IOSR Journal of Humanities And Social Science (IOSR-JHSS)
Volume 26, Issue 9, Series 1 (September. 2021) 11-27
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

A Quantitative Study on Sociological Perspectives of Health of the Spouse

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ABSTRACT
This survey provides a quantitative study on Sociological Perspectives of Health of the Spouse in Arunachal Pradesh focusing on women and the behaviour of their spouse during pregnancy and delivery needs. The study has tried to find out the well being and importance of the women's health in the society. Women's health is important and further a woman's ill health affects not only her individually but the whole family suffers too. The study also has put an effort to reflect on the challenges faced by the women due to the reproductive nature of their body and the social stigma prevailing in the society.
Information and reports on the women's health, cultural practices and stigma hampering the social development in the tribal and modern society are included. The survey helped to enhance the knowledge regarding the women's health and the presence of women in the society.
This survey was conducted from May 2 May 28, 2021. The information was collected through face to face interview using closed and opened ended questions. It consists of 53 questions. The 100 respondents consisted of 18 years and above and the percentage of males and females were 30% and 70% respectively.
This work has aimed to discuss the sexual and reproductive health and rights (SRHR) of women by assessing the variables of childbirth practices, reproductive health preferences of couple, health facilities, schemes, compensation, local requirements etc. and their implementation in accordance to government norms.
KEYWORDS: Sociological perspective, medicalisation, domestic violence, health facility.

Date of Submission: 20-08-2021 Date of Acceptance: 05-09-2021

I. INTRODUCTION

Since 1987, the International Day of Action for Women's Health or International Women's Health Day is observed on May 28. The main agenda of the commemoration is to promote the sexual and reproductive health and rights (SRHR). The objectives of the present study include the identification of specific health needs and issues of women of the study area and to understand the socio-economic factors and agencies that determine women's health.

The gender specific components of women's health comprises of estrogen production in the body, mental health, sexual health and fertility paving the reproductive systems that incur mental and physical transition. The physiological system of woman passes through hormonal changes that include a set of health concerns. For instance, childbirth is natural biological processes that involve complicacies and different needs. Reproductive health is a concern throughout life for both men and women. However, women are concerned with more of reproductive care and therefore their rights are to be understood. Reproductive rights are the basic rights to practice safe sex by the couples, decide freely and responsibly on the number of children, spacing and timing and to have the correct and complete information on all means to exercise the rights. These decisions should be with free of discrimination, coercion and violence in consonance to human rights and the state must make provision of accessible health services that are affordable.

Sociological perspective has the gender approach to the study of health where child or early marriage followed by childbirth is considered as the major determinants of health among women. This also is one of the prevailing socio-economic factors of under development experienced in the society.

A woman is a multitasking individual and if a woman is aware and well educated, she can be the driving factor of improvement of health of the children and other members of the family. Professionally, the female healthcare providers can play the major role of educating the community by allowing recognition of health and nutrition requirements. Accredited Social Health Activist(ASHA) is one of the best examples that are

functioning and being implemented by National Health Mission under Ministry of Health and Family Welfare, government of India. Government in all state must take initiatives by aiming at the MDGs and adhering to the guidelines of the central government and implement or expedite them purposefully.

II. CONCEPTUAL FRAMEWORK AND AIM

This research work aims to discuss the sexual and reproductive health and rights (SRHR) of women by assessing the variables of childbirth practices, reproductive health preferences of couple, health facilities, local requirements etc. Effort has been on the exploration of the biological process of delivery and its complications, sexual and reproductive rights that are comprehended in varied traditional cultural contexts across time and social group especially in the study area. One of the major examples of discrediting the reproductive rights is the behaviour control through Female Genital mutilation (FGM) in some countries, where partial or total removal of the external female genitalia is done to subjugate the sexual desires of ensuring premarital virginity and marital fidelity by woman. Socially, it is a complete infringement of women's reproductive right and reflects the inequality of gender and extreme form of discrimination. Medically, the process can inflict intolerable pain and hemorrhage and permanent destruction of genital tissue sometimes leading to shock, death, etc.

This Sociological enquiry also focuses on the role of technological advance and their benefits in such areas as reproductive technologies, surrogate parenthood, sex pre-selection, fertility drugs, artificial insemination, In vitro fertilisation, contraceptive pills, abortion, sex determination etc. and their merits and demerits to the human civilization. In India, the Pre-Conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (amended in 2003) prohibits sex-selection or disclosure of the sex of the fetus.

However, due to social reasons sex determination is illegally carried out. As per 2001 Census(provisional), the Child Sex Ratio (CSR), the number of girls in the age group of 0 to 6 years per thousand boys of the same age group, has declined sharply from 945 females in 1991 to 927 females in 2011. This issue has escalated further in states like Chandigarh, Daman and Diu, Delhi, Gujarat, Himachal Pradesh, Haryana, Maharashtra, Punjab, Rajasthan, Uttar Pradesh and Uttaranchal and variedly observed in Arunachal Pradesh.

III. REVIEW OF RELATED LITRATURE

Elianne Riska (2000). She gives an overview of two parallel sides on women's health. The first phase concerns with the feminist and sociological research tradition, where the medical profession was dominated by male counterpart and medicine was seen as a patriarchal institution as seen in the book of Our Bodies, Ourselves from the Boston Women Health Collection written in 1970. The demand for the transformation of medical knowledge on the basis of feminist standpoint were made about with the liberal, socialist & radical feminist approach & thereby 1980s feminist Empiricist approach emerged as an understanding of social background factors leading to women's ill health since the male health had been seen as the Standardized measure of health. It draws the argument & fights on women's health which was said to be distinct from men's health condition, but women's wave of 1990s added the new knowledge about women health to the existing knowledge of men's health. Here we can conclude the authors work of other parallel sides which emphasis on fact-finding, public health and epidemiological tradition.

Jen'nan Ghazal Read and Bridget K. Gorman(2010). The author finds that sociological interest in gendered health disparities is rooted in the indisputable fact that men and women differ in their physical health profiles regardless of how health is defined. He finds that women have longer life expectancy than men but suffer from more illness which again rise the question, why do women live longer than men yet spend more years in poor health conditions such as hypertension, anxiety, arthritis other related health issues and the answer to this question is related to biological, social structural, and psychological behavioral characteristics which differs the lives of men & women. Hence, it is interesting to know that women have a higher rate of mortality, despite being subjected as weaker.

Mali N. (2018). She has begun her research writing with the definition of 'Health' defined by WHO as 'health is the state of complete physical, mental and social well being, not merely the absence of disease and infirmity'. In her research she has used the analytical and comparative qualitative case study approach to evaluate maternal health status and maternal health policies in India and the U.S. She agreed that she has been able to relate the issues regarding maternal health therefore which she concludes her research with the suggestions and recommendations especially for the Indian policymakers on maternal health concern of India.

L. B Lempert(1986). This review of the literature on women's health problems clarify the conditions and updates the current understanding of women's health within the context of medical and social research. The negative health effects of traditional socialization and women's secondary status within the society is confirmed.

The conditions of women's health are presented through chronological life stage: pre pubescence, puberty, young women hood, reproduction, middle age and aging, internal and external abuse etc. The estimated cases of abuse among females make women's health as issue of serious dimensions. Over the past decade, concurrent with dramatic changes in lifestyle and social roles have shifted resulting in a decreasing advantage for women. Explaining the consequences of these dynamic changes requires understanding the health effects of such variable as perceived control, the experience of life roles, perceived and actual social support and redefinition of gender roles.

De Stewart, I.J Ashraf, S.E Munce(2006). It is estimated that 450 million individuals worldwide are affected by mental, neurological or behavioral problems at any time, and that 873,000 die annually by suicide. The women are disproportionately affected by depression, anxiety and eating disorders, which usually go unrecognized and untreated, and that the mental health of women can be understood only if their biological, social cultural, economic and personal context is considered. International efforts should increase to prevent, recognize and treat mental disorders in girls and women.

Ashok Agarwal(2013). He critically analysed violence against women, especially with male partner has increased since 2005, when the first results of the World Health Organization (WHO) multi-country study on women's health and domestic violence were launched, the number of intimate partner violence prevalence studies increased fourfold, from 80 to more than 300 in 2008. Women suffer violent death either directly through homicide or indirectly through suicide.

Kevin White, Health Gender and Feminism(2002). He guides us through many reasons for the centrality of health. The main purpose of the book of his work is to demonstrate that disease is socially produced and distributed. Becoming sick and unhealthy is not the result of individual misfortunate or an accident of nature. It is a consequence of the social, political and economic organization of the society.

Deborah Findlay(1992). She says that recent interpretation of medicine and women's health has advanced two main models that are biomedical and psycho-social. The former model has been dominant in twentieth century mainstream medicine and bases its principles on modern science. So in this article, she examines the emergence and development of these models and assesses their implications for definitions of women's obstetric and gynecologic health in the 1950's. These two models have produced gazes which are similar, yet also different, in their enabling of medical power on women's bodies. Biomedical has focused on the pathological and led to direct technological intervention into women's health problems. Whereas, psycho-social models offers a more subtle form of intrusiveness and medical power over women's body as it focuses on preventive and psychiatric medicine.

AREA OF STUDY & METHODOLOGY

The present research explores the sociological enquiry on women's health. It is based on quantitative field survey and purpose of the research is descriptive in nature. Information has been gathered from various age groups belonging to different tribes of Arunachal Pradesh, thereby making it as a cross-sectional study.

The analysis on varied correlation or interdependence between two variables or characteristics has been done so as to ascertain the degree of such interrelationships. For instance; the correlation between poverty and poor health facilities in the study areas shows that 35% of respondents were of the opinion that because of their economic status and financial difficulties, they couldn't afford to go to private hospitals, probably with better health and technological facilities and were compelled to deliver their child at home or government hospitals.

The survey was conducted from May 2 to May 28 2021. The study areas were selected districts of Papumpare, East Siang, Changlang, Lower Subansiri and Tirap in Arunachal Pradesh. To proceed with the field work, a social survey method was adopted by using both closed-ended and open-ended questionnaire. The data were collected once the purpose of the research was clearly explained and the consent obtained from all the respondents. The data was collected through Interview schedule from 300 respondents. Some of the data were collected orally from elderly respondents, so as to have first hand information especially on understanding the traditional practices of childbirth and superstition associated with it. Some of the information was collected from medical staffs and officers through telephonic and physical interviews from different districts of Arunachal Pradesh especially from government hospital Manmao, Changlang district, Community Health Centre, Kimin, Lower Subansiri and Community Health Centre, Deomali, Tirap district of Arunachal Pradesh.

However, because of the national lockdown due to COVID 19 pandemic, some of the questionnaires were completed via Google form. Information was collected through face to face interview and other mediums like whatsapp and email with the help of Google Form. Special sessions were held with informants of the study areas. Both closed-ended and open-ended questionnaire with a total of 53 questions were used. By using this technique of data collection a total of 100 respondents belonging to different age groups from 18 and above were covered.

The Sampling tools which were used in the research are purposive sampling and convenient sampling. Likert scale was used to measure the answers of the respondents for example: agree, slightly agree, disagreement etc.

The secondary data was acquired from National Health Mission, Directorate of Health Services and from online databases from journals, articles, books, etc. Secondary data was very instrumental in gathering valuable information in a bid to locate the research problem and to formulate appropriate research questions, the very first active step in the research project.

IV. FINDINGS

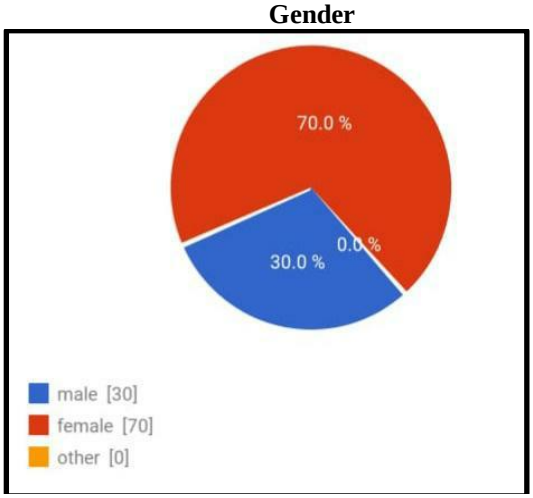
The field work was conducted between May 2 to May 28 2021 in the study areas of Papumpare, East Siang, Changlang, Lower Subansiri and Tirap districts of Arunachal Pradesh. Findings have been represented with the help of bar graphs and pie charts so as to have better understanding through visual and analytical understanding.

Both Arunachal Pradesh State Tribe(APST) and Non-APST comprised of the total of 100 respondents.

Tribe/ Community

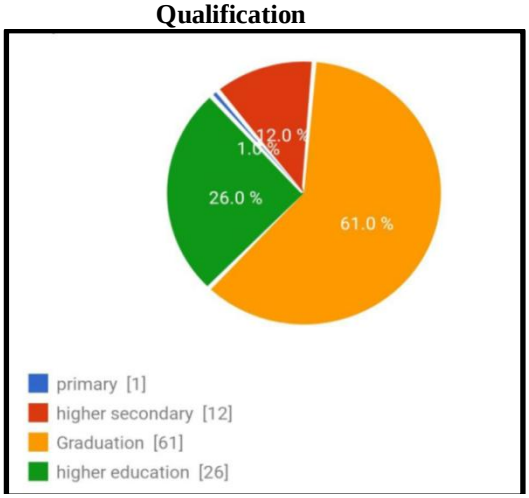
The Noctes comprised of 10% of the respondents, followed by Nyshis, Tangsa and Apatani comprised of 7% each. Muslim was one of the categories as described and denoted commonly in Arunachal Pradesh with 7%, Nagas, Singphos, Wanchos, Adi, Boro, Deori and None with 1% each of respondents. 34% of respondents chose not to disclose their tribe or community.

Gender



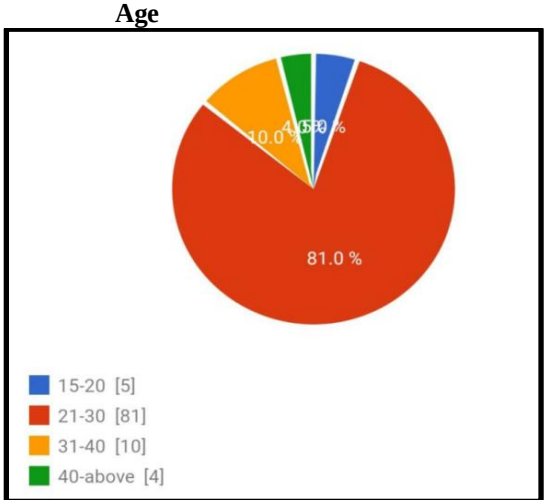
70% of the respondents were females followed by males with 30% and other gender Nil.

Qualification

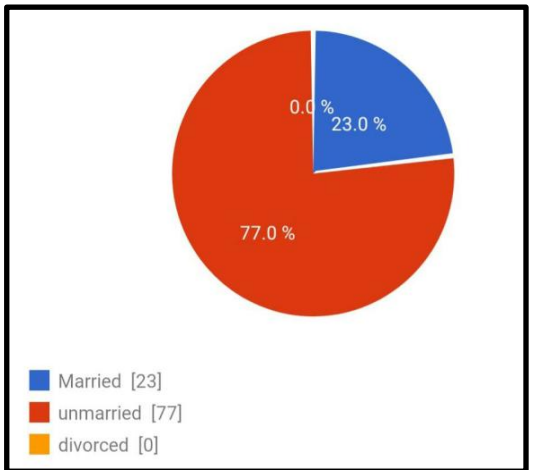


1% of the respondents had education till Primary level,12 up to higher secondary level, 61 respondents were graduates and 26 of them had higher education.

Age



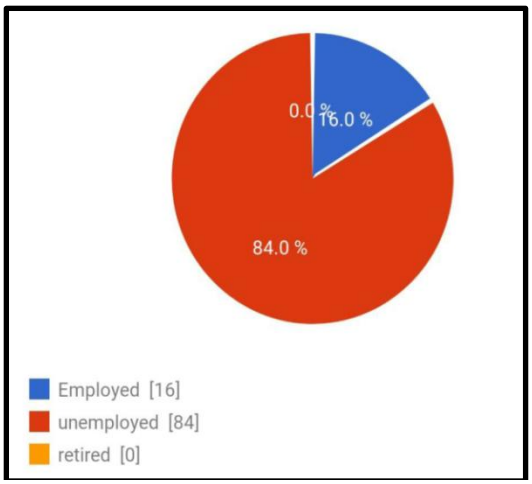
Marital status



Most of the respondents were in age group of 2-30 years with 81% of them. 10% between 3-40, 5 between 15-20 and 4% of them were 40 or above.

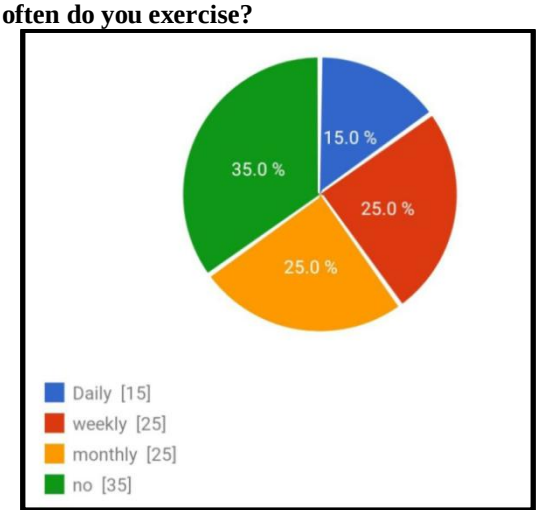
77% of the respondents were unmarried with 23% married.

Employment status



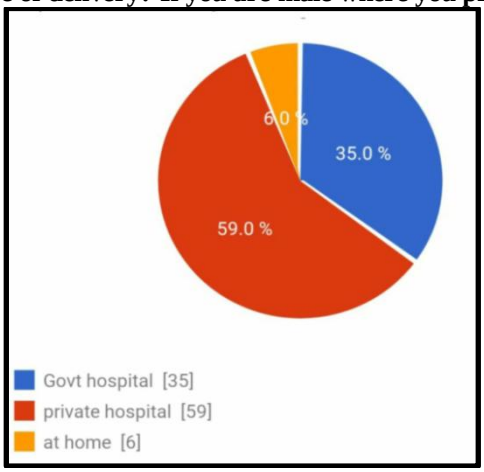
84% of them were unemployed and 16% of them were employed.

How often do you exercise?



On physical health awareness; 15% do daily exercise, 25% weekly, 25% monthly and a big share of 35% not doing any exercises.

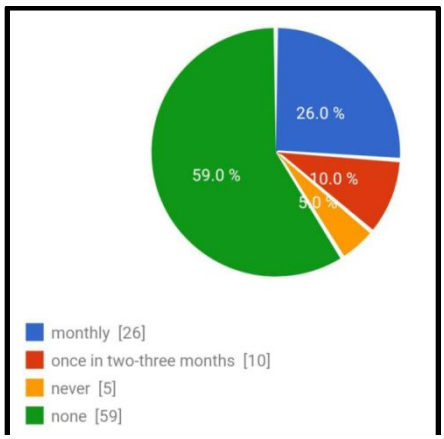
What is your preference of delivery? If you are male where you prefer to take your wife?



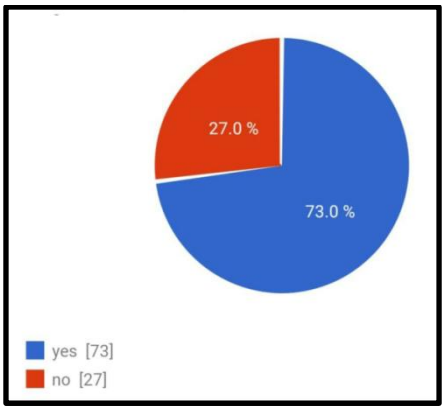
A major 59% of respondents both male and female wanted their delivery done in private hospitals with 35% in government undertakings. Incidentally 6% of them preferred for home delivery.

How regularly do you visit doctor during pregnancy?

26% of them visited hospitals for checkups once in a month; 10% once in two to three months; 59% not aware or never thought of visiting a doctor during pregnancy and 5% never had visited any doctor or hospital during pregnancy individually of with any family member.

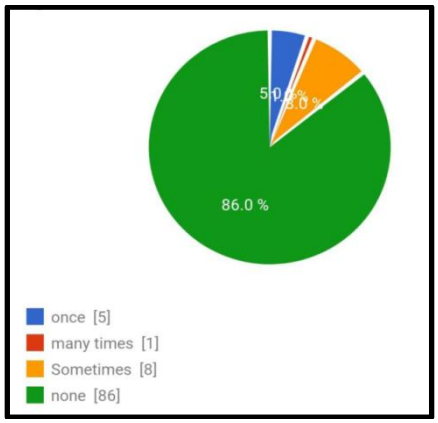


Do you prefer seeing doctor of your same sex?



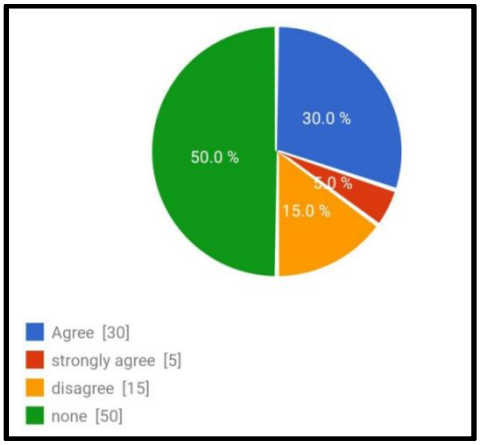
73% of the respondents preferred to see doctor of same sex and 27% were indifferent or did not prefer any sex for doctor consultation.

Have you ever faced any family pressure to have more kids?



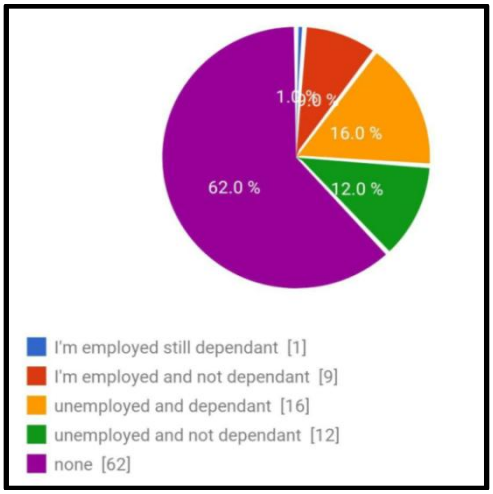
86% of the women did not face any family pressure to have children. However, 5% of them have faced the force atleast once and 8% of them normally sometimes face the same.

Do you think due to financial issues you had to deliver your child in government hospital or at home?



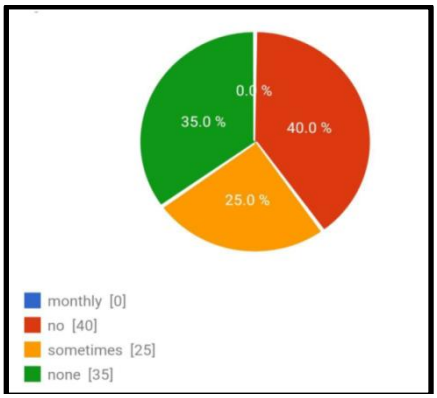
30 % of the respondents agreed that due to financial issues they preferred government hospital to deliver their babies. 5% strongly agreed and15% disagreed and 50% of them didn't have any such issue.

Are you financially dependent on your husband for health checkups?



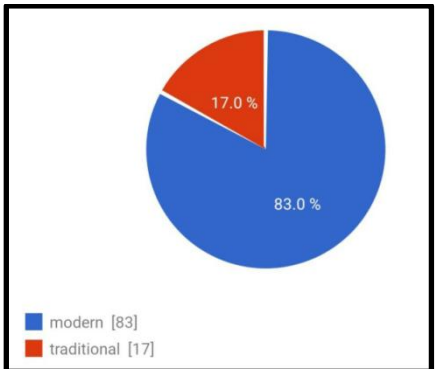
16% of women were unemployed and depended on their spouse for expenses during health checkups. 9% of them were however employed and not depended, 1% was employed yet depended, 12% were unemployed however not depended and a major 62% were neither employed nor depended.

Do you take any medication for menstruation pain?



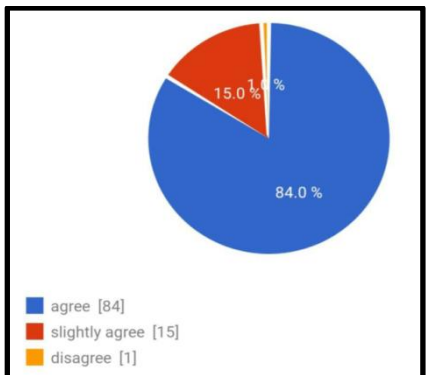
40% of women never took any painkiller tablets during menstrual pain. 25% took sometimes and 35% were either not aware or never used any painkillers.

You prefer modern medication system or traditional healing practices?



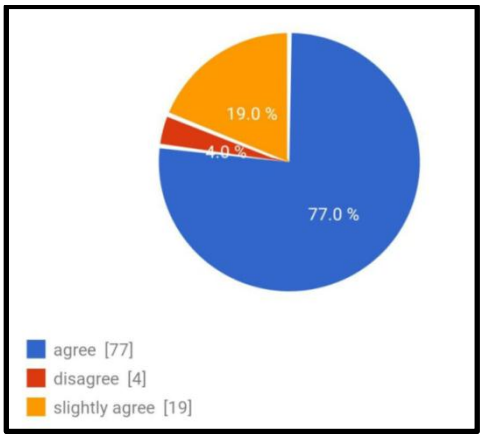
83% of the respondents preferred modern medical facilities and treatment over traditional healing system which was preferred by 17% of the respondents.

Do you think miscarriages or abortion can impact women's health?



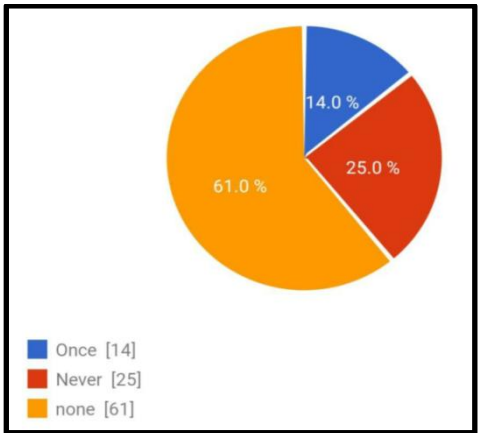
84% of women felt that abortion can cause their health and miscarriages would occur. 15% slightly agree and 1% felt that miscarriage and abortion do not impact their health.

Do you think intake of contraceptive deteriorates women's health?



77% of respondents believed that contraceptive pills used as family welfare method deteriorate women's health. 19% agreed of slightly and 4% disagreed that such methods affecting health.

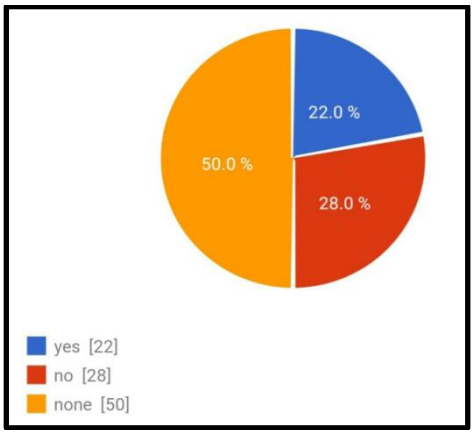
As a female have you ever been forced to have contraceptive pills?



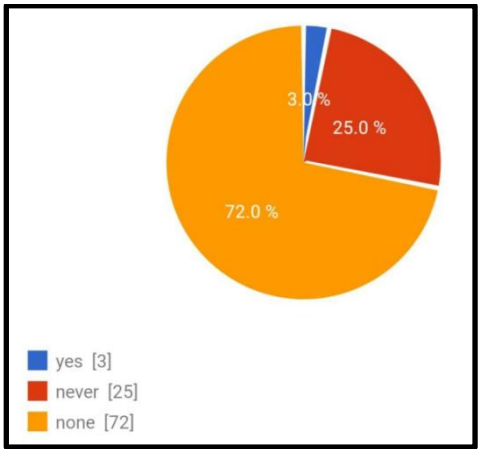
25% of women never had any force, but 14% of them were forced to take contraceptives.

Have you voluntarily taken such contraceptive pills?

22% of women voluntarily took contraceptives, and 28% did not, however 50% were unaware of contraceptives.



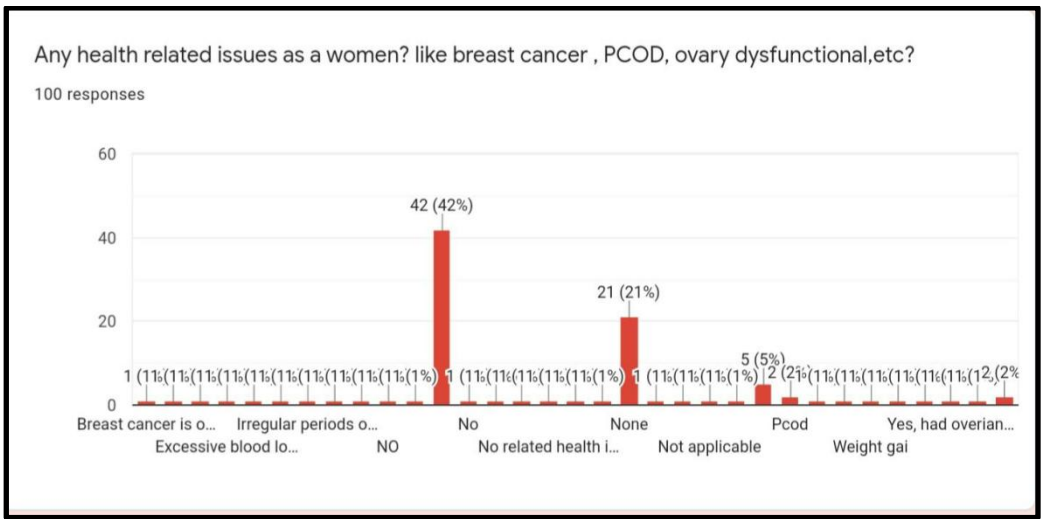
As a male have you used any contraceptive ?



3% of male used contraceptive, but 25% didn't and a major 72% were not aware of contraceptives.

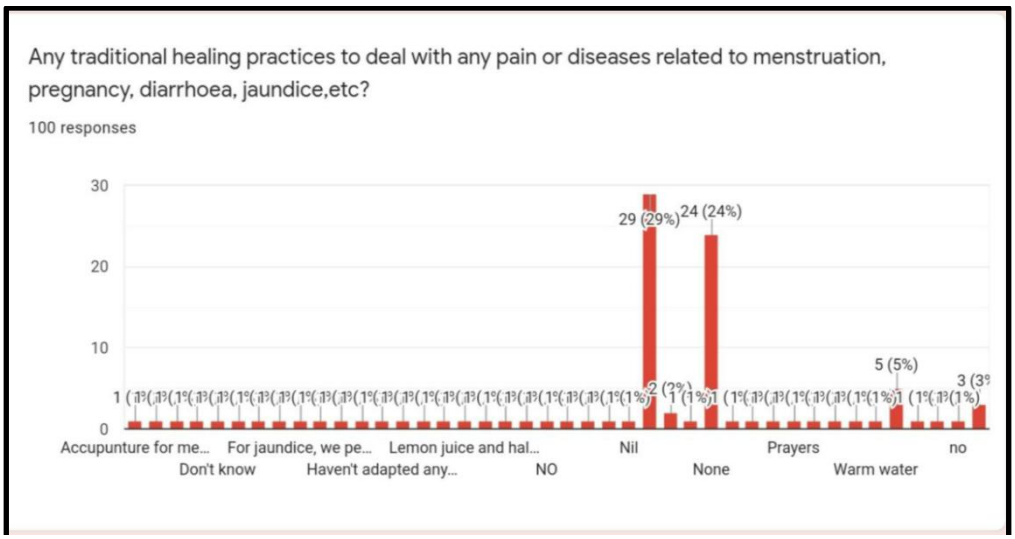
Any health issues as women?

2% had ovarian issues and 11% had wirht gain issue. Breast cancer, PCOD, ovary dysfunction etc are the major health related issues of women. 1% of women have had breast cancer, 11% of them had excessive blood loss and irregular periods. 5% of them had PCOD issues and 11% of them had weight gain issues. Some of the major implications during pregnancy consisted of Diabetes with 1%, Swelling of ankles with2%. Common issues like stomachache, mood swings, backache, weakness, cramps, nauseous, fatigue, and intense rush of emotions were also reported fragmentally in spatial numbers.



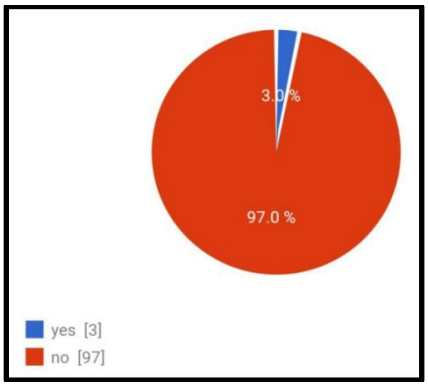
Any traditional Healing practice accessed during reproductive health issues?

Acupuncture was adopted by 1% of the respondent, 1% adopted Prayers, 5% used Warm water for minor ailment like cough and cold.

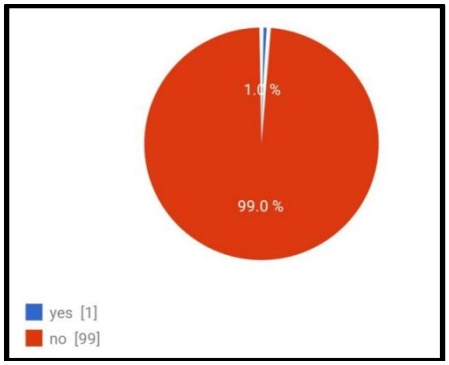


Have you/your spouse ever used any alternative measures to have child? Invitro fertilization, Test tube baby, surrogacy, etc?

3% of respondents adopted alternative methods of birth like In-vitro fertilization, test-tube baby and surrogacy.

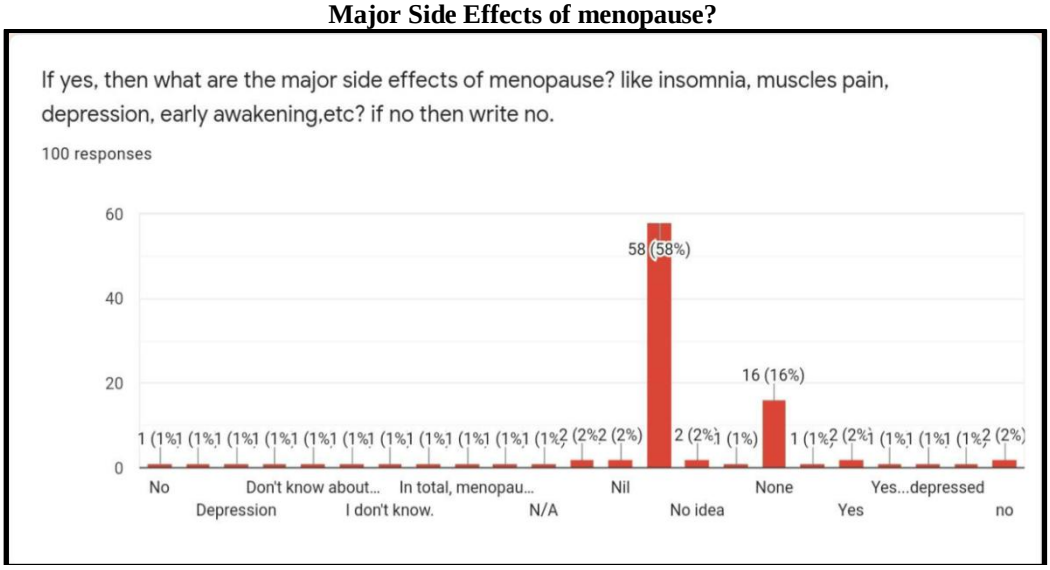


Have you ever gone through surgical procedure for permanent birth control? like sterilization?



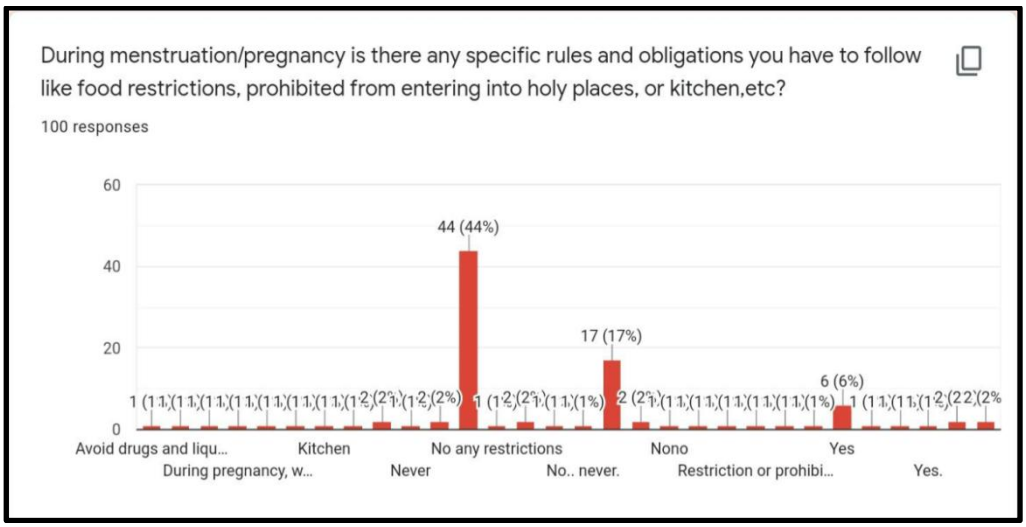
1% of the respondent went through surgical procedure of permanent birth control.

Major Side Effects of menopause?



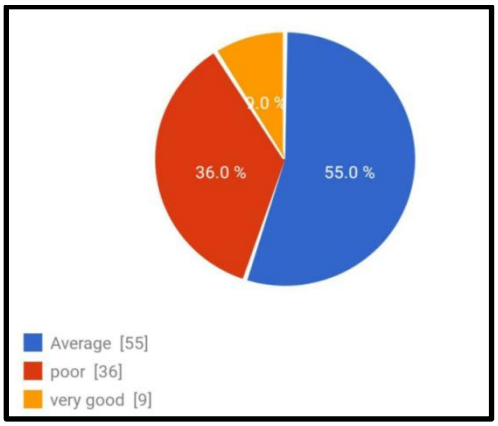
58% of women didn't have any major side effects of menopause, whereas 42% of the respondents faced some or the other forms of side effects like Depression and rest were not aware about such health ailments.

During Menstruation, any restricts followed?



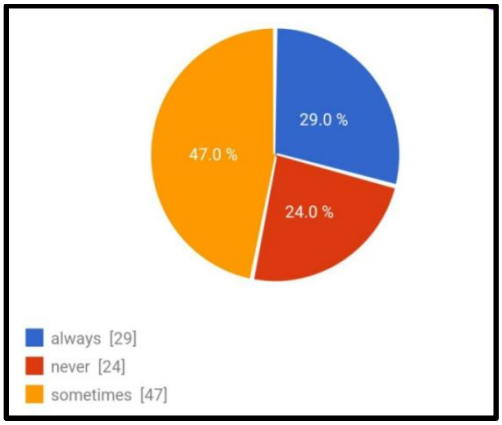
44% of respondents didn't face any restriction in the family or neighborhood during menstruation. However, restrictions like avoiding kitchen chores, alcohol, drugs and prohibition to openly be in the neighborhood were experienced by 56% of the respondents..

How would you rate the government hospital near your locality?



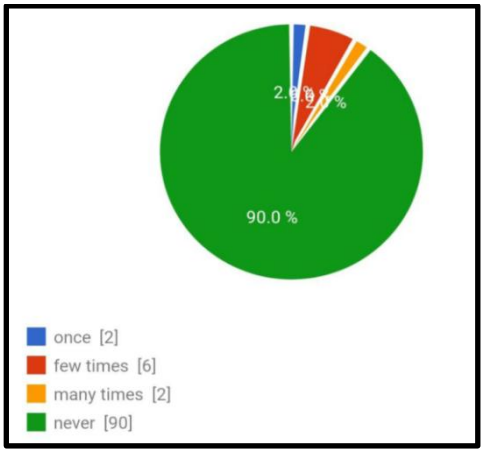
55% of the respondents rated government health services and the facilities as average with 9% finding them very good. However 36% of them felt that the government services were poor in attending the health needs.

Does your husband/Partner help you out doing household chores during health needs?



29% of spouse or husbands were supportive and helped in household chores to the women during pregnancy and delivery. 47% did sometime and 24% never helped the women during distress.

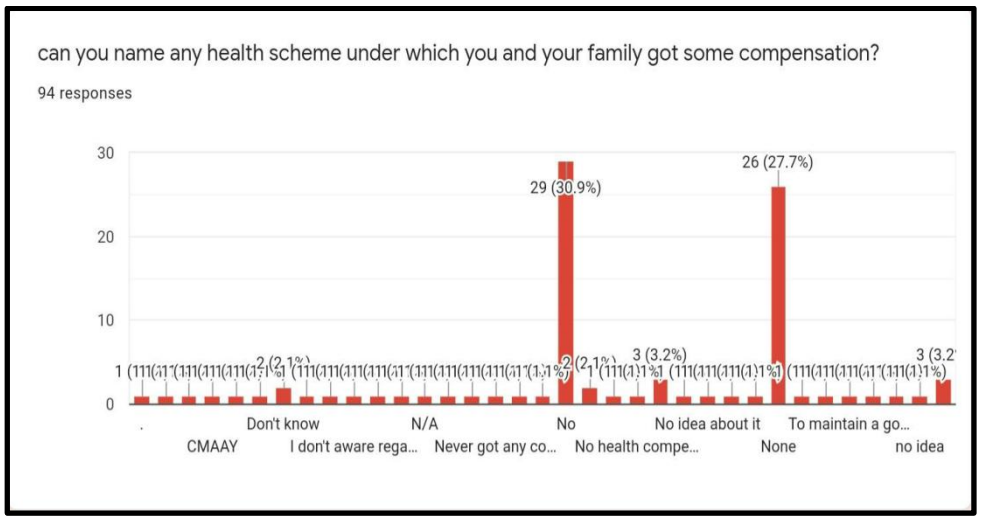
Have you ever been a victim of domestic violence?



90% of women did not face any domestic violence. 2% once, 6% few times and 2% face most of the times.

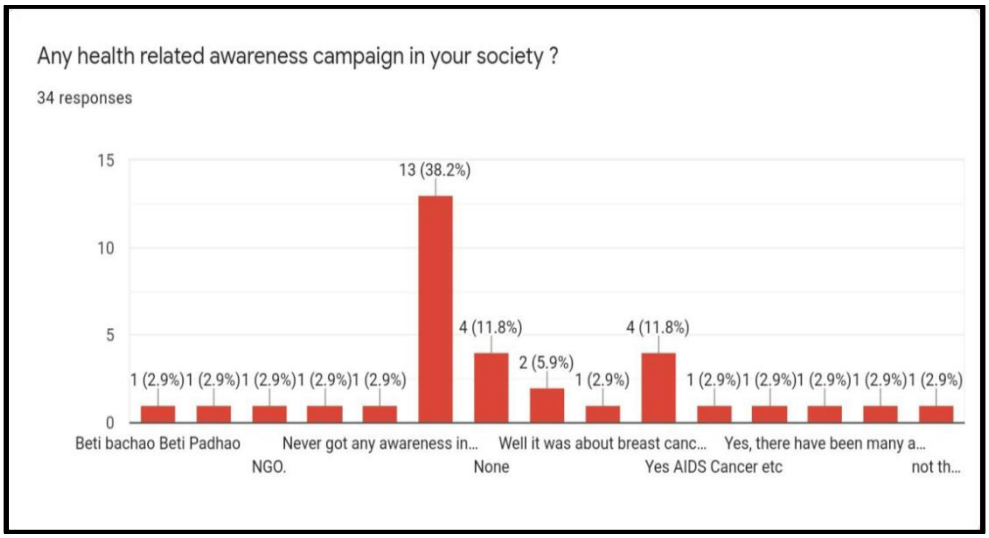
Can you name any Health Scheme under which your family got compensation?

The issue of Health schemes and their knowledge was poor among the respondents. 1% knew about Chief Ministers A Arogya Yojna(CMAAY). 29% never got benefit of any



scheme or was compensated health wise. 26% had no knowledge of maintaining good health through health schemes and insurance.

Health Awareness



The level of awareness on health campaigns was also poor among the respondents. 2.9% knew about Beti Bachao Beti Padao. 38.2% never got any mass awareness on female centric health or education campaigns. 11.8% were aware of Breast Cancer and HIV/AIDS.

ANALYSIS

The present study is a report on the field findings carried out in various parts of Arunachal Pradesh on issues of health of the spouse during pregnancy and delivery. Health issues especially related to women which are different in nature affects both men and women.

Demography

The questionnaire consisted of questions, both and closed and opened ended addressing the issues ranging from demographic to health, health facilities and social support etc. The respondents mainly comprised of both Arunachal Pradesh State Tribe(APST) and Non-APST belonging to Nyshis, Tangsa, Apatani, Singphos, Wanchos, Adi, Boro, Deori, Nagas, and with 34% of respondents choosing not to disclose their tribe or community. Interestingly, Muslim was one of the categories as described and denoted commonly in Arunachal Pradesh with 7% of total respondents.

Female members responded the most with 70% and male 30% of them. Most of the respondents are graduates and possessed higher education qualifications. Out of 23% of married respondents, 65% are married females and 35% are married males. 77% of the respondents are unmarried as many of them are still studying as 81% of the respondents are between 21-30 years. Most of the respondents are unemployed with 84% of them and this is because majority of them are either students or searching employment after their education.

Health

Most of the respondents (65%) maintain health and do physical exercises to remain fit and healthy. There was certain level of spouse support during delivery. When asked on their preference about where they want to deliver, it was not surprising to find that majority of the respondents chose Private hospitals for delivery over government hospitals. However, 6% of them chose to deliver at home. People trust much less on traditional practice of child birth. Reasons for the trend could be for example, when asked about facing any financial issues that would discourage you from going to the private hospital for child delivery majority of the married women said yes. This is an example of the contemporary trend in respect to access to type of health facilities and medicalisation. Pregnant women normally visit doctor monthly with 26% of them. A majority of them had never visited any doctor or hospital during pregnancy. There is inhibition in seeing doctor of different gender as 73% of them preferred same gender on doctor consultation. This indicates that pregnant women are hesitant to seek professional help from their opposite sex and find it as probability of breach of confidentiality or lack the comfort zone in discussing their health problems. Most of the respondents were not compelled to have more children which could be because majority of the respondents are unmarried and married women interviewed are lesser in number. However, 14% of married respondents have agreed that they face family pressure. This could be due to preference of male child or owing to traditional and cultural norms of having more children. 30% of the respondents agreed that due to financial issues they preferred government hospital for delivery as 16% of

women are unemployed and depended on their spouse and 1% is employed yet depended for expenses during health checkups.

Administration of medication and treatment

Further, it is found that 40% women don't usually take medication on pain due to menstruation. However, 83% prefer modern medication system so as to address their health issues. When asked on the opinion on if they think miscarriage or abortion could impact women's health, 84% have agreed to the main cause of women's ill health. The usage of contraceptive is prevalent and many (77%) accepted that intake of such contraceptive pill can deteriorates the health of women.

Modern biomedical innovations have made the health sector flooded with machineries and equipments. Some of them also have adverse effect on women's health and that is a concern as we depend on modern system of diagnosis and treatment. The scientific provisions of birth control methods like abortion and intake of contraceptive pills can be against the women's consent and such cases do not have agency in such decisions. As per the findings, it can be assumed that women are more likely to use contraceptives than men who uses with just 3%. Though 14% of the women respondents are forced to take pills, yet 22% of women voluntarily used contraceptive pills. However, 50% of them are unaware of the provisions of birth control and family planning methods.

Women are more likely than men to undergo diagnosis and surgical procedure relating to permanent birth control or sterilization. 3% of respondents adopted alternative methods of birth like in-vitro fertilization, test-tube baby and surrogacy. There have been innumerable health problems faced by women in relation to menstruation, pregnancy and delivery. Some of them are excessive blood loss and pain during menstruation, backache, stomachache, weakness, cramps, nausea, weight gain, hair loss, swelling of ankles etc. Mental and emotional issues like, mood swings, laziness or fatigue, intense rush of emotions, etc. was prevalent too. Intense ailments like PCOD breast cancer, ceased ovary, thyroid problem etc. were also experienced.

On specific rules and restrictions during menstruation, pregnancy or delivery, most women are not allowed to enter into the kitchen and followed food restrictions. Though many didn't face such situation, the data collected justify that women are multitasking, with burden of household chores, care of family members and further her role as a working lady. Though 29% of husbands were supportive with household chores, 24% of women never received such help with 47% receiving help occasionally paving way to physical and mental exertions of women during such time. Further, most of the hospitals are not accessible as the distance to the nearest facility is very far as the localities didn't have any hospitals.

In response to the question of being a victim of domestic violence, majority of them didn't face so as most of the respondents are unmarried and are students. But out of the total 45 married female respondents, 66.6% of them have been the victim of domestic violence. This could be because many were still financially depended on their spouse and were yet to be engaged in employment.

When asked on aware about any health scheme being availed and attended any health related awareness campaign in the locality, it is found that some of them have attended campaigns on Cancer and AIDS awareness and also hygiene related information were garnered from such campaigns. However, on health schemes, majority are unaware and very less of them availed such compensation under Chief Minister's Arogya Arunachal Yojana(CMAAY), Ayushma Bharat Scheme etc. It is surprising to find that majority of them was not aware of any scheme and awareness campaign in their locality. A meager 1% know about CMAAY and 29% never got benefit of any scheme or have been compensated health wise. 26% of the respondents have no knowledge of maintaining good health through health schemes and insurance. However, free polio vaccination of their children, hepatitis and the recent covid-19 vaccination have been availed.

Ethnicity

Some elder and senior respondents were interviewed on tribal traditional system of healing and childbirth practices and associated superstition or blind belief pattern. The ethnic elements are still prevalent among the tribal population. The sex of the fetus is done on guess work and such comments are made by observing the shape of the women's abdomen. In the Nocte culture, delivery is mostly performed at home and the father is kept away while his wife is in the process of delivery. Body shaming or confidentiality during delivery is an integral component that has to be unexposed, particularly to men folks as it is believed that such exposure would dither the potency among men.

The mother after the delivery has to follow food restrictions such as being prohibited from having spicy, sour or fermented food(delicacy among tribal people of Arunachal Pradesh) items. She is allowed to eat only boiled or steamed food with less salt and no herbs/spice that is followed for few weeks until her post delivery/operative wounds are healed.

In some exceptional cases, when the supposed illegitimate pregnancy occurs and seen as a sacrilege, the pregnant mother of the unborn child is penalized with fine to the whole village community. The penalty consist of pig, cow, buffalo, etc. In some cases, an extreme step like doing away with the unborn child is performed by the oldest lady member of the community who also happens to be a shaman. Women are considered to be the pain and shame bearers in the society and these communities maintain asymmetric distribution of prestige and authority between the genders.

In order to garner technical knowhow and authentic empirical data some of the health workers and officials of the health department were also included in the interview. In government hospital Manmao, Changlang district the information on condition of such facilities was collected. Pregnant women consisted of both poor and rich background who visited the hospital for Antenatal checkups(ANC). However, most of the women are poor and had visited government facilities for free consultation. Women of better financial status go to such facilities for general checkups and once done, prefer private facilities for probably faster and confidential consultation and treatment. While in the districts of Changlang and Tirap, in a normal delivery, if some critical cases occur the patients are referred to the closest hospital of the area within Arunachal Pradesh i.e., Tezu General Hospital in Lohit district for it has better facilities and is less expensive. The next option for these areas is Margerita in Assam although the choices depend on the patient and their family members. The study could not establish much information on the health facilities in Miao, Kharsang and Manmow of Changlang district.

V. CONCLUSION

This research has attempted to discuss about the various childbirth practices, health preferences of people, available health provision, etc. in the transitional modern society and embedded with traditional tribal entities of life and living. The aim has been to explore the ways in which the pregnant women delivers and it's healing process, while understanding and dealing with different cultural contexts across time and space among the individual and social groups.

It has been taken into acute consideration of modern medical perspectives on the birthing body, the interaction and influence on the birthing practices. Medicalisation of birth is justified in light of the claim of high maternal mortality. Through this sociological enquiry on women's health, it has been critically examined that women are the bearers of pain and shame in the society, be it labour pain, abortion, domestic violence, selection of contraceptive, fertility and surgeries, prioritizing facilities etc. Furthermore, women also undergo physical and mental agony and hardship during surgical procedure of permanent birth control, caesarian etc. During and after childbirth, women face numerous health consequences such as hormonal imbalance, premature ageing, weight gain, thyroid issues, muscle pain, depression, etc. Most of the societies have maintained asymmetric distribution of prestige and authority between the sexist. It has also been found that certain stigma and superstition also exist in the community owing to stereotype and conventional mental state of the community. For instance, hunting is linked to ill effects of menstruation that restricts men from engaging any kind of physical coitus with women while going out for hunting. It is believed that misfortune and ill luck can crop in under such circumstances.

Radical feminist view patriarchy and sexism as the most extreme factor in women's oppression because of reproduction. Among some tribes of Arunachal Pradesh, women traditionally practice certain food restrictions. For example, in case of Idu tribe of Dibang Valley and Lower Dibang Valley districts, girls experiencing their first period are restricted of consuming numerous food items which could hamper their normal requirement of nourishment.

This research has attempted to understand on how the meaning of birthing or childbirth has over the years become ambiguous. Earlier childbirth and desire of having more children was seen as a normal process. Some women chose to give birth using no medications or depending on modern machines but practicing relaxation and controlled breathing pattern during pain. With natural childbirth the mother is in control of her body usually with a labor assistant gently guiding and supporting her through the stages of labor. For many mother-to-be, having a natural childbirth isn't about being brave or a 'martyr'; it is about treating labor and delivery as a natural event. Many women find the experience, despite the pain, extremely empowering and rewarding. The advancement of medical technology in pregnancy and childbirth is a well established phenomenon today. In parallel to the vast movement of hospitalisation of birth, obstetrical knowledge and advanced technologies, these practices have transformed the maternal experience in a radical manner, while at the same time establishing the 'biomedical' or the 'techno-scientific' management of birth as a routine procedures.

Women, if educated and aware, can improve the health of their children by simple measures like good hygiene, exercise and dietary habits. Female healthcare providers can play an important role in educating society to recognize their importance of good health and nutrition needs. Empowerment of women vis-à-vis raising the status of women through education, women participation in decision making process, political participation,

more women professionals and women growth at the literacy graph will definitely pave the way towards the improvement of the health and nutrition structure in India.

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