই দাৰিদ্ৰ পীড়িত সমাজখনত নাৰীসকলে গৰ্ভাৱস্থাতো পৰ্যাপ্ত পৰিমাণে সুষম খাদ্য লাভ নকৰাৰ ফলত সন্তানে পুষ্টিহীনতাত ভুগিবলৈ ধৰে। নাৰীসকলে পুষ্টিহীনতাতে জন্ম লাভ কৰি পুনৰ তেনেদৰেই জীৱন নিৰ্বাহ কৰি দুৰ্বল সন্তান জন্ম দিবলগীয়া হয়। উপন্যাসখনত বছিৰ আৰু পাহিবিবিৰ কন্যা আমিনাৰ প্ৰসংগৰে অভিবাসী নাৰীৰ শাৰীৰিক অৱস্থাক এনেদৰে ব্যক্ত কৰা হৈছে,

দুৰ্ভিক্ষৰ পুষ্টিহীনতা আৰু অনাহাৰৰ মাজতে তাইৰ জন্ম।...সিহঁতৰ পৰিয়ালবোৰতনো কাৰ
ছোৱালী এনে আছে যাৰ যৌৱন টলমল টলমল। ভৰ বয়সত দুই-এজনীৰ গাত মঙহ ধৰে,
বিয়া হৈ গৈ দুটামান ল'ৰা-ছোৱালী হোৱাৰ পিছত আকৌ সেই মৰকুঁচীয়া লগা অৱস্থা।[২]

উন্নত জীৱনৰ সন্ধানত অসমলৈ অভিবাসিত পূৰ্ববংগীয় সমাজৰ নাৰীসকলৰ অৱস্থাৰ সাম্প্ৰতিক সময়তো কোনো পৰিৱৰ্তন নঘটিল। বাল্য বিবাহ, পৰ্দা প্ৰথা, নাৰী নিৰ্যাতন, লিঙ্গ বৈষম্য, তালাক আৰু বহুবিবাহ প্ৰথাই অভিবাসী জনগোটটোৰ নাৰীসকলৰ জীৱনত যথেষ্ট সমস্যাৰ সৃষ্টি কৰি আহিছে। এই জনগোটটোৰ পুৰুষ আৰু নাৰী উভয়ে শিক্ষাৰ অভাৱ আৰু ধৰ্মীয় গোড়ামিৰ ফলস্বৰূপে পূৰ্বাপৰ প্ৰচলিত প্ৰথাকে মানি চলিছে। এখন সমাজত নাৰীৰ শিক্ষাগত অৰ্হতাই বহুক্ষেত্ৰত নাৰীক স্বাধিকাৰ সম্পৰ্কে সচেতন কৰি তোলে। দৰিদ্ৰতা, নিৰক্ষৰতা, দুৰ্বল আন্তঃগাঁথনি, ধৰ্মীয় ভণ্ডামি ইত্যাদিৰ বাবেই এই সমাজখনৰ উন্নয়ন সাধন হোৱা নাই। চৰ-চাপৰি সমাজখনৰ নাৰীসকল মানৱ জীৱনৰ সকলো অধিকাৰৰ পৰা বঞ্চিত হোৱা দেখা গৈছে। দৰিদ্ৰ পিতৃ-মাতৃয়ে ল'ৰা-ছোৱালীক বিশেষকৈ ছোৱালীক স্কুললৈ পঠিয়াব নোখোজে। ছোৱালীক ঘৰতে ৰাখি ঘৰুৱা কামত মাকক সহায় কৰা কাৰ্য্যত লগায় আৰু অতি কম বয়সত ছোৱালীক বিয়া দিয়াৰ ব্যৱস্থা কৰে। ৰাজ্যখনত সংখ্যাগুৰু সম্প্ৰদায়ৰ এগৰাকী শিক্ষিত ছোৱালী বিয়া-বাৰু হৈ প্ৰথমটো সন্তানৰ মাতৃ হয় মানে চৰ-চাপৰিৰ মুছলমান ছোৱালী এজনী আইতা হ'বৰ হয়। ১৪/১৫ বছৰ বয়সত নাবালিকা ছোৱালী এজনীৰ বিয়াৰ পিছত ১৫/১৬ বছৰ বয়সত প্ৰথম সন্তানৰ জন্ম হয়। সন্তানটি যদি ছোৱালী হয় তাইৰ বয়স ১৪/১৫ বছৰ হ'লে তাইক বিয়া দিয়া হয়। পাছৰ বছৰত তাইও মাক হয়। অৰ্থাৎ ১৬ বছৰ আগেয়ে বিয়া হোৱা ১৪/১৫ বছৰীয়া ছোৱালীজনী ৩২ বছৰ বয়স নৌহওঁতেই আইতাক হয়।[৩] নামনি অসমৰ চৰ অঞ্চলসমূহত চৰ অঞ্চল উন্নয়ন সঞ্চালকালয়ে ২০০২-০৩ চনত কৰা এক জৰীপ অনুসৰি পূৰ্ববংগীয় কৃষকসকলৰ ৮১ শতাংশ পুৰুষ আৰু ৯২ শতাংশ নাৰীৰ নিৰক্ষৰতাৰ তথ্য লাভ কৰিছিল।[৪] গতিকে দেখা যায় যে শিক্ষিত পুৰুষ আৰু নাৰীৰ হাৰ কম হোৱাৰ ফলত তেওঁলোক বহুক্ষেত্ৰত পশ্চাদগামী হৈ আছে। সজাগতাৰ অভাৱত কম বয়সতে বিবাহিত এগৰাকী নাৰীয়ে বিবাহৰ পৰৱৰ্তী সময়ত স্বাস্থ্যজনিত নানা সমস্যাৰ সন্মুখীন হৈ আহিছে। নাবালিকা অৱস্থাতে অধিকাংশ মহিলা বিবাহিত হৈ পৰাৰ ফলত সন্তান জন্ম দিয়াৰ ক্ষমতাও অধিক সময়লৈকে থাকে। ফলস্বৰূপে বছৰি বছৰি সন্তান জন্ম দি জনসংখ্যা বৃদ্ধি হোৱাৰ লগতে নাৰীৰ শৰীৰ নিশকতীয়া হ'বলৈ ধৰে। অত্যধিক পৰিশ্ৰম আৰু অপৈণত বয়সতে গৰ্ভধাৰণ কৰি নাৰীসকলে ৰক্তহীনতাত ভোগে আৰু জৰায়ু দুৰ্বল হৈ পৰে। উপযুক্ত চিকিৎসা, পৰিচৰ্যা, পুষ্টিকৰ খাদ্য, দৈনন্দিন কামৰ পৰা অব্যাহতি ইত্যাদি কমসংখ্যক নাৰীৰ ক্ষেত্ৰতহে সম্ভৱ হৈ উঠে। পৰিয়ালৰ পুৰুষ শ্ৰেণীয়ে নাৰীৰ শৰীৰক ভোগ্য সামগ্ৰীৰূপে গ্ৰহণ কৰাৰ ফলস্বৰূপে সঘনাই গৰ্ভধাৰণ কৰি নাৰীৰ স্বাস্থ্যৰ অৱনতি ঘটে। উপন্যাসখনৰ কেতবোৰ নাৰী চৰিত্ৰ পাহিবিবি, ৰহিমা, আমিনা, ৰাবিয়া, আচিনাই গৰ্ভধাৰণ কৰাৰ

অন্তৰালত 'আল্লাৰ দান' ব্যাখ্যানটোৰ প্ৰচলনে অধিক সন্তান জন্মৰ ক্ষেত্ৰত অনুঘটকৰ ভূমিকা পালন কৰিছে। গৰ্ভ নিৰোধৰ ধাৰণা সম্পৰ্কে অৱগত নোহোৱাৰ ফলত প্ৰতিবছৰে গৰ্ভ ধাৰণ কৰি নাৰীসকলৰ শৰীৰত বিভিন্ন বিসংগতিয়ে দেখা দিবলৈ ধৰে। ধৰ্মভীৰু সমাজখনত নাৰীসকলক মৌলবী শ্ৰেণীৰ লোকে প্ৰদান কৰা শিক্ষাৰ ফলত তেওঁলোকৰ মানসিকতা সম্পূৰ্ণৰূপে পুৰুষৰ অধীন হৈ থাকে। স্বামী গৃহলৈ আহি অলেখ কামৰ মাজত তেওঁলোকে অকথ্য গালি-গালাজ আৰু মাৰ-কিলো সহ্য কৰিবলগীয়া হয়। পূৰ্ববংগীয় সমাজখনৰ অধিকসংখ্যক লোকেই অত্যন্ত দৰিদ্ৰ হোৱাৰ ফলত ঘৰত প্ৰচুৰ খাদ্য মজুত নাথাকে। সেয়ে পৰিয়ালৰ হৰ্তা-কৰ্তা হিচাপে পুৰুষসকলক পৰ্যাপ্ত খাদ্য প্ৰদান কৰি নাৰীসকলে নামমাত্ৰ খাদ্যহে গ্ৰহণ কৰিবলগীয়া হয়। কৃষিৰ জৰিয়তে পৰিয়াল পোহপাল দিয়া এই লোকসকলৰ পৰিয়ালত অধিক সদস্য হোৱাৰ ফলত আয়তকৈ ব্যয় বৃদ্ধি হৈ গৈ থাকে। নাৰীয়ে দৰিদ্ৰতাৰ ফলত নিজ শৰীৰটোক অৱজ্ঞা কৰা দিশটো উপন্যাসখনত এনেদৰে চিত্ৰিত কৰা হৈছে,

সকলোকে দি উঠাৰ শেষত কেতিয়াবা মাছৰ লগত দিয়া জলকীয়া এটাহে আমিনাৰ ভাগত পৰে।...মাক আৰু দাদীয়েকেও দকচি খায় বুলিব নোৱাৰি। কেৰাহিৰ তলত থকা দুই-চাৰিটাহে তেওঁলোকৰ ভাগত পৰে।[৪]

পূৰ্ববংগীয় মুছলমান সমাজত বহু বিবাহ প্ৰথা আৰু অধিক সন্তান জন্মৰ ধাৰণাটো প্ৰচলিত হৈ আহিছে। এনে পৰম্পৰাগত ধাৰণাৰ কু-প্ৰভাৰ হৈছে অভিবাসীসকলৰদ্বাৰা ক্ৰমান্বয়ে অসমৰ জনসংখ্যা বৃদ্ধি। অভিবাসী সমাজখনত কন্যা সন্তানতকৈ পুত্ৰ সন্তানৰহে গুৰুত্ব বেছি। এই সমাজখনৰ মতে নাৰীৰ জন্ম কেৱল পুৰুষৰ শাৰীৰিক প্ৰয়োজন পূৰ কৰা আৰু বংশ বৃদ্ধিত অৰিহণা যোগাবলৈহে হৈছে। *কাঁহিবুনৰ মালিতা* উপন্যাসত বছিৰে পুত্ৰ সন্তানৰ কামনা কৰিছে। বছিৰৰ সন্তান আমিনাক ছোৱালী হিচাপে আইতাকে প্ৰতিটো ক্ষেত্ৰতে কটু বাক্যৰে সকলো সমস্যাৰ মূল বুলি তাইকে জগৰীয়া কৰে। ৰমিজ আৰু ফিৰোজাৰ ঘৰত বনকৰা নাৰী আচিনাৰ পুত্ৰ সন্তান নোহোৱাত তেওঁৰ পতিয়ে অন্য এগৰাকী নাৰীৰ সৈতে বিবাহপাশত আবদ্ধ হৈছে; কিন্তু সতিনীয়েক থকাৰ পিছতো আচিনাৰ ছোৱালী এজনী জন্ম হৈছে আৰু পুনৰ গৰ্ভধাৰণ কৰি তাই গৌৰৰ অনুভৱ কৰিছে। উপন্যাসখনত গৰ্ভধাৰণৰ সময়ত পুষ্টিহীনতাত ভোগা নাৰীৰ শাৰীৰিক অৱস্থাৰ দুখলগা চিত্ৰ এখন আচিনাৰ প্ৰসংগৰে অৱতাৰণা কৰা হৈছে, *বছৰ নৌ ঘৰোতেই ফিৰোজাই নিজেই দেখিলে হাড়ে-ছালে লগা শৰীৰটোত পানীলাউৰ দৰে বাঢ়ি আহিছে পেটটো।*[৫] নাৰীসকলৰ বসবাসৰ কোনো স্থায়ী ঠিকনা নাথাকে। অভিবাসী সমাজখনত নাৰীসকলৰ বাবে বিবাহৰ পূৰ্বে পিতৃ আৰু বিবাহৰ পাছত পতিয়ে সৰ্বেসৰ্বা হৈ পৰে। গতিকে নাৰীয়ে পুৰুষক বাধা দিয়া আৰু পুৰুষৰ মাৰ-কিলৰ প্ৰতিৰোধ কাৰ্য্য কাহানিও সংঘটিত নহয়। উপন্যাসখনত আমিনাৰ পুত্ৰ ছমছেৰে দ্বিতীয়বাৰ বিবাহপাশত আবদ্ধ হ'বলৈ বিচৰাত পত্নী ৰাবিয়াই কিছু সকাহ লাভ কৰা পৰিলক্ষিত হৈছে। প্ৰতিবছৰে গৰ্ভধাৰণ কৰি ৰাবিয়াৰ শৰীৰত নানা সমস্যাই দেখা দিয়াত ছমছেৰৰ সৈতে শাৰীৰিক সম্পৰ্ক গঢ়িবলৈ আমিনাই হাক দিছিল। ছমছেৰৰ ইচ্ছাক বাধা দিবলৈ আমিনাই উপদেশ দিয়াত ৰাবিয়াইহে ওলোটাই এনেদৰে উত্তৰ দিয়ে , *মাইকী মানুহ হৈ জন্ম লৈছোঁ যেতিয়া মৰদ মানুষক না কৰিম কেনেকৈ? ল'ৰা-ছোৱালী আল্লাই দিছে, আল্লাই চাব সকলোকে।*[৬] অধিক সন্তান জন্ম দিয়াৰ সমান্তৰালকৈ পুষ্টিকৰ খাদ্য উপলব্ধ নোহোৱাৰ ফলত নাৰীসকলে বয়সসূত্ৰে হোৱা বেমাৰৰ উপৰি জৰায়ুৰ সমস্যাত ভুগিবলৈ ধৰে। উপন্যাসখনত ৰহিমাৰ মাক, আমিনাৰ আইতাক আৰু আমিনাৰ দৰে বহু নাৰীৰ কষ্টকৰ মৃত্যু সম্পৰ্কে উল্লেখ কৰা

হৈছে। অভিবাসী নাৰীসকলে ভোগা সমস্যাটোৰ এখনি বাস্তৱ চিত্ৰ উপন্যাসখনত পৰিলক্ষিত হৈছে,

বুঢ়াকালত মাইকী মানুহৰ এইবোৰ জানো কি বেমাৰ হয়? দাদীয়েকৰ হওঁতে তাই ভয় খাইছিল - এই বয়সতো মাসিক বেমাৰ? দাদীয়েকৰ ঘাঁ লাগি গৈছিল। তেজ-পূঁজ ওলাই আছিল। ঠিয় হ'লে, বহিলে মাংসপিণ্ডটো ওলাই আহে। বুঢ়ীয়ে ভয় পাই কাতি কৰি শুই আছিল।[৭]

...বস্তু দঙা কাম কৰিবলৈ আমিনাই বাদেই দিছে। ভৰ দাঙিবলৈ ল'লেই তললৈ নামি আহে।[৮]

নাৰীৰ শৰীৰত এই সমস্যা সৃষ্টি হোৱাৰ কাৰণসমূহ হৈছে এনেধৰণৰ — জন্মসূত্ৰে লাভ কৰা পুষ্টিহীনতা, পৰ্যাপ্ত পৰিমাণৰ খাদ্যৰ অভাৱ, কম বয়সত বিবাহপাশত আবদ্ধ হোৱা, গৰ্ভাৱস্থাত প্ৰয়োজনীয় খাদ্য আৰু বিশ্ৰাম লাভ নকৰা, প্ৰতিবছৰে গৰ্ভধাৰণ কৰা ইত্যাদি। কিন্তু নাৰীসকলে এই কাৰণসমূহৰ বিষয়ে সজাগ নোহোৱাৰ বাবে ইয়াক 'গুণাহৰ ফল' বুলি সহ্য কৰি থাকে। সেয়ে উপন্যাসখনত ৰহিমাৰ মাকে জৰায়ু ৰোগত আক্ৰান্ত হৈ মৃত্যুৰ সময়ত বিৰবিৰাই কৈছিল, *কি গুণাহৰ ফল? কি গুণাহৰ ফল?*[১০] তথাপি লোকলজ্জাৰ ভয়ত নাৰীসকলে এই সমস্যাক গোপনে ৰাখি থয়।

সমাজ পৰিৱৰ্তনৰ ফলত পূৰ্ববংগীয় সমাজৰ কিছু নাৰীয়ে শিক্ষা গ্ৰহণৰ সুযোগ লাভ কৰিছে। উপন্যাসখনত ৰমিজৰ পত্নী ফিৰোজা এগৰাকী শিক্ষিতা নাৰী। ৰমিজেও তেওঁক উচ্চ শিক্ষা গ্ৰহণৰ বাবে উদ্‌গনি যোগাইছে। তেওঁলোকৰ একমাত্ৰ কন্যা সন্তান মেহেকক শিক্ষিত কৰি তুলিবলৈ যৎপৰোনাস্তি প্ৰয়াস কৰিছে। তথাপি এগৰাকী নাৰী হিচাপে ফিৰোজাই পুৰুষৰ আলপৈচান ধৰাটোহে জৰুৰী বুলি পূৰ্ববংগীয় সমাজখনে মনোভাৰ পোষণ কৰিছে। সেয়ে মেহেকৰ পিছত সন্তান সম্পৰ্কে ফিৰোজাই কিয় ভবা নাই, পুত্ৰ সন্তান নথকা নাৰীক পতিয়ে ত্যাগ কৰে ইত্যাদি কথাৰে তেওঁক চিন্তিত কৰি তুলিছে।

৩.০ উপন্যাসখনত নাৰীৰ প্ৰতিৰোধী মানসিকতাৰ প্ৰতিফলন ঃ

এখন সমাজত পৰম্পৰাগতভাৱে চলি অহা কিছুমান প্ৰথাক পুৰুষতান্ত্ৰিক সমাজখনে নাৰীক দমনৰ বাবে ব্যৱহাৰ কৰে। সেয়ে তেওঁলোকক সৰুৰেপৰা পুৰুষৰ আধিপত্য গ্ৰহণৰ মানসিকতাৰে গঢ়ি তোলা হয়। পৰিয়াল আৰু সমাজৰ অজুহাতেৰে তেওঁলোকৰ বিকাশত বাধা দিবলৈ প্ৰয়াস কৰে। নাৰী আৰু পুৰুষ সম্পৰ্কে সমাজে নিৰ্মাণ কৰা ব্যাখ্যানসমূহৰ আধাৰতে সমাজখনত তেওঁলোকৰ অৱস্থান নিৰ্ণয় কৰা হয়। পূৰ্ববংগীয় সমাজখনত অধিকসংখ্যক নাৰীয়ে তেওঁলোকৰ অৱস্থিতি সম্পৰ্কে সচেতন নোহোৱাৰ বাবে নিৰ্বিকাৰে প্ৰচলিত সকলো পৰম্পৰা মানি চলে। শৈশৱৰ পৰাই নাৰীসকলক আবুৰত ৰখাৰ এক প্ৰক্ৰিয়া আৰম্ভ হৈ যায়। কৈশোৰ অৱস্থা প্ৰাপ্তিৰ লগে লগে নাৰীসকলক সমাজখনে বিবাহৰ বাবে প্ৰস্তুত কৰি তোলে। *কাঁহিবুনৰ মালিতা* উপন্যাসৰ এক চৰিত্ৰ আমিনাৰ সৈতে পূৰ্ববংগীয় সমাজৰে সদস্য ৰমজানৰ সদ্ভাৱ হৈছিল। মাক পাহিবিবি আৰু আইতাকে আমিনাৰ ইচ্ছাত গুৰুত্ব দি বছিৰক জনোৱাৰ পাছতো তেওঁলোকক উপেক্ষা কৰি ৰহিম আলিৰ সৈতে বছিৰে তাইৰ বিবাহ নিশ্চিত কৰিছিল। নাৰীয়ে জন্মৰ পিছত পিতৃৰ, বিবাহৰ পিছত পতিৰ আৰু বৃদ্ধাৱস্থাত পুত্ৰৰ অধীনত থকাৰ এক ব্যাখ্যা সমাজখনত প্ৰচলিত হৈ আহিছে। আমিনায়ো পিতৃৰ ইচ্ছা অনুসৰি কম বয়সতে সংসাৰৰ দায়িত্ব গ্ৰহণ কৰিবলগীয়া হৈছিল। শাৰীৰিক-মানসিক কষ্টক গোপনে ৰাখি পুৰুষৰ আদেশ মানি চলিবলৈ শিকোৱা নাৰীসকলৰ প্ৰতিৰোধ তথা প্ৰতিবাদ

সম্পর্কে কোনো ধাৰণা নাথাকে। সেয়ে পুৰুষতান্ত্রিক সমাজে কৰা শোষণ সম্পর্কে তেওঁলোকে কোনো প্রতিক্রিয়া প্রদর্শন নকৰে। পুৰুষৰ দমনক বিনা প্রতিবাদে সহ্য কৰি থকাটোৱে যেন নাৰীৰ ধর্ম। উপন্যাসখনত প্রচলিত নাৰীতকৈ এক বিপৰীতমুখী চৰিত্র হিচাপে আমিনাক উপস্থাপন কৰা হৈছে। উপন্যাসৰ অন্য কিছুমান নাৰী চৰিত্রই পতিয়ে দ্বিতীয় বিবাহ কৰোৱাৰ ক্ষেত্রত কোনোধৰণৰ আপত্তি কৰা নাই। এইক্ষেত্রত আমিনাই পতিৰ তেনে কার্য্যৰ বিৰোধিতা কৰি দ্বিতীয় এগৰাকীক বিয়া কৰোৱাৰ প্রসংগত প্রশ্ন কৰিছে যে, *এগুইনা কি শুনতাচি? আপনে বোলে আবাৰ বিয়া কৰবেন?*[১১] আমিনাৰ এনে প্রশ্নত ৰহিমে বিয়া কৰোৱাৰ কথাটো সত্য আৰু আমিনাক প্রশ্ন কৰাৰ অধিকাৰ কোনে দিলে বুলি ধমকি দিয়ে। পৰৱর্তী সময়ত ৰহিমৰ মৃত্যুৱে আমিনাক অধিক সাহসী কৰি তুলিছে। ৰহিমক মনৰ পৰা বিসর্জন দিয়া আমিনাই পুনৰ পুতেকৰ দ্বিতীয় বিবাহৰ প্রসংগ অহাত ক্রোধিত হৈ পৰিছে। তেখেতে বোৱাৰীয়েক ৰাবিয়াক এইক্ষেত্রত প্রতিবাদ কৰিবলৈ প্রেৰিত কৰিছে যদিও চিৰাচৰিত নিয়মত বান্ধ খাই থকা ৰাবিয়াই চমছেৰৰ এনে কার্য্যত কোনোধৰণৰ বাধা প্রদান কৰা নাই । এই নাৰীসকলৰ জীৱনত গিৰীহঁতৰ বাদে অন্য কোনো বিকল্প নাথাকে। ব্যক্তিগত কোনো সংস্থাপন নথকা ৰাবিয়াৰ পিতৃকুল অত্যন্ত দৰিদ্র। সেইবাবে পতি ছমছেৰৰ ইচ্ছাৰ বিৰুদ্ধে যোৱাটো তাইৰ ক্ষেত্রত কোনোপধ্যে সম্ভৱ নহয়; কিন্তু নাৰী হিচাপে সমাজৰপৰা লাভ কৰা শাৰীৰিক-মানসিক নির্যাতনৰ বিৰুদ্ধে আমিনা সৰৱ হৈ পৰিছে। পুতেকে আমিনাক শাৰীৰিকভাৱে প্রহাৰৰ বাবে উদ্যত হোৱাত তেখেতে প্রতিৰোধ কৰিছে। আমিনাই পুত্রৰ সৈতে সম্পর্ক ছেদ কৰি পিতৃগৃহত আশ্রয় লোৱা কার্যত সাধাৰণ নাৰীসকল আচৰিত হৈছে। তেওঁলোকৰ সমাজত পুৰুষৰ সকলো কার্যক নির্বিকাৰে মানি অহাৰ পৰম্পৰা ভংগ হোৱাত আমিনাৰ ভাইবোৱাৰী ৰহিমাৰ মনোভাব এনেদৰে প্রকাশ পাইছে,

সৰুকালত বাপেকৰ, বিয়াৰ পিছত গিৰীয়েকৰ আৰু বুঢ়াকালত পুতেকৰ গালি-শপনি, মাৰধৰ
খোৱাতো জানো কিবা নোহোৱা নোপোজা ঘটনা? ঘৰবোৰততো এনে খুঁট-খাট লাগিয়েই থাকে।
তাইৰ জানো ক'ত ইমানকৈ আঘাত লাগিছে?[১২]

সকলো নাৰীয়ে নিজৰ অস্তিত্ব আৰু আত্মসন্মানৰ প্রতি সচেতন নহয়। শিক্ষিত সমাজতে এনে পদক্ষেপ খুব কমেইহে গ্রহণ কৰিব পাৰে। তেনেক্ষেত্রত এখন অতিকৈ অনগ্রসৰ ঠাইৰ এগৰাকী নাৰীয়ে এনে কার্য্য সংঘটিত কৰাটো এক সাহসী পদক্ষেপ বুলি ক'ব পাৰি।

চৰ-চাপৰি অঞ্চলত বসবাস কৰা সমাজত শক্তিশালী নাৰীৰ অৱস্থিতি তেনেই নগণ্য। অধিকসংখ্যক নাৰীয়ে মৃত্যুপর্যন্ত শংকাপূর্ণ জীৱনেই কটাবলগীয়া হয়। শিক্ষা, চিকিৎসা, অর্থনীতি, ৰাজনীতি ইত্যাদি বিষয়ৰ সৈতে অৱগত নোহোৱা এখন সমাজৰ নাৰী আমিনাই ভতিজাক ৰমিজৰ শৈক্ষিক অগ্রগতিৰ খতিয়ান বিচাৰি অহাত শিক্ষকগৰাকী আচৰিত হৈছিল। আমিনাই জীৱনত লাভ কৰা অভিজ্ঞতাৰ ভিত্তিত নিজকে অধিক শক্তিশালী ৰূপত গঢ়ি তুলিছিল। নাৰীৰ বাবে সমাজে একোটা আৱেষ্টনীৰ নির্মাণ কৰি দিয়ে। অধিকসংখ্যক নাৰীয়ে সেই প্রাচীৰ ভঙাৰ সাহস কৰিব নোৱাৰে। বিশেষকৈ অভিবাসী মুছলমান সমাজৰ নাৰীসকলে স্বাধিকাৰ সম্পর্কে সচেতন হৈ আত্মবিশ্বাসেৰে আগবাঢ়ি আহিবলৈ যথেষ্ট সময়ৰ প্রয়োজন। তেনে সংকীর্ণ পৰিৱেশতো সেই সমাজখনৰে নিৰক্ষৰ নাৰী আমিনাই সাহসেৰে নিজৰ স্থিতি সম্পর্কে প্রত্যক্ষ আৰু পৰোক্ষভাৱে সকলোকে সকীয়াই দিছে। উপন্যাসখনত নাৰীৰ মনোভাব প্রকাশ হৈছে এনেদৰে,

মাইকী মানুহ যেনে হ'ব লাগে বুলি সমাজে আৰোপ কৰি দিয়ে মাইকী মানুহ তেনেভাৱেই গঢ়
ল'ব বুলি কিবা ধৰাবন্ধা কথা আছেনে? সাঁচত নুঠাসকল এতিয়া মৰি যাব নে সংগোপনে ভিতৰখন
লুকুৱাই ৰাখি জীয়াই থাকিব?বেছিভাগ সময়ত সেয়াই হয়। নিজকে লুকুৱাই ৰাখি সকলোকে সন্তুষ্ট
কৰি জীয়াই থাকে। কেতিয়াবা ধিক্কাৰ লাগিলে সাঁচত নথকা কথাবোৰ প্রকাশ হৈ যায়।[১৩]

পৰিয়ালত এগৰাকী প্রগতিশীল ব্যক্তিৰ অৱস্থিতিয়ে অন্য এগৰাকী সদস্যক নিশ্চিতভাৱে প্রভাৱিত কৰিব পাৰে। উপন্যাসখনত ৰহিমাক মাকে বিবাহৰ সময়ত শিকনি দিছিল যে নিজৰ পতিক সুখী কৰি নাৰাখিলে পুনৰ এগৰাকী আনিবলৈ তেওঁলোকে কুণ্ঠাবোধ নকৰে। সেয়ে ৰহিমাই গর্ভাৱস্থাতো অসুখীয়া দেহাৰে মাধুৰ আলপৈচানত কোনো ত্রুটি কৰা নাছিল। ঘৰখনত সংঘটিত সকলো ঘটনাতে ৰহিমাই নীৰৱে অংশগ্রহণ কৰি আহিছিল। আমিনাই আত্মসন্মানৰ খাতিৰত ভাতৃ মাধুৰ ঘৰলৈ চিৰদিনৰ বাবে আঁতৰি অহা কার্য্যই ৰহিমাকো স্পর্শ কৰে। মাধুৰ মৃত্যুৰ পিছত মাটিৰ ভাগ বিচৰা ফাইজক ৰহিমাই দৃঢ়তাৰে সম্পত্তি ভাগ নকৰাৰ সিদ্ধান্ত জনাই দিয়ে। ৰহিমাৰ এনে পদক্ষেপত আমিনাৰ প্রভাৱে ক্রিয়া কৰা দিশটো সৰু পুত্র ৰমিজৰ মনোভাবত প্রস্ফুটিত হৈছে, *মাকৰ চাগে পেহীয়েকক দেখিয়েই সাহ বাঢ়িছে। এনেয়ে পুতেকক মুখ তুলি কথা কোৱা মানুহতো তেওঁ নহয়।*[১৪]

৪.০ উপন্যাসখনত প্রতিফলিত নাৰীকেন্দ্রিক সমস্যা সমাধানৰ উপায় ঃ

অসমত বসতি স্থাপন কৰা পূর্ববংগীয় সমাজখনৰ নাৰীসকলৰ জীৱনৰ উত্তৰণৰ স্বার্থত বিভিন্ন পদক্ষেপ ল'ব পৰা যায়। এগৰাকী নাৰীয়ে শিক্ষা লাভ কৰিলে পৰিয়ালৰ লগতে সমাজখনলৈ যথেষ্ট পৰিৱর্তন আহে। সেয়ে নাৰীসকলক শিক্ষিত আৰু সজাগ কৰি তোলাটো অত্যন্ত জৰুৰী। চৰ-চাপৰিৰ মুছলমান সমাজৰ প্রত্যেক গাঁৱত মহিলা সজাগতা সমিতি গঠন কৰি মহিলা সমাজক দায়িত্ব অর্পণ কৰিলে তেওঁলোকৰ আত্মবিশ্বাস বৃদ্ধি হ'ব আৰু স্বাভিমানৰ প্রতি সজাগ হৈ উন্নত জীৱন যাপন কৰিব পাৰিব। চৰ-চাপৰিৰ মহিলা সমাজক আগবঢ়াই আনিব পাৰিলে তেওঁলোকে যুগ যুগৰ দাসত্ব মানি সন্তান জন্ম দিয়া আৰু কঠোৰ শ্রম কৰা যন্ত্র হোৱাৰ বিপৰীতে অসমৰ উন্নত সমাজৰ মহিলাৰ সৈতে খোজতে খোজ মিলাই আগবাঢ়ি যাব পাৰিব। যেতিয়া তেওঁলোকে নিজেই সজাগ হ'ব তেতিয়া গর্ভত কিমানটা সন্তান ধাৰণ কৰিব লাগিব তাৰ সিদ্ধান্ত লৈ জনসংখ্যা নিয়ন্ত্রণত মুখ্য ভূমিকা পালন কৰিবলৈ সক্ষম হ'ব।[১৫]

কাঁহিবুনৰ মালিতাত পূর্ববংগীয় সমাজখনৰ নাৰীকেন্দ্রিক সমস্যাসমূহ সমাধানৰ ক্ষেত্রত উপযুক্ত শিক্ষা আৰু সজাগতা সৃষ্টিৰ ইংগিত প্রদান কৰা হৈছে। সমাজত এজন ব্যক্তিয়ে উপযুক্ত শিক্ষা লাভ কৰিলে তেওঁৰ আশে-পাশে সজাগতা গঢ়ি তুলিবলৈ প্রয়াস কৰাটো জৰুৰী। উপন্যাসখনত ৰমিজে উচ্চশিক্ষাৰে শিক্ষিত হৈ পূর্ববংগীয় পিছপৰা সমাজখনত নাৰীৰ স্বাধীনতা আৰু অধিক সন্তান জন্মৰ বিৰোধিতাৰে নাৰীৰ স্বাস্থ্যৰ প্রতি গুৰুত্ব প্রদান কৰা পৰিলক্ষিত হৈছে। তেখেতে সমস্যা সমাধানৰ প্রক্রিয়া পৰিয়ালৰপৰাই আৰম্ভ কৰিবলৈ প্রয়াস কৰিছে। তেখেতৰ পত্নী ফিৰোজাই দ্বিতীয় সন্তানৰ প্রসংগ উত্থাপন কৰোঁতে ৰমিজে সাধ্য অনুসাৰে তেওঁলোকৰ কন্যা সন্তানটিকে উপযুক্তভাৱে প্রতিপালন কৰাটো জৰুৰী বুলি মন্তব্য কৰে। এইক্ষেত্রত পূর্ববংগীয় সমাজৰ নাৰীসকলে অতীতৰে পৰা ভুগি অহা দুটা সমস্যা সমাধানৰ দিশত ৰমিজে নির্দেশ কৰিছে। প্রথমটো হৈছে, নাৰী আৰু সন্তানৰ উন্নত স্বাস্থ্যৰ বাবে জন্ম নিয়ন্ত্রণ আৰু দ্বিতীয়টো হৈছে নাৰীক উপযুক্ত শিক্ষা প্রদান কৰা। পূর্ববংগীয় সমাজখনত দৈনন্দিন

প্রয়োজনসমূহ পূৰণৰ বাবে যুঁজি থকা অৱস্থাত শিক্ষা গ্ৰহণৰ দৰে কার্যক তেওঁলোকে গৌণ বুলিয়ে ধাৰণা কৰে। তেনে প্ৰেক্ষাপটত আবুৰত ৰাখিব বিচৰা নাৰীক শিক্ষিত কৰাৰ মানসিকতা অত্যন্ত কম লোকৰহে থাকে। ৰমিজে পৰিয়ালৰ লগতে সমাজৰ প্ৰত্যেকগৰাকী নাৰীকেই শিক্ষিত কৰি তোলাৰ প্ৰয়াস কৰিছিল। একোটা পৰিয়ালৰ বিকাশত শিক্ষিত নাৰীৰ যথেষ্ট অৱদান থাকে। সেয়ে নাৰী শিক্ষাৰ জৰিয়তে সমাজখনৰ উত্তৰণ ঘটোৱাৰ সম্ভাৱনীয়তাক অনুধাৱন কৰি এই দিশটোত ৰমিজে অধিক মনোনিৱেশ কৰিছিল। *কাঁহিবুনৰ মালিতাত* ৰমিজে জীয়েক মেহেকক শিক্ষা গ্ৰহণৰ সকলো সুবিধা প্ৰদান কৰে। তেখেতে পত্নী ফিৰোজাকো উচ্চশিক্ষা গ্ৰহণ কৰিবলৈ অনুপ্ৰাণিত কৰিছিল। পূৰ্ববংগীয় সমাজখনত পু�ৰুষতান্ত্ৰিকতাৰ প্ৰতিভূ এচাম মোল্লা-মৌলবী আৰু সংকীৰ্ণ মনোভাবৰ লোকে নাৰীৰ স্বাধীনতা কোনোপধ্যে সহ্য কৰিব পৰা নাছিল। তেওঁলোকে হদিচ আৰু শ্ৰিয়তৰ নামত নীতি-নিয়ম চলাই থাকে। তেওঁলোকৰ মতে নাৰীৰ শিক্ষা গ্ৰহণ, মুকলিকৈ নৃত্য-গীত প্ৰদৰ্শন, জন্ম নিয়ন্ত্ৰণ ইত্যাদি হৈছে সমাজৰ নীতি বহির্ভূত প্ৰসংগ। কোৰআন, হদিচত নাৰীৰ কৰণীয়সমূহ লিখা আছে বুলি তেওঁলোকে এই ধৰ্মভীৰু সমাজখনত প্ৰচাৰ কৰি থাকে। আনহাতে, ৰমিজে নাৰীসকলক আনন্দমনেৰে মুকলিকৈ গীত গোৱা, বিহু সন্মিলনত নাচ-গান প্ৰদৰ্শন কৰা ইত্যাদি কার্য্যত উৎসাহ যোগাইছিল। কিন্তু নাৰী মুক্তিক সহিব নোৱৰা এচামে এনেদৰে মন্তব্য প্ৰদান কৰিছে, *মাইকী মানুহক সব অধিকাৰ দিলে সমাজ ৰসাতলে যাব।*[১৬] এইক্ষেত্ৰত ৰমিজে ঘোৰ বিৰোধিতাৰে যুক্তি দিছিল,

আপোনালোকে যে কৈছে ইছলামত নাচ-গান নিষিদ্ধ - আমাৰ দেশত দেখো নাচ-গান,
চিনেমা-নাটকৰ জগতখনত ইছলামধর্মী লোকেই বেছি। সেইবোৰ দেখোঁ সবেই চায়, শুনে।
আপোনালোকে চকুত কাপোৰ বান্ধি আৰু কাণত কপাহ দি থাকে নেকি?[১৭]

উপন্যাসখনত ৰমিজ, আবিদ, আবেদুৰ ইত্যাদি চৰিত্ৰৰ জৰিয়তে একোখন প্ৰান্তীয় সমাজলৈ পৰিৱর্তন আনিবলৈ এচাম সংস্কাৰবাদী ব্যক্তিৰ আৱশ্যকতাক প্ৰতিফলিত কৰিছে। ব্যক্তিয়ে সমস্যা জর্জৰিত সমাজৰপৰা উন্নত জীৱনৰ অভিমুখে গতি কৰাৰ পাছত পুনৰ নিজ সমাজখনলৈ প্ৰত্যাৱর্তন নকৰে। উপন্যাসখনত ৰমিজে উচ্চশিক্ষা গ্ৰহণ কৰি পূৰ্ববংগীয় সমাজখনলৈ উভতি গৈছে আৰু প্ৰতিটো ক্ষেত্ৰতে সমাজৰ প্ৰগতিৰ কামত জড়িত হৈ পৰিছে। অধিক সন্তান জন্মৰ বিৰোধিতা, দুটা সন্তান জন্ম দিয়া, স্ত্ৰী শিক্ষাৰ প্ৰয়োজনীয়তা সম্পর্কে অৱগত কৰোৱা, বহুবিবাহক সমর্থন নকৰা ইত্যাদি কার্য্যত ৰমিজে গুৰুত্ব দিছিল। চৰ-চাপৰি সমাজত ৰমিজৰ দৰে সমাজৰ হিত সাধন কৰিব পৰা ব্যক্তিৰ যথেষ্ট প্ৰয়োজন। ৰমিজে বহু উদ্যমী লোকৰ সহায়ত চৰ-চাপৰিৰ সমস্যাসমূহৰ প্ৰতি সচেতন মহলৰ দৃষ্টি আকর্ষণ কৰিবলৈ বিভিন্ন বিদ্যায়তনিক আলোচনা সভ্ৰত যোগদান কৰিছে। তেখেতে পূৰ্ববংগীয় সমাজৰ হিত সাধনৰ বাবে 'সমন্বয় আৰু মানৱতা মঞ্চ' নামৰ এক সহায়কাৰী সংস্থা গঢ়ি তুলিছিল। এই সংস্থাটোৰ জৰিয়তে ৰমিজে কেইজনমান উদ্যমী যুৱকৰ সহায়ত নিঃস্বার্থভাৱে পূৰ্ববংগীয় সমাজৰ উন্নয়নমূলক কর্মত জড়িত হৈ পৰে। তেওঁলোকে চৰসমূহত মিটিং অনুষ্ঠিত কৰি নাৰীৰ স্বাস্থ্য, শিক্ষা, সন্তানৰ প্ৰতিপালন ইত্যাদি প্ৰসংগক মূল বিষয়হিচাপে গ্ৰহণ কৰিছে। উপন্যাসখনত নাৰী সম্পর্কীয় সমস্যাৰ সমাধানৰ ক্ষেত্ৰত শিক্ষিত সমাজখনক আগবাঢ়ি অহাৰ দিশটোত গুৰুত্ব প্ৰদান কৰা দেখা যায়। পূৰ্ববংগীয় সমাজৰ সদস্যই শিক্ষিত হৈ ৰমিজৰ দৰে উভতি আহি নিজা সমাজখনৰ বিকাশৰ বাবে পদক্ষেপ গ্ৰহণ কৰিব পাৰে। এই সমাজখনৰ প্ৰতিটো দিশৰ সৈতে সদস্যসকল পৰিচিত হোৱাৰ বাবে তেওঁলোকৰ তুলনাত অন্য সমাজৰ লোকে সমস্যাসমূহ বুজি পোৱাত কিছু অসুবিধা হয়। সেয়ে তেওঁলোকে

ব্যক্তিগত প্ৰচেষ্টাত একো একোটা সংস্থাৰ সৃষ্টি কৰি নাৰীসকলক সজাগ কৰি তুলিবলৈ চেষ্টা কৰাৰ থল আছে। নাৰীসকলৰ মন-মগজুত দকৈ স্থিতি লাভ কৰা পৰম্পৰাগত ধাৰণাসমূহক লাহে লাহে আঁতৰ কৰিবলৈ যথেষ্ট সময়ৰ প্ৰয়োজন হ'ব। উপন্যাসখনত উপস্থাপন কৰা চৰিত্ৰ আমিনা আৰু ফিৰোজাৰ দৰে বহু প্ৰগতিশীল নাৰীয়ে সমাজৰ অযুক্তিকৰ নীতি-নিয়মসমূহ পৰিহাৰৰ বাবে কৰা প্ৰয়াস দৃষ্টিগোচৰ হৈছে। প্ৰকৃততে নাৰীসকলে অধিক পৰিমাণে পুৰুষতান্ত্ৰিক মানসিকতাক উত্তৰ প্ৰজন্মলৈ নিয়াৰ ক্ষেত্ৰত এক যোগসূত্ৰ হৈ পৰা দেখা যায়। সেয়ে তেওঁলোকক এই প্ৰসংগত সজাগ আৰু সচেতন কৰি তুলিব পাৰিলে পৰৱর্তী কোনো এটা প্ৰজন্মৰ সমাজখনত সমস্যাসমূহ হ্ৰাস পোৱাৰ সম্ভাৱনা প্ৰকট হৈ উঠে। অসমৰ অধিবাসী পূৰ্ববংগীয় লোকসকলৰ বিকাশৰ ক্ষেত্ৰত চৰকাৰী পক্ষ আৰু চৰ-চাপৰিবাসীয়ে ব্যক্তিগতভাৱে প্ৰয়াস কৰিলেহে তেওঁলোকৰ সমস্যাসমূহৰ সমাধান কৰিব পাৰিব। অৱশ্যে এচাম সুবিধাবাদী, অসৎ শিক্ষিত লোক আৰু ৰাজনীতিৰ সৈতে জড়িত লোকে পূৰ্ববংগীয় সমাজৰ বিকাশ সহ্য নকৰে। এই লোকসকল অজ্ঞ হৈ থাকিলেই তেওঁলোকৰ সকলো ক্ষেত্ৰতে লাভ হ'ব। সেয়ে তেওঁলোকে প্ৰগতিশীল লোকক প্ৰায়ে শত্ৰু হিচাপে ক্ষতি কৰিবলৈ আলচ কৰি থাকে; কিন্তু তেওঁলোকৰ কু-অভিসন্ধিসমূহক বাধা দি সমাজৰ গৰিষ্ঠসংখ্যক লোকক উলিয়াই আনিব পাৰিলেহে সমস্যাসমূহৰ ওৰ পৰিব বুলি আশা কৰিব পাৰি। উপন্যাসখনত উচ্চশিক্ষা গ্ৰহণেৰে সমাজৰ হিত সাধনৰ বাবে সকলোধৰণৰ প্ৰয়াস কৰা ৰমিজৰ বিপৰীতে আবিদৰ দৰে সুবিধাজনক স্থানত থাকিব খোজা চৰিত্ৰও আছে। আবিদৰ মতে প্ৰত্যেক মানুহে নিজৰ কর্তব্য সুচাৰুৰূপে পালন কৰিলেই এদিন সমাজখনৰ স্বাভাৱিকভাৱেই পৰিৱর্তন হ'ব; কিন্তু ৰমিজৰ দৃষ্টিত আবিদৰ দৰে শিক্ষিত সৎ মানুহবোৰে আগবাঢ়ি প্ৰত্যক্ষভাৱে সমাজৰ বিকাশৰ বাবে আঁচনি গ্ৰহণ কৰিলেহে এই প্ৰক্ৰিয়া কিছু পৰিমাণে ফলপ্ৰসু হ'ব। ৰমিজৰ মতে মানুহ নিজে সৎ হৈ থাকিলেই নহয়। অসৎবিলাককো চিনাক্ত কৰিব লাগিব। অসৎবিলাকৰ বিৰুদ্ধে প্ৰতিৰোধ গঢ়ি তুলিব লাগিব। সেয়ে আবিদৰ দৰে নতুন প্ৰজন্মৰ সৎ ল'ৰাবোৰ আগবাঢ়ি অহাটো ৰমিজ মাষ্টৰে বিচাৰে।[১৮] উপন্যাসখনৰ জৰিয়তে চৰ-চাপৰিৰ শিক্ষিত সমাজক দায়িত্ব গ্ৰহণ কৰিবলৈ বাৰম্বাৰ আহ্বান জনোৱা দৃষ্টিগোচৰ হৈছে।

৫.০ সামগ্ৰিক সিদ্ধান্ত ঃ

'ৰুদ্ৰাণী শর্মাৰ *কাঁহিবুনৰ মালিতা* উপন্যাসত প্ৰতিফলিত অভিবাসী নাৰীৰ সামাজিক অৱস্থান' শীর্ষক প্ৰস্তুত অধ্যয়নটিৰ জৰিয়তে প্ৰাপ্ত সিদ্ধান্তসমূহ হৈছে এনেধৰণৰ —

• ঔপনিৱেশিক সময়ত অসমলৈ অভিবাসিত পূৰ্ববংগীয় সমাজখনত নাৰীসকলৰ অৱস্থান বর্তমানেও যথেষ্ট শোচনীয়। অভিবাসী এই নাৰীসকলে পূৰ্ববংগীয় সমাজখনত গুৰুত্বপূর্ণ ভূমিকা পালন কৰি আহিছে। নিৰক্ষৰতা, সজাগতাৰ অভাৱ আৰু পুৰুষতান্ত্ৰিক মানসিকতাৰ ফলত নাৰীসকলে প্ৰতিটো ক্ষেত্ৰতে শাৰীৰিক আৰু মানসিক সমস্যাৰ সন্মুখীন হোৱা দিশটোক *কাঁহিবুনৰ মালিতা* উপন্যাসখনে প্ৰতিফলিত কৰিছে। অধিক সন্তান জন্ম দিয়াৰ ফলত নাৰীসকলৰ শৰীৰত বিসংগতিৰ সৃষ্টি হোৱা প্ৰসংগটোত উপন্যাসখনে বিশেষ গুৰুত্ব প্ৰদান কৰা পৰিলক্ষিত হৈছে।

• পুৰুষতান্ত্ৰিক সমাজত নাৰীসকলৰ প্ৰতিৰোধৰ মানসিকতা কিছুক্ষেত্ৰত সুপ্ত হৈ থকা পৰিলক্ষিত হয়। নাৰীক সমাজে দুর্বল বুলি এক ব্যাখ্যান গঢ়ি তোলা দেখা গৈছে; কিন্তু অনগ্ৰসৰতাৰ মাজতো তেওঁলোকৰ মনত গঢ় লোৱা প্ৰতিৰোধৰ ধাৰণাই নাৰীক সাহসী কৰি তুলিছে। *কাঁহিবুনৰ মালিতা*উপন্যাসখনত আমিনা চৰিত্ৰটোৰ মাজেৰে অভিবাসী

নাৰীৰ শক্তিশালী স্বৰূপটোৰ প্ৰকাশ ঘটা পৰিলক্ষিত হৈছে।

• পূৰ্ববংগীয় সমাজখনক বহুক্ষেত্ৰত এচাম ধৰ্মান্ধ লোকে পৰিচালনা কৰি অহা পৰিলক্ষিত হৈছে। এনে লোকসকলে সমাজখনক নিজ স্বাৰ্থত ব্যৱহাৰ কৰিবলৈ প্ৰয়াস কৰে। সেয়ে পূৰ্ববংগীয় সমাজৰ শিক্ষিত লোকে পুৰুষ আৰু নাৰী উভয়কে নাৰীকেন্দ্ৰিক সমস্যা সম্পৰ্কে অৱগত কৰি সজাগতা সৃষ্টি কৰাটো জৰুৰী হৈ পৰিছে। নাৰীসকলক সকলো ক্ষেত্ৰতে আগবাঢ়ি যাবলৈ সুবিধা প্ৰদান কৰি সমাজখনৰ পশ্চাৎপদতা আঁতৰ কৰিবলৈ উপন্যাসখনৰ মাজেৰে এক ইতিবাচক বাৰ্তা প্ৰেৰণ কৰা পৰিলক্ষিত হৈছে।

প্ৰসংগ সূত্ৰ ঃ

[১]সচ্ছিদানন্দ শইকীয়া, *সাহিত্যৰ সমাজতত্ত্ব*, উল্লিখিত, পৃ. ৩০

[২]ৰুদ্ৰাণী শৰ্মা, *কাঁহিবুনৰ মালিতা*, পৃ.৩০

[৩]আব্দুল মান্নান, অনুপ্ৰৰেশ, পৃ. ৮৪

[৪]Farhana Ahmed, *Chars, Women and Sustainable Development Goals in Assam*, 2018

[৫]ৰুদ্ৰাণী শৰ্মা, পূৰ্বোল্লিখিত, পৃ.৩৯

[৬]উল্লিখিত, পৃ.১৯৭

[৭]উল্লিখিত, পৃ.৯১

[৮]উল্লিখিত, পৃ. ৯৯

[৯]উল্লিখিত, পৃ.১০০

[১০]উল্লিখিত

[১১]উল্লিখিত, পৃ.৩৫

[১২]উল্লিখিত, পৃ.৯৬

[১৩]উল্লিখিত, পৃ.৯০

[১৪]উল্লিখিত, পৃ.১০৩

[১৫]ইছমাইল হোছেইন, *অসমীয়া মধ্যশ্ৰেণী আৰু চৰ-চাপৰি জনগোষ্ঠী*, পৃ.২৯

[১৬]ৰুদ্ৰাণী শৰ্মা, পূৰ্বোল্লিখিত, পৃ.১৮৩

[১৭]উল্লিখিত, পৃ.১৮৬

[১৮]উল্লিখিত, পৃ.২৩৪

গ্ৰন্থপঞ্জী

মূল গ্ৰন্থ ঃ

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