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INFLUENCE OF ENVIRONMENTAL DEGRADATION ON WOMEN'S REPRODUCTIVE HEALTHCARE: A STUDY OF RURAL BANGLADESH

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Abstract : The rural women of Bangladesh are the most disadvantaged and exploited section of the society. In a patriarchal society, any kind of environmental degradation affects women more seriously affects women than men. It is because of their different activities and socio-economic roles, and the close relationship between nature and women. In addition to these, as the poorest and most vulnerable section of the society, rural women have less adaptive capacity during any disturbed period and they do not have adequate resources to face the situation. The present study has dealt with how and to what extent environmental degradation affects the reproductive healthcare of the rural women of Bangladesh. As the research area, the study has selected Rathura, a typical village of Bangladesh.

Introduction

Bangladesh is one of the poorest countries of the world. Almost half of the country's population is poor and the women are called æthe poorest of the poor" (*Bangladesh Economic Review*, 2011: 182). Individual, family, society, culture, religion, environment all these have made the women the æsecond sex" (Beauvior, 1949: 1-12). Particularly, the rural women of Bangladesh are the most disadvantaged and exploited section of the society. In such a patriarchal (Hatfield, 2000: 34) society, any kind of environmental change and natural disaster, like flood, cyclone, sydr, tidal bore, *monga,* water crisis, fuel crisis, cold season and rainy season more seriously affect women than men. Eco-feminists assume that natural calamities make them the most victim section of the society. It is because of close relationship between nature and women (Ortner, 1994: 68-87). In addition, as the poorest and most vulnerable section of the society, the rural women have less adaptive capacity during any disturbed period and they do not have adequate resources to face the situation. In such a patriarchal society, if there is any question to sacrifice both in the family and society, women have to take the

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burden. Patriarchy, gender identity, ideology etc. are responsible for women's disadvantaged and discriminated position in society that have been constructed by history, society and culture (Ortner, 1994: 68-87). In addition to these, women-nature relation is also an important factor of domination and discrimination. This study, however, has been designed to deal with how and to what extent environmental degradation affects the lives and reproductive healthcare of the women of rural Bangladesh. In this process, nature and women relationship has also been analyzed in order to understand the subject matter theoretically.

Methodology

Primary sources are the main foundation of the present study. Data for this study have been collected mainly from the research field. For this purpose, a typical village of Bangladesh named Rathura (official name of the village is Rautara but popularly known as Rathura) of Pakutia Union under Nagorpur Thana in Tangail District has been selected as the research area.[1] This is a typical village from the consideration of location, population, infrastructure, economy, and socio-demographic characteristics of the villagers. Data and information have been collected from the village during July-October 2009. In the present study, a diverse group of persons consist the study population. Apart from pregnant and delivered women, the population includes head of family, *matabbar*, *imam* of mosque, midwives, teachers, educated persons, the UP chairman and members, local doctors, family planning workers etc. All of them are directly or indirectly related to and knowledgeable about environmental degradation and women's reproductive healthcare in rural Bangladesh. But all the delivered and pregnant women of Rathura consist of the vital part of the population. Out of the total 167 pregnant and delivered women in Rathura, only 146 were available for response. As the size of the population is small, no sampling method has been followed, rather attempts have been followed to include all of them in the research. Data and information have personally been collected from the respondents with a semi-structured interview schedule. At the same time, observation, in-depth discussion and key informant methods have also partially been followed to collect data and information.

Nature and Women

It is imperative to understand the rural women's reproductive healthcare from the view point of nature and women relationship which is known as Ecological Feminism or Eco-feminism (Warren, 1994: 1-33). First introduced by Francoise d' Eaubonne in 1984 to describe women's potential to bring about an ecological revolution, æEco-feminism" has come to refer to a variety of so-called æwomen-nature connection" which includes historical, empirical, conceptual, religious, literary, political, ethical, epistemological, methodological and theoretical connections on how one treats women and

the earth (Warren, 1994: 1-33). What makes ecological feminism ecological is its understanding of and commitment to the importance of valuing and preserving ecosystems. According to ecological feminists, any feminism which is not performed by ecological insights, especially women-nature insights, and any environmental philosophy which is not performed by eco-feminist insights, is simply inadequate (Warren, 1994: 1-33). Warren argues,

> Just there is not one eco-feminism, there is not one eco-feminist philosophy. Eco-eminist philosophical positions are as diverse as the feminist philosophies from which they take shape. What makes a position an ecological feminist *philosophical* position is that it grows out of and reflects distinctively philosophical approaches to women-nature connections (Warren, 1994: 1-33).

Victoria Davion also says, æAlthough there are a variety of different eco-feminist positions, eco-feminists agree that there is an important link between the domination of women and the domination of nature, and that an understanding of one is aided by an understanding of the others" (Davion, 1994: 8). For an example, recent scholarship examines in detail how women around the world respond as the grassroots level to environmental degradation and its effects on women's lives.

As the female members of an agro-based society most of the women in rural Bangladesh perform their traditional role of household management. In order to perform their duties they have to stay in natural environment. Women's work responsibilities in rural Bangladesh include managing the most basic and natural of all resourcesÍ food, fuel and water. When natural resources are abundant, women do not have to work hard. But with the depletion of resources, women with limited access to resources are required to manage these. Through management of natural resources, women provide sustenance to their families and communities. As a result, they are more concerned about environmental degradation than men as they are responsible for the well-being of their families. They are fully aware that their livelihood and family welfare are linked to the potential of sustainable resource base; therefore, environment is to be conserved to meet their long-term needs (Khan, 1995: 34). Therefore, the women are more concerned and seriously affected by environmental degradation than men. This relationship has been concluded by a Bangladeshi scholar in the following way: æWomen play a major role in managing, caring and promoting natural resourcesÍ soil, water and forests, and the well-being of the women and her household is interlinked with environmentally sound and sustainable development projects" (Ahsan, 1998: 4).

Influence of Flood on Reproductive Healthcare

Almost every year, the rural people of Bangladesh experience flood. Flooding not only may inundate homes, buildings, roads, railroads, and

bridges, but may also destroy sanitary sewer systems, power sources, water sources, telephone installations, and cropland. Pregnant and delivered women, and the newborn become more vulnerable both physically and mentally during flood situation. Like men, women cannot move easily and quickly for their biological structure, physical strength, dress, socio-religious norms and culture etc. For an example, in regard to menstruation, Sherry B. Ortner remarks, æin many cultures it interrupts a woman's routine, putting her in a stigmatized state involving various restrictions on her activities and social contacts" (Ortner, 1994: 74). But during flood, quick and easy movement is essential; during the time particularly, pregnant and delivered women become more vulnerable section, and during flood they cannot move easily from one place to another. They have to wait for other's help for their physical movement. At that time, they become very much dependent on others. æFulfillment of women's traditional role to meet the immediate survival needs of their households becomes more difficult during flood situation. Women have to take considerable risks to procure drinking water from a long distance by boat or raft. When there is nothing to eat it is the mother who particularly looks for a way to feed the children and has to invent the last survival maneuvers" (Shamim, 1995: 46).

The villagers of Rathura face the danger of flood almost every year. Rathura is divided into some *paras* and during flood the village becomes divided into some small isolated parts.[2] Villagers suffer much when they move from one *para* to another by boat when it becomes the very necessary vehicle during that time. But most of the poor villagers have no boat; they make *vela* by joining some banana plants. Though this is risky, pregnant and delivered women also move by it. Due to flood, food and other essential goods become scare. People live almost an inhuman life during flood. They become dependent on relief.[3] During flood time pregnant and delivered women suffer much because healthcare services do not reach them at the right time and in their critical situation they cannot go to hospital easily. Human survival becomes the main priority at that time, and as a result reproductive healthcare is seriously neglected. During flood, children especially, newborns, suffer a lot like pregnant and delivered women.

Flood affects Rathura almost every year, but the last two which took place in 1988 and 1998 were really horrible. During the flood, the miseries of pregnant women and infant children knew no bounds. All the times, villagers could not move anywhere without boat, but necessary boats were not available during the time of flood. It was really a tough time for pregnant women and the women who have infant children. Every year, about 17,000 children die in drowning in Bangladesh and most cases occur during flood (*The Daily Star*, 2009). A number of children of Rathura also die in drowning every year. Food for both pregnant women and infant are very scarce during

this period. During flood time, pregnant women and her family members fall into great trouble; because at the time of emergency family members cannot take the pregnant women to hospital and even cannot call a *dai* (midwife) in time. During flood relief goods are supplied to the villagers by the government, NGOs and other organizations which are inadequate to support their demand. Food, cloths, medicine, water and other necessary goods are distributed as the relief materials. During 1998 flood, poor people got 10 kg VGF rice per head.[4]

Influence of Rainstorm on Reproductive Healthcare

Rainstorm is another kind of natural disaster which seriously affects women's reproductive healthcare in rural Bangladesh. During rainstorm, pregnant and delivered women cannot go to any place easily. Roads become slippery; accidentally pregnant women may fall to the ground and abortion may take place in this way. Like Rathura, most of the rural poor people of Bangladesh live in the home made of tin and mud. As a result of rain-storm, these homes are destroyed; and this is very much risky for pregnant women and the newborn babies, because they cannot move easily. Reproductive healthcare services are also hampered by rain-storm. Because of weak immune system, pregnant women and the newborns are affected by various diseases due to rain-storm. They cannot dry the *katha* and other used clothes in the sun.[5] Lives also become miserable.

Influence of Pestilence on Reproductive Healthcare

In recent years medical science has developed greatly and mortality-causing pestilence has also been reduced to a significant extent; but few years ago many rural people died of dangerous diseases, like chicken pox, small pox, diarrhoea etc. Pregnant women and newborn babies have weak immune system. As a result, they are easily attacked by those diseases and, mere often than not, they die. In such a situation, the question of survival gets first priority but, in our country, reproductive healthcare is almost automatically neglected. But in recent days also, for lack of preventive measures, many diseases attack them easily. As a result, mortality rate is higher in pregnant women and the newborn than other sections of the population. In a remote and backward village where people's consciousness is at a low level and healthcare services cannot reach easily and the situation becomes grave.

Influence of Drought on Reproductive Healthcare

In Bangladesh, about 80% of the people live in the rural areas and most of them are dependent on agriculture. During drought sufficient crops are not produced to support this population. As the most oppressed section of the society, women are more affected by drought. It is the unwritten rule of a patriarchal society that male members and children of the family will eat first and they get the priority in taking the most nutritious food. Female members of the family take food at the last and the least of food. During drought

women usually can take small quantity of food available in the family. This creates malnutrition and such women naturally give birth to under-nourished children. Needless to say, under-nourished children are easily affected by various diseases. Rathura is a poor village and its agricultural production is low; almost every year the village falls short of food. At the same time, drought also creates water- crisis in the village area.

Influence of Famine on Reproductive Healthcare

Famine is really dangerous which affects women more than men. During famine people become poorer in number and gravity and the ugliest face of poverty appears during this time. Many causes and conditions create famine. Of all, man-made famine and epidemic in paddy field are the two significant causes. As a result of epidemic, paddy field becomes deserted. Like most of the villages of Bangladesh, Rathura is heavily dependent on paddy and because of inadequate production of paddy; villagers cannot procure enough food to eat. Like drought, famine also affects mostly the rural women than men. Amela Begum (62) of Rathura narrated the story of 1974 famine although she could not mention the exact year of its happening. During famine, food becomes very scarce for most of the villagers, irrespective of sex and other affiliations. In such a situation, supplying nutritious and adequate food for the pregnant, delivered and the newborn is extremely difficult, and almost impossible. Particularly the older men and women of Rathura narrated the horrible stories of famine and the suffering caused to the pregnant and delivered women and the newborn.

Influence of Harvesting Periods on Reproductive Healthcare

In all sorts of household activities, the role of women is very important. Particularly during harvesting period, plantation and sowing periods they play very significant roles. Although most of the women are not directly involved in agriculture, they do all the household activities even during their pregnancy and after delivery. In Rahtura, an old woman named Maleka Begum, mother of 7 children, narrated that during a harvesting period although it was flood and rainy seasons she had to look after all of the household works. She had to reconstruct their broken home by cutting soil from other places even in her pregnancy. When she was pregnant she had to stain her home by soil, took cow dung and made it dry. So even during pregnancy and after delivery the women cannot take any rest. During harvesting and plantation periods they are to keep their little children at home or nearby places from where they can take care of their newborn babies during working period. During harvesting period, *nayor* even of pregnant and delivered women is cancelled because of heavy household workload.[6] So, during natural disasters also they perform their roles whether they become pregnant or a mother of newborn

Rainy Season on Reproductive Healthcare

Rainy season creates obstacles to easy movement of the rural people. This season is associated with heavy rainfall, flood and other natural disasters.

Paras in the same village become fragmented parts during the rainy season and villagers cannot move easily from one place to another. In the dry season also pregnant women cannot move easily, and during rainy season this becomes very much problematic for them to move. Even no healthcare facility can reach them on time. Little children who do not know how to swim face great risk at this time because they may fall into water and drown any time. During this season, surroundings in the rural areas become dirty. The women and the newborn are affected by waterborne diseases. Supply of food and other healthcare services for the pregnant, the delivered and the newborn are seriously affected.

Influence of *Monga* on Reproductive Healthcare

Like drought and famine*, monga* is another dangerous natural disaster which causes the death of the rural people because of lack of food.[7]Mainly the people of North Bengal of Bangladesh (greater Rangpur district) face *monga*. During *monga* people have to starve. Because of epidemic of the main food crop enough food production to support the population becomes impossible. As a result, *monga* affects their daily life. Women, being the most nature-closed gender group of the society suffer much during *monga.* They feed their husbands, children and the other family members with their scarce food but they themselves starve; because they have internalized the rules of patriarchy. Women's reproductive healthcare is seriously neglected during this season when survival becomes the first priority. Because of employment shortage in agriculture, the inhabitants migrate to other places of the country, and this causes sufferings of women. Such conditions also lead to the disintegration of family system. Although the people of Rathura have never experienced *monga,* they have, however, experienced various seasons of unemployment. During these seasons, women and children of Rathura suffer a lot.

Influence of *Mora Kartik* on Reproductive Healthcare

Kartik is the seventh month of the Bengali. According to Hindu myth, *kartik* was the son of *Mahadeva* and *Parvati* (the god and goddess of Hindu community). In the rural areas of Bangladesh, *mora katrik* is the month in which farmers have no work (Rahman, 1995: 134-153). As there is no work there is no food, money, cloth, healthcare facilities etc. So, *mora kartik* seriously affects the lives of the rural women.[8]Because for lack of enough money they usually cannot get enough food, care, rest and medicare facilities. In addition to economic recession, the month of *kartik* is associated with some pestilences like chicken pox, diarrhea, and cholera. A number of old women of Rathura told the horrible stories of *mora kartik* they experienced.[9]As an agro-based community, the villagers of Rathura experience the effects of *mora kartik* almost every year. But with the gradual modernization in agriculture the situation is changing. Recently *mora kartik* is

hardly used to mean both economic backwardness and health hazard of the rural people.

Influence of Water Crisis on Reproductive Healthcare

Water is in short supply because the amount of rain and snow basically remains constant but population and usage per person are both increasing sharply (Koren and Bisesi, 2003: 251). Water is essential for life but the quality of water affects humans through their direct use of water. It also affects the aquatic life contained in the water. Particularly in dry season, water crisis becomes a serious problem in the rural area of Bangladesh. During this season, water level goes down which makes access to the sources of water difficult. Because of water shortage the production of food falls. Drinking water and water for household use become scarce. Mainly women are to bring water from far away sources. Even pregnant and delivered women also do the job though it is forbidden for them to carry any heavy load. Few years ago most of the households of Rathura had no tube-well. They have experienced the negative effects of water crisis. In recent years many tube-wells have been sunk, but most of the poor families cannot afford these. So, the women of those households are to carry water from far-away places even during pregnancy and after delivery. Not only that, because of water shortage clothes and other household goods cannot be washed properly. In addition to these, because of water crisis and shortage women and children are affected by various types of water-borne diseases.

Influence of Air Pollution on Reproductive Healthcare

Clean air is necessary for safe and healthy living. Air pollution impairs health by affecting otherwise healthy people as well as individuals with chronic diseases, such as emphysema, bronchitis and asthma; and by possibly leading to lung cancer. Air pollution irritates the throat, makes the eyes water, and causes headaches (Koren and Bisesi, 2003: 251). Airborne organisms, such as bacteria and molds, also pose risk for health (Koren and Bisesi, 2003: 251). Air in rural Bangladesh is being polluted in various ways, and most victims of such pollution are the newborn babies, pregnant and delivered women. Particularly, millions of children suffer from and die every year due to diseases caused by polluted air. Despite the absence of urbanization and industrialization, the air of Rathura has been polluted in many ways such as use of open latrine, polluted water dust, dead bodies of animal, lack of waste management, and so on. Most remarkable feature is that both men and women have very little consciousness about air pollution. They hardly think that air is polluted.

Influence of Fuel Crisis on Reproductive Healthcare

Fuel crisis in the rural areas indirectly affects women's reproductive healthcare. As an integral part of household works, the rural women collect fuel for household use and it is considered as 'womanly job'. But it is

forbidden for pregnant and delivered women to take heavy load and to do any hard work. Sometimes, because of doing this type of job, accidents happen in the lives of many rural women. Many poor women go far away to collect fuel and take carry load of fuel. If a woman is pregnant it hampers her health and affects her reproductive system. A number of poor women of Rathura reported about the fuel crisis they faced in their everyday lives. Most of the parts of the village are not electrified and the poor cannot consume electricity for lack of facilities. There is no other source of fuel other than the collected and homemade fuel. Therefore, the villagers face acute fuel crisis in most periods of the year and the pregnant and delivered women go on suffering.

Influence of Cold on Reproductive Healthcare

Naturally the immune system of pregnant and delivered women and newborn babies is low. As a result, they can easily be affected by any kind of disease. Cold or winter season creates many problems for them like cough, cold, asthma etc. Skin problems become acute during the winter season. During pregnancy many women face dry skin problem. Most of the inhabitants of Rathura are poor and they do not have sufficient warm clothes to face the cold effectively. Particularly, the poor pregnant, the delivered women and the newborn suffer much for lack of adequate warm clothes. No home in the village is air tight and cold air can easily enter the house. The rural people are so vulnerable to cold that some people die almost every year due to cold. But no case of death due to cold has been recorded in Rathura during the recent past.

Influence of Population Growth on Reproductive Healthcare

The world's population, currently about 5.8 billion, is increasing at a rate of over a quarter million people a day (Insel and Roth, 1998: 602-646). In the developing world, the overall rate is 3.3 births per woman, though the rate in much of Africa is 5-7 births per woman. As a result, the developing countries are expected to account for about 85% of the world's population by the year 2025 up from their current level of 77% (Insel and Roth, 1998: 602-646). Due to rapid population growth, food shortage has been and continues to be an acute problem in Bangladesh. Depletion of arable land, crisis of drinking water, low living standard and low level social services etc. are all because of rapid population growth. It is usual that such a state of affairs negatively affects reproductive healthcare of the women of Bangladesh. Like all other villages of Bangladesh, population growth rate in Rathura is very high; adoption of family planning program, rate of contraceptive use and mass consciousness about population explosion are low. As a result, rapid population growth is creating many problems including the women's reproductive healthcare problem.

Influence of Environmental Degradation on Women's Mental Health

In times of any disaster, women's mental health needs special care. During this period, they suffer from some psychic problems like depression, grief, anger, guilt, apathy, fear, burnout, bizarre behavior, and suicide (Koren and Besesi, 2003: 681). Women's mental health is the most neglected phenomenon in the healthcare system of Bangladesh. Mental healthcare for pregnant and delivered women should be taken with seriousness; in addition to these, extra care for them is essential during any disaster period. Needless to mention that mental health condition has serious implications on various phases of reproductive healthcare. A number of respondents of Rathura report that they and their family members are fully unaware about women's mental health and no emphasis has been put on it.

Conclusion

A basic point of health research is the analysis of human and environment relationship. This analysis can contribute to the theoretical development of an academic discipline like healthcare. Particularly, environmental approach to deal with women's health problems is very useful in the context of rural Bangladesh, where women are very much close to nature or ecology. Any kind of natural or environmental change affects them first because of their close relationship with environment. Natural disasters like flood, cyclone, *monga*, famine, storm, rainy season etc. affect women, children, and their healthcare. Environmental degradation is caused by the disorder of the natural phenomena and a crucial factor for human society as a whole, and particularly for the healthcare services. During any environmental degradation pregnant and delivered women become the most vulnerable section of the population and they cannot move easily, although quick and easy movement is essential during these periods. Healthcare facilities are not available to the pregnant, delivered and newborns on the right time because of natural disasters. Women's sexual life, use of contraceptives, menstruation management and other reproductive activities are seriously affected by natural disasters. In times of disaster, social crimes also increase. Women become victims of rape and social oppression. Sometimes they have no other way than to choose beggary or prostitution (Ahmed, 1995: 67). Of course, men's lives are also affected but women's lives are more seriously affected by environmental degradation. Because they are the most vulnerable section of the society and they are under patriarchic exploitation in all walks of life. But no easy remedy can be suggested to overcome the situation unless over all progress of the rural society and the end of patriarchic rule are made.

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Notes

1. Rathura has been selected purposively.
2. *Para* is a territorial fragmentation of a village.
3. During flood time people become very much dependent on relief but this relief cannot reach their hand on time and when reaches the quantity is very small.
4. Vulnerable Group Feeding, a program takes by the government to support the rural poor.
5. *Katha* is one kind of home made cloth used as bed sheet and/or warm cloth.
6. Married women periodically go to visit their paternal homes. During their stay there they are not obliged to do any household works. This is called *nayar* in Bangla language.
7. *Monga* is basically a state of rural economy of Bangladesh when employment crisis in agriculture becomes acute and a state of dire poverty prevails. It is confined to a particular region of the country.
8. *Mora kartik* is the month of Bangla year when rural people usually do not get any job and faced poverty much.
9. Though old women have experienced more *kartik* more in number in their whole lives, they looked very much disturbed when I mentioned the name of *kartik.*