



Research Paper

Indigenous Knowledge and Women's Reproductive Health: The Practice of Ethnomedicine in Rural Women's Reproductive Health.

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ABSTRACT:

A woman gives birth to a child. As a result, her child's well-being depends on her health. At present, all policymakers around the world are raising awareness about women's reproductive health. They are making various plans and policies to keep women's health good. We have many medical systems in Bangladesh. In addition to biomedicine, there are kabiraji, local healing methods, Ayurveda and Unani practices. What kind of health care a woman will receive in her reproductive health depends on many determinants. Not only the quality of health care but also money, religion, and culture play an influential role in this regard. Both the infant mortality rate and the maternal mortality rate are much lower now than in the past. However, in rural areas, most babies are born at home. So, birth and deaths are not registered at all. For these reasons, it is not possible to know the exact rate. Moreover, rural women practice ethnomedicine from their socio-economic context. The trend of this health care practice can be noticed among most rural women. They are practicing this ethnomedicine, influenced by religious beliefs, economics and culture. More important than whether they are benefiting from the use of these health services is their socio-economic context which is playing an influential role in getting them to take this healthcare.

KEYWORDS: Indigenous knowledge, Reproductive health, Ethnomedicine, Health care system, Supernatural.

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I. INTRODUCTION:

Bangladesh is a developing country. Most of its people live in villages. Almost everyone here lives in a patriarchal society except some tribals. As a result, the economic prosperity and position of women depend a lot on the will and reluctance of men. Although the woman is now changing their status through education, it is often the case that women have to rely on men to make decisions on complex issues. A part of a women's prosperity is her health especially her reproductive health where she has to be on the edge of many difficult steps. In recent times, it is important to know what kind of health care women are receiving and why they are doing so, especially in rural women. Although biomedicine exists to a large extent, the studies have seen through fieldwork that most rural women have been using ethnomedicine in their reproductive health services. Ethnomedicine includes rural healing methods, Kobiraji, Ayurveda, Homeopathy, and Unani, studies have noticed the predominance of rural healing methods and the use of kabiraji in the fieldwork. Why rural women are receiving this service is currently under discussion. Women make up almost half of the world's population.

The good health of a child depends on women's health. Most of the rural women are out of higher education. Moreover, the tendency to get married at a young age can be noticed. Most women in Bangladesh face reproductive health complications. Although the maternal mortality rate is very high in rural areas, the quality of use of skilled partners by rural women is very low (WHO 2011). A 2007 survey found that 60% of women who have at least one child receive antenatal care. According to the same survey, 85% of babies are born at home. Only 18% of births are completed by skilled trained associates (Begum, 2015, p-07). The type of health care you receive in reproductive health depends on many factors. The socio-cultural and religious context of society plays an important role in this regard. In rural areas, a newly married woman has to rely on her husband and mother-in-law for access to health care, especially reproductive health care. Not only in the patriarchal social system but also in religious bigotry, economics, individual freedom, many things act as influencers in this regard. Many studies have been done on women's reproductive health. The studies will try to show through this research why rural women are using ethnomedicine in their reproductive health and what factors are responsible for it.

Statement of the Problem:

The question that inspired this research work is: why are rural women practicing ethnomedicine despite the dominance of biomedicine? Over the three decades, women's reproductive health has become an issue of concern for health planners and policymakers. This is especially true after the 1994 international conference on population and Development in Cairo and the 1995 Beijing women's conference (ICPD REPORT, 1995).

Anthropology has been working on rural ethnomedicine since the 1960s where anthropologists have looked at various local healing practices that involve local beliefs and practices. The main topic of study in the practice of ethnomedicine in anthropology was the effectiveness of ethnomedicine. Here in this fieldwork, studies will highlight why people practice ethnomedicine and the issues involved. The maternal mortality rate in Bangladesh is much higher in rural than urban areas. 3.74% per 1000 live births. However, since most of the children in the village are born at home which makes it difficult to calculate because the death registration at home is very low (WHO 2010) (Begum, 2015, p-05). Among these deaths 25% of babies die before birth, 50% of babies die within 24 hours of birth. 20% of babies die within 7 days of birth and 5% of babies die within 6 weeks (Khanom: 2006). This large number of deaths and its effects create a serious social problem in Bangladesh (Day 1998) (Begum, 2015, p.-05)

Rural women consider their childbearing process to be a natural thing. As a result, they do not pay much attention to any medical treatment at this time. They compare the complexity to a bad effect. Such faith-based negligence has further increased their mortality. Biomedicine is now dominant in the world, yet it is seen that most of the rural women are practicing ethnomedicine. The study has tried to analyze this subject well in this fieldwork. The biggest influencer study has found is local beliefs and past experiences. An educated rich woman is also practicing ethnomedicine as a result of local beliefs (Fieldwork, 2016). A researcher in the Tanga district of Tanzania studied 214 pregnant women to get an idea of the use of oral herbal medicine. There it received 42% usage. It is most commonly used from three weeks after delivery. Of these 87.7%, 54% use it to avoid pregnancy complications, and the rest for reasons of trust. Significantly, 55% of all women who give birth at home use this herbal medicine (Mbura, Mgaya & Heggenhougen, 1985).

About 12000 women die of pregnancy complications in Bangladesh every year. (UNICEF 2009). In addition, the maternal mortality rate in this country is 3.74% per 1000 live births. (Begum 2015, p-05). The researchers conducted the study in a remote village. There are many more types of methods including local healing methods. Researchers have chosen this village because of the high prevalence of ethnomedicine in the study area. Even information has been taken from some informants who have practiced a variety of local healing practices in their reproductive health. Researchers have tried to find out the reason for their use of ethnomedicine. The researchers gathered their information by talking to some men to understand male dominance and male thinking in this regard. They also talked to local Kabiraj and Hiller.

II. METHODOLOGY:

The research method is a very important part of any research. In anthropological research, this part is considered an important part for the smooth execution of research work. On the other hand, research methods are a systematic way to solve research problems (Kothari, 2004). Every research has to follow certain methods and techniques in their research. Some methods have also been used in this study. There are some previous methods in the study of anthropology. This research work was completed through the use of non-structured interviews, open interviews, and case studies, expressions, and other behaviors of rural women were observed. This study focuses on qualitative data. However, in some cases, some quantitative information has also been collected from secondary sources. 20 women and 4 men were selected for the interview. From them, the researcher came to know the local beliefs about women's reproductive health, health care, and ideas about women's subordination.

III. FINDINGS AND ANALYSIS:

IV.

Women's Reproductive Health and Indigenous Knowledge:

Historically, medical anthropologists have been interested in learning about the medical practices of ancient societies. The healing methods, beliefs and practices, and saman of the ancient societies deeply attracted them. Saman thinks he has a relation with supernatural things by which he serves the people (Singer and Baer,2007). The first thing that comes to mind before knowing the use of indigenous knowledge in reproductive health is to know what they mean by female reproductive health to the people of the researched village.

Reproductive Health Concepts for Rural Women:

The below case study will highlight the issues raised by the information received from 20 housewives. Ferdousi Begum, age 22 years. She has a child. According to her, mothers have to take many difficult steps during childbirth. During this time a lot of bad winds or Jinn can hit the women. So, the rules have to be followed.

Meher Begum, age 40 years. According to her, having a child is not a complicated matter. She says, my grandmother had 20 babies without any problems. They didn't get good food. This is not mandatory for the mother to take extra care. If one's family has a lot of money, she can spend it. I have four children. I didn't take care of myself. I have given birth to a child in the middle of my work. Then again, I started my work. However, some rules should be obeyed. This is because bad air can harm the baby in the womb. So UfurDufur(Local language) Means rules should comply with.

Sufia Begum, age 35 years. According to her, giving birth to a baby means that girls are in danger. Danger can happen if you run a little irregularly. Walking, eating everything has to follow the rules. I am not so rich; I ate the food I got according to the rules. I have two healthy children. Nowadays people go to the doctor on purpose unable to bear the pain of childbirth. She cut her stomach and brought the baby. This is because they do not obey rules (Fieldwork,2016).

Accepting Childbirth as a Normal or Natural Process:

This study found that women view their childbirth as a natural process. Every woman has to take this step. According to them, women are born to give birth to children. God has provided that process in her body.

Razia Begum, age 38 years. According to her, today's women want to take care of themselves a lot. They have to eat more, eating fruits will keep the baby healthy. These are nothing but luxuries I have four daughters. I can't eat much because of my financial situation. But all of my daughters are healthy and well. Giving birth to a baby is a natural thing. God created women in thatway.

Peyara Begum, age 32 years. She has two daughters and one son. According to her, giving birth is a difficult step, but it is not a matter of taking extra care. You have to follow the normal rules. This is a normal matter. My mother and aunts have also gone through this step. All girls must do this (Fieldwork,2016).

Obey the Rules:

In the rural language, Bach Bichar means following the rules and regulations. For rural women, more important than caring for women's health is the rule of law.

Taslina Begum, age 30 years. According to her, When I got pregnant, my grandmother told me to keep my hair tied at all times. Open hair attracts the fairy. I don't go out even in the evening. A bad Jinn wanders around a lot during the time of azan. Then if a pregnant woman comes out and touches contact with Jin's body, it will be bad for her. I have complied with all these matters.

Shirina Begum, age 25 years. According to her, I never went to the forest or to the graveyard when a fetus came into my womb. My mother forbids me to go to these places. Otherwise, any evil shadow will harm me and the child (Fieldwork, 2016).

Use of Local tree sap:

The study found that most women use local plant Juices when they have complications of reproductive health. Mafuza Begum, age 30 years. She has two children. After her two children came into her womb, water came into her body. According to her, my grandmother gave me a kind of flower juice. My body starts to lose water after eating it. My mother used to let me eat the juice of the 'ChapitaPata' (Local name) so that I could not vomit and eat well (Fieldwork,2016)

The system of closing the body (Shorir Bond) (Local Term):

The women in the researched village view their maternal health as related to many supernatural issues. They think this time their body may be more affected by bad effects. This idea has traditionally remained with them. Of the 20 households studied about 15 women had their bodies sealed through local kabiraj. Shorir Bond (Closing the body) means bringing an amulet from a special kabiraj and keeping it in the body. If this amulet is in the body, no evil force can harm her body. That is, her body is free from the influence of evil energy.

Taslina Begum, age 30 years. About five years after her marriage, she gave birth to a baby boy. In her words, when I was not able to give birth, I went to many doctors. No getting the benefit of the doctor's treatment, I went to a local kabiraj on my mother's instructions. Kabiraj gave me amulets and closes my body. He claims that he has seen the evil genes in my body. A few months later I got pregnant.

Sufia Begum describes what happened with her. In her words even if I was pregnant, I would have an abortion a few months later. In some cases, the baby would die in the womb. So, my grandmother took me to a kabiraj. Kabiraj sees the effect of something bad in my body. So, he gives me amulet sand tells me to follow some rules. I have two children now. Many people keep the body closed even if there is no problem so that something bad cannot harm them (Fieldwork,2016).

Use of local Healing Methods:

The study found some local healers who applied their previous experience locally to serve women. They have gained this experience mainly by working with different threes. This service is very popular among them. They plant useful threes next to their houses. This knowledge they have received from their former grandmother. According to Zarina Begum, in my childbirth time, I was in pain for a long time but the baby was not being delivered. Then one of my aunts gave me some kind of water which the flowers of the forest trees were soaked. After drinking the water, I become able to deliver the baby (Fieldwork,2016).

In the studied area, it has been noticed that water has been taken from the local kabiraj which is locally known as a 'Panipora'. It means that the local kabiraj reads the verses of the Holy Quran in a glass of water. It is then fed to the troubled woman. Even extensive use of midwives has been observed in the studied area. Complications may exist but midwives have been used for economic, religious, and social reasons (Fieldwork,2016).

Belief in the Supernatural:

Most of the people of Bangladesh believe in the existence of the supernatural world based on religion, class, living in cities and towns (Rozario, 1993). Whenever something negative happens like illness or death, they easily describe it as the effect of a bad spirit. Rural women believe in evil spirits (Afsana and Rashid, 2000).

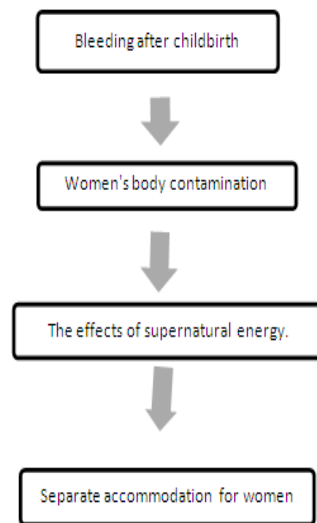
In the words of Lucky Begum, I got pregnant after two years of marriage, but in the evening when I was 6 months of pregnancy. I fell in the yard for no reason. As soon as my bleeding started, I was taken to the doctor. But the baby already died which was later taken out by Caesar. Exactly 1 year later I got pregnant again but the trouble was that. I also fell in the same place and the matter was the same as previous. Later my mother-in-law told me that the place where I lived was a cemetery. Something bad is here. So, she advised me not to stay here if I got pregnant again. Let's do this next time according to her words. I now have a son (Fieldwork,2016).

Here the relevance of the ethnomedical Approach can be noticed where the disease is seen by one's explanatory or effective analysis. With this, the belief in supernatural energy can be noticed. This analytical description of the disease highlights what kind of health care he will receive. For example, due to supernatural power, they usually take kabiraj treatment for health complications.

'AturGhar' and Pollution:

In a rural area, A house where a woman stays for 40 days after the birth of her child is called 'AturGhar'. This study has found a relationship between pollution or uncleanliness and aturghar.

Mafuza Begum says after I had delivered the baby my mother left a clay pot at the door of the room where I was staying. The pots were the ashes of the fire. When people from outside came to see me, they had to warm their hands and feet with the ashes. Borui kata (Local name) is one kind of tree kept at the door of the house so that nothing unclean could enter the house. Even my mother always told me to keep the match within me. Doing so may not harm the child. Since the mother bleeds for many days after giving birth, the house is unclean. That's why all of these rules must be obeyed (Fieldwork,2016).



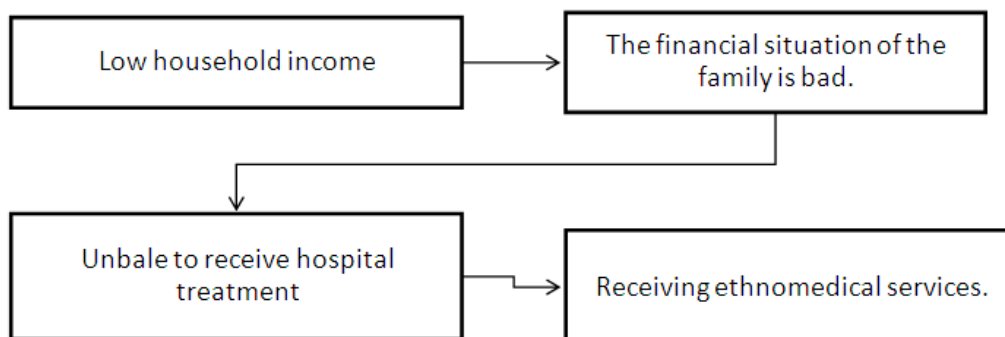
In the light of the above structure, a newborn baby mother is seen. It is limited to having children at home. In this case, cultural beliefs and holiness are involved issues (Afsana and Rashid, 2000).

Economy, Religion, Culture and Health care:

Economy and religion are important elements in our daily life cycle. Through this study, it emerged that the reproductive system, regardless of whether it is considered complex or natural, is subject to the rules of health care and is limited to kabiraj's medical system. The key factors influencing these areas are the economy, religion, culture, and the dominance of the elderly. The type of health care a person receives depends on how the birth is viewed. In the limited states, mothers are considered sick during childbirth and are cured through biomedical treatment (Lozaff, Jordan and Stephen, 1988).

Low Household Income:

Studies have shown that all women who have taken ethnomedicine in their reproductive health have lower household incomes. That means their husband's occupation is limited to farmers, drivers, and garment workers. The monthly income of all these families is 5000- 10000. Moreover, these families join families. Even the number of working persons in the family is one. As a result, they use medicine brought from kabiraj, which is cheaper. Bourdieu, in his economic capital, refers to one's wealth or money which is one of the elements in purchasing various goods or meeting one's needs.



In the words of Shamsunnarhar Begum, I was affected by diarrhea after I had got pregnant. From here problems arise in the cervix. My cervix comes down. For this, I can't conceive anymore. My husband is a farmer. He told me to wait until the collection of money. So, I went to a local kabiraj. He gave me some amulets to use (Fieldwork, 2016).

Religious Beliefs:

What happens to pregnant women is often described by religious beliefs. Ruby Begum's first child has died. According to her, one night I go to the toilet outside the house to urinate around noon. Suddenly I felt dizzy. Immediately my labor pains arose and the baby died as soon as it was born when my mother-in-law took me to kabiraj. He gave me some amulets to protect my baby. My next baby was born healthy (Fieldwork,2016).

The Practice of Veil (Parda):

The village of study is a Muslim area. The women here adhere to the highest veil. They think that if a child is born in a hospital, outside men will touch her body, which will be her sin.

Nurunnahar is a madrasa student. Her husband is a madrasa worker. Complications occur during her first pregnancy. Her baby was not delivered despite the long-time pain. Others in the village talked about going to the hospital, but neither her husband nor she agrees with this thought about the veil. The next day she gave birth to a dead baby.

Rural Stigma:

In the area under study, anyone who goes to the hospital and gives birth by cesarean section is considered a sinner. In this way, a woman becomes socially stigmatized. According to them, she sinned, so God punished her. They think she could not give birth in a natural process.

In the words of Shirina Begum, I cry a lot when my mother-in-law almost tells me that I have sinned because. I have Caesar. My mother-in-law almost tells me that we gave birth to 8/10 babies. We didn't have Caesar (Fieldwork, 2016).

SantiRozario uses the concept of honor and shame in her ethnography. This issue is also relevant to this study. They see the treatment by the male doctor of the hospital as disrespectful and shameful.

The Role of the Experienced Person:

Being in the same society for a long time gives a person different experience. The role of these experienced individuals in women's reproductive health has been noticed in the area studied.

Mafuza Begum said, 'When I was pregnant water came all over my body. My grandmother told me to sleep in a jute bag. So that my body becomes like before again. Moreover, my grandmother is well known as a midwife' (Fieldwork, 2016).

Mother-in-law's Authority:

In a joint family, the mother-in-law is considered the master. Everyone agrees with her decision. This has been observed in the area studied. In Kathmandu, Nepal, Upper caste Hindu women do not seek biomedicine because they have no decision-making power (Brunson,2010).

Ferdousi Begum says I had mild stomach pain three days before my baby was born. When I told my mother-in-law. She took me to a local doctor. Although he was known as a doctor in the area, he did not practice biomedical methods. He gives me some oil to massage my stomach. A few days later my baby was born. But my baby is disabled (Fieldwork, 2016).

Here Jordan's 'Authoritarian Knowledge' concept is relevant. Where he shows that A person's knowledge is accepted because of his/her position in the family.

High Cost of Medical Services:

In rural Mexico, the high cost of medical services keeps distance people from receiving health care (Young and Garo, 1981). Rural women in Bangladesh cannot take advantage of existing health services (Akther, 1994).

Money plays an important role in all aspects of rural life. Students have shown that rural people use local ethnomedicine because of their beliefs as well as money constraints. It is also seen that all the informants have used ethnomedicine in more or less all the complications. About 12 out of 20 informants were unable to receive biomedicine service. Meeting their daily needs was a difficult task.

Patriarchal Social system:

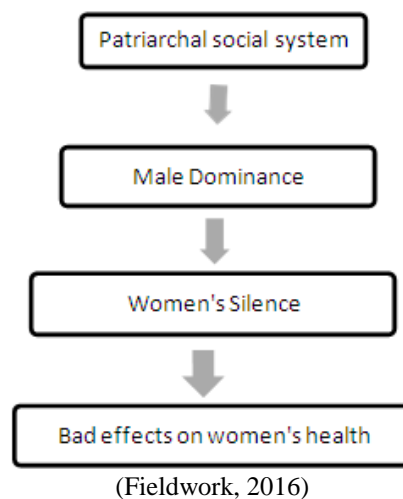
Our patriarchal social system places men in a dominant position. As a result, male dominance exists in

all areas. Of the 20 women in the study area, 15 expressed that their husbands were indifferent to their health. As soon as they became pregnant, their husbands sent them to their father's house. All the costs of childbirth are borne by the girl's father. Afroza Begum describes her suffering in this way. After my pregnancy, water started flowing in my body. When I told my husband about it, he told me to go to my father's house and go to the doctor. Since my father's financial situation is not good. I seek medical treatment locally. Meanwhile, I need Caesar when my child is born. My husband did not take any information about me. Somehow my cesarean section was completed by borrowing money from my relatives (Fieldwork,2016).

Women's Disability, Male Dominance, and Health care:

Not all of the women in the study area were economically self-sufficient. They were all housewives. Most educational qualifications are 5th-10th class (Fieldwork, 2016). The 1960s and 1970s revolutionized the study of anthropology. This time the patriarchal social system is being challenged. Through their work, the position of women in society is established (Nielsen and Eriksen, 2001). Edwin Ardener, in her 'Muted Group' theory tries to show that the dominant party plays a dominant role in creating and controlling certain descriptions. Because of this structure of domination, women remain silent (Moore, 1988).

In the area of study, it is seen that patriarchal society, economic disability of women, religious discipline has made women dependent on men in many ways. As a result, they have accepted all the decisions of men. The issue of women's silence has also come up through this study. One of the things that come from a woman to find out the reason for her silence is that her husband threatened to divorce her if she goes beyond his word. As a result, they are forced to accept everything.



Men's Perception about Women's Reproductive Health:

The study took the opinions of 4 men to understand how men view women's reproductive health and what kind of health care they should receive at this time. It's a natural thing for all of them. Even when it comes to health care, they say that new mothers should be treated in the same way that mothers, grandmothers have managed it. According to them, 'we work out all day. We do not have the opportunity to take it here. Moreover, it is a matter of girls so girls will understand better. When it comes to medical issues, their opinion is that if they follow the advice of their grandmothers, why they should need treatment. If someone does not follow the rules, then the problem will arise. In that case, we will treat as much as we can.' Regarding what kind of treatment to take, they said that 'at this time there are many kinds of problems due to bad effects. So, there are local kabiraj to get rid of them.'

When it came to hospital treatment, they thought that hospital treatment was very expensive. This treatment is for the rich. Their mothers and grandmothers gave birth to children naturally. They did not have to go to the hospital. There is no need for a hospital if the rules are followed. And the complexity of the situation is that they need to be dealt with accordingly. But that is nothing but a kind of difficult situation for them (Fieldwork, 2016)

Resource Right and Its Impact on Women's Health:

Fatima's description of how difficult male domination puts women in the center of women's property comes to the fore. In her words, when I first got pregnant after my marriage, I had some physical problems. I vomited a

lot; I couldn't eat anything. The body became very weak. The sister of the local government clinic told me to eat nutritious food or fruit. When I was told this to my husband, he pressures me to bring my father house property. Bring money from there to treat. I spend any day like this. My baby is very thin. He has been sick since birth. Eventually, I was forced to bring my father's house property. My brothers have had no contract with me since then (Fieldwork,2016).

The Status of Women in the Family, Complications, and Health care:

How a pregnant woman lives in the family. What kind of responsibility does everyone have towards her? The answer to this question is what comes up in the study. In the words of Meher Begum, my mother-in-law told me to always be at work. She thinks that the baby is born easily when the mother works. They have given birth while still working. Moreover, she thinks that if the mother sits down all the time, her body will become heavy. Not having pressure on the body may arise a problem at the time of child delivery. Although I was tried she kept me busy.

One day I went to fetch water from the tap and fell. When my bleeding started, my mother-in-law took me to a kabiraj. She even scolded me for falling. I am inexperienced, I cannot work. I later went to my father's house, went there and visit a doctor, and recovered (Fieldwork, 2016).

Husband's Dominance:

Rural women obey their husband's decisions in most of their complex problems. The study found that male dominance over the type of health care a woman receives in her reproductive health can be observed. Due to education, age, and economic status, most rural women choose the husband of the family as the main decision-maker in decision-making (Afsana and Rashid, 2000). Peyara Begum said that all the decisions regarding my three children were taken by my husband. Since the money and the maintenance of ours is on him so I have to accept all his decision. If something goes wrong with my decision, I have to take responsibility. Then he will divorce me. For this, we have to obey our husband's decision in all matters good or bad (Fieldwork, 2016). Jordan tells about ' Authoritarian Knowledge'. A woman goes through a kind of authoritative knowledge in her reproductive health process where she is a silent spectator. In the case of rural women, midwives, mother-in-law, and above all husbands play this role.

V. CONCLUSION:

The journey of medical anthropology began with the study of ancient people's health care and the description of the illness. Technological development, economic and environmental development has brought about a major change in the medical system. But even then, the people of different countries have retained their ancient belief system. The result is the practice of ethnomedicine that came up in this study. People here see illness as an effect of supernatural things. Reproductive health care methods are an important issue in medical anthropology. This is a huge field for research. An important approach in medical anthropology is the ethnomedicine approach where ancient medical systems and healing methods are studied. The main purpose of this study was to find out why rural women practice ethnomedicine in their reproductive health systems. Looking at this issue, the factors that are found to be influential are women's economic disability, mother-in-law and husbands' control, older person's experience, religious and cultural norms, etc. Moreover, the patriarchal social system, male domination, and mother-in-law control keep women away from making their own decisions. The extensive influence of religious beliefs has been observed in the area studied. They think that pregnancy is a good time to attract with something bad. As a result, the effect of Kabiraji treatment can be seen. Amulets brought from him and tree sap brought from healers is very popular here. In other childbirth is a natural matter for the people here and it involves religious and cultural beliefs and customs. Analysis of various facts and data shows that it is because of this belief that rural women practice ethnomedicine in their reproductive health.

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