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CULTURE AND RELIGION ON WOMEN'S REPRODUCTIVE HEALTHCARE IN RURAL BANGLADESH

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Abstract: Health and healthcare of a community is largely determined by the culture, religion and behavior the people of the community hold. People's culture including religion, values, beliefs and behavior during health and illness are important variables in studying health and healthcare. The present study has dealt with how and to what extent the culture, religion and practices of rural Bangladesh affect its women's reproductive health and healthcare. Finally, the study tends to conclude that the rural culture and religion exerts significant negative impact on women's reproductive healthcare.

Introduction

Reproductive health implies that people are able to have a satisfying and safe sex life and that they have capability to reproduce and the freedom to decide it when and how often to do so. Women's reproductive health is a holistic concept which is dealt with from many dimensions and cultural approach is one of those. Cultural approach to dealing with reproductive health seeks to understand the diverse meanings peoples give to rights, reproduction and health, and the different ways in which social groups make claims on the reproductive body, sex and childbearing, culture significantly influences how people manage their daily affairs including reproduction and healthcare.¹ This is why, health researchers aim to understand people's perception, behaviors and experiences in the face to health and illness. In other words, health and healthcare of a community is largely determined by the culture, religion and behavior the people of the community hold. People's culture including religion, values, beliefs and behavior during health and illness are important variables in studying health and healthcare. The present study will deal with how and to what extent the culture, religion and practices of rural Bangladesh affect its women's reproductive healthcare.

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. This is a typical village from the considerations of location, population, infrastructure, economy, and socio-demographic characteristics of the villagers. In the present study, a diverse group of persons consist of the study population. Apart from pregnant and delivered women, the population includes head of family, *matabbar*, imam of mosque, midwives, teachers, educated persons, UP chairman and members, local doctors, family planning workers, etc. All of them are directly or indirectly related to or knowledgeable about 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 are available for response. As the size of the population is small, no sampling method has been followed rather attempts have been made to include all of them in the research. Data and information have personally been collected from the respondents with a semi-structured interview schedule during July-October 2009. At the same time, observation and in-depth discussion methods have also partially been followed to collect data and information.

Menstruation and Village Girls

From the age of 11 years, most of the girls experience menstruation (the blood comes from the womb). This is the symbol of woman. It is said that except that experience no girl becomes a woman and this is the symbol of becoming a mother. That means without menstruation no woman can be a mother. From mothers, female relatives, friends, media both print and electronics, urban girls easily know about menstruation before its starting but this scope is less for the poor village girls.

First menstruation is an auspicious event which is most discretely handled by the women of household. There is no big display, no great expense, no pollution removing expert comes from outside. The girl is believed about the danger of her *napak* (polluted) condition by married woman of household or neighborhood, preferably not her mother in front of whom she feels shy.² During that time, the girl should spend most of her time inside a room. She is especially vulnerable to *bhut* (ghost) those spirit who attack as well as woman who have just given birth. *Bhut* are very fond of fresh, bloody life-matter.

During this period, her diet excludes all types of fish so that her menstrual blood never emits a fishy smell. An effort is made to give her strengthening, better-than-usual food such as eggs, milk, chicken, meat though again usually no great expense is incurred. She should keep a careful balance between hot and cold foods, indulging in neither extreme. On the first day, she takes bath with some ones help because she is so weak; but afterwards she requires no more assistance even for the final bath. Some girls do not

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comb or oil their hair until the final purification on the seventh day. Oiled hair is generally associated with a state of purity and like cow-dung, is dangerous in a state of severe pollution it may cause an abnormal increase of blood.³

Badhok: the Pain of Menstruation

The pain of menstruation is a very common problem to women, mainly teenage and young age girls face this problem much which is popularly known as *æbadhok* to the villagers. To the poor villagers, *badhok* is very bad symptom.⁴ The woman who feels this pain severely, it is very tough for her to be a mother; this is the belief of the villagers. So, many young women remain silent about their pain and uneasiness during menstruation. The pain of menstruation or *badhok* starts usually before two/three days of menstruation and stays during all the time of menstruation.

In Rathura, I have talked with some women who have been married before their first menstruation that means at their 10-12 years age. These women were not concerned about menstruation, did not know what to do. After some months of their married lives, they first experienced menstruation. There are also some women in Rathura who became mothers just after their first menstruation. After experiencing menstruation in one month they find themselves as pregnant in the next month.

The experience of menstruation to the girls of Rathura is very dangerous, uneasy, disturbing, shameful and also very much private matter. They do not want to share the experience of menstruation with anybody. They think that this is very much shameful and should not be shared.⁵ Fazila states her first menstruation in the following way:

I did not know anything, nobody told me before that once I would face it. When I first experienced I saw blood and thought that certainly I have done any bad work for which it has come. I have tried to hide it from all my family members but one of my aunts saw blood in my back side. She called me in her room and silently asked me about it. I have started to cry but she told that this is a very normal happening for women and to be a woman it is essential. She showed how to use some small parts of cloth (*napkin*) during menstruation and told me not to show those *napkins* to anybody. She advised me, after washing the cloths it should be spreaded in the sun shine but very silently so that nobody can see it. From that time on I spread the cloths in the sun shine and the place of spreading is the backside wall of our home. Now, I am not afraid of menstruation because I know without that no woman can be a mother.

Pregnancy

Pregnancy is very much risky period for women. But most of the women of Rathura report that they cannot feel the reproductive phase or pregnancy

period as very much difficult stage; because during this period they have to perform all the routine household works, like cooking, cleaning, washing, rearing children and during harvesting period all works related to harvesting. They cannot get any extra rest, nutritious food and special cure during pregnancy. Like other members of the family pregnant women have to do everything. Particularly, during the harvesting period, pregnant women have to take very much weightful load and sometimes they can feel that the baby in the womb do not move and they feel pain. At that time, they usually take rest and when they feel that the baby start to move and their wombs becomes soft from hard condition, they go for works again.

Food during Pregnancy

The women of Rathura mostly do not take any special food during pregnancy. They eat whatever they get. Most of the women replied that even in pregnancy they could eat everything like rice, fish, meat, egg, milk, vegetables whatever they got. Women and their family members usually do not treat pregnancy period as important and something special. So, they do not give any special attention towards pregnant women. Pregnant women have to do usual works and take whatever food they get. But most of the women of Rathura tell that during pregnancy women usually take small amount of food so that the baby in the womb becomes small in size which will be easier to perform a delivery. They think that more food makes the baby bigger in size and the baby cannot come out from its mother vagina easily. So, performing delivery becomes hard for the midwives and the mother. From this consideration, many families in Rathura provide pregnant women with small amount of food.

Physical Condition of Women during Pregnancy

It has been mentioned that pregnant women have to perform all the household works whatever their physical condition is. Sometimes they take saline when they feel sick seriously but cannot take more nutritious food. Some tablets, injections are also taken by them but not by all women and always. Most of the women report that during winter they usually do not face any problem but summer makes many physical problems for pregnant women. Heat of summer makes unstable situation for pregnant women. Most of the pregnant women particularly the poor could not consult any doctor or nurse during their pregnancy and even their delivery also took place at home. Of course, consulting doctors and delivering in the hospital and clinic is gradually increasing in the rich families.

Sath Dea: Seven Month of Pregnancy

Seven month of pregnancy for women is a special occasion. People of Rathura arrange a programme, cook many foods and distribute those foods among the people. Handmade cake (*semai*) is the main of that food. In this programme, they check the luck of the pregnant woman. For example, there

are two things arranged by the family members. One is a pestle and the other is a cockle. With her closed eyes if the pregnant woman touches the pestle the people understand that a male baby is coming and if she touches the cockle everyone understands that the woman is becoming a mother of a girl child. The seven month occasion is called *sath dea* in Rathura and all the people irrespective of their socio-economic background arrange the occasion according to their abilities. The *sath dea* programme is arranged for the well-being of mother and child.

It is a custom to observe a fast day by the seven month pregnant woman. So, the girl observes a fast on that day. Guests come with gifts and money. Among the gifts, *sari* (one kind of Bengali female dress) is most remarkable. Mainly female relatives like mother, grand-mother, mother-in-law, aunts give *sari* to the pregnant woman. The girl as well as would be mother takes her bath with the help of some female relatives and wears *sari* given by her mother. It is another custom to wear the *sari* given by mother. After taking some make-up, the pregnant comes on the courtyard and sits down on a piece of board. A woman comes with some components in her hands. On a *kula* (winnowing fan made of bamboo slips for separating dusts, etc from grains), she keeps a banana, a glass of milk, some grasses etc. The woman blesses by the grasses and money. She touches the pregnant's head with the grasses and gives her a ten taka note. After finishing her blessing all other women also complete their blessing in that way. Another important custom is that no man can enter the circle of women and cannot bless the becoming mother. After the blessing part, the pregnant takes a glass of milk with the banana. The milk is not bowled which is another custom.

Sweet made food like *semai* (kind of vermicelli which is cooked with milk and sugar) and *paesh* (sort of food made of rice milk and sugar; frumenty) are cooked and arranged in some dishes.⁶ Children and females eat together with the pregnant woman. Sometimes the participants made various kinds of fun and laugh.

After the eating part, everybody joins another interesting part whose name is *vaggo porikkha* (luck testing). Female participants arrange two things: one is a stone slab locally known as *sile* other is stone slab for guindine spices locally known as *pata*. Both are covered by lids (*dhakna*). In that program all female participants wait for observing which *dhakna* Minu would uncover; because if she uncovers the lid of *sile* that means she has going to be a mother of a male child and if she uncovers the lid of *pata* then it should be understood that she would be the mother of a female child.

House of Birth

It is an obvious matter that before some days of delivery, most of the women of Rathura go to their father's homes. They usually feel comfort to deliver

their children in father's homes. After some days of delivery they come back to their husband's homes. Like other villages of Bangladesh there is a custom in Rathura. When the people of father-in-law's home go to the home of the newborn baby's grandfather to bring back the delivered mother and child, it is the duty of the family of the women to arrange some improved diet and invite the people for this purpose.

For all deliveries, there is a labour room where a pregnant woman delivers her child. Locally the labour room is called *æatur ghor* and *æchatī ghor*. The labour room is a dark room where there is no wind and light. Arrangement of steaming is very important here. With the starting of labour pain, family members shift the pregnant woman to the labour room which is a separate room located in the same homestead. After seven days or 20 days or 1 month, the delivered woman with her newborn can come out from the labour room. But from the labour room the delivered woman should not come out with her open hair and she has to hold a piece of iron, a piece of bone of a cow or such thing so that any ghost cannot possess her. Steaming in the labour room is essential to save the mother and child from the bad eyes of ghost. In Rathura, the people believe that many children die in the labour room after some days of delivery due to bad eyes of ghost. They believe that this is the work of ghost that the newborn become red, blue and various colour one after another. The people go to *pir* and *fakir*, *kabiraj* for treatment. They cannot understand that the name of the disease is tetanus.⁷

Women of Rathura usually give birth at home and usually it is their parent's home. Hindus and Muslims use the same word to describe the hut in which a woman gives birth as *atur ghor*, but its set up is quite different. Muslims families usually partition their living hut with a *choki* (large wooden bed) side up or, if a poor family without furniture, a corner of the hut is reserved for the purpose. The cooking hat, if any, may be used when there are too many people in the living room.⁸ Cooking is not done there during the period of confinement. These customs are quite unacceptable to Hindus. For this reason a number of Hindu *dai* say they do not work in Muslim compounds. As for Hindus, they build a small hut in their backyard especially for the event which will be dismantled and then brunt, or occasionally given to a poor Muslim *dai* afterwards. The hut itself is often surrounded by a small fence so that no one even touches it. This is to keep the rest of the household from pollution.⁹

Dai in Rathura

Midwife is locally called as *dai* in Rathura. During delivery their role is the most important. In Rathura, there are 4 *dai* women who perform most of the deliveries of Rathura. This is a significant feature that most of the villagers do not go to doctors, clinics, hospitals for delivering the pregnant women. In case of any emergency, they take the pregnant women to hospital; otherwise

home is a common place to deliver and *dai* is the deliverer. The story of becoming a *dai* is interesting. During my fieldwork in Rathura one of key informants was Renu Begum (40), mother of two boys, is a *dai*. She told her own story how she became a *dai*:

My *fupu* (aunt) was a *dai* but she is now very old. Most of the villagers of Rathura relied on her for delivering pregnant women. Though she was not trained but could perform delivery very well. During any delivery I was also usually present with her; because I intended to be a *dai* in future. I observed all the stages of delivering with very much attention. Within a few years I could learn all these things easily and very soon. Now my aunt is very old and cannot move easily. So I am playing her role of *dai*. Instead of her, the people call me and I can perform any sort of delivery well.

Some years ago, a painful death of a pregnant woman happened in Rathura during delivery. The name of the woman was Minara Begum, age 35, who had two children. She faced very much complications though the family members did not take her to doctor. Local *dai* was present there for performing delivery. After two days` of labor pain the *dai* could not take the child out of the womb. After many hours efforts the two hands and one leg of the child torned apart of its body. As a result, both the newborn and mother died. It happened because of illiteracy, ignorance, lack of consciousness of the family members. In this respect, financial capability of the patient's family is an important consideration. Minara's husband was a poor day laborer and he had no financial ability to go to a hospital or clinic.

During my fieldwork in Rathura, I have talked with some women. They know that during pregnancy and after delivery it is important to go to doctor and to take regular check up and treatment. But these women cannot do these because of financial constraints, geographical distance of health centers, and social negligence towards women. Another very important reason is that old, illiterate father and mother in-laws do not know about the necessity of healthcare for pregnant women and safe delivery. They usually make a cutting remark to the daughter-in-law. Mainly mother-in-law does it much. They think that at their past time they became pregnant and gave birth of many children but they did not face any complexity. Now they hear that pregnant women should get special attention, more and nutritious food, treatment, rest etc. during pregnancy and after delivery. Even they also hear that newborn baby also need special care. All these were absent during their times. These old women took small amount of food, did not take any rest, worked hard during pregnancy and after delivery but they did not face any problem. So, why the women who are becoming pregnant now should get that special care! this is not understandable to them.¹⁰

During my fieldwork most of the women report that during pregnancy and after delivery they do all the household activities, if they feel pain or any physical problem, they take some rest and after taking rest they again start to do their works. When I asked them how they can work if their children are very little, they replied that they keep their babies lying at their workplace and take care of them during working. They usually do not take the baby on lap until they cry loudly. They also replied that their babies do not need special care, special attention and food. Babies grow up alone and without special care; and according to their mothers, they do not need these. The experience of one of my respondents rewardingly her delivery was really dangerous. Rahima Begum, age 60, has 6 children. She described her experience in the following ways:

During my fourth pregnancy, my delivery date was very close. In that evening I was cooking and feel pain. I could understand that after sometimes my delivery would happen, but I was cooking and fed all the members of my family and then went to the bed. After a few moments I delivered a baby.

Religion on Reproductive Healthcare

Bangladesh is a developing country. The medicare facilities are not enough for the mass people of Bangladesh. Though the health policies always try to ensure "health for all" the people of all localities, all classes, all ethnic groups but they do not get their basic medicare facilities. Conventional healthcare system has many lacking because it does not give much value to the society, culture, religion, psychology of human beings and does not relate healthcare system with those components. But belief, values, norms, livelihood strategies all affect human beings in their particular society. So, all those should be considered significantly with healthcare system.

Most of the people of Rathura are Muslim. Their religion affects their daily lifestyles, values, norms, healthcare system etc. The graveyard of Bogdadi (R.) is situated in this village who came here before 350 years ago. People of this village are very much devoted to the graveyard. They believe that this graveyard has a strong supernatural power and can solve many problems. Mainly people go there who have no child, they want child and make a *manot* (vow) from here. *Manot* is a promise to offer a particular sacrifice to a deity on fulfillment of a prayer. From here they take *pani pora* (holy water), *tabiz* (an amulet containing holy words or a charm against evils) usually worn on the arm. They believe Bogdadi can solve their problems and very soon they can be parents. During my field work one of my respondents Alea Begum, age 40, has 4 children shared her experience in the following way:

After 6 years of my marriage I had no child. My husband, mother-in-law, neighbors all blamed me for this reason. Many people called me *bajha* (barren/sterile) if front of me. I couldn't say anything but only

cried. One day I went to the graveyard and took *pani pora*, *tabiz* and prayed in front of it and wished to be a mother. I ate the *pani pora* regularly and wore the *tabiz* in my right arm. After only one year I got my first son. So, why shouldn't we go to the graveyard?"

Not only for this reason, have people gone to this graveyard for many other reasons also. Many parents go to it with their newborn babies inflicted by diseases. For this babies also they collect *pani pora*, *tabiz* etc. These rural people of Rathura claimed that newborn babies become well after this; because Bogdadi (R.) has a power and can help them during their bad times.

Akika: Naming of Child

Akika is a ceremony of naming a newborn Muslim child. It is believed that if parents do not perform *akika* the name of newborn child does not go to Allah. So, it's very much necessary to perform this holy duty. Villagers of Rathura usually sacrifice cow in that ceremony if the newborn is male and goat if the newborn is female.

Naming of child is important ceremony in Rathura. Generally, seventh day is the perfect date from the delivery to give a name of the newborn baby. Seventh night of the newborn is selected to give a name and that name should be a Muslim name like Mohammad Abdul Malek, Mohammad Abdul Karim etc. The baby's hair is cut and it is bathed by the family members, worn new dress and the baby gets new book, papers, pen etc. It is thought that in the blank new papers Allah writes the baby's fate. Usually, grandfather and grandmother decide the name of the newborn.

Food after Delivery

Until seven days of delivery, a woman has to stay in the house of birth or *choti ghor*. During this period, she is forbidden to eat fish, meat, greens vegetable etc. Only rice with black cumin locally known as *kalizira* is the only food which the newborn mother usually takes. She cannot come out from the *choti ghor*; other women serve her food in that room. In Rathura, very poor delivered mothers usually take rice with bowled potato or potato smash. Special food as the doctor suggest for delivered women has hardly been found in the study area.

Food of Newborn Baby

After having birth the first food of a child should be the milk of its mother locally known as *shal dudh*. But the people of Rathura usually give honey immediate after the birth of a baby. Breast feeding till six month for newborn baby is essential and during this period any kind of food is forbidden for the baby. The people of Rathura give the baby the milk of cow, goat, barli, rice with salt etc. Processed milk in small container prepared for newborn babies are found elsewhere in the market of Bangladesh. This type of baby food is very popular even in the rural areas. Advertisement of that baby food over

radio and television attract the people. The people also think that this type of food is more conducive to health than breast feeding.

Family Planning Worker of Rathura

During my fieldwork, I have talked with two family planning workers who helped me much to know the real healthcare conditions and practices in Rathura. The main duty of both of them is to make the people concern about reproductive healthcare that they try to help the rural poor and illiterate people by various ways.

Razia Akhter, age 50, is a family planning worker in Rathura. She has two children. Very interestingly she gave marriage to her only daughter at her very early age, at the age of 15. Razia's logic was that at that time she got a good bridegroom from another village and he had the necessary qualifications. She did not make any delay to do this. 20 years ago, Razia's husband was the chairman of Pakutia Union Parishad. This widow woman, Razia, is now living with her son, daughter-in-law and her grand-son. Surprisingly, in spite of her knowledge and many years of experience of reproductive health, she gave her son's marriage with a girl at her very early age. At 13 years age, the girl came to Razia's home as her daughter-in-law and at her 15 years age the ill health girl delivered a male child. Razia Akhter, this family planning worker is doing her job since 32 years. She has some duties to perform for the people of Rathura. She gives vaccine to the pregnant women and little children. Razia gives tetanus vaccine to the women of above 15 years age. Five dose tetanus vaccines are essential for women to save themselves and their newborn babies from tetanus. As a family planning worker, she regularly goes to almost all the households of Rathura and gives some cautious advices to the women. Of course, all the advices for pregnant women remain in printed forms but hardly carried out. Our intensive investigation reveals that the women of Rathura do not listen to these advices because of harsh reality in their family lives.

Rezia has been performing delivery in Rathura since 32 years. Many women come to her for collecting contraception. *Sukhi* tablet, injection, emko, coperti, tubektomi etc. are the contraceptives for women. The women who do not want to give birth more babies, they come to Razia for collecting all these things. On the other hand, condom, vasektomi, injection etc. are the contraceptives for men. Men also come to Razia for collecting all these but their number is very small. Because, it is thought that it is the duty of women to give birth of children, and to stop this birthing process is also their duty. So, many men in Rathura pressurize their wives to make and use the contraceptives. Even in the thana health complex, hospital, clinic the number of women is higher than men for collecting these contraceptive materials. It indicates that patriarchic family relation in rural Bangladesh, and women become the victims of contraceptive method. Many girls up to 12 years come

to Razia with the problem of menstruation, irregular menstruation and pain, and Rezia gives them her own prescriptions in order to solve the problems.

Health Worker of Rathura

Mr. Rafiq (40) of Rathura has one child. He has been working in Rathura as a health worker for 20 years. He claims that the villagers know him as Dr. Rafiq.¹¹ He gives advices to the villagers and all of the advices are health and family planning related. Though he is a male health worker, female patients also come to him to get advices. He also goes to the homes of the villagers and gives advices and health services to the villagers. But it is only once in a month he goes to his monthly visit. He advises the pregnant women for monthly check-up. He also supplies iron tablet to them and advises to eat the tablet regularly. He also suggests to drink a lot of water and to take more vegetables. For the newborn babies also he has some advices.

During my fieldwork, we have come to know about reproductive health care conditions in Rathura from Dr. Rafiq. He said that from various local clinic representatives come to Rathura and find out the homes of pregnant women. The representatives try to convince the members of the families to take those pregnant women to their respective clinics for delivery. If the patients go to those private clinics they find the health care services very costly there. The doctors usually tell them that the patient's condition is serious and operation is essential for delivery. From each operation, those representatives get particular amount of money as their commission. Doctors and clinics make such a big profit from the poor villagers. Such bitter experiences seriously discouraged the villagers to have modern medicare from hospital or clinic.

Dr. Rafiq told me that he gives folic acid to the pregnant women during their pregnancy period. He also tries to convince the family members of pregnant women for normal delivery in government hospital; because the representatives of private clinics pursued the poor, illiterate people for operation during delivery. Among those poor people mainly rickshaw puller, van driver, small businessmen etc. become the victim of such deception. Dr. Rafiq also performs delivery sometimes. He said that in every Union Parishad there is a family planning hospital where poor people may get medicare facilities.

About food for newborn babies Dr. Rafiq said that immediate after delivery, mother should give their breast milk locally known as *shal dudh* to their newborns; because it helps to protect the newborn from many diseases and complexities. But in Rathura after delivery honey is given to the newborn babies as the first food. Instead of *shal dudh* honey or other food are harmful for the newborn because those foods destroy the food taste and the newborn does not want to take milk. So, those foods should not be given to the

newborn. Many mothers cover their children's body with colloq during cold but it should not be because colloq can increase cold. Dr. Rafiq said that during any problem of newborn babies parents should consult with doctors. He also advises to eat the leaves of a basil plant, lemon having a paper like thin skin (*kagoji lebu*), blue lotus/water lily during cold. After the birth of a newborn, many untrained midwives cut the umbilical cord with bled, bamboo etc. As a result, the baby suffers from infection. So, he said that midwives should cut the umbilical cord with clean bled and clean hands. Before delivery midwives should cut their nails because big nails can create infection during delivery. He also said that all pregnant women, midwives, nurses should know about three things before delivery. There are: (1) clean hands of the midwives; (2) clean equipment to perform delivery; (3) clean place of delivery. He also said that mothers or family members should not cut the hair of the newborn baby after some days of its birth because during cutting its hair the tissue cell can be damaged. So, it is wise to cut the hair after two weeks or 20 days. Sometimes the whole body of the newborn babies becomes black. At that time, villagers make gas from fire and give it to the newborn but it also harmful for the baby.

Delivery period is very much complex. Dr. Rafiq said that delivery should be performed by trained midwives, nurse, and doctor. Because of untrained midwife the death of mother and child can occur. So, everybody should be careful during delivery. Dr. Rafiq said that he always tries to influence the people of Rathura for normal delivery. When the baby in the mother womb usually does not remain in the right position which is called as *Brightc Presentation*, he advises people to consult with a doctor and send the patient to hospital. During the false pain of the patient, the position of the baby in the womb can be understood easily. During delivery when the mouth of the uterus becomes large it is understood that the baby is coming and it is the high time to perform normal delivery. He also said that after delivery the newborn baby should not be taken bath and it is wise to wipe the body of the newborn by old and soft cloth, because old cloth becomes more soft and comfortable for the baby.

Traditional Medicare: *Pir, Fakir and Kabiraj*

The women of Rathura are very much dependent on *pir*, *fakir* and *kabiraj* for the treatment of their diseases. Many women think that going to doctors is simply a hobby and nothing else. Women of the village believe in ghost very much. According to them, there are many rules and practices which are necessary to know for the protection from the attack of ghost and if someone disobeys those rules he/she is punished by ghosts. Pregnant women die—many women believe that it was because they caught fish during their pregnancy which was totally forbidden.

Monoara Begum (35) has 1 daughter and 1 son. She could not give birth any child since her 7 years of married life. Relatives and family members inspired her husband to remarry. At that time, she went to a *fakir* in Rathura and got a pot of holly water and a *tabiz* from the *fakir*. After that she became pregnant and one after another she got three daughters. After the birth of her three daughters she and her husband wanted to have a son and went again to the *fakir*. She became pregnant again by drinking the holly water from the *fakir*. Before the birth of her first child (girl child) she made a vow (promise to offer milk as sacrifice to Allah on fulfillment of her prayer). Before the birth of her male child she also made a vow (promise to offer a goat). But surprisingly, she did not make the vow come true after the birth of her daughter. On the other hand, her vow made come true which she wished for her male child.

In Rathura, female *pir* Rubia Begum (55) is one of the important respondents of my research. She is the wife of Mannan *pir*. Their home is locally known to the villagers as *pir bari* (the homestead of *pir*). Rubia Begum heals of many diseases, like sterile woman, pregnant woman, children etc. Her way of healing the sterile women is interesting. She gives medicine and the sterile woman is to take the medicine first seven days of menstruation standing up in water.

Rubia even gives medicine to pregnant women in threatened abortion. Threatened abortion is like menstruation during pregnancy but little amount of blood comes through vagina which looks like menstruation. She claims that she can give medicine in that case but when any baby in the womb becomes detached from the fruit, it cannot be repaired by her. In case of child dysentery she also gives treatment. According to her, little children face it because of their mother. When evil wing touches the breasts of the mothers; children become ill who are dependent on breast feeding. In that case, Rubia selects a branch of egg-plant to cure the mother and child. But that branch should be empty. That empty branch can cure the mother and baby because Rubia utters charms and incantations and blowing (as a remedy). Exorcise evil or cure an illness by uttering charms and incantations is the main aim of her treatment.

In the case of dysentery, Rubia has her own healing system. If dysentery attacks anybody, Rubia smashes the leaf of mormordica cherantia and feeds it to the patients. With it the mixing of the juice of sugarcane is better. Massage of mustard oil is necessary for the patient of fever according to Rubia. If the patient is little baby, treatment is different. Mixing up of *dondo kolosh* flower and milk of mother is necessary and that mixture is kept up on the head of the baby and the baby becomes cure. Black cumin, averrhoa carambola (kind of sour fruit) and onion all these should be mixed up with milk of mother and it is kept on the head of the baby who has been caught by cold and it becomes cure. Rubia even claims that she can cure the patients

who come back from the doctor with few days in the hands of death and those patients also become cure by her treatment. If anybody becomes afraid of anything like observing any incidence, ghosts, fairy or anything, for that person also Rubia has her own treatment. She makes a *tabiz* (an amulet containing holy words or a charm against evils, usually wore on the arm) with the *aiat* (a verse of holy Quran) of the holy Quran. When this *tabiz* is kept with the person, Rubia believes that this person becomes always safe from any evil thing. But detachment from the *tabiz* is harmful for the person.

Conclusion

People's norms, attitudes, behaviors, values, thoughts, food, habits, dress, art, film, festivals, religion, novel, drama all these are included in *æculture*. So, culture as a concept holds very diverse meanings. People's culture is very much significant to understand the society, the people of the society and their healthcare system. Women's healthcare in Bangladesh particularly rural women's healthcare system is very much affected by the culture of the rural areas. Rural women are very much dependent on their traditional knowledge to solve any physical and even spiritual problems. Here religions also play significant roles because the rural people always try to be religious through their daily activities. Their menstrual period, pregnancy, maternal and child health, old aged all those periods are very much affected by their culture and religion. And absence of scientific knowledge, consciousness and modern Medicare system, the rural women are mostly influenced by traditional culture and practices in their productive healthcare and behavior. Of course, some changes in this respect have already taken place but the velocity of these changes is low particularly in the remote areas of Bangladesh.

Notes & References

1. UNFPA, *State of World Population 2008: Reaching Common Ground: Culture, Gender and Human Rights*, UNFPA, 2008, p. 12.
2. Therese Blanchet, *Meanings and Rituals of Birth in Rural Bangladesh*, UPL, 1992, p. 39.
3. *Ibid.* p. 39.
4. *Ibid.* p. 39.
5. In Rathura I have talked with Shefali (16) who is still feels very much shy about her menstruation even after 5 years of her menstrual experience. She didn't want to talk with me, her *mami* (aunt) described about her first experience of menstruation.
6. *Semai* and *paesh* are two traditional homemade foods in rural Bangladesh.
7. Rural villagers have strong belief in ghost though they can't observe it.
8. It has been observed in the research field.
9. It has been found in the research field.
10. Older women of Rathura are less conscious than younger. Education, media (both print and electronic), healthcare facilities all were absent during their time.
11. Mr. Rafiq is a family planning worker in Rathura though the villagers called him as Dr. because of his 20 years of healthcare service.