

GENDERING OF THE HEALTH CARE

HHealth conditions of men and women provide an important indicator of gender inequalities specially in the developing societies. In the backward and poor classes of Indian society, the nutritious foods like fruit, meat, fish, etc. are generally given to male adults and male children of the family whereas women and girls have to drudge under unhygienic conditions for longer hours and receive the remainder / left -out of the food. Similarly, there are found inequalities regarding treatment of diseases.

From their appearance the villagers generally look weak, lean and emaciated in Dewan. Their health condition indicates a general prevalence of undernourishment and malnourishment in their life. They are generally suffering from various diseases. These conditions are indicative not only of poor physical health but ultimately, also, of poor economic health of the villagers in general.

In the situation the women suffer more from ill health than the men mainly because of early motherhood, overburden of work, lack of proper food and treatment. The health status of the women is known from the queries on their food habits, working conditions, and medical facility.

This chapter aims to analyze the patterns of gender differences and disparities in child reproductive, diagnostic, therapeutic and recuperative aspects of health in the village.

Food/Nutrition

Nutrition is a common factor affecting general physique of people. It is also an indicator to determine gender discrimination in society. In Dewan where almost all villagers are wage earners the females are also important earning members. The villagers' daily diet does not contain the sufficient quantity of the elements of nutrition. Use of eggs, milk, meat, fish and fruits is very unusual among the villagers. In the matter of food the women and girls do not suffer deprivation more than the males in the families. It is not that the women and girls in a family always eat left-outs here.

The respondents like Nupur Bawri, Basumati Fulmali, Saraswati Lohar, Sanjamoni Mirdha, Kashari Rajwar and others take eggs, milk and occasionally meat and these are distributed equally among all the family members including males and females. When there is any shortage of food in the house, they offer food to male members and children (male and female) of the family. Here, it is evident that in the normal conditions of availability of food no discrimination is made on the basis of gender, but in the times of food crisis in their families the discrimination on the basis of gender and age is practiced. Moreover, it is logically understandable that in the acute crisis the discrimination enters the category of children also in the families where the female children are discriminated against the male children. Thus, the gender discrimination is present in respect of food in the families.

The phenomenon of discrimination will become apparent if it is discussed in terms of the diseases the respondents have inflicted with. Difference of disease infliction between the two sexes indicates the bias against a particular gender in a society. Therefore, the diseases inflicting the respondents are discussed from the viewpoint of gender relations in Dewan.

Diseases

There are seven types of diseases that have inflicted the respondents; namely, dysentery, fever, physical weakness, malaria, small pox, jaundice and eye disease. Some respondents who remained disease-free during the period constitute a separate category. Distribution of the respondents into the types of the diseases they have inflicted with is given in the Table 8.1.

Table 8.1: Distribution of the Respondents into the Types of the Disease They have Inflicted with by Community, Religion and Caste

Types of Disease	Community, Religion and Caste																					
	Bengali			Hindustani									Oriya		Santal		Grand Total (%)					
				Bhojpuri Hindu			Bhojpuri Muslim	Hindi Speaking			Hindustani Total											
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total			
Cold Fever	2	1	3 (23.07)	2	1	3 (12%)	-	1	1	2 (66.66)	3	2	5 (13.63)	2	5 (25%)	16.66	1	1	6 (15.78)	3	1	10 (20%)
Dysentery	2	-	2 (15.38)	3	2	5 (20%)	1 (50%)	1	-	1 (33.33)	5	2	7 (22.7)	2	7 (25%)	23.33	2	-	9 (23.68)	2	-	11 (22%)
Jaundice	-	1	1 (7.69)	1	-	1 (4%)	-	-	-	-	1 (4.54)	-	1 (3.33)	-	-	3.33	-	-	1 (2.63)	1	1	2 (4%)
Small Pox	1	-	1 (7.69)	1	-	1 (4%)	-	-	-	-	1 (4.54)	-	1 (3.33)	1	1 (20%)	3.33	-	-	3 (7.89)	-	-	3 (6%)
Malaria	3	-	3 (23.07)	2	-	2 (8%)	-	-	-	-	2 (9.09)	-	2 (6.66)	-	-	6.66	-	-	5 (13.15)	-	-	5 (10%)
Eye Problem	1	-	1 (7.69)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 (2.63)	-	-	1 (2%)
Physical Weakness	1	-	1 (7.69)	6	-	6 (24%)	1 (50%)	-	-	-	7 (31.81)	-	7 (23.33)	1 (20%)	1 (50%)	23.68	9	-	9 (23.68)	1	1	10 (20%)
Disease-free	1	-	1 (7.69)	3	4	7 (28%)	-	-	-	-	3 (13.63)	4 (50%)	7 (23.33)	-	-	23.33	-	-	4 (10.52)	4 (40%)	-	8 (16%)
Total (%)	11	2	13 (100)	18	7	25 (100)	2 (100)	2	1	3 (100)	22 (100)	8 (100)	30 (100)	5 (100)	2 (100)	38 (100)	10 (100)	10 (100)	2 (100)	2 (100)	50 (100)	

The table reveals that the 84% of the respondents have suffered from one of the seven diseases and only 16% of these remained free from any disease. Over three fifths of the respondents have suffered from three major diseases; namely, fever, dysentery and physical weakness. Of the

diseases the physical weakness is the one that occurs in the conditions of food shortage or undernutrition and malnutrition. Besides, onsets of the diseases like dysentery, jaundice and malaria also take place due to physical weakness. This indicates the weaker body constitutions prevalent among the respondents.

By their community, 7.69% of the Bengali and 23.33% of the Hindustani (28% of the Bhojpuri Hindu) respondents did not suffer from any diseases whereas the rest of the respondents from all the communities suffer from one of the diseases. Over three fifths of the Bengali respondents have suffered from three diseases; namely, fever, dysentery and malaria and those of the Hindustani from fever, dysentery and physical weakness whereas four fifths of the Oriya have suffered from fever, dysentery and small pox and all the Santal from fever and physical weakness.

By their caste, the major diseases like fever, dysentery, malaria and physical weakness have inflicted upon the OBCs; fever and jaundice upon the SCs and fever and physical weakness upon the STs. Therefore, there are four diseases; namely, fever, dysentery, jaundice and malaria which have inflicted upon all the communities and the castes. These diseases find congenial grounds in the weak physical structures and, therefore, their incidence is high among the respondents.

Though this analysis gives an objective analysis of the poor health and disease-prone physique, it cannot indicate any gender disparity prevalent among the respondents until the status of diseases among the male counterparts is discussed. Therefore, the diseases the male counterparts were inflicted with are discussed. Distribution of the males is shown in the Table 8.2.

Table 8.2: Distribution of the Male Counterparts of the Respondents into the Types of the Disease They have Inflicted with by Community, Religion and Caste

Types of Disease	Community, Religion and Caste																		
	Bengali			Hindustani										Oriya Santal		Grand Total (%)			
				Bhojpuri Hindu			Bhojpuri Muslim		Hindi Speaking			Hindustani Total							
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total
Cold Fever	3	-	3 (23.07)	4	-	4 (16)	-	1	-	1 (33.33)	5	-	5 (22.7)	-	-	8 (21.05)	-	-	8 (16)
Dysentery	4	1	5 (38.46)	4	2	6 (24)	1 (50%)	-	-	1 (33.33)	5	2	7 (22.7)	-	-	9 (23.68)	3 (30)	-	12 (24)
Jaundice	1	-	1 (7.69)	2	-	2 (8)	-	-	-	-	2	-	2 (9.0)	1 (20)	-	4 (10.52)	-	-	4 (8)
Small Pox	1	-	1 (7.69)	1	1	2 (8)	1 (50%)	-	-	-	2	1	4 (13.33)	1 (20)	-	4 (10.52)	1 (10)	-	6 (12)
Malaria	-	1	1 (7.69)	2	1	3 (12)	-	-	1	-	2	2	4 (13.33)	-	1 (50)	2 (5.26)	3 (30)	1 (50)	6 (12)
Eye Problem	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Weakness	-	-	1 (7.69)	1	1	2 (8%)	-	-	-	-	1	1	2 (23.33)	-	1 (50)	1 (2.63)	1 (10)	1 (50%)	3 (6)
Disease-free	2	-	2 (15.38)	4	2	6 (24%)	-	1	-	-	5	2	7 (23.33)	2 (40)	-	10 (23.68)	2 (20)	-	12 (24)
Total (%)	11	2	13 (100)	18	7	25 (100)	2 (100)	2	1 (100)	3 (100)	22 (100)	8 (100)	30 (100)	5 (100)	2 (100)	38 (100)	10 (100)	2 (100)	50 (100)

The table shows that over three fourths (78%) of the male counterparts of the respondents have suffered from one of the six diseases and about one fourth of these remained free from any disease. Over a half of the males have suffered from three major diseases; namely, fever, dysentery and malaria while one fourth of these suffered from the diseases like small pox, jaundice and

malaria also take place. This indicates the weaker body constitutions prevalent among the males as well.

Therefore, it appears that both the male and female suffer from the physical weakness in general and their disease patterns are not significantly different.

After the comparative analysis of the disease status among the respondents and their male counterparts, one needs to probe into another dimension of health condition, i. e., treatment of the diseases. Therefore, the modes of treatment of diseases undertaken by the respondents are discussed below. Distribution of the respondents into the modes of treatment is presented in the Table 8.3.

Treatment

The respondents adopted three modes for treatment of the diseases; namely, herbal treatment, modern treatment and no treatment. Herbal treatment refers to the use of some herbs collected from jungle to treat the diseases. Modern treatment is Ayurvedic or allopathic treatment in hospitals. Distribution of the respondents into the modes of treatment is shown in the Table 8.3.

Table 8.3: Distribution of the Respondents into the Modes of Treatment of Diseases by Community, Religion and Caste

Modes of Treatment	Community, Religion and Caste																				
	Bengali			Hindustani										Oriya		Santal		Grand Total (%)			
				Bhojpur Hindu			Bhojpur Muslim		Hindi Speaking			Hindustani Total									
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total		
Herbal Treatment	1	1	2 (16.66)	2	-	2 (31.11)	-	1	-	1 (33.33)	3	-	3 (13.04)	1	-	5 (14.70)	1	-	6 (14.28)		
Modern Treatment	3	1	4 (33.33)	7	3	10 (55.55)	2	-	-	9 (47.36)	3	12 (75%)	12 (52.17)	2	-	14 (41.17)	4	-	18 (42.86)		
No Treatment	6	-	6 (50%)	6	-	6 (46.15)	-	1	1	2 (66.66)	7	1	8 (34.78)	2	2	15 (44.11)	1	2	18 (42.86)		
Total (%)	10	2	12 (100)	15	3	18 (100)	2	2	1	3 (100)	19	4	23 (100)	5	2	34 (100)	6	2	42 (100)		

The table shows that 56.56% of the respondents have undergone some treatment of the diseases they were inflicted with and 42.28% respondents did not go for treatment. Of the respondents 42.86% have gone for modern treatment and 14.28% have gone for herbal treatment. The data indicate that the respondents prefer the modern treatment but the number of those going for herbal treatment is also significant, i. e., about one seventh of the respondents still believe in the indigenous treatment method. This may be due to lack of knowledge or trust about or access to the modern treatment.

By community, 16.66% of the Bengali, 13.04% of the Hindustani (11.11% of the Bhojpuri Hindu and 33.33% of the Hindu Speaking) and 20% of the Oriya respondents take herbal medicine; 33.33% of the Bengali, 52.17% of the Hindustani (55.55% of the Bhojpuri and 100% of the Bhojpuri Muslim) and 40% of the Oriya respondents take modern medicine and 50% of the Bengali, 34.78% of the Hindustani (46.15% of the Bhojpuri and 66.66% of the Hindu Speaking) and 40% of the Oriya respondents go for no treatment.

By caste, over two fifths of the OBCs and two thirds of the SCs prefer the modern medicine while over two thirds of the OBC respondents have not gone for any treatment.

Therefore, there is greater preference for the modern treatment across the communities, religions and castes.

The analysis leads to another dimension of the health status, i. e., relationship between the diseases and the modes of treatment. To know what diseases the respondents have treated with the modern medicines and what diseases they have treated with the herbal medicines here is given the Table 8.4 showing the distribution of the respondents.

Table 8.4: Distribution of the Respondents into the Types of Diseases by the Patterns of the Treatment undertaken

Types of Diseases	No. of Respondents	Modes of Treatment			
		Herbal Treatment	Modern Treatment	No Treatment	Total (%)
Cold fever	10	–	4	6	10
Dysentery	11	–	7	4	11
Jaundice	2	2	–	–	2
Malaria	5	–	5	–	5
Eye Disease	1	–	1	–	1
Physical Weakness	10	–	–	10	10
Small Pox	3	3	–	–	3
Total	42	5	17	20	42
(%)	(100)	(100)	(100)	(100)	(100)

The data show that 40.47% of the respondents who suffer from diseases, such as cold fever, dysentery, malaria and eye problem take modern medicines; 11.90% of the respondent who suffer from jaundice and small pox take herbal medicines and the rest of the respondents (41.67%) who suffer from cold fever, dysentery and physical weakness do not take any medicine.

Therefore, the respondents take herbal medicine only in the cases of jaundice and small pox. The former is believed to have only indigenous or herbal treatment and the latter, a curse of the deity, Sitola. Therefore, they prefer indigenous and supernatural methods of treatment for the former and supernatural method for the latter so as not to earn wrath from Sitola. The villagers as such do not consider physical weakness a disease. Unless the villagers, specially women, suffer from any serious disease they believe that they have a normal health.

Maternity Care

In our society the status of a woman is immensely influenced by the concept of virginity before and the availability of maternity care after marriage. The women who have children specially male children are considered fortunate enough in comparison of those who have only female children or have no children at all. But it is pertinent to know nature of the maternity (being mother) and the services available to mothers to understand women's health status. Maternity implies the whole of a mother's concerns in natal and pre-natal stages of the births she has given in her life span. The maternity concerns include conception status, number of conceptions, age-at-first conception, mother's health before and after a birth and so on. Therefore, various aspects of the maternity and the services rendered for it are discussed here.

Conception Status

Conception or quality of a life conceived or being conceived in her womb determines a woman's relations in her family and society. A woman who is unable to conceive a life is accorded a low status or prestige in her social set up. It is believed that her conception only provides worth of her life. Therefore, to know their conception status the respondents are distributed in the Table 8.5.

Table 8.5: Distribution of the Respondents into the Types of the Conception Status

Types of Conception Status	No. of Respondents	Percentage
Yes	48	96
No	2	4
Total	50	100

The table shows that 96% of the respondents have had conception while 4% did not have any. The significant point is that how the difference of conception status of the respondents makes a difference to their social status in their families and society. Therefore, the emerging differences of

social status of those who have had conceptions and those who could not are taken up for discussion.

Conception Status and Social Participation

The following tables present the data to show how conception status of the women affects their participation in social ceremonies.

Table 8.6: Distribution of the Respondents into the Types of Participation in Social Ceremonies by Conception Status

Types of Participation in Social Ceremonies	Status of Conception		
	Conception	No Conception	Total
Yes, Participate in All Ceremonies	48 (100)	-	48 (96)
Yes, but cannot Participate in All Ceremonies	-	2 (4)	2 (4)
Total	50 (100)	100	50 (100)

The table shows that 96% of the respondents who have had conception participate in all social ceremonies while those who have not had conception participate in some of the ceremonies. This information leads to another probing into the social status of the women in the matter of the types of the ceremonies they participate or prevented to do so.

Therefore, it shows that the reproductive capacity or fertility of women is culturally defined to influence their social status. The Table 8.7 presents the data for this inquiry.

Table 8.7: Distribution of the Respondents into the Types of Social Ceremonies They Participate by Conception Status

Types of Social Ceremonies	Status of Conception		
	Conception	No Conception	Total
Birth, Marriage, Death, Religious Rituals and Other Ceremonies	48 (100)	-	48 (96)
Death, Religious Rituals and A Few Other Ceremonies	-	2 (4)	2 (4)
Total	50 (100)	100	50 (100)

The table shows that all the respondents who have had conception participate in all social ceremonies and rituals from birth to death while those who have not had conception participate in some of the ceremonies such as death and religious rituals. Their presence in the social ceremonies is not barred. This information leads to another probing into the social status of the women in the matter of the types of the ceremonies they participate or prevented to do so.

Not only the conception status but also the age of a woman at her first conception indicates her health condition and the society's concern for her. Age of the first conception of a woman indicates the practices regarding her marriage. It has its consequences for her physical health and social relations. Therefore, this aspect is analyzed here.

Age-at-First Conception

Health of women is affected by her conception at pre-mature physical stage of age. A pre-mature conception not only weakens her body but also carries risks for her life. An analysis of her age-at-conception will indicate her health status. Therefore, distribution of the respondents into the groups of age at first conception is given in the Table 8.8.

Table 8.8: Distribution of the Respondents into the Age Groups at First Conception by Community, Religion and Caste

Age Group of the Respondents at First Conception	Community, Religion and Caste																		
	Bengali			Hindustani										Oriya	Santal	Grand Total			
				Bhojpuri Hindu			Bhojpuri Muslim	Hindi Speaking			Hindustani Total								
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBCs	SCs	STs	Total
15-16	2	-	2 (15.38)	4	2	6 (26.08)	1 (50%)	-	-	-	5 (25%)	2 (25%)	7 (25%)	1 (20%)	1 (50%)	8 (22.22)	2 (20%)	1 (50%)	11 (22.91)
17-18	4	2	6 (46.15)	6	4	10 (43.41)	1 (50%)	1	-	1 (33.33)	8 (40%)	4 (50%)	12 (42.85)	3 (60%)	-	15 (41.66)	6 (60%)	-	21 (43.75)
19-20	3	-	3 (23.7)	3	1	4 (17.39)	-	1	1	2 (66.66)	4 (20%)	2 (25%)	6 (21.42)	1 (20%)	1 (50%)	8 (22.22)	2 (20%)	1 (50%)	11 (22.91)
21-22	1	-	1 (7.70)	2	-	2 (8.69)	-	-	-	-	2 (10%)	-	2 (7.14)	-	-	3 (8.33)	-	-	3 (6.25)
23-24	1	-	1 (7.70)	1	-	1 (4.34)	-	-	-	-	1 (5%)	-	1 (3.57)	-	-	2 (5.55)	-	-	2 (4.16)
Total	11	2	13 (100)	16	7	23 (100)	2 (100)	2	1	3 (100)	20 (100)	8 (100)	28 (100)	5 (100)	2 (100)	36 (100)	10 (100)	2 (100)	48 (100)

The data show that 43.75% of the respondents had their first conception in the age of 17-18 years, 22.91% each at the age of 15-16 and 19-20 years, 6.25% at the age of 21-22 years and 4.16% at the age of 23-24 years.

Community wise, 46.15% of the Bengali, 42.85% of the Hindustani (43.41% of the Bhojpuri Hindu, 50% of the Bhojpuri Muslim and 33.33% of the Hindi Speaking) and 60% of the Oriya respondents had their first conception in the age group of 17-18 years; 15.38% of the Bengali, 25% of the Hindustani (26.08% of the Bhojpuri Hindu and 50% of the Bhojpuri Muslim), 20% of the Oriya and 50% of the Santal in the age group of 15-16 years; 23.7% of the Bengali, 21.42% of the Hindustani (17.39% of the Bhojpuri Hindu and 66.66% of the Hindu speaking), 20% of the Oriya and 50% of the Santal had their first conception at the age group of 19-20 years and a small fraction of respondents had first conception in the age groups of 21-22 and 23-24 years.

Caste wise, 63.88%, 80% and 50% of the OBC, SC and ST respondents respectively had their first conception in the age of 15-18 years and the rest (36.11%, 20% and 50% of the OBCs, SCs and STs respectively) had their first conception in the age group of 19-24 years.

Therefore, around two thirds of the total as well as the Hindustani respondents , four fifths of the Oriya (SC) respondents and half of the Santal (ST) respondents have had conception in the age group of 15-18 years. This indicates that the respondents were married at much early age, i. e., before attaining the legally prescribed age of 18 years. From the data on their marriage the fact is corroborated. The women are conceived as the child bearing and rearing objects and their human aspect is neglected. Though the additional hands of the male children are considered to relieve the economic burden of the family as well but the female children are considered a social, moral and economic burden on the family. They have to join some other's family and, therefore, are married as early as possible to dispense with the burden. Thus, their early marriage and early conception has both the bases; namely, ideological bend and economic interest in the given socio-economic set up.

Pre-natal and post-natal Maternity Care

No importance is given to the women during the time of their pregnancy. They are not taken to any doctor for regular checkup during their pregnancy. No special diet is given to them during their pregnancy or delivery of a baby. An analysis of daily diet will give a concrete sense of their health care for the important function of reproduction. Therefore, distribution of the respondents into the types of the daily diet they have during their pregnancy and after delivery of a child is displayed in the Table 8.9.

Table 8.9: Distribution of the Respondents into the Types of the Daily Diet They have had during Their Pregnancy and Delivery of a Baby by Community, Religion and Caste

Types of the Daily Diet	Community, Religion and Caste																					
	Bengali			Hindustani											Oriya		Santhal		Grand Total (%)			
				Bhojpuri Hindu			Bhojpuri Muslim		Hindi Speaking			Hindustani Total										
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total			
Nothing Special	7	2	9 (69.23)	10	4	14 (60.86)	2	2	-	2	14	4	18 (70.0) (50%) (64.28)	4	2	25 (69.44)	6	2	33 (60%) (100) (68.75)			
Fruits & Milk	1	-	1 (7.70)	1	-	1 (4.34)	-	-	-	-	1	-	1 (5%) (3.37)	-	-	2 (5.55)	-	-	2 (4.16)			
Fish & Vegetables	3	-	3 (23.7)	5	3	8 (34.78)	-	-	1	1	5	4	9 (25%) (50%) (32.14)	1	-	9 (25%)	4	-	13 (40%) (27.08)			
Total (%)	11	2	13 (100)	16	7	23 (100)	2	2	1	3 (100)	20	8	28 (100) (100) (100)	5	2	36 (100)	10	2	48 (100) (100) (100)			

The data indicate that two thirds of the respondents take no special diet during pregnancy and the rest take green vegetables or fruits, milk, etc.

By their community, 69.23% of the Bengali, 64.28% of the Hindustani (60.86% of the Bhojpuri Hindu, 100% of the Bhojpuri Muslim and 66.66% of the Hindi Speaking), 80% of the Oriya and 100% of the Santhal respondents take no special diet and 30.76% of the Bengali, 35.71% of the Hindustani (39.13% of the Bhojpuri Hindu and 33.33% of the Hindi Speaking) respondents take green vegetables, fruits or milk.

Caste wise, 69.44% of the OBCs, 60% of the SCs and 100% of the STs take no special food item whereas 30.55% of the OBCs and 40% of the SCs take green vegetables or fruits during the pregnancy.

Thus, the pattern of the diet is common across their communities and castes. It is natural that in their socio-economic conditions they cannot afford a diet better than the present one. But the

aspect of their care during the child bearing period will be better understood if it is probed about their visits to a hospital for checkup during the pregnancy. Distribution of the respondents into three types of their response regarding the visits is shown in the Table 8.10.

Table 8.10: Distribution of the Respondents into the Types of Response Regarding Their Visits to a Hospital or Doctor during the Pregnancy by Community, Religion and Caste

Types of the Response	Community, Religion and Caste																			
	Bengali			Hindustani										Oriya	Santal	Grand Total (%)				
				Bhojpuri Hindu			Bhojpuri Muslim		Hindi Speaking			Hindustani Total								
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total	
Yes	2	-	2 (15.38)	2	1	3 (13.04)	-	-	-	-	2	1	3 (10%) (12.5)	3 (10.71)	-	1 (50%)	4 (11.11)	1 (10%)	1 (50%)	6 (12.5)
No	9	2	11 (84.61)	14	6	20 (86.95)	2 (100%)	2	1	3 (100%)	18 (90%)	7 (87.5)	25 (89.28)	100% (100%)	1 (50%)	32 (88.88)	9 (90%)	1 (50%)	42 (87.5)	
Total (%)	11	2	13 (100)	16	7	23 (100)	2 (100)	2	1	3 (100)	20 (100)	8 (100)	28 (100)	5 (100)	2 (100)	36 (100)	10 (100)	2 (100)	48 (100)	

The data show that only 12.5% respondents visited a doctor/hospital during their pregnancy. They constitute 15.38% of the Bengali, 10.71% of the Hindustani (13.04% of the Bhojpuri Hindu) and 50% of the Santal and 11.11% of the OBCs, 10% of the SCs and 50% of the STs.

Therefore, only 10-15% of the respondents have taken medical services during their pregnancy. Generally the women do not go for checkup in the hospital during the pregnancy. The women visiting a hospital are those who were sent by their husbands and other family members to Dewan hospital for treatment of the major health problems like respiratory problem, physical weakness, anemia, etc. during the pregnancy.

From the above analysis one could judge the care the women were taken of during the time of labour. To acquire a clear picture of it an enquiry into the place of the delivery of their babies is

made here. Distribution of the respondents into the types of the place of baby delivery is shown in the Table 8.11.

Table 8.11: Distribution of the Respondents into the Types of the Place of Baby Delivery by Community, Religion and Caste

Types of the Place of Baby Delivery	Community, Religion and Caste																		
	Bengali			Hindustani										Oriya Santal		Grand Total			
				Bhojpuri Hindu			Bhojpuri Muslim		Hindi Speaking			Hindustani Total							
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total
Home	11	2	13 (100)	15	7	22 (95.65)	2	2	1	3 (100)	19	8	27 (95%) (96.42)	5	2	35 (97.22)	10 (100)	2 (100)	47 (97.91)
Hospital	-	-	-	1	-	1 (4.38)	-	-	-	-	1	-	1 (5%) (3.58)	-	-	1 (2.88)	-	-	1 (2.09)
Total (%)	11	2	13 (100)	16	7	23 (100)	2	2	1	3 (100)	20	8	28 (100)	5	2	36 (100)	10 (100)	2 (100)	48 (100)

The data show that 97.91% respondents have delivered their babies at home and only 2.09% have delivered their babies at a hospital.

Community wise, 100% each of the Bengali, Santal and Oriya and 96.46% (95.65% of the Bhojpuri Hindu and 100% each of the Bhojpuri Muslim and Hindi Speaking) respondents delivered babies at home. Of the Hindustani respondents, 3.58% delivered their babies at a hospital.

Caste wise, 100% each of the SC and ST and 97.22% of the OBC respondents delivered babies at home and only 2.88% of the OBC respondents delivered at hospital.

Therefore, only a negligible fraction of the Hindustani OBC respondents has availed the hospital services at the time of the baby delivery. But, on the other hand, some village level

(untrained) mid-wife helped all the respondents for the delivery and after the birth of a baby the trained mid-wife of the Dewan Hospital was called to checkup the newly born baby. Thus, they have an affordable system of baby delivery that does not take into account the risk of the mother.

Besides the maternity care, birth control measures also contribute to the women's health. A high birth rate from a woman adversely affects her health whereas a controlled birth rate keeps her health in tact.

Family Planning

Adoption of the family planning is rare among the villagers as they think it against the will of the god. The adoption of family planning methods by the respondents is shown in the Table 8.12.

Table 8.12: Distribution of the Respondents into the Methods They have Adopted for Family Planning by Community, Religion and Caste

Methods Adopted for Family Planning	Community, Religion and Caste																				
	Bengali			Hindustani										Oriya		Santal		Grand Total (%)			
				Bhojpur Hindu			Bhojpur Muslim		Hindi Speaking			Hindustani Total									
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total		
Operation	1	-	1 (7.70)	2	-	2 (8.69)	-	-	-	-	2	-	2 (7.14)	-	-	3 (8.33)	-	-	3 (6.25)		
Tablets & Others	-	-	-	1	-	1 (4.34)	-	-	-	-	1	-	1 (3.57)	-	-	1 (2.77)	-	-	1 (2.08)		
Herbal Medicine	1	-	1 (7.70)	2	1	3 (13.04)	-	-	-	-	2	1	3 (10.71)	-	-	3 (8.33)	1 (10.0)	-	4 (8.33)		
No Method	9	2	11 (84.61)	11	6	17 (82.60)	2 (100)	2	1	3 (100)	15 (75.0)	7	22 (78.57)	5 (100)	2 (100)	29 (80.55)	9 (90.0)	2 (100)	40 (83.33)		
Total (%)	11	2	13 (100)	16	7	23 (100)	2 (100)	2	1	3 (100)	20 (100)	8 (100)	28 (100)	5 (100)	2 (100)	36 (100)	10 (100)	2 (100)	48 (100)		

The table shows that 83.33% respondents did not adopt any kind of method of family planning while 16.66% adopted scientific or herbal methods.

Community wise, 84.61% of the Bengali, 78.57% of the Hindustani (82.60% of the Bhojpuri Hindu and 100% each of the Bhojpuri Muslim and Hindi Speaking) 100% each of Oriya and Santhal did not adopt any kind of family planning. 15.40% of the Bengali and 21.42% of the Hindustani adopted the family planning measures.

Caste wise, 80.55% of the OBCs and 100% each of the SCs and STs respondents did not adopt any kind of family planning. 19.45% of the OBC and all the SC respondents practiced the family planning measures.

Thus, a large number of women did not adopt any method of family planning. The women who adopt family planning basically belong to the Bhojpuri (Hindustani) and Bengali communities. Nupur Bawri (32 years) Kaya Saha (34) and Ajanta Lodhi (35) said that along with their husbands they were convinced by the nurse to adopt family planning. On the other hand those who take herbal medicine, i.e., raw roots of some trees and juice of leaves collected by the village midwife take these medicines without consulting their husbands. And the women who have not adopted any method feel that it is against the will of god. The reasons for not adoption of family planning by the respondents are shown in the Table 8.13.

Table 8.13: Distribution of the Respondents into the Reasons for Not Adopting Family Planning Measures by Community, Religion and Caste

Reasons for Not Adopting Family Planning	Community, Religion and Caste																		
	Hindustani													Oriya Santal		Grand Total (%)			
	Bengali			Bhojpur Hindu			Bhojpur Muslim	Hindi Speaking			Hindustani Total			OBCs	STs	OBC	SC	ST	Total
	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	OBCs	SCs	Total	OBCs	SCs	Total	OBCs	STs	OBC	SC	ST	Total
Desire for a Male Child	1	-	1 (9.09)	1	-	1 (5.88)	-	-	-	-	1	-	1 (6.66)	-	-	2 (6.89)	-	-	2 (5%)
Husband Disagreed	4	-	4 (36.36)	3	4	7 (41.71)	-	2	-	2 (66.66)	5	4	9 (33.33)	2 (50%)	11 (40.90)	4 (40%)	-	15 (37.5)	
Considered it a Sin	4	2	6 (54.54)	7	2	9 (52.94)	2 (100)	-	1	1 (33.33)	9 (60%)	3 (50%)	12 (54.54)	3 (60%)	2 (100)	16 (55.17)	5 (55.55)	2 (100)	23 (57.5)
Total (%)	9	2	11 (100)	11	6	17 (100)	2 (100)	2	3 (100)	3 (100)	15 (100)	7 (100)	22 (100)	5 (100)	2 (100)	29 (100)	9 (100)	2 (100)	40 (100)

The data show that 57.5% of the respondents did not go for family planning because they considered it a sin; in case of 37.5% respondents their husbands did not agree and 5% wanted a male child.

Community wise, 54.54% each of the Bengali and Hindustani, 60% of the Oriya and 100% of the Santal respondents did not adopt family planning because they considered it sin. 36.36% of the Bengali, 40.90% of the Hindustani, 40% of the Oriya because their husbands were not interested and only a small fraction of the Bengali (9.09%) and the Hindustani (4.34%) respondents did not adopt family planning because they wanted male child. Majority of the respondents of the OBCs (55.17%) and the SCs (55.55%) and all of the STs considered it a sin followed by the reason for the husbands not agreeing.

Though the villagers always urge for a male child, no case of female infanticide has yet happened. They considered it is a great sin and the children whether male or female, a gift of the god.

In sum, the poor economic condition, traditional mindset of the villagers and lack of awareness about health have been the factors for the poor health of female folk.