CHAPTER-V
SUMMARY AND CONCLUSION

In the forgoing chapters the researcher has described some aspects of Reproductive health seeking behavior among the Boro-Kacharis of North Guwahati with particular reference to women. The present thesis is based on data collected in the course of field work undertaken between 2010-2013. The field data was collected from the schedule tribe population inhabiting three villages of North Guwahati.

This chapter has been devoted to recapitulate and summarise the data presented and discussed in the preceding chapters. While doing so, some concluding remarks have also been relevantly incorporated in the chapter.

Maintenance of good health is very important for every human being. In case of women it has wider implication. Women, as a matter of fact, are the main health care providers in any society. The overall health of a family depends, by and large, on the ability of a mother to provide the required health care for its members. This is being accepted, it becomes imperative on the part of the society to put due weight age to the issue of women’s health in its proper perspectives. It may be noted here that woman, as a whole, irrespective of their being rich or poor, urban or rural, educated or illiterate, tribal or non-tribal, have some special health needs, particularly for their reproductive role. Since 1976 (The International women’s Year), it seems, the various problems including those related to health as well as reproductive health faced by women are being taken in to consideration with increased importance. Anthropological research can help us to identify the problems of women and the obstacles to their development through a look at their social structure, culture, traditional health seeking and dietary and some other relevant aspects of reproductive behavior. Thus, an ethnographic study focusing on the women’s perspective, their needs, their concern regarding their own health and morbidity issues would help health providers, social scientists and policy makers to obtain a holistic view of women’s morbidity and accordingly formulate a follow-up plan to improve women’s health status in the community.
Keeping all these points in mind and in view of the fact that we do not have sufficient empirical data on women’s reproductive health seeking behaviour, especially from tribal populations in Assam, the study has been undertaken. In the present study on **Reproductive health seeking behaviour of the Boro-Kachari women in North Guwahati area, Assam**, an attempt has been made to undertake an in depth holistic study of the reproductive health of the Boro-Kachari women living in three villages of North Guwahati.

The study has been undertaken with the following specific objectives in view:

i. To understand the prevailing health practices of Boro-Kachari women in North Guwahati with special reference to reproductive health.

ii. To see the patterns of continuity and change in health care practices.

iii. To understand their health-seeking behaviour with reference to levels of access to modern health care, information and access to facilities.

iv. To discover in what ways indigenous knowledge and modern medicine can be integrated to create sustainable and effective health care.

The study was guided by the following hypothesis:

Since the Boro-Kachari population of North Guwahati is living in close proximity to Guwahati city, it is hypothesized that they are more open to modern treatment seeking behaviour.

The entire mass of data, after being systematised and organised has conveniently been presented in five different chapters.

In **Chapter I** which is the Introduction, an attempt has been made to introduce the background of the topic in its proper perspective. It embodies discussion on the problem under study, objectives, hypothesis, sample, rationale for selection, scope of the study, fieldwork and methodology and review of literature.

**Chapter II** provides a brief outline of the Bodos of Assam where their history, origin, migration, socio-cultural life of the Bodos is mentioned. In addition, a descriptive account of the Boro-Kacharis of North Guwahati area is also given.
Chapter III includes a detailed discussion on women and health, especially reproductive health.

Chapter IV contains elaborate discussions on traditional health practices as well as reproductive health seeking behaviour of Boro-Kachari women in North Guwahati area.

Chapter V provides the summary and conclusion

The study is based on a sample derived from 246 ever and never married women living in Lathia-Bagicha, Phulung and Kata-Bazar in the North Guwahati area of Kamrup District of Assam. Lathia-Bagicha and Kata-Bazar are centrally located villages having access to government health facilities. Lathia-Bagicha is a fringe village adjacent to the I.I.T. Guwahati. Lack of education and poverty surrounds this people where as the people of Kata-Bazar are economically well off. The third village called Phulung is located far from the central part of North Guwahati. People of this village are also financially well off. The women living in the three Boro-Kachari villages of North Guwahati are generally accepting the modern health care practices, though they are following their traditional ethnomedicinal practices to a limited extent.

Major findings of the present study are given below:

The sample in the reproductive age group of 15 to 49 years consist of 45.52% unmarried, 49.59% married and 4.87% are under widow/separated category.

The mean age at marriage of women in the three villages is 22 years. The women marrying below 18 years, which is the legal age of marriage for girls in India, is 8.2%.

This study on reproductive health seeking behaviour of Boro-Kachari women attempted to understand a range of reproductive behaviour which includes awareness and use of contraception, adoption of family planning methods, antenatal care, pregnancy related problems, availability of reproductive health facilities, place of birth, promotion of institutional delivery, ways of health care practices, common reproductive diseases that women suffer, awareness of AIDS disease and issues of women’s autonomy which has a bearing on reproductive health seeking.
With regard to the awareness about contraception, it is seen that all women are aware about different contraceptive methods. Awareness with regard to female sterilization is found to be the highest (210) followed by pill (209) and condom (200). It is also noticeable that very few people are aware of techniques like IUD/loop (2) and emergency contraceptive (48). On investigation it was found that since these methods are difficult to explain and demonstrate, the spreading of awareness is less. In fact the ANM and ASHA workers have expressed difficulty in explaining these methods to the women in the study population. The reason being that, it requires technical skill and proper technique to administer it. The second reason could be that these devices are not given free of cost. Modern spacing methods such as the IUD, pill and condom are usually available through both government and private sectors. It is noteworthy to mention that in North Guwahati, reduce spacing methods like IUD or loop is not available in the government facilities. With regard to traditional methods like rhythm and withdrawal, the awareness is quite high (179 and 185 respectively). Such knowledge is generally acquired from their peer groups.

When it comes to the use of contraception, maximum number of married women (45.90%) go for female sterilization. While 18.85% used the pill and 12.29% of women do not use any device. Female sterilization is found to be highest among women whose educational attainment is up to class 12 standard i.e., higher secondary level (69.63%). Only 14.28% of women who have undergone sterilization belong to graduation level and above. It is significant to note that 16.07 % are illiterates. The findings from NFHS-2 (Assam) report also corroborate this fact. It has reported that among the illiterate or less educated people the permanent methods of sterilization is found to be high. It is so because they cannot maintain the continuity of temporary method.

Women in three villages generally go to PHC for general as well as reproductive health checkup. The second choice is to visit Private medical/ clinic for better treatment. To obtain services like family planning, antenatal care, post natal care, disease prevention, medical treatment for self and routine health check up they normally visit the health service center located in Abhoypur BPHC. Almost all people are dependent on PHC for their health needs. The PHC is located very close to Kata-Bazar. People of Lathia- Bagicha have a Sub-centre within their village premise and it
is their first contact health facility. When people are not sufficiently cured in the Sub-centre then they are referred to the PHC. However, it is seen that people visiting the PHC from this village is less (27.53%) as compared to Sub-centre (33.33%). It is also noteworthy to mention that Sub-centre does not have a regular doctor. It is manned by Multi Purpose Worker (MPW) and ANM and ASHA. Therefore, the people from Lathia- Bagicha take the help of private clinic (17.39%) and the cheaper option of the pharmacy (15.54%).

It is seen that almost every women get delivery advices in the said villages. Health advices are provided by doctor, ANM, ASHA who have endeavored to create a healthy environment in the three villages. All the pregnant women from the villages go for antenatal check up at least for three times because they do not want to take any risk of their health as well as their baby.

Regarding delivery of the baby, data was collected about place of delivery and the process of delivery since these provide interesting insights on health seeking behaviour. It was found that 27.61% of all deliveries were at home and 72.38% were institutional delivery. Of all the institutional deliveries, 52.98% were in government facilities and 19.40% percent were in private nursing homes. Home delivery is also found highest in Lathia- Bagicha (45.45%) as compared to Phulung (26.08%) and Kata- Bazar (11.36%). It is because of lack of education, awareness and poverty. Though PHC is not far from Lathia- Bagicha, yet due to their lack of knowledge, husband’s unwillingness and misconceptions about hospitals and/or presence of male doctor they prefer home delivery. It also indicates that promotion of institutional delivery campaign needs to be carefully looked into especially the role of ASHA and ANM in reaching and in convincing the people. The study findings also reveal that home delivery is found high among the women having low level of education and among the illiterate section. The percentage is 37.83% and 27.02% respectively. As a main cause of home delivery women cited husband/ family’s unwillingness. This reason is found highest among the women who have studied up to primary level of education (40%) and among the illiterate section (26.66%).

Another major finding is that out of the total deliveries that took place in the sample population, only 12.68% was in PHC / mini PHC. A large number gave birth at home and from those that had institutional deliveries; a large majority was
conducted not in North Guwahati but in Guwahati Medical College Hospital or Mohendra Mohan Choudhury Hospital or private institutions in the city of Guwahati. It is so because caesarean operation or complicated cases are not equipped to be undertaken in the existing health facilities in North Guwahati. A higher number of home deliveries in a place so near to the capital city of the state are a matter of grave concern. In the study sample, home delivery is found highest in Lathia- Bagicha. It is because of lack of education and poverty. Though PHC is not far from this village yet, due to their lack of knowledge they prefer home delivery.

Maximum number of women in three villages follows both modern and traditional methods of health practices. For non reproductive health problems, usually traditional Boro-Kachari customs are observed. But with regard to pregnancy and other reproductive problems or major health problems they resort to modern health facilities. Fear of side effects from modern contraceptive devices and desire for next child lead these women to follow conservative practice like rhythm and withdrawal method (12.29%).

Reproductive diseases are common in the study sample. Among the unmarried Dysmenorrhea is found among 62.5% women followed by irregular menstruation (16.96%), menorrhagia (8.92%) and 4.46% of women suffered from less bleeding during menstruation. Diseases like metrorrhagia, amenorrhea, menopause etc are found absent. Anaemia (based on visual observation) is found among 7.14% in the study area. Among the married women, 23.13% suffered abdomen pain at the time of menstruation. 22.38% of women suffered from irregular menstruation, 15.67% of women suffered from over bleeding problem and 7.46% of women suffered from less bleeding at the time of menstruation. It was found that 10.44% of women suffered from anaemia. Also, infertility is found in 2.98% of couples. (For a woman to be recognized infertile is the greatest insult to her womanhood. So, to collect this data researcher interviewed other family members in addition to the person concerned to know how many years she was married and if found too long then husband and mother in law’s opinion is recorded in the absence of any authentic medical records). 8.95% of women suffered infrequent sex/ no sex. Menopausal/ hysterectomy are found in 8.20% of women. 0.74% of women suffered breast cancer. Disease like failure to menstruate, occurrence of menstruation in less quantity at unpredictable
time etc., are found absent in the study area. Though cervical cancer is considered as a reproductive disease it could not be studied because of lack of expertise of the present researcher and absence of any data from concerned PHC.

As indicated in Chapter-IV, AIDS is an illness caused by HIV virus. This virus is transmitted through sexual contact, contaminated needles or blood or from HIV infected mother to her child during pregnancy, delivery or breast feeding. So data was collected on this aspect. The study reflects that 78.45% of women have heard about the disease called AIDS and 21.54% of women are not aware about AIDS disease. It can be seen from the study that AIDS awareness increases along with education and impact of health awareness campaigning, media influences through radio and television. Habit of reading newspaper is found in varying extent in Kata-Bazar, Lathia-Bagicha and Phulung (49.42% 14.49% and 11.11%, respectively). It is also worth mentioning that viewing of television is also limited due to poor economic condition as compared to the other caste villages of North Guwahati and erratic electricity supply in the villages.

With regard to women’s autonomy it can be seen that since women are at liberty to visit health facility on her own, one cannot perceive that these women are restricted in their movement. However, a lot of her reproductive choice with regard to place of delivery is restricted by the decision of her husband or mother-in-law, since most of the Boro-Kachari women are not earners and depend on husband economically.

Regarding the acceptability/ non acceptability of the working hypothesis that was formulated to guide the study, the overall findings have revealed that the health seeking behaviour of the Boro-Kachari population is not adequate. Some of the factors responsible are lack of facilities with regard to institutional delivery. In addition, education and poverty play a role in better health seeking.

Another factor is the level of education of the couples which seems to influence their reproductive health. The investigation reveals that irrespective of the setting, the level of education attained by a woman does positively influence her attitude and practice towards family health and welfare measures. This aspect is strongly demonstrated in the study sample. Also low level of education of the health workers especially the female worker is a matter of great concern
Health problems need special attention in the context of the tribal of India because of the fact that most of them are socio-economically backward, and live in isolated or remote areas where modern health facilities are not available and even if available are not accessed perhaps because of some socio-religious biases. Besides among these people, the belief in the interference of supernatural agency is particularly strong in the context of the health.

On the basis of the present study the following conclusions have been drawn:

First, the existing reproductive health information infrastructures are not suitable to fulfill the need of the users since there is a gap between information provided and the contraceptive devices that the people receive.

Secondly, the existing government infrastructure in North Guwahati is found inadequate for institutional delivery.

Thirdly, as envisioned in NRHM, the reach of health benefits has not fully penetrated the tribal society, especially the Boro-Kacharis of North Guwahati.

Suggestions

1. Formulation of realistic developmental health plans based on needs as felt by tribal women of the specific tribal group.
2. Need for promoting nutritional and health education programmes among the tribal women.
3. The nutritional and health status of pregnant tribal women need to be improved by adequate intake of nutritious diet, including iron and minerals.