EXPLORING THE "TANGKHUL NAGA" WOMEN'S LIFE SITUATION: IMPLICATIONS FOR HEALTH

Dissertation submitted to the Jawaharlal Nehru University in
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for the award of the Degree of

MASTER OF PHILOSOPHY

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CERTIFICATE

This is to certify that the dissertation entitled **Exploring the "Tangkhul Naga" Women's Life Situation: Implications for Health** *, submitted by* **Tungshang Ningreichon** *in partial fulfilment of the requirements for the award of the degree of* ***Master of Philosophy*** *of this university has not been submitted for any other degree of this university or any other university and is my own work.*

Ningreichon
Tungshang Ningreichon

We recommend that this dissertation be placed before the examiners for evaluation.

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I take this opportunity to exercise my 'subjective' and 'emotional' feelings in the space where I am allowed the freedom to be the 'emotional self' and express my gratitude to all those who have helped me in my work. If ever this piece of work is of help to others then the credit goes to my supervisor, Dr. Imrana Qadeer and I wish to say "thank you ma'am for everything and most of all for your patience".

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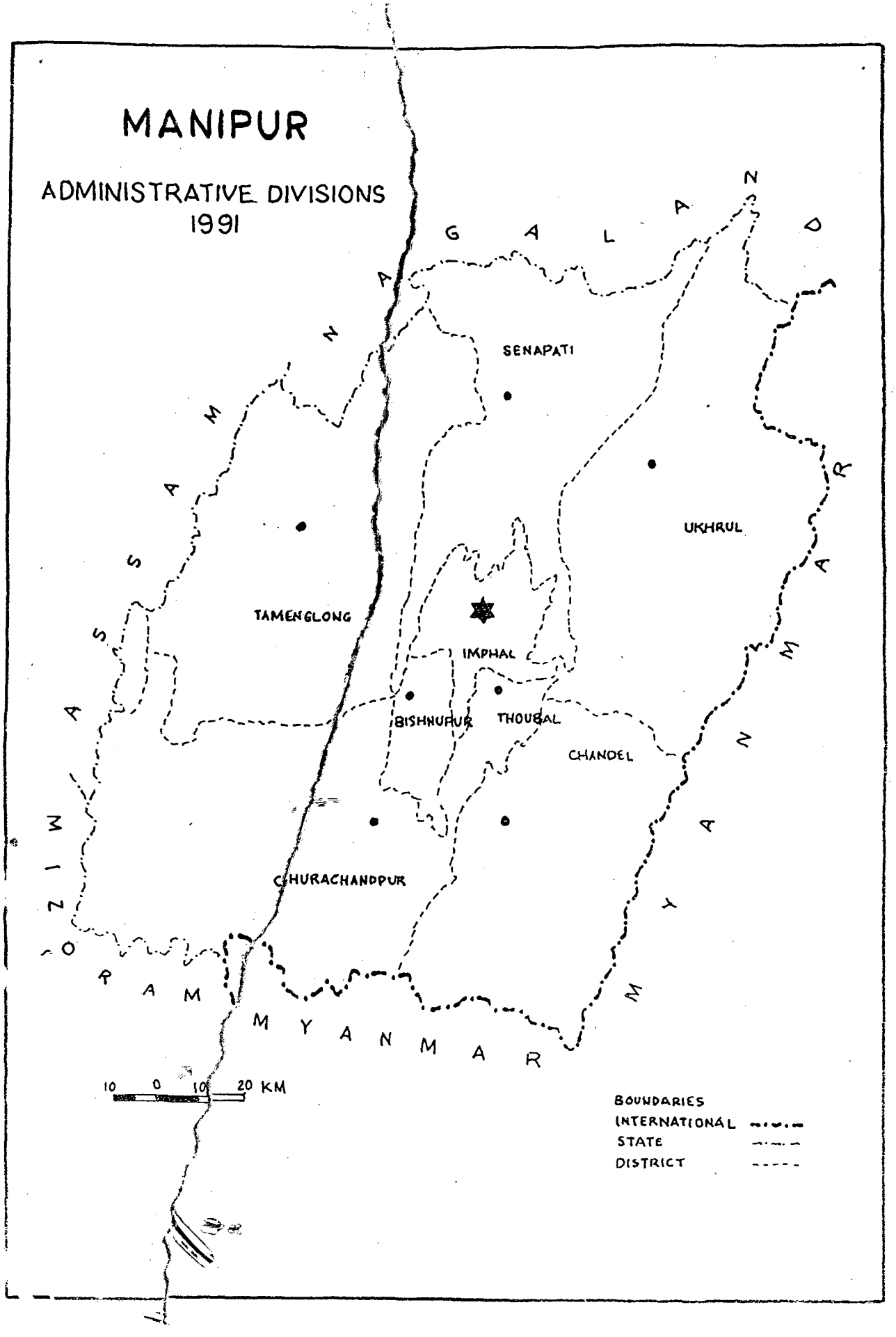
"Thank you" dear Lhipe, Ningreingam, Matthew and Dominic for helping me.

Tungshang Ningreichon

CONTENTS

LIST OF TABLES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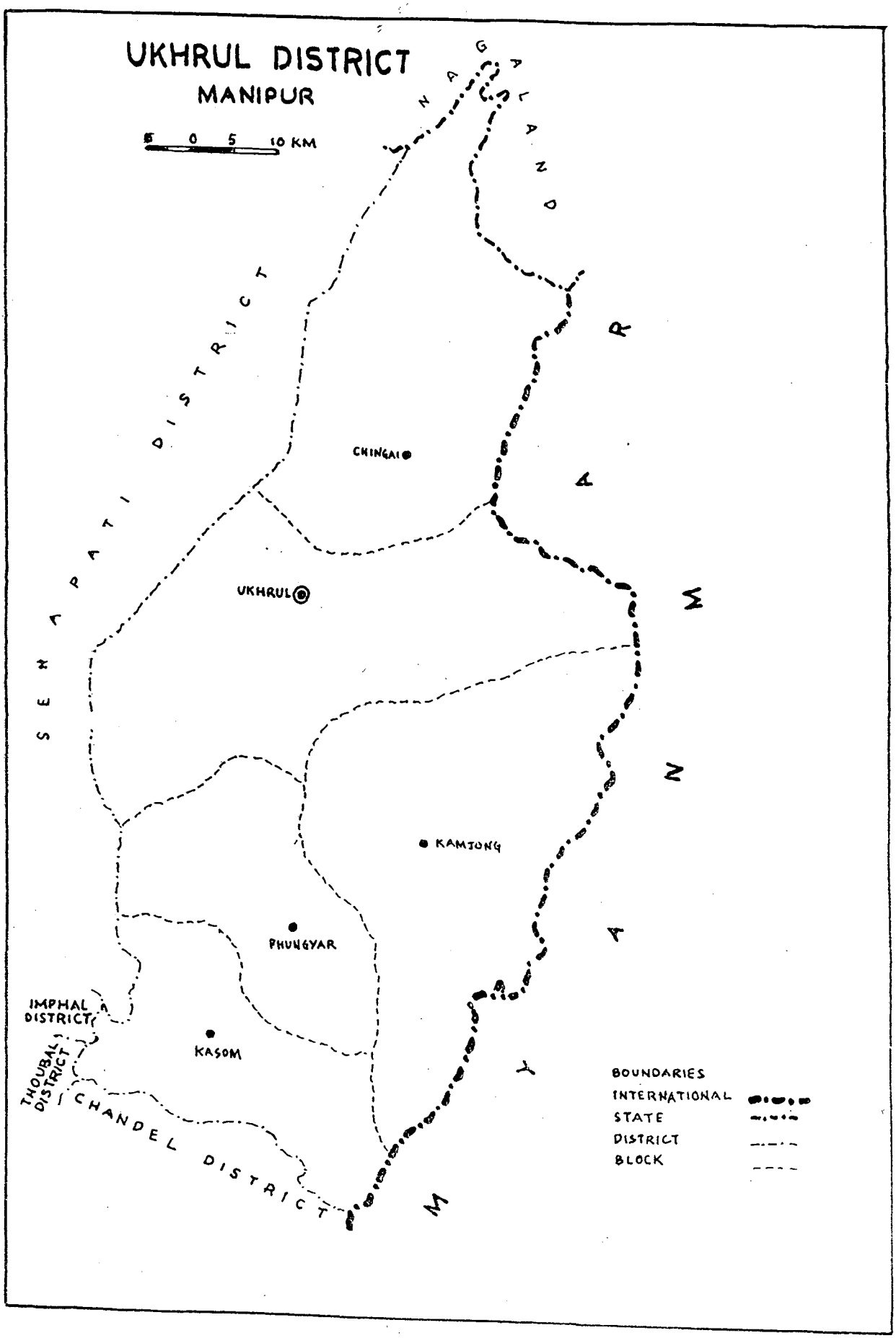
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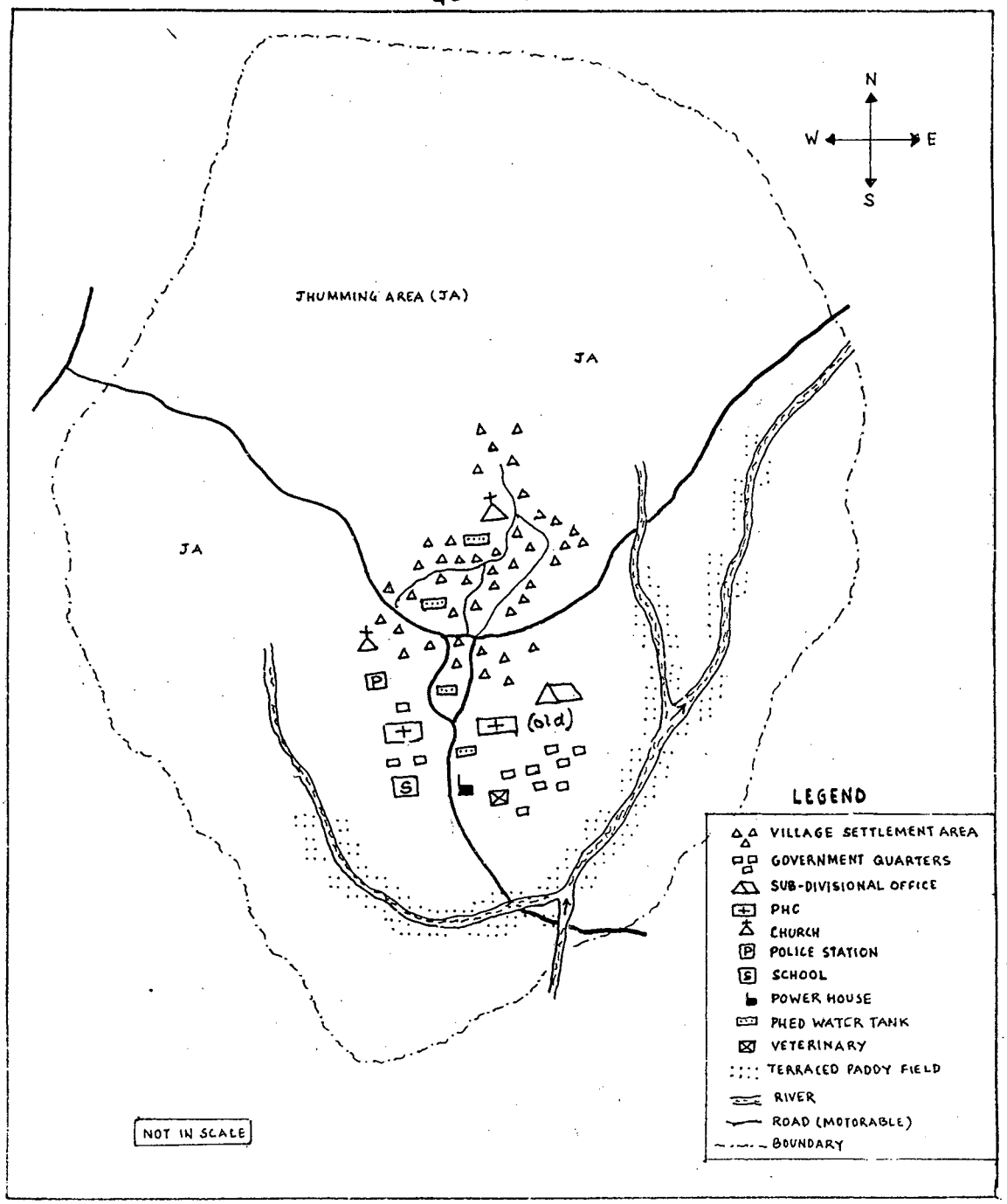
NAGALAND
SENAPATI DISTRICT
CHINGAI
UKHRUL
KAMJONG
PHUNGYAR
KASOM
IMPHAL DISTRICT
THOUBAL DISTRICT
CHANDEL DISTRICT
MYANMAR
BOUNDARIES
INTERNATIONAL
STATE
DISTRICT
BLOCK

VILLAGE MAP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PHED WATER TANK
VETERINARY
TERRACED PADDY FIELD
RIVER
ROAD (MOTORABLE)
BOUNDARY

INTRODUCTION

Exposures to the various Non governmental organizations had influenced my outlook towards human life as a whole. The value of 'Human rights' that was imbibed through the course of interaction with organizations, blended with the inputs from the centre (SMCH) have helped me in viewing things from a different dimension and more importantly in a holistic manner. It also helped me in developing a linkage between Human Rights and Health. A paper presented in the journal class "Human Rights: The foundation of Public Health practice"* has been influential in strengthening my understanding of the dynamics of health, which encompasses many factors in it's ambit. Both Public health and Human rights are essentially based on human values. The values that underlines Public Health are values of Human Rights 'because there is an undeniable relationship between individual rights, human dignity and human condition'. A Human Right framework is required to place health issues in the arena of public concern and to keep them there. Social Justice when compromised leads to a virtual collapse of life. Social Justice that can also be said to be the goal of public health and Human Rights because both stands for the human cause and justice.

Coming from the North-East region where extreme forms of Human Rights abuses take place because of the so called 'insurgency movement', drawing linkages between Health and Human rights became all the more critical. Women and children being the vulnerable group are easy targets of human rights abuses. And in the North-East regions especially in the state of Nagaland and Manipur these Human Rights abuses are exhibited in different forms. The worst kind that has been meted out to Women is in the form of rape and mutilation. Women have been able to mobilize against this injustice as they continue to occupy a unique position in their society owing to its cultural, social and traditional values, which gives considerably greater freedom when compared with other regions. However, little is known about the health of the women in these regions.

* Rosalia Rodriguez-Garcia and Md. N.Akhter, American Journal of Public Health, Human Rights: The foundation of Public Health Practice, Vol. 90. No.5,May 2000

A trend that can be observed of the studies and literatures on the North-East is that it is confined to the so called 'insurgency movements' and its wider political ramifications. There seems to be an obsession with the history and effect of the movement each seeking to advocate solutions, which never happens hitherto. Issues of health, poverty, unemployment, underdevelopment etc that co-exist attracts no attention. In fact, all of the issues which were a part of the demands of a people asking for identity and self-determination are reduced to the problem of insurgency. 'Insurgency' is made the determining factor, which is necessarily not true in all the cases. In fact, it can be the other way round that is, in the process of controlling the so called insurgency a range of possibilities of growth and development have been stiffled. There is a need to go beyond the insurgency problem and explore the condition of health in the Northeast (Manipur, Nagaland, Tripura, Arunachal Pradesh, Assam, Meghalaya, Mizoram, Sikkim) in a holistic manner that would include the social, political, cultural and economic aspect.

Thus, a small attempt is made to explore into the health of the women in these regions taking a Naga village of district Ukhrul in Manipur. Health being a relative concept should be viewed in a holistic manner, as different society will have different perception about health. Thus, the study will confine to women's perception and reported understanding of health.

The study aims in forming a base for further exploration in this area. It is divided into six chapters. The first chapter is the review of literature where an attempt is made to incorporate relevant studies relating to women's health. There is also a section in the chapter that deals specifically with some features of the Nagas. In the second chapter, we have the research methodology, which deals with the conceptualization of the problem, objectives of the study and the research design. Then we go on to the third chapter that deals with the profile of the village. It looks into the village administration, the settlement pattern, social structure etc. In chapter four we have the life of women which deals with the women's work, a day in women's life, their roles in the political, social and religious organizations. The fifth chapter deals with the perception and experiences of women of health and illnesses. Then we have the conclusion and the discussion in chapter six.

CHAPTER 1

REVIEW OF LITERATURE

History of public health shows how 'social organization' (Rosen, 1948) for public health came up with the two reports of Chadwick (1842) and Shattuck (1848) which is considered a landmark in the history of public health. The two reports acknowledged the relationship between health and environment and it led to a phase of sanitary movement. However, the sanitary movement was limited to the physical aspect of environment and the main emphasis was on improving the living conditions. We also saw John Snow and William Budd tracing the cause of cholera and typhoid fever respectively to polluted water (PAHO 1949). This strengthened the establishment of the relationship of human's health with the environment.

In the later period, people like Engels and Virchow (Fee 1993) included the social and economic dimension to health, which is an important step towards understanding the dynamics of health. Health we understand is not only a biological factor, it is as an area of social activity. It owes its complexity to the biosocial nature of man (Rosen 1971). Health cannot be viewed in isolation without taking into account on economic and social factors. Mac Mohan and Pugh (1970) also stressed the importance of social, economic, cultural and biological factors as important for disease causation. There is a need for a holistic approach towards health because health problems are interlocked in varying degree with other elements in the structure of society. For example with government, economy, organization, religious institutions, the family and the value system associated with them (Rosen, 1971).

'Health culture' is an important aspect of health because different society have different beliefs and value system and according to them their perception and meaning of health would develop and also mechanism to cope with illness (Banerji 1982). Thus, to understand health of a society it is important to first build the knowledge about the tradition, custom, food habits, belief system, superstitions, taboos etc., around which the society is structured. By delinking issues of health from social structure from the social environment, one fails to understand the intricacies of health status. This lack of complete understanding leads to as incomplete diagnosis. This has far reaching implications for women (Sagar, 1994). Women are more vulnerable to a range of health problems due to adverse economic conditions and social inequalities and cultural biases.

There is a shift in the approach towards women's health from looking at women' health from a reproductive point of view to a broader framework that goes beyond it. Women' s health now is widely deliberated and is connected to social and economic issues of development (Qadeer, 2001). It is important to note that health condition of one phase in a woman's life affects other phases as well and in a society where girl child is seen as a burden, the discrimination of girl child has implications throughout her life (Malobika, 1993). Right from the conception, the discrimination starts where the female fetus is aborted. We also have cases of female infanticide. There are also cases where breast-feeding of the girl child is stopped abruptly.

During childhood, most girls do not attend school or their education discontinued. Food discrimination also takes place and this has an implication on her health. The immediate impact is that of malnutrition. In a study of gender differential in child mortality, it was noted that discrimination against female children starts early, and is maintained as the child grows. This is manifested in the under allocation of medicine and food to female offspring. The study also pointed out that gender differential in the allocation of critical life sustaining resources appears to be the mechanism that give rise to gender differences in mortality (Kishor, 1995).

The long term negative impact of childhood malnutrition is that of serious health consequences. It can lead to impaired opportunity for intellectual growth, delayed puberty, possible impaired fertility and stunted growth, resulting higher risks of complications during childbirth (WHO, 1998). The discrimination of females continues. As an unhealthy child, she also faces early marriage, repeated pregnancies have implications on her health, and discrimination faced during her childhood is exhibited during her motherhood too. It is noted that malnutrition is prevalent in a significant proportion of adult India women and this can be attributed primarily to inadequate food intake (World Bank, 1996). Given the biological demands of women's body during menstruation, pregnancy and lactation, nutritional deficiencies have a serious implication for health among women.

Women' s health is affected by host of other factors too and discrimination is a part of a larger problem. In most of the cases, we take poverty, social status, education, employment etc., as determinants of women's health.

The relationship between health and poverty is complex in a sense that poverty gives rise to many factors, which in turn affect women's health, and each factor is dependent. To be poor means lack of purchasing power, living in unhygienic condition, inability to seek health intervention when required and so on. Being poor also means inability to even pay transportation costs and users fees for health care. Such a condition is best depicted in Zubrigg's Rakku's story (1984). The story reflects the pathetic life condition because of poverty. The socio-economic inequality limiting not only Rakku's access to resources but also inhibiting medical care that was badly needed for her child. Poverty also increases a person's risk of disease due to chronic malnutrition, unhealthy living conditions, hard work, etc. Such a situation is of higher degree among women especially in a country like India where she has limited access to resources, which impedes her capabilities to deal with health. Poverty along with gender based discriminations thus, has a negative impact on women's health (Sagar, 1998 and Gopalan et al, 2000). As a result of poverty, children, especially girls, join labour force or takes care of her siblings as the mother goes out to work. Poverty also forces women to work harder.

While looking at women and health issues, we need to consider the structural nature of women's work and the totality of this work—in its multifarious roles, activities, then time spent as well as the intensity of this time. However, defining the exact nature, scope and magnitude of women's work, remains a problem because women's work is made invisible or is not accounted partially in the data of workforce participation (Gothoskar, 1997).

In India, the agricultural sector has a high concentration of women. The 1991 Census shows that 70 % of the working population is in the agriculture sector and almost 84% of all economically active are women. While both sexes participate, though not equally in agricultural production the bearing and nurturing of children and other tasks associated with nurturing the family are predominantly the responsibility of women

(Jean, 1998). Women spend considerable number of hours a day just to obtain bare essential firewood, dung, fodder, etc. It is an established fact that there is a relationship between work and health. Involving in manual labour means lifting heavy weights, heavy workload, continuous heavy work and this gets culminated into physical strain, prolapse of uterus, miscarriages (Swaminathan, 1997). Women work hard even during pregnancy increasing the risk of miscarriage, stillbirth, premature delivery and maternal mortality and morbidity. They are also subject of numerous health risks from working under poor conditions and in exploited work situation (World Health Organization, 1998). They also resume work right after childbirth that affects her health.

Social status is considered as another important aspect of health as there is a marked correlation between women's social status and their health. The status of women in India is primarily seen in terms of their decision making power their access to resources, physical freedom and work participation. Low status of women also contributes to maternal morbidity and mortality. The status of women also has an impact on low IMR as in the case of Manipur, which has a low IMR. This is attributed to factors like greater women's freedom, higher levels of maternal advancement, increased political participation, stronger social organization and an overall system of entitlement protection (Kumar, 1995).

The status of women is reflected in gender equality too and the National Human Development Report (2001) places Manipur second in Gender Equality Index. We also have state of Meghalaya and Nagaland from the North-East in the 3rd and 5th rank respectively. Even in the 1990s, the North-East states fared well in gender equality. Crimes against women can be taken as another indicator of status of women. As in North-East states like Manipur, Meghalaya, Nagaland and Mizoram cruelty by relatives and registered eve teasing are nil (National Human Development Report 2001).

With the increasing environmental degradation, we also see that women are most affected by it (World Health Organization, 1998). The direct impact that can be associated with deforestation is collection of firewood, which becomes scarce and difficult. The most direct and regressive impact of cooking energy non-availability/shortage is on women who are mainly responsible for meeting both basic

needs and household energy needs (Swaminathan, 1997). A study in Nepal showed that women and girls collect 84% of the fuel requirements and the search involves a daily uphill walk of five kilometres and an average of 7.2 hours per day. The risks involved are considerable-muscoskeletal injuries, falls and miscarriage (WHO, 1998). It reflects how women spend each day in fuel collection depending on factors such as proximity to forests and topography of the region (hilly, plain, etc.). Linkages between fuel shortages and nutrition is also noted where gathering firewood, fetching water, cooking and other domestic tasks account for a substantial share of energy output (Swaminathan, 1997) which will definitely have an implication on health. And in India where malnutrition exists owing to unequal food allocation, deforestation and its impact will aggravate women's health problem.

Going beyond collecting and obtaining firewood, it is also important to note that high biomass smoke levels have an adverse effect on health (Swaminathan, 1997) and in the Northeast region it can be said that almost every household especially in rural areas firewood is the sole domestic energy. Degraded environments from deforestation mean even more work for women, especially since they are responsible for collecting firewood and other biomass used as domestic energy.

Lives of the people and especially tribal life is profoundly affected by whatever happens in the forests. Forest for them is a way of life as forest not only provide them food, building materials, fuel, fodder, etc., but also gives them a sort of satisfaction to their deep rooted sentiments (Mahanti, 1994). Also keeping in mind the activities related to forest (collection of MFP, consumable roots, tubers, fruits, fodders, fuel etc), it is evident that women are the worst affected as a result of deforestation.

Talking about deforestation and its implications on health it would be worth to make a note of deforestation in the Naga inhabited areas (being the focus of the study). Deforestation in the Naga inhabited areas are caused by the government, rich contractors, military establishment, etc. Exploitation of forests and resources is seen in the form of declaring hill area as reserved forces, protected forest, wildlife sanctuary etc. It is also through a systematic exploitation by enforcing permit system where the government ownership of land does not exist, collecting royalty taxes and other taxes on forest

produce from the tribals, auctioning private forest belonging to tribals to forest contractors who are outsiders without the knowledge of the tribals. He also notes that the militarization of the Naga inhabited areas that also forms a major factor leading to destruction of forest. For national security, the Indian security forces have occupied large tracts of land. As part of their counter insurgency programme the security forces have cleared large tracts of land by causing forest fire and long stretch of national and state highways have been cleared of trees along the roadside (Muivah, 1996). When we talk of health and linkages with different factors like forest loss it becomes necessary to look at deforestation in a wider perspective. This will enable us to understand the lives of women in the later part.

Women's health as we have seen has been receiving wide attention over the past few decades. Issues revolving around their health are well documented. However, much of the attention of women's health in India is focussed on 'mainstream communities.' The general trend of looking at women's health seems to be confined mostly to the southern and northern region of India like Kerela, Andhra Pradesh, Rajasthan, Uttar Pradesh, etc. Little attempt has been made to include the people in the North- East. There is dearth of materials on them especially on health. With the threat of AIDS, states like Nagaland and Manipur have been receiving attention, as cases of AIDS are high in this area. The intellectual community in the mainland are caught up in the glories of the Aryan culture and civilization, and had little time or inclination to understand and interpret the tribal life of the Northeast and for long tribal culture has been little more than a subject of romanticized curiosity (Dr. Rajaratnam 1992)

There is a need to include the people of the Northeast especially the women who have a unique position in the society when compared with other women. Foreign scholars have always been struck by the position of women in the tribal and semi tribal of the North-East (Misra, 1987). There are differences in the extent to which women are allowed freedom of movement, across different regions of the country (Beteille, 1975) and tribal women in the remote or hilly areas are in a better position in terms of their physical freedom and their ability to control resources. Nevertheless, the tribals are the

most impoverished in India and the least likely to be served by modern health care services (World Bank, 1996).

The North-East offers a different scope for the study of health issues by virtue of their ethnic, cultural, and geographical differences. An analysis of any important aspect of Indian social life will have to take into account regional differences as each state differs in both geographical features and historical development (Beteille, 1975). Moreover, the conflict situation for the past 50 years in the North-East creates an environment which has an implication for the health of the people as 'the social roots of ill health are embeded in the environment in which people live and which is created by the interaction of social, economic, political and ecological factors' (Qadeer, 1990).

There is a disturbing pattern of increasing impact of armed conflicts on civilian. Alongside the loss of lives, the fragmentation of families and clans, the displacement of populations, and the disruption of social and economic institutions during conflict, exists a wide range of trauma (Laifungpam, 1997). His work shows how a very different pattern of psychosocial distress is emerging which affects whole communities. This was done through an investigation of 104 Naga civilians, who had been tortured in a district in Manipur, two years after the event. And it showed that 45% of 78 that were examined thoroughly had Post Traumatic Stress Disorder (PTSD). He further looks into the health implications- particularly psychosocial health- of prolonged stressful conditions and conflicts of which there are two dimensions. "On the one hand, the impact on health of the population is deep. They range from the acute rise in the incidence of infectious diseases, particularly fear, pain, loss, guilt, anxiety, hatred, depression and other incapacitating emotional and psychosomatic disorders. On the other hand, developing health services often breaks down or is often disrupted. Even if they are not totally dislocated, health personnel are reluctant to work in such areas for security reasons." This study reflects the kind of life that the people live but the main emphasis is on the implications of the 'State repression' per se.

The focus of our study will be on socio-economic life and health to highlight the specificity of the region. We focus on Manipur's Naga women to show how their lives reflect continuity and change with respect to women on other state. The study is therefore

an attempt to look into the health of the women in the region by exploring their life situation. Since Nagas are scattered across different regions within and outside the country, the study will be limited to the life situation of the 'Tangkhul Naga' women in Manipur. Within the given time and resources it is not possible to include all the Naga women. Keeping in view our interest, we review in the following sections studies done on Naga people and their life conditions. Some of the features of Tangkhul Nagas may be common with others, hence, we review all studies that we could access.

The People: The origin of the Nagas is ambiguous. Different legends and stories are associated with their origin. Nagas are a conglomeration of a number of distinct tribes belonging to the Mongoloid racial group and share a set of physical and cultural traits (Mills 1922). Some writers view that Naga tribes are not typical Mongols though grouped as Indo-Mongol because Causcastic element is present among them (Nagas) in a remarkable degree (Horam, 1992). Nagas comprise of 40 tribes (Vashum, 2000) spread over four states namely Nagaland, Manipur, Assam, and Arunachal Pradesh in India. They are also found in Myanmar. An interesting aspect about the Nagas is that each tribe has its own language and again within the tribe different villages have different dialects. For example, the Tangkhul Nagas of Manipur speaks Tangkhul and the different Tangkhul villages have their own local dialects.

Economy: The economy of the Nagas is subsistence agriculture and depends largely on forests and its produces. 'A Naga life depends on his crops. It is therefore, not surprising that from childhood to old age he spends most of his days in his fields, and almost all the ceremonies of his religion are to protect and increase his crops' (Mills, 1973). The early tribal life centered around the soil, the ancestral fields, sowing and harvesting. Agricultural calendar and the seasons dictated village feasts. Most religious ceremonies and festivals are directly connected with the fields. Gods and spirits were placated to bless the village with bountiful harvest. Then he goes on to say that the entire social structure is dependent on the economic self- sufficiency of the villages and thus everything rests on paddy crops (Horam, 1992).

Culture: The staple food of the Nagas is rice, which they consume with vegetables, pulses especially soyabean and meat. Their diet consists of various kinds of animal flesh like beef, buffalo, pork, bison, deer (venison), wild boar, dog, and fish. The Nagas are very fond of rice-beer, which is brewed at home and forms one of the important food items of the Nagas especially of the elders.

The traditional dresses of the Nagas are shawls and wrap around which is called by different names by different tribes. Different tribes have different designs and patterns. Their clothes are known for its brightness and beautiful patterns. Ornaments are also a part of their culture, which is made of cane, brass, feathers, and colorful beads, cowries, ivory. Tattooing was prevalent in the olden days, which was done using lampblack and the juice of wild indigo and piercing the skin with a sharp thorn or bamboo splinter (Hudson, 1996). The structure of the Naga society was rural in character (Yepthomi, 1997). The Nagas build their villages on top of hills "to stay away from malarial valleys and to defend themselves against the raiding groups of headhunters." (Pacific Mountain Network Bulletin, 1999) The Chief is the head of the village. He carried out the administration of the village with help of the village council, which is constituted by the representatives of the heads of the various clans in the village.

Morung: It is a Bachelors' dormitory. Morung is an important feature of the Naga society and one of the most important social institutions of the Nagas where socialization takes place. Morung was considered an important educational, political and social institution. It was here that unmarried boys and girls in the village stay till they get married. Both boys and girls have separate Morungs and entry to each was prohibited. Morung also played sentinel part during wars guarding and protecting the village from the invasion of an enemy. A great wooden drum was installed to summon for war and announce a festival. Morung were held in high esteem. The youths learnt manner, discipline, art, stories, war tactics, and diplomacy, religious and customary rites and rituals.

Another central feature of the traditional Naga life is the feast of merit, which was a common practice in which the splendour of colour and extravagance of Naga life is manifested. The performance of the series of feasts of merit and honour could elevate one

to the enviable position in the society. The way and method of performing the feast of merit and honour is common to all the Naga tribes except for the local variations in some cases. The expenditure involved was more or less the same everywhere. It was partly the generous philosophy of feeding the poor and sharing of wealth with the entire population, but mostly competitive spirit to climb the social ladder of social recognition that prompted the Naga rich men to perform the series of the feast of merit and honour around which the Naga society revolved (Shimray,1985). Feasts continue for days accompanied by sacred rites and ceremonies. The donor was expected to feed the entire village. For instance, the Ao Nagas had four stages of feast of merit where the donor was expected to offer one bull, six pigs, two boars, four cows and supply rice and wine for seven days to the villagers. The other stages too required many offering which depict that the feast of merit was expensive. After the feast the donor could wear special shawls, clothes and ornaments and decorate his house in a special way.

Headhunting*: The Naga used to practice headhunting (Culloch, 1859, Haimendorf, 1939, Hodson, 1996, Mills, 1937 and1992, Verrier, 1961) and the reasons for these were rooted in the beliefs of the people. Headhunting was practiced mostly during the time of wars. The practice is probably based on the belief in a soul matter or vital essence of great power that resides in the head. By taking a head from an outsider, it was believed that crops grow better especially if the head was that of a woman with long hair. When the land becomes infertile the priests offers the heads and hairs of the enemy to the spirit. When Jhumming was to be done on a virgin land, human sacrifices were necessary. It was believed that if no human heads were offered the spirit of that mountain would harm those who cultivate the land and would destroy the crops by drought, hailstorms, birds, etc. The practice also gave social recognition. The more heads a warrior could get the higher his status in the community. Another reason for the practice was for justice. War was waged when the village boundaries were violated, when a woman was divorced and sent back to her village without reasonable cause and so on. Thus, justice war was to be fought out between the disputing villages. There was also a belief that after

* The term "headhunting" is controversial as it suggests that heads were hunted that depicts a barbarous image of the Nagas, which is not true. Heads were taken (by chopping) during times of war or others but it had a religious and social significance.

the death of a person those who were captured and killed by him would carry his belongings to the land of death. Thus, we see that Headhunting had religious sanction, economic utility, political consideration and social value and justice. It is to be noted that chopping of the heads was considered a murder if it was outside the 'law of Headhunting' (Shimray, 1985).

Here, the role and position of the women during the time of war becomes relevant. Women did not join wars but could act as a neutral force. If a woman belong to any of the warring village through her marriage she could intervene in the war and stop it. In Tangkhul she is known as '*Phukreila.*' These women could enter the warfield holding a Y shaped stick and stop the war. These women could not be harmed because harming her would mean inviting the wrath of the other villages.

Women in the Naga society enjoyed considerable freedom despite the society being patriarchal, patrilineal, and patrilocal (Horam, 1992) There was no dowry system but bride price is paid during times of marriage. There was no Sati and widows could remarry and could enjoy the household rights till she remarries. Child marriage was unheard of but they had to join the Morung as soon as they reach puberty and leave the place only when they get married. Furer Haimendorf (1939) wrote "any women in the civilized parts of the India may well envy the women of Naga hills, their high status and their happy life; and if you measure the cultural level of people by social position and personal freedom of it's women you will think twice before looking down the Nagas as savages."

One can see that most authors focus on the social and cultural aspects of life. Most authors were also outsiders and no doubt, taken in by the so-called "primitive" and progressive practices. The current literature focuses more on political issues. Recent authors, both from within the Naga community and others who have attempted to deal with issues of the North East have focussed on the political element and have attributed this as an important factor towards any attempt at resolving the issue. (Mishra, 1999, Yunuo, 1989, Horam, 2001)

CHAPTER 2

METHODOLOGY

The methodology has been divided into three sections. In the first section, we have the conceptualization of the problem. The second section deals with the objectives of the study and in the last section, we have the research design.

CONCEPTUALIZATION OF THE PROBLEM

Our review of literature shows that not much research has been done about the health system of North-East especially health of its people. Therefore, our focus is on understanding the totality of people living in rural areas. And for this purpose we have chosen a district Ukhrul, which is a backward district in the state of Manipur. The people are dependent on agriculture and practice wet cultivation and Jhum cultivation of which wet cultivation is the dominant form of cultivation. The study attempts to explore the economic base of life of the people, the level of development and social institutions. It also explores the Government provided services, level of education and interaction with the outside world. The attempt is to relate these to health issues.

Health is understood as an outcome of the social, economic and cultural aspect of life. Hence, our preliminary exploration would provide the basis for understanding the factors, which determine health. Since there was no prior study available on health of Naga women in Manipur, our focus primarily is on social dimensions of their health. The study proposes to look at the implications of these dimensions through the perceptions of women themselves. To assess exact linkages and demonstrate impact of socio- economic and environment on health one needs to measure health status overtime as well as changes in the environmental conditions. This would require a long-term study and a larger population. Since ours was an exploratory study and time available was limited, the study was confined to women's perception and reported understanding of linkages between the larger environment and their own health status.

The major areas explored in the study were their work especially in the agricultural sector and their domestic work. Explorations were also done in the area of the women's social political and religious participation. The study also looked into the

services, the social institutions, educational level and its contributions. In addition to this, focus was on exploring perceptions of women from different age groups. These perceptions covered a range of health issues-gynaecological, obstetrics, implications of environment and work on health etc. This exploration was done to identify key area of health which are not only affected by peoples living conditions but which are recognize by them as critical. The study will provide a base for further in-depth exploration of women's health issues.

OBJECTIVES

The broad objective of the study is to focus on Naga women of Chingai village and explore their life situation, and understand the linkages between or the implications of socio-economic and cultural factors on health. For the purpose of our work these objectives are split into the following intermediary objectives:

1) To understand the women's life in the village Chingai in terms of their work and social political and religious life.
2) To examine the services made available in the village.
3) To understand their perceptions of health and illnesses and record experiences of ill health, maternity, and childbirth.

DESIGN

Keeping the objectives in mind, the study opted qualitative research methodology. The study required deep understanding of certain issues and qualitative research offers a methodology that provides in-depth understanding and also helps taking into account socio-economic factors, that are important for a holistic approach towards health. It is also best suited to understand the dynamics of health. Though not always representative, it is more in-depth in nature and helps ask the right questions for future research.

***Study area*:** Chingai village was chosen, as it is a sub-divisional village with services like PHC, Government school etc, which the other villages do not have. All these factors would offer a wider scope for the study. The village Chingai has population of 892

persons and 149 households. It is situated in the north of the district Ukhrul in Manipur. The village is blessed with a thick forest (See map), which is now deteriorating because of both domestic as well as commercial pressure. The village has a river that serve as the main source of irrigation for the wet cultivation, which is practiced in the village. Sizeable land of the village is also used for Jhumming purposes. (See map of the village Chingai.)

***Sampling technique*:** Women in the village Chingai above the age of 15 were taken for the study. The village comprises of 149 households and due to time constraint, it was not possible to cover the whole village. A sample of the household was taken for the study. For the sample to be representative, systematic random sampling technique was used. For this after chosing the first household randomly, every 4th household was selected. We have 37 households. However, while editing the data on households details, one household data was inadequate so it was not used for the final analysis. Thus, a sample of 36 households was taken from which all the women above the age of 15 were selected for the study.

***Methods and tools used for data collection*:**

Interviews: Interviews were conducted not only with the women but also the village elders to get details about the village socio and economic background. The elders were also interviewed intensively to get a detailed information about the land ownership, customs, traditions, beliefs associated with festivals etc, which helped in understanding the existing social life of the village.

Schedules: Open ended but structured schedules were preferred and used for a survey. These were applied with the 40 women from the study households to understand their perception and experiences about health and illnesses and linkages between health and other factors.

Group discussions: This method was also given importance and initiated at all available moments to substantiate the case studies.

Observation: This method was used to observe the activities of women to have knowledge about their way of life. Observation also eliminates subjective bias as much as possible because, with the review of literature and studies, subjective attitude towards the whole problem is formed inevitably and unintentionally. What is read and understood through review of literatures can be very different from what is observed. Thus, observation becomes helpful additional tool in eliminating such biases and in cross checking people's statements.

Case study: Of the 40 women 10 case studies were developed for in-depth exploration. This being an exploratory, qualitative study, a range of data was collected on the group about their occupation, their work pattern, diet pattern etc. Data were also collected on the health problems and the health services, about what they do in times of sicknesses? Whom do they go to? Data on the women's perception about linkages between health and other factors like economic condition, education, transportation, forest loss were also collected.

LIMITATIONS OF THE STUDY

Firstly, there was a dearth of materials for developing a frame for the study of the women in the Ukhrul. Secondly, there was time constraint for a qualitative study considering the number of cases. Also, adequate follow up of cases was difficult. The timings to meet the women were according to women's work schedule and therefore often limited. The study coincided with the harvest season and the village festivals. This however helped in gaining more knowledge about their social and cultural life. In addition, to explore implications of work and environment for health as perceived by women, requires that one spends a longer period in the village, which was not possible. Yet, our exploration does throw up adequate evidence of implications of conditions of life for women's health. It also raises questions for further research.

CHAPTER 3

VILLAGE CHINGAI OF DISTRICT UKHRUL-A PROFILE

Manipur state has a total area of 22,356 sq.km and is divided into 9 districts i.e., Senapati, Tamenglong, Churanchandpur, Chandel, Imphal west, Imphal East, Bisnupur, Thoubal and Ukhrul out of which Senapati, Tamenglong, Chandel and Ukhrul districts are Naga dominated areas. The study area is Ukhrul district, which is inhabited by the Tangkhuls, which is one of the tribes of the Nagas. Ukhrul district covers 222 villages. The Tangkhuls are traced as belonging to Sub-Himalayans or Neo Tibetan tribe. The international boundary of India and Mayanmar cuts across Tangkhul occupied areas, thus Tangkhuls are also found in Somrah in Myanmar. The district has bad communication facilities, being hilly in nature. It is connected with Imphal (the capital) with a road of about 78 kms. The district is rich in flora and fauna with the Shirui Lily (*Lilium Mackebind*) bringing international fame as it is found nowhere else in the world. The district has five sub divisional headquarters with one Tribal Development Block (TDB). Each sub division is co-terminus with the respective TDBs. The TDB are:

TDBs	Village coverage
1) Chingai	31 villages
2) Ukhrul	64 villages
3) Phungyar	44 villages
4) Kamjong	34 villages
5) Kasom Khullen	49 villages

Chingai TDB has the lowest number of villages, i.e., 31, but it has the 2nd largest population i.e., 18, 536 out of the total population of 109, 275 of the entire Ukhrul district of its 222 villages.

The sex ratio of the district (number of women per 1000 males) compared with the state shows that the district has greatly improved over the years. In 1991, the sex ratio was 884 and rose to 920 in 2001 as shown in table no.1

Table no.1: Sex Ratio in Ukhrul District

Year	State	District
1991	958	884
2001	978	920

Source: *District Census Handbook (Ukhrul), 1991.*

Table no.2: Literacy Rate (in %) of the district (Ukhrul) for 4 decades:

Year	Male	Female	Total
1971	45.7	22.1	34.1
1981	52.1	31.0	42.1
1991	72.11	51.57	62.54
2001	75.40	61.91	68.96

Source: *Census of India 1971 to 2001.*

The literacy rate has increased in the last one decade and we see the female literacy rate improving significantly when compared to the male literacy rate - from 22.1 in 1971 to 61.91 in 2001. (See table no.2). If we compare the literacy rate of the state with the district for the last two decades, It shows that the district literacy rate is higher than that of the state, especially that of the female literacy rate (Table no. 3).

Table no.3: Literacy Rate of Manipur State

Year	Male	Female	Total
1991	71.63	47.60	59.89
2001	77.87	59.70	68.87

Source: *Census of India 1991 and 2001.*

It can be noted that when schools were first established by the British in these areas hardly any girls attended and those who did, did so on a casual basis. But now many girls go to schools and colleges and the students are studying all over India. Available data of 1987-88 shows that out of 222 villages, there are only 61 villages with electricity and there is no data available for the other years.

THE VILLAGE CHINGAI

It is situated about 55 kms north of the district. It has a population of 892 persons and 149 households. Though it is a sub divisional village, which also is a T.D Block,

communication is still very poor; the main road in the district constructed by Border Road Task Force (BRTF) does not reach the village.

SETTLEMENT PATTERN

The village is purely a Tangkhul inhabited area. Structurally, one normally see a linear settlement pattern following the hill ranges with ranges with a road usually running in the middle of the village dividing the village into two. A Naga village consists of clans, and clan affinity is very strong. Houses are usually built along the lines of clans and Chingai village is no exception. The village has been guarded and occupied by prominent clans in different directions with the responsibilities of guarding their respective sites. This has led to the demarcation of the village into 4 clan based divisions of village territory, each having the authority of control upon certain extent of land, beyond which the land becomes the village property indicating a communal control of land.

HOUSING

The houses are all constructed by wood. Most of the houses have 2 to 3 rooms that serve as the bedroom. Kitchens are built separately and it is usually large. The kitchen is used not only for domestic purposes but also social purposes. It is where all the gathering takes place. The parents of the house especially those who are old usually have a room that is partitioned from the kitchen. They prefer this to the other bedrooms. This serve not only as a bedroom but also a storeroom where they store maize, potatoes, rice beer, yam and also keep their cultivating tools like spade etc. There are houses, which attach the bathrooms to the kitchen, which becomes very convenient especially during winters. Every Kitchen has a hearth that is constructed by using three stones of equivalent size. The hearth is usually in the middle of the Kitchen or in the corner leaving enough space for people to sit around the fire. Many of the old people prefer to sleep near the hearth. On top of the hearth they spread a shelf where they dry grains, chillies and other items. Kitchen floors are either mud or it is half mud and half-wooden and is the largest room. The bedrooms are usually of wooden. Latrines are detached from the main house and it is usually constructed in the corner of the homestead. The idea that a latrine being

attached to the main house is "disgusting" especially for the elders. Each household builds a *Machum* (granary) for storing the harvested grains.

VILLAGE ADMINISTRATION

The Panchayati Raj system under the 73rd amendment of the constitution of India does not apply in the Naga inhabited areas. Nagas generally have a hereditary chief and every Tangkhul village has a hereditary chief who is known as the '*Awunga*'. The political authority however lies with the people, so the Tangkhul village like all the Naga villages is democratic in function. There are village councils, which are formed by a representative of every clan called '*Hangva*'. Women have no place in the village council. The '*Awunga*' along with the *Hangva* exercise legislative, executive and judiciary powers. The village council is responsible for framing policies and implementing them. It also handles various disputes arising in the village. Disputes within family and clan members are settled at the clan level where the elders of the clan gather to arrive at a settlement. Inter- village disputes are referred to the Zonal level called the '*Longphang*' in case two disputing villages fail to arrive at a settlement. And at the apex level is the '*Tangkhul Long*' which is for all the Tangkhuls. Thus, we see the administration of the Tangkhul Nagas as such where there is kind of hierarchy for better administrative purpose from the clan to village councils to *Longphang* to *Tangkhul Long*.

Here, it is important to mention the '*Riyan*' (Unwritten Constitution) which forms the basis of all village administration of the Tangkhul Nagas, which is, similar to the other Naga Tribes. The '*Riyan*' provides for 5 administrative laws in order to protect the rights of the people.The 5 administrative laws are:

1) *Shaiyan* (collection of tributes)
2) *Khayan* (village administration)
3) *Longyan* (constitution for entire Tangkhul)
4) *Luiyan* (area wise administration)
5) *Shiyanchikan* (public administration)

Under these are the different laws followed by all the Tangkhul villages with slight differences depending on the zonal distribution like East, West, South and North.

It will be important to highlight some laws, which will help us later to understand the social customs and traditions that form the basis of the life of the people.

***Shimluikahyor*:** Under this, selling of properties, the landed properties acquired by an individual can be sold by him, but the inherited properties cannot be sold without first consulting his clan, particularly the relatives who will inherit from him.

***Shimsak*:** Under this, the whole village should participate in house building without counting the labour. They build houses turn by turn. In big villages it is done clan wise. It is interesting to note how one or more member of every house hold (especially males) participates; and those who cannot participate due to whatever reasons, contribute in term of food or money or housing material. Women contribute by helping the family cook for the helpers, in constructing the hearth and also carrying water for leveling the mud floor.

***Chanrei*:** Every year the foot path from village to the paddy fields are broadened and smoothened as there are only two or three main roads to the paddy fields in each village.

***Shungashai*:** Every household must pay Village subscription and widows pay only half.

OCCUPATION AND ECONOMY

In its ideal condition, tribal economy is subsistence in nature. It has been an undifferentiated economy. By virtue of this, there has been no room for wealth accumulation in the tribal economy. The Naga tribes have an agricultural economy. The Tangkhul Nagas too are agriculturists and practice both wet cultivation and Jhum cultivation. In the village, wet cultivation is solely for rice, which is the staple food. Fields are flattened and levelled properly so that water can be retained throughout the plantation, through irrigation channels from the river and streams. Though the size of the cultivable land cannot be increased, wet rice fields can be cultivated every year and hence the usual harvest can be expected every year. Thus the village like any other Naga village Chingai is self sufficient because each household has access to land; and agriculture being the sole occupation and manual labour and traditional tools being the utilities, there is no great disparity or inequality in the food production, especially rice. In the wet cultivation system, small fishponds are made in every ricefield, which is an advantage. These fish are both for domestic consumption and selling as well, providing some kind of

cash income for many households to meet some of their expenses. The village is known for its river fish too. Jhum cultivation is mainly for growing crops. Pigs and fowls are also reared for consumption and selling. Forest also provides the villagers with variety of resources like firewood, timber, herbs, honey, wild fruits and wild animals. Wild fruits like figs, dates, gooseberries, and wild apples are found abundantly in the village. Bees are reared by many households for honey, which is considered important as it is believed to have medicinal properties and is used for trade. The village has a favorable climate for fruits like walnuts (which is different from the walnuts that we get in cities), apples and lemons which are bought by outsiders who come to the village for trading or other purposes.

Table No.4: Village Chingai's occupational structure in the government sector.

Designation	Total	Male	Female
Teachers	5	3	2
Clerks	3	1	2
Gazetted	1	1	-
Defense	3	3	-
ANM and AWW*	5	-	5
Grade IV	24	16	8
Total	41	24	17

**ANM -auxiliary nurse mid wife and AWW-Anganwadi worker.*

The table (no.4) presents the employment picture of the village in the government sector. Out of the total 41 employees, 7 of them are posted outside the village. Of these seven employees, one is a bank Probation officer, 2 clerks of which one is male and one is female, one grade IV and 3 defense personnel. The concentration of employees is higher for both males and females is in the grade IV. However, it is more in the case of males.

LAND OWNERSHIP

Land ownership is of two types i.e. individual and community and the Tangkhul village land can be divided into 5 categories. These are:

***Khalung*:** This is where the village is situated, where every family has its homestead land or compound with enough space for kitchen garden for growing vegetables. Land measurement is not practiced in the villages so the specific size of landholding cannot be ascertained but rough estimation according to the seniors of the village gives a picture of about 0.25 *Pari* (local term for acre) approximately for their homestead. This is obtained by converting the conventional measurement into the local usage. All the households in the village maintain their own kitchen garden where not only vegetables are grown but also fruits like passion fruit, pear, plum, lemon, peach and sugarcane.

There is no landlesness in the village.

***Thingkhamlui*:** The *thingkhamlui* is the woodland that is divided among individual families of the village for their firewood, construction purposes and other needs. Setting of fire in these areas is not allowed.

***Masalam*:** This is a semi private land, which can be owned by an individual or by the lineage members. It is used generally for Jhumming purposes. Whoever clears the area first claims 'temporary' ownership because this area can never be sold as private property. The 'temporary'owner has control over the land, but permission is given to all the interested persons for Jhumming and collecting firewood.

***Yaruilam*:** This land is owned by the community and is usually towards the forest side and the forest itself. Here every individual has the right to do any type of farming, or Jhumming but this can be used for two or three years, and not on a permanent basis.

***Ngaralui*:** This is the cultivable terraced land owned by the individuals and is considered the most valuable. This is where the staple food rice is cultivated. And the village is known to possess one of the best *Ngaraluis* in the northern part of the district. Each *Ngaralui* gives an output of 180 – 200 tins* (at an average) of paddy per year and every

* Tin is a container, which is used to weigh and measure grains. It is also used to measure the size of paddy fields by calculating as to how many tins of grains the field can produce approximately. A tin contains 14 to 15 Kilos of rice with the husk.

household owns atleast two *Ngaraluis*. The *Ngaralui* thus gives sufficient output and surpluses are sold to outsiders, who come to the village to buy them. The output of paddy is used as a medium to measure the size of the land (*Ngaralui*).

Here it is important to note the Land revenue system in Manipur that is enforced under the Land Revenue and Land Reforms Act of 1968 that legalizes land ownership in the state where the state becomes the absolute owner of the whole land property. However the act does not extend to the Hill areas and there has been a constant attempt to enforce this act to the hills, however, it is sharply reacted against by the people in the hills on the basis that land revenue was never a part of their traditional customs. Their strong stand is that traditionally land belonged to the people and not the state and hence the revenue system is not acceptable.

With the kind of land owning system, there are sharp differences in the size of landholdings as reflected by the words of the seniors of the village, "Land measurement is not practiced from the time of our grandparents and we see no need to do it because everybody knows how much of land one possesses and how big a land one has. We know how much of paddy a family's field produce so what is the point to measuring it?" says 74 year old Khaso who is one of the eldest persons in the village and has been an active member of the Village council and also a main person of his clan. "Being a villager where we are all cultivators no one has much more than his neighbour. How much can one cultivate in a year other than the regular two fields? We do not have time to cultivate more than 3 fields at the most," adds another elderly person Luinam who is 76 years old. They are not very sure about their age but they calculate it from the 2nd World war they witnessed as a child. "Everybody works in the field like me and we sow the same seeds and receive the same amount of rainfall and the weather is all the same for us, so it is not possible that one has much more than the other. There may be differences but it is not wide enough to produce too much of inequality" rationalizes Ayok on asked about the homogeneity of the village in terms of socio and economic conditions.

SOCIAL STRUCTURE

The society is a patriarchal society where the head of the family is the father as lineage is traced along the paternal family. '*Shangnao*' (clan) forms an important feature of the society where the '*Shang*' settles most disputes that arise. Women are not allowed to inherit ancestral property but slowly daughters are beginning to inherit properties, mostly, those assets that are acquired by the parents. If the family has no male issue then the nearest of male kin inherits the properties. There is no restriction for widow remarriage and a widow is entitled to her husband's land and house. The villagers follow Christianity. However, few elders in the village are non-Christians. They still ascribe to the traditional belief system and food habits.

Division of labour is based on sex and age. This division is prominent in the agricultural sector where one can see unequal workload between men and women. The major agricultural workload is taken up by women like sowing of the seeds, transplantation, weeding and harvest related activities like threshing, winnowing, etc. Besides, women are the ones who are engage in domestic work, which can go on for the whole day right from the time the woman wakes up until she retires to sleep. Men usually are engaged in work, which demands greater physical strength like ploughing, felling of trees for firewood and construction purposes, constructing local dams for irrigation purposes, etc.

FESTIVAL AND WORK CYCLE

The village is not only a distinct unit of political and economic importance but also acts as a religious community, which observes many festivals, most which have their origin in agriculture. The festivals were celebrated even before the advent of Christianity and the concept of the festivals has not undergone much change. The significance associated with the festivals is still upheld, where Gods and Spirits are placated for good harvest of the crops.

'*Luira Phanit*' is one of the most important festivals of not only this village but all the Tangkhul Nagas. This is celebrated as the New Year. During this time, seeds are sown, and hence it is known as the seed sowing festival. This festival is celebrated and

observed collectively by all the Naga tribes of Manipur in a particular chosen place every year in the month of February. Some villages celebrate it during the end week of February. It is celebrated for a duration of 12 days. This is the festival where spirits are invoked before the whole village starts the agricultural work. The head of the village and his wife symbolically sow the seeds first and the rest of the villagers follow suit. The festival involves lots of fun and merrymaking where a family slaughters pigs, and rice beer and meat form the main food that is offered to guests. '*Yarra*' ('*Yar*' means an age group) is celebrated in the end of March when seed sowing is over. This festival is mainly for the youth. During the festival the youths of a given age group camp in a member's house and store the food and other required provision in that particular house. Members of other '*Yars*' are also invited. After *Yarra* the villagers start clearing fields and Jhum sites and plough the fields during the month of May June. Then transplantation of paddy takes place, which is the busiest of all agricultural seasons. During this time, the village is almost empty as the villagers go to sleep in the fields except for a few who come home to feed their pigs and fowls. In some cases even the domestic animals are taken to the fields as the villagers are too busy to come back home after all day and are too tired to walk back home only to be return the next morning to the fields. The villagers come home on Saturdays as they observe Sunday as the holy Sabbath day when they attend church services. After the busy season of transplantation, people observe '*Mankhap*'; this signifies completion of cultivation.

Mangkhap is celebrated for 3 – 4 days. By the month of August, weeding of the fields takes place, which the villagers say is the lightest season of the agricultural activities. Weeding is carried out till the month of September but along with it, leveling of the fields is also carried out, so as to prevent rodents and pests from eating and damaging the paddy. By October, the paddy is tied in bunches to make harvesting easier and faster. In the end of October and the month of November, harvest season starts, which requires all the capable members in the family to participate. Harvest season includes lot of activities like threshing, winnowing, drying, pounding, etc., and most importantly carrying the paddy to homes, which they say, is very tiring. The harvest being completed villagers settle to celebrate '*Chumpha,*' which is associated with

opening of the '*Machum*' (granary). This is celebrated usually four days after the harvest. It is a festival of the women in a sense that women perform propitiation of the rituals for opening the '*Machum*' (granary). In the earlier times males were required to go out to the fields for two nights so that women can complete the necessary rites and return only when the rites were performed. The festival according to tradition signifies the important role of women especially the mother of a family who occupies an important position in a family. The place where she sits usually near the hearth is considered sacred and people are not supposed to sit on that as a mark of respect. And till now the mother occupies a special position in the house and most of the domestic affairs lie in her hands.

SERVICES

In this section, we present a brief description of services available to the people of Chingai.

***Education*:** The Village has one Government High school. Earlier there was a primary school that was privately owned but it was shut down, as it was not viable. The Government school curriculum is that which the Manipur education board has set up. The school teaches English, Mathematics, Social Sciences and Science. It offers optional paper that is either Manipuri language or Tangkhul. The school, apart from lack of basic facilities, is highly understaffed. According to the villagers the school never had adequate staff since its inception. Because of its hilly topography and being remote, the teachers from the plains, who are posted in the village are not willing to come. The case is the same for the other employees in the village Sub Division office. An interesting system that the teachers have adopted is that they employ people from the local who teach the students on their behalf. The salary is then shared on a 50-50 basis or even less than that. There are also instances of some teachers who never came to the school but got transferred. With the kind of education facility, there is all likelihood that the students will have least interest in studies. The drop- out rates of the students is high according to one of the teachers.

***Post and Telegraph*:** The village has one post office branch by virtue of being a sub-divisional Headquarter. However, the letterbox remains just a symbolic exhibition. According to some villagers, letters that comes from other states like Delhi sometimes takes months to arrive. Parents whose children are studying in other states prefer to go to the district Headquarter to send letters and Money Orders to their children.

***Market*:** The village had a newly constructed market shed. The shed, however, is not used. In case when people want to trade off some of their products, they leave it with the local shopkeepers. But in most of the cases it is bartered, especially, essential items like vegetables and rice. There are lucrative items like Basmati rice, which is usually transported to the Ukhrul town. In most of the cases, they sent it to relatives who are staying in Ukhrul for selling it. This is one of the most profitable items according to the villagers. A kilo of Basmati rice is sold between rupees 35 to rupees 50. The village is endowed with a river that is a great source of fish besides irrigating the paddyfields. Many families substitute their diet with it but there are regular fishermen who make an additional income through fishing. Due to non-availability of cold storage fishes are dried before being transported. In selling of items, a distinction can be made of what a woman sells and what a man sells. Mostly women trade vegetables, fruits and rice. Men are more into selling fishes, bees, and flesh of hunted animal, firewood, timber etc.

***Roads and transportation*:** The main road in the district that is maintained by the Border Road Task Force (BRTF) does not reach the village. A *Kutcha* road maintained by the Public Work Department (PWD) of about 14 Kms connects the village. Earlier there was no transportation facility and the villagers had to walk for 14 kms to reach the main road that connects the village to the main district, which is the centre of most of the commercial activity and other services. In times of emergency cases when people fall sick, the patient had to be carried by families and relatives before the break of dawn to reach the junction where people wait for the bus. However, by the end of year 2001 a private bus started plying from the village Chingai to Ukhrul town. The bus not only transports the people of Chingai village but also the other 4- 5 villages who access the

road of Chingai village to go to other villages and towns. The bus leaves the village at 5.30am in the morning and comes back the same day at around 2.30 – 3.00pm. It has provided services for the provisional shops too as now they need not depend on people to carry the procured goods and even need not go to the district to avail the things but send the list of goods that is needed along with the money and it is delivered by any village folk or even the driver of the bus. The village connection otherwise is in the form of forests they have cleared or have been trotting on it for the past many years that it has become a road to access to other villages. One remarkable feature of village Chingai that does not confine only to this village but also the other Tangkhul villages is their traditional organizational mechanisms. Overlooking the state's inadequacies they organize community work to construct and repair roads, clean up water bodies and other activities that are beneficial for all. Not depending on the state to intervene or take up the work, people do most of the work. They depend on the state only when things are beyond their capacity, like asking the state to allot some funds for improving the condition of the road that would require inputs, which they do not have.

***Health*:** The health service delivery system in the state is considered one of the best in the Northeast. The state can boast of a number of health services that exists within the state. However the health service delivery system is concentrated only at Imphal and people have to go to Imphal to seek medical treatment, which poses a problem for the people who have both time and financial constraints.

Overall Health service delivery system in Manipur: The state has one medical college-Regional Institute of Medical Sciences (RIMS) at the capital Imphal with about 800 beds. It also has one state hospital called the Jawaharlal Nehru Hospital (J.N) which is also situated at Imphal. The state also has 5-district hospitals of which one is at Imphal again. There are 6 community centres, 72 PHC's, 420 Sub centres, and 42 dispensaries spread around the state. The health personnel consists of around 700 doctors, 560 nurses, and 1872 para medics working in the government sector excluding the staff in RIMS. There are also around 12 private hospitals in Imphal and many private clinics.

Health service delivery system in Ukhrul district: The district has one district hospital, one CHC, six PHC's, two dispensaries, one Homeopathy dispensary, and one De Addiction centre. The Ukhrul district hospital is the referral hospital of the district. It is a fifty-bedded hospital having no specialists in its medical team. Yet, it renders emergency services round the clock. The Personnel consists of five Medical officers including one medical Superintendent, two nursing sisters, eight staff nurses, two ANMs, one Lab technician, one radiographer and twenty six IV grades workers. Some of the various national programmes and the activities in the district are highlighted in brief:

Revised National Tuberculosis Control Programme (RNTCP), provides services for the people, ensuring sputum examination with a registration of Rs.5 and also a complete course of anti TB drugs for each diagnosed patient free of cost. However, there is lack of trained medical staff like Lab Technician, Statistical assistant, etc., that makes it very difficult for affectivity of the programme and for maintaining a proper report on the TB cases in the district.

National AIDS Control Programme, STD clinic and Drug De-Addiction centre are being clubbed together as all these programmes fall under the care of the district AIDS officer. The AIDS programme consists mainly of prevention and management through health education. Awareness sessions are taken up in schools and colleges and for communities.

In the hospital there is no HIV screening facility. The STD clinic is combined with the OPD in the district hospital. It takes care of the treatment and management of the STD, but there is no proper laboratory and not enough medicines. The non-medical facilities such as counselling and AIDS education are also not adequate. The Drug De-addiction Centre renders professional services, detoxification (both indoors and OPD), treatment, management, and counselling.

National Anti Malaria Programme undertakes residual spray of DDT in the district. According to the CMO of the district, till 1999 all the villages in the district were covered for the spray. In 2000, only 127 villages were included in the spray programme as per the guideline of National anti Malaria Programme (NAMP). There are 310 Drug

distribution centres and 25 Fever Treatment Depots, in the district consisting of 222 villages.

Modified Leprosy Elimination Campaign (MLEC), was adopted in March 1999 and was effective and there is another attempt to carry out the second phase with an objective to increase awareness about leprosy, involving community members. Orientation training was conducted for a day for the medical doctors in the district. MLEC also has an objective to detect hidden leprosy cases and give MDT immediately.

Family Welfare Programme, revolves around the RCH which includes activities like Ante natal care, referral of complicated ANC case, MTP, contraceptives, RTI, and Immunization services.

The village health services: The village has a PHC, which is 10 bedded. Under it are 7 PHSC. The PHC is highly understaffed and unequipped and the doctor does not live in the village but lives in his own house, which is at Ukhrul and comes over occasionally. The staff of the PHC consists of one doctor who is in charge of 36 villages, 1 ANM, and 3 grade IV employees. The staff besides the doctor resides in the village as they are from the village Chingai. Medicines are not available easily and there is sporadic supply of contraceptive tablets according to the ANM and other women. The only regular service is that of oral polio that comes once in a month that is administered by the Anganwadi workers. The PHSC is equally understaffed and in most of the cases there is not even a concrete building. In the first PHSC there is 1 pharmacist and 1 ANM, the 2nd has 1 attendant, the 3rd has 1 attendant after a gap of more than10 years, the 4th PHSC has 1 ANM, the 5th 1ANM, the 6th 1 ANM and 3 attendants.

Under such conditions, it became imperative to look into the mechanisms adopted by the villagers in times of sickness and this led to an exploration of the indigenous health system that exists in the village. There is no concrete or systematic type of indigenous health system as such but it is more of the traditional knowledge that has been passed down from generations to combat with different kind of illnesses. There are 3 indigenous practitioners that the villagers go to, for dealing with different sicknesses. The first is a widow who is 58 years of age. She comes from a family of cultivators and she lives with two daughters. Her other 4 children are married. She specifically deals with

women having '*Naopam*' (which literally means womb) problem. The treatment is in the form of slow massages at regular intervals and consists of avoiding spicy food for a week or two. There is no medicine involved in the treatment. She says that it is a knowledge that has been passed down from her mother but it is not necessary that even her daughters will be able to perform the treatment. She felt that it is a gift and an art.

The second is an old man who is not sure of his age but says that he is more than 70 years old. He lives with his wife, as his 6 children are all married. The villagers come to his wife for orthopaedic problems. The house he lives in is still the traditional house with Y shaped posts erected outside which was a very common sight in the olden days. There is a wooden bed that is carved (not constructed) by hand in the kitchen, which serve as the bedroom and sitting room too. But he does not sleep on it because he is not used to it but still prefers to sleep on the mud floor near the hearth that keeps him warm. According to him it is not healthy to take bath regularly. Like many of the elderly people in the village he does not like to eat rice because he is used to rice beer, the main food he is used to having. He is an expert in treating an illness, which is very common among the children especially below 2 years of age. It also occurs in adults. They call it '*apei kata*' but there is no meaning for this. '*Apei*' literally means spleen and '*kata*' means fall. '*Apei kata*' thus means dislocation of the spleen. Interactions with various doctors of the district hospital presents a view that it is not medically true because it is not possible for the spleen to be dislocated but, at the same time they do not have an explanation for it. Some doctors, however, believe that these traditional practitioners can actually cure the illness. The symptoms for it are that the child starts losing appetite, feels weak and becomes very inactive. It is also accompanied by rise in body temperature and the child gets scared in case of any loud noise that is produced near by. For such cases, the villagers come to him. The student was able to witness one such case where a mother brought her baby son who was just nine months old, having the same symptoms. The old man felt the baby's stomach slowly for a few moment and then he took a pint of ash from the hearth and rubbed it on the baby's stomach with his pointing finger. And that was it. He did nothing more other than assuring the mother that the baby would be alright. And few days later as the student met the mother on her way back from the rice mill, she found that her baby

was completely alright. It was not the first time that she took her child to him. She had gone in earlier years too. In the case of adults when they come to him he says that it is not always '*Apei kata*' as they feel it is, but there are cases when there is water retention in the stomach. He says that if the stomach is too hard than it is a sign that the water cannot be easily removed and there is no point in attempting to remove it as it might cause harm to the person. For removing the water he heats up the rice beer and makes the person gulp it down and he slowly massages the stomach, and the water comes out as the person passes out. According to him it is gift not known exactly how he acquired it but years of experience have greatly improved his "talent". He believes that it is 'God's gift' to him and his wife to be able to help people with their problems. They do not charge anything for their services but people as a sign of gratitude gives them vegetables, rice or even a chicken.

The villagers resort to various kinds of treatment and home remedy that they have learnt from their ancestors. A specific kind of illness, they call '*Huirong rai*', which according to medical doctors is closest to piles, is treated by inserting a special kind of leaf called '*Maharna,*' mixed with salts in their anus. In case of loose motions, they chew the leaves of a guava tree. They also use a specific fruit called '*Ngyalithei*' that is now found only in the deep forests. For measles, they trap beaver and boil the meat without removing the skin for the soup and feed the baby, which they say is the best solution and let the baby sleep on banana leaves. A common practice after delivery is that the women pat their private parts with hot water mixed with the local salt that is believed to dry the wound faster and also avoid tetanus. Old women apply pig's fat on their hair and skin too as they believe it is good for their hair and skin. In case of bleeding due to cuts the first thing they do is, take a kind of a weed which they call '*Japan Khawo*', crush it and paste it on the skin and it stops the blood flow. '*Khawo*' means grass. The name is such because they believe that the weed was brought by the Japanese when they came during the 2nd World War which they used to apply when they got injured or wounded. The leaves of passion fruit they believe is good for the liver, which they normally boil and encourage the children to eat once in a while which most children do not like because of its bitter taste. In cases of boils that erupt in the body they make a small opening in the

skin and put garlic paste, which they believe sucks out the pus and the pain becomes less. Thus, the villagers adopt their own ways to combat different kind of illnesses based on the traditional knowledge that they have acquired through the generations.

CHAPTER 4

THE LIFE OF WOMEN

This Chapter provides and an overview of women's life in the village. It looks into the various activities of the women in their everyday life. It mainly explores the agricultural sector that forms the main work of these women, agriculture being a way of life and the backbone of their economy where the women undertake multiple activities and constitutes an important or even the most important part of the labour force. It also looks into how the women's life is affected and their work aggravated because of deforestation in the village and the region. Deforestation is due to the onslaught of timber business in the area and partly because of the practice of Slash and Burn cultivation. The chapter also explores the place of women in social and political arena by looking into the women's role in the church, especially with the emergence of women as church deaconess, which, was not allowed earlier. It also looks into an organization call the '*Tangkhul Shanao Long*' (Tangkhul Women's organization) which enables the women of not only the village but Tangkhul women as a whole to exercise certain amount of power and assert not only their rights but Human rights as a whole, how this '*Long*' (Organization) not only helps them to realize many of their potentials as women but also strengthens them. Through the trainings, conferences, workshops organized by the Long, women not only get an exposure but also get opportunity to acquire new skills or enhance their skills in weaving, tailoring, knitting, etc.

Before going into the work of the women in particular, it will be worth mentioning that all the families in the village cultivate. There is not a single family who does not cultivate. Even if they are not available in the village throughout the year, the relatives or the in- laws takes care of their fields. There are families who for the education of their children go to stay at Ukhrul and they come back to work in the peak season.

The occupational structure, of the district is presented in table no.5.

Table No.5: Distribution of Workers of District Ukhrul

Cultivators Total no.	Percentage	Agricultural labourers total no.	Percentage	Household industry workers total no.	Percentage	Other workers total no.	Percentage
36710	75.020	659	1.35	284	0.580	11280	23.050

Source: *District Census Handbook (Ukhrul) 1991.*

When we see the break up in terms of male and female we find that the percentage of female cultivator is much higher compared to males. This proportion of women cultivators is above the state average. The percentage of female cultivators is 92.09%, and that of the males is 61.13% (District Census handbook 1991). The state figure shows 66.18% for females and 58.18% for males. This data not only supports the fact that all the family in the village cultivates but also the fact that women's participation is very critical. However, it does not mean that men do not participate. It is in fact possible that statistics takes only the female as some men take up employment in the government sector and are counted for that only by the census. For example, some men in the village are working, as teachers in the local Government High School but do not abstain from participating in the peak season of plantation and harvesting. If the census worker is not careful, this maybe missed.

It will be relevant to insert another table (Table no. 6) that shows the percentage to total population of Main workers, Marginal workers, and Non workers. The table presents the percentage of main workers, marginal workers and non-workers for rural population of Tribal Development Blocks in the district. Since there is no town in the district the total figures of the block represents the district data.

Table No.6: Percentage of Main Workers, Marginal Workers and Non-Workers for Rural Population of Tribal Development Blocks of Ukhrul District

Name of T.D. Block	Main workers to total population			Percentage of Marginal workers to total population			Total workers to total population			Non-workers to total population		
	P	M	F	P	M	F	P	M	F	P	M	F
Chingai	43.90	42.64	45.22	0.75	0.62	0.88	44.65	43.21	46.10	55.35	56.74	53.90
Ukhrul	42.97	42.97	45.91	1.25	0.50	2.12	44.22	46.1	41.66	55.78	53.59	58.34
Phungyar	44.42	44.79	44.05	3.48	3.02	3.95	47.90	47.81	48.00	52.10	52.19	52.00
Kamjong	53.17	55.47	50.37	0.78	0.58	0.01	53.95	56.05	51.38	46.05	43.95	48.62
Kasom Khullen	49.47	48.94	50.50	0.16	0.06	0.26	49.63	48.55	50.76	50.37	51.45	49.24
District	44.78	46.51	42.82	1.27	0.75	1.86	46.05	47.26	44.68	53.95	42.74	55.32

Source: *District Census handbook (Ukhrul) 1991.*

In the table (See Table No.6) the percentage of workers to the main population, (46.05) is shown divided into 44.78 percent main workers and1.27 percent marginal workers the remaining 53.95 percent are non-workers. Except in Kamjong TDB where the percentage of workers is more than that of the non-workers, in all the remaining Blocks, the number of non-workers is more than that of the workers. It is pertinent to note that, in the district, among the main workers, the percentage of the male is more than that of the female but among the marginal workers, the opposite is true. In Ukhrul TDB not only the proportion of marginal female worker is much higher but even in main workers the proportion of female is higher though not excessively. In Ukhrul for every 100

females, 21 are marginal workers while even one male counterpart does not do the marginal work. This also reflects the contribution of women in the economy.

WORK OF THE WOMEN

In the work of the women, we will explore their work in the agricultural sector and the household works. Both agricultural and domestic work includes a wide range of activities. We will also look into how the work of women is aggravated by focusing on deforestation.

Women and agricultural work

When we look into the agricultural pattern of the village Chingai, unlike most of the mainlanders where agriculture is capital intensive and the use of modern technology is used widely, agricultural work in village Chingai is labour intensive. It is difficult to measure women's agricultural work because it is closely linked up with their social roles within the family. What constitutes domestic work and what constitutes economic activity is difficult to delineate. The women of this village are actively engaged throughout the year. They constitute an important part of the labour force. They are involved in highly labour intensive work, the burden of which is added by the traditional mode of agriculture and the geographical disadvantages. The terrain is such that it does not favour use of modern technology like tractors, harvesters, etc., which makes the work easier and lighter for them.

Women and children (of both sexes) form workgroups known as '*Yarnao*' and the group take turns to go to the entire members' field. For the children the '*Yarnao*' is formed according to the age group, which may not be so for the women. The youth also has 'Yarnao' and this forms an important part of the society not only for agricultural purposes but also during festivals too where they have their own gatherings and also helps the village in organizing and managing the whole affair. '*Yarnao,*' which is an integral feature of the labour formation reduces the workload and man-days of a household and gives them time to help in other people's fields too .The owner of the field carries the day's food for the '*Yarnao.*' In some cases, the members carry their own food.

A large family has an advantage as they have more work-force in different age due to larger number of family members especially children. Women also work as labourer in other people's field but it is not like any other ordinary labourer. They do not go to work because of the wages and most importantly they do not go and seek employment themselves but are rather employed by the family who needs them. It is worth mentioning that they go and work only when they are available and their work schedule is light. Those families for one reason or the other who cannot garner enough labour for their fields especially during transplantation season employ people keeping in mind that the work needs to be done in a certain period of time. Since they cannot go and repay those who have come to their fields in terms of one day labour, they pay those who have come to help which is rupees 40 for women and rupees 50 for men. Many however, do not even take money. Instead, they are given in kind in terms of rice after the harvest or vegetables or even in the form of '*Sopkhai*' (basket) if any of the family members is good in weaving. Others offer the handle for a spade if any of the family members is good at it because the handle needs to be carved in a way that it is comfortable for the user, spade being the most important implement for agriculture as a whole.

As the work cycle has clearly indicated, the village people are engaged throughout the year though the intensity may vary. It starts from the sowing of the fields with different seeds after clearing and leveling the fields. Participation of men is important but it does not necessarily mean that all the men participates as some families give them certain social roles or families may need them to go outside the village for work. Interestingly, some men assume the responsibility to take care of the baby while his woman goes to the field to work with the other capable children of the house. "It is more productive if I go and work instead of staying back and take care of the baby. Men maybe physically stronger but they fail to be meticulous in their work, so I let him tend the baby and I go to the field if the work is not much" says Achung (38 yrs old), who is on her way to the field leaving her 2 year old daughter with the husband. With or without the men, women take the responsibility to see that the agricultural activities are carried out in a proper manner and in time. "I get so worried when at times I lack behind the

rest, when I am not well or, if I have to go outside the village for some work" she continues.

Wet cultivation, which is the dominant type of cultivation, is solely for growing rice, which is the staple food of the village. Here, the activity begins with the sowing of seeds after clearing a site in a dry area. At the same time levelling and ploughing in the wet areas is carried out. The division of labour is such that men are involved in the clearing of the area and women are the ones who sow the seeds. Levelling and ploughing of the fields are done by both men and women. Men at this stage, checks the irrigation facilities that is done by making small waterways to the respective fields. This need to be done in a proper manner to ensure that all the fields receive and retains water. Men using timbers and logs also construct dams. This is to control the strong water current that might spoil the paddyplants as most of the fields are located at the riverside. Transplantation season is the busiest of all seasons, where the villagers go to sleep in the fields, requires women to remove the plants from the dried areas to the wet fields. This requires lots of labour and this is where the '*Yarnao*' plays an important role. The nature of the work during transplantation is such that it requires them to bend the whole day, with a meal break in between. Even during the time when villager's sleeps in the fields' women are the ones who get up the earliest and resume the incomplete work of transplanting. Even with the help of '*Yarnao*' the fieldwork does not usually get over but needs further input.

Then in the weeding stage, women solely take up the work and it is the responsibility of women to ensure that the fields are weeded. Weeding is done after every regular interval. Before the harvest season, paddyplants needs to be tied to make the harvest easier and to keep the rodents away. This work is also done by women. During harvest, season women are required to cut the plants, carry it to the place where it is threshed before it is finally being carried home. "Harvesting is the most tiresome of all the agricultural activities," says 35 years old Khayapam. "I can manage to bear all the other work but I dread harvesting where we have to toil in the field and carry the grains (rice) all the way to home from the field. One would not mind so much if it was on a

plain but the slope that we have to climb is really tiresome, especially with the heavy load. It is not a one day affair nor do we stop after just one trip. The work does not end there. We have to dry the grains out in the sun, winnow it, pound it, and again winnow it, before we can finally consume it, all for the stomach! Sometimes I feel that our life is all about feeding one's stomach". After hard work in the field they walk back home carrying the grains (rice) in each person's '*Sopkhai*' (basket) and climb the slope of 3 – 4 Kms to reach home. "I cannot carry more than 4 tins. That is my limit. Some women carry more than that and can carry as much as the men." she goes on. Khayapam's description of the harvest season reflects how tiring the activity is. Men, women, youths and children (above the age of 10-11) were seen making trips to the fields at least twice a day. Most of them could not make more than three trips to the field as the fields were not close (more than 4 Kms for other fields) by and with the load that they carried it became difficult to increase their walking pace.

The grain is filled in their own '*Machum*' (granary), which every household has. This *Machum* is detached from the main house and built at a distant to ensure that it is safe in case of fire. "It is a rare event though. In fact I have not come across any house, which got burnt" says 32 years old Joyce who is abstaining from agricultural activities as she just delivered her 3rd child and limits her work to domestic chores. "I'll go back to work as soon as I am a little stronger. It is good that the harvest season is just over otherwise it will be a problem for me to deliver in the middle of a busy season where not only I cannot contribute but also affect my husbands work schedule. Now is a season where the workload is lighter so it is all right if I rest for few more days. My husband and my son who is 4 years old have gone to fetch firewood." she says. Her husband helps with the domestic work like cooking. She wishes that her daughter were a little older so that she could help her with the housework. Most families see it as a blessing if the first child is a daughter, who will help them with the household work as soon as they are capable.

In the Jhum cultivation, much input is not given like that of the wet cultivation. Jhumming is done mostly in a far off place. This is mainly for growing crops, which is

for surplus. Both men and women are involved in clearing the sites along with the men. The women then take over the work of growing the crops and taking care of it.

Women and household work

If it is not agricultural activities then, women are engaged in household activities. They take care of most of the domestic work too besides the agricultural activities. Having children of above 6 years of age is an advantage especially if she is a girl. As soon as they reach this age they start helping in the domestic work. Children are needed on a daily basis for the household. Numbers of hours a day maybe required for obtaining only the essentials like firewood, dung and fodder. Children can be of great help to relieve the burden of these tasks. By 9 – 10 years, they participate actively in agriculture work through their '*Yarnao*'. However, women take the responsibilities to delegate and supervise most of the work. Directly or indirectly, she is always involved in the household activities.

Rearing pigs also mean extra activity for the children and women. Pigs are slaughtered during festivals, which forms an important part of the feast, which not only is a matter of celebration but also gives the family some income by selling the meat. Even in rearing the pigs, cattle and fowls, the women and children take up the burden of feeding them. It may not seem much big task but one need to spend a considerable amount of time on each and especially to search for pig's food has become difficult too, to obtain.

Old women of the village too do not sit idle. They assume their role in agricultural activities though the work intensity may not equal that of the younger women; nevertheless, they participate as actively as they can. "It does not give me peace of mind if I don't go to the field and send only my children. Without my supervision, they might mismanage things. I cannot work as hard as I used to, as I am old now but it does not mean that I should stop going to the field. We are cultivators and I cannot sit idle doing nothing. I have always been active in the past days so I am not used to sitting idle. Even if I don't go to the paddy field I go to the Jhum field." Said 69 year old Luinamla, who

was on her way to her Jhum field. Her children do not want her to work in the fields anymore. They want her to avoid any work as far as possible but she does not wish to do so "I will rest only when I become incapable." When she doesn't go to the field she takes care of her grand children and looks after the rice that is spread out in the sun and tends it from fowls. Jhum field does not require so much of labour (only in the initial stage of clearing and leveling the area) like the paddy field that needs care and tending from time to time.

Factors that aggravates the workload of women

The load and the intensity of the women's work is aggravated by the traditional mode of agriculture which demands and requires lots of labour that does not equal the output. The work of the women is further aggravated by deforestation. The main effect can be seen in obtaining firewood, which has become difficult. One of the causes of deforestation is the practice of Slash and Burn cultivation or Jhum cultivation where one get to see one whole hillock all bared and burnt down especially during the month of February and March which is the season when they start clearing the area for cultivation. One character of the Tangkhul Nagas is that each family or household tries to procure what it requires without depending on others. A family is supposed to produce a bare necessity at a subsistence level. The family being an economic unit thus practices Slash and Burn cultivation that supplements their demand for vegetables and other crops, which forms an important part of their diet. With no scientific technology applicable the only input is that of seeds and human labour and so being labour intensive in nature, Jhum too requires the time, care and attention of the women.

Deforestation in many countries provides a temporary escape from economic and social hardship. In Chingai village and the neighbouring areas rapid deforestation took place between the late 1980's and early 1990's where timber was exported at a large scale to the neighbouring states of Nagaland, Assam, West Bengal and from there to other states. Deforestation cannot be separated from the overall economic climate where people felled trees in the village to make some income that according to the villagers was the biggest earning one could make in a lifetime. "There was so much of money that

people did not bother to take the change after buying a packet of cigarettes. Almost every family in the village had so much of money, it seemed as though it would last a lifetime"says one of the village elder. During that time many families got their house rebuilt which they could not afford to do so earlier. "That was perhaps the best investment that the people made with 2 or 3 families investing in buying trucks which was a wise choice as now they use the trucks to get an income" he continues. Many Manipuri labourers came from the valley of Imphal and worked in the village for months and some even married the girls from the village. They did not know much about saving and many spent their money without thinking. "We did not know what to do with so much of money and spent most of it on immediate consumption. It appeared that the money would last forever but it did not" laments 35 year old Khayapam whose husband made lots of money during the timber business spree that took over the whole village and also the neighbouring villages. She says that her children were still very young that they did not require much financial input as they were not in school yet, or even if they were (for her 2 eldest sons who are now in the 10^{th} and 8^{th} standard respectively); they were in primary school that did not need so much of money. Now things have changed and they struggle to make both ends meet especially for the education of their 4 children who are all studying in a catholic mission school in Ukhrul, about 52 kms away from the village. Another woman who had experienced the timber boom where they had made lots of money that was to be over soon added in "if I knew that there are places where we can keep our money (referring to a bank) than we would have done that and we would be still using the money. Men do not know how to save but only earn like my husband who wasted the money, travelling to Dimapur all the time without any work".

One cannot blame their ignorance alone but also look into the political situation, which does not provide proper infrastructure, which, is not a problem in this village alone but in many of the rural areas Manipur. It is more so here because of the 'National Movement' or 'Insurgency Movement' as many would put it. This has been the most comfortable reason for politicians and people in the academics to explain why the North East especially the state of Nagaland and Manipur is so undeveloped. With a situation where there are no proper road connection, education system, safe drinking water etc it

becomes difficult for many of them to acquire knowledge about many things like a bank for example. So, even if they had wished to save, banking facilities were not made available. The question of accessing it simply does not emerge. The district census handbook (1991) shows that in 1987 – 88 there were 5 banks working in the Ukhrul district. They are 1United Bank of India, 1Co-Operative Bank and 3 Regional Rural Banks viz, Manipur Rural banks and Co-Operative Bank which are located at the rural areas of the District headquarters. There is no State Bank of India Branch in the district. The only well functioning bank is the United Bank of India which is at the district Ukhrul itself. In the absence of a proper bank service, it is difficult for them to save for the future.

The difficulties that women faces in their everyday life-where they struggle or make an effort to maintain and keep the household running is highlighted as they recall their past life where natural resources seems to be more abundant not only in terms of firewood but also herbs and other forest produce. "In earlier times fetching firewood was not so difficult but in fact it was a matter of how much one can fell and carry it home but now forget carrying home when it has become difficult to obtain it unless you go to far off places. Now the hills are becoming naked (bared). When my grandchildren have loose motions it has become difficult for me to get '*Nyalithei*' (fruit that is used by the villagers in olden times for loose motion and also fever)" says 69 year old Angamla. She feels that if things have become difficult at her age than it will be more difficult as her grandchildren grows up. She relates how things, which they never used to buy (like salt), have to be bought and how each year it has become more and more expensive to manage the house and take care of the children. She said that in their times when she was young, money was not important but now without money people cannot do anything or move around. She talked of the difficulty of today's living by looking into the difficulties of her children who are all managing to eke out a sum for her grandchildren's education and other needs. She feels that things will become more difficult in future.

Now the villagers spend more time and labour even to obtain firewood, which is of utmost importance in a Tangkhul village life or for that matter any tribal life. Firewood is required more if one rears pig. To cook pig's food consumes lots of firewood.

Deforestation has created a situation where there is scarcity of firewood, making the villagers go farther to collect firewood. This is not only time consuming but also even more tiring.

Women involved in such tiring activity include pregnant women too. Pangai, 45 year old just delivered her 9th child; that makes 11 members in the house including herself and her husband. Out of all 3 children are boys and 6 are girls. She has had 4 miscarriages in her life. The family's occupation like all the villagers is cultivation. Her husband is a good hunter and a fisherman. That could be said to be the subsidiary occupation that provides them an income even if it is not much. The husband is also good in weaving baskets and he does not take money for that. However, people sometimes give some amount as a sign of gratitude. Six of her children attend the village government school that does not require strict attendance so that gives her enough helping hand in the house. They have two paddy fields that give them approximately 270-300 tins of paddy in a year. Like the rest of the villagers, wet cultivation is carried out in the paddy field and for other food requirements besides rice, they depend on their kitchen garden and Jhumfield. They get enough seasonal vegetables from Jhumfield and crops like maize, yam, potato, millet gives them a surplus. Pangai like the other women of the village participates actively in the agricultural work as the paddy field need lots of human input especially during transplantation and harvest season where maximum human labour is required. She complained of backache as a major health problem that does not permit her to strain herself much. However, it is impossible for her to avoid work, especially during plantation period, where the whole work is carried out bending. Her relatives assisted in her deliveries, as she does not see it as necessary to deliver with the assistance of the local ANM. The ANM however assisted in three of her deliveries. She has not done anything about her backache problem in terms of medical intervention but her husband or her daughter massages it occasionally. "Should I bother about my body or my work?" she says. According to her she has been scolded by the village ANM for having too many children, which has caused her health to deteriorate with the 4 miscarriages that she has had. "I have tried the pills but I forget to take them regularly and it gives me unpleasant

feeling of giddiness which I don't like. I have tried Copper-T too but it did not work. It came out and I got pregnant again". She says that her miscarriages took place when she attempted to lift heavy objects. She could feel a certain kind of pain and heavy flow would follow and she knows that the fetus is disturbed. However, this does not stop her from carrying out her work. "There are times when I had to tie my waist with a cloth to ease the pain and continue with my work though my husband would insist that I rest. How can I rest when the whole village is working hard to finish off their work in time? Will the season wait for me to get alright?" she rationalizes.

She cannot see a direct link between forest loss and illness pattern but contributes more on the scarcity of firewood and the demand to spend longer hours to walk longer distant to obtain firewood that gives her more physical strain and affects her health. Economic condition is seen as more important where one cannot access to many things, if one is not economically well off "even to go and see a doctor would mean incurring an expense and what about the medicines that need to be bought? If seeing the doctor alone is enough than things would be easier but it is not that and doctors never fails to prescribe a number of medicines" she says. She feels that even to be able to send the children to school one has to be economically well off and she is thankful that she does not need to send her children outside the village as they attend the local government school which does not require much expenditure. She wished that she could atleast know how to read. On transportation and illness pattern too she cannot see a direct link as such but she goes on to say how it has made going beyond the village easier for the villagers ever since a bus started plying about 2 months ago. Pangai's life revolves around her family and her work and she places her work before her health, which cannot be seen as being strange or ignorant with the demands of the type of occupation the villagers adopt and follows.

A DAY IN WOMEN'S LIFE

A day in a woman's life is hard to put on record in short researches given the seasonal work cycle that they follow. Work for them though segregated into domestic and non-domestic cannot be clearly demarcated, as they are complementary to each other. The mother plays an important role in running the household. The majority of the

domestic affairs are in her hand. She looks after the children, stores food, brews rice beer (khor) and rice wine (zam), dries grains, and feeds pigs, poultry, and cattle, cooks food, feeds the children, fetches water and firewood for fuel and carries it home besides her fair share in agricultural activities. Even not engaged in other work or when not on their feet they maybe seen bending over the looms or busy with needlework. It is difficult to put into estimation the number of hours that a woman puts in, in a day for the family, which can be a duty, labour of love, obligation, responsibility etc. Her work also depends on what is to be done for the day, the priority that she would give and also on the assistance of their children who would help her in her work especially the daughters in the family. Each new day would mean new work depending on the family's need for the day.

Zingnimla who is a mother of 8 children best describes a day in a woman's life in the village. Her husband is a cultivator and one of the representatives of their clan in the village council. They are cultivators and generate income by rearing pigs, fowls, and selling the vegetables. Her husband is also good in fishing, so, that not only supplements their diet but also provides some amount of income. They also sell Basmati rice, which the villagers cultivate. The climate being very favourable it gives them a good yield. The rice is sold for minimum 35 rupees per kilo. She is also one of the deaconess of the local Baptist church. She says, "I get up before dawn. I am used of getting up very early". All the mothers of the houses get up early as they are the ones who lights up the hearth before other family members gets up. In some cases it is the daughter in the family who lights up the hearth. "I lit up the hearth and either heat the pig's food or cook the pig's food that has been fetched the previous day by my children. Then I would sweep the kitchen and mop it or leave it for my daughter who would do it using mud and cowdung, which has been mixed, after the family finishes the morning meal. Then, I go to the rice mill, and by this time my daughter gets up. I leave the house instructing her, what is to be cooked. If the quantity of the rice is not much then, I send her instead. Once the rice is brought home, I start winnowing it. Then I work in the kitchen garden, which gives us food items for immediate requirement. Since the kitchen garden is near it is easier to take care of it than the Jhumfield. After our meals, I go to collect and fetch firewood along with my capable children. Except for the youngest two the rest come along, while, the two tend

the rice that I spread out in the son to dry it. We make as many trips as we can carry our '*Sopkhai*' (basket). If I do not go to fetch firewood than my whole day goes in taking care of what has not been cared in many days because we do not have time to look into the state of the house once we start going to the fields. I store food for the fowls and pound maize for the pigs. I chop the firewood as much as I can. But sometimes what I thought has been chopped for 2 or 3 days finishes in a day also, as sometimes we need to make the fire the whole day. In winter, we need to not only keep ourselves warm but also heat water for the whole day. So, fire is made right from the time I get up till I go off to sleep and even longer as I have daughters that sit for 'Meisum' (a time when boys come to the girls house either to court or otherwise, especially in the night which has been a tradition.).I wash clothes of my children who are not yet able to wash their own clothes properly and bathe them. When I am home than I feel work gets added. We have to go and fetch the water too because when we are at home we use water for the whole day for washing, cooking, rinsing, cleaning and so many other things". She is glad that she has daughters who help her with most of the household chores even if her two eldest daughters got married the previous year at the age of 20 and 18 respectively. According to her this is quite a vulnerable age to elope and the girls in the village mostly marry before the age of 25 and some even at the age of 14 and 15. She has 3 sons out of which one is a twin of a daughter. The rest 5 are girls and she pities those who are not blessed with daughters. She feels that sons also help but they do not do so unless they are asked to do. Girls, she feels understands better the hardship of life and the family and they assume their own share of responsibility, as they grow older. A daughter needs no supervision all the time but the son needs to be instructed what to do and sometimes they do just the opposite or upsets the work. On Sundays, she abstains herself from heavywork. Being a deaconess she has to attain many meetings of the church that are usually held on Sundays as the villager being cultivators gets to meet only on Sundays.

Thus, one gets an idea of a day in woman's life of the village that is not very different for all as they have the same type of economy and follow the same season to do their work beyond the house.

WOMEN'S ROLE IN THE CHURCH

With the advent of Christianity in the Tangkhul society, the church has occupied an important position in the society. Its influence is felt in almost every activity of the village. The church is important in this study because it forms an integral part of social life for the Tangkhul women in particular and the Naga women in general. Church has emerged as a strengthening factor for the women. It helped women shed their earlier inhibitions to participate in social life due to domestic or personal reasons like feeling shy, lack of confidence to take part, lack of education etc. Every church has a women's society which is autonomous in a sense that it regulates and develops its own mechanisms to have activities, generate income, take part in church meetings, go for conferences beyond the village and also develops its own programme and ways of sustaining it. Generally, every girl who has reached the age of fifteen (15) is considered as active member of the women society of the church and are members of the church choir too. Marriage outside the rule of the church like elopement is prohibited. The couples that go against this rule are expelled from the church and restored only after an apology is made to the church. There has been a transformation in the position of women in the church where women can now become church deaconesses, which was not allowed earlier. This paves way for the women to voice out opinion, give suggestions, participate more actively in the various activities and also influence decisions pertaining to the church and even the village, which earlier was done mostly by the men. It also creates an environment for the women to put forward their complaints and difficulties.

The women society of Chingai church like that of all Tangkhul churches has a chairman vice chairman, secretary and assistant secretary, treasurer and members. The chairman and secretary play an important role in placing the views of the women in society as a whole in times of important decisions to be taken by the church leaders. They are invited in meetings and conferences in different places beyond the village which gives them an opportunity to interact with the outside world, get new exposure, learn new things enhance one's knowledge and awareness about various issues. Keeping in mind the work of the women, all the women may not benefit directly from these activities and exposures but they do benefit indirect way. Those who attend meetings, conferences, etc

come back and share their exposures and learning experiences. "We encourage the members to go for such things and see that every member gets a chance to go," says a church deaconess – Lakthingla (46 yrs old). Another member Alungwon (47 yrs old) adds, "We learn many things through attending various meetings and workshops. We learn about the things, which we never knew or took for granted. We learn about the advancement of the world today though we cannot get to see it". She recalls a meeting where they were taught basic hygiene of how to leave their hair tied while cooking, to wash the hands thoroughly while handling and infection/injury, how the clothes used while menstruation should be washed and dried out in the sun, not to overcook vegetable. They were imparted the knowledge of childcare too. "We were made aware of many things. Our doubts were also clarified and myths dispelled. I used to hang the clothes that I used during menstruation in the bathroom and cover with other clothes but now I make a point to dry out in the sun at our backyard" she continues.

Every Friday the church has special women service where women take the responsibilities and turns to carry out the services – Bible reading, sharing, make reports announcements, prayers, etc. They feel that such meetings inculcate in them not only a sense of belongingness and togetherness but also enhance their sense of leadership. It teaches them how to lead in a group and improves their reading skills too through Bible reading. Though many of them are not educated they manage to read the Tangkhul Bible (written in Tangkhul dialect) "with the little ABC I learn till VIth standard and I've improved a lot and I can also write letters though my handwriting is not so legible" she continues.

The Medical officer (MO) of the Chingai PHC opines that the role of the church is important for any health programme to succeed in that area. The leaders of the church help in doing away with the various myths associated with any disease. If these leaders are made to understand then imparting information to the whole villager become easier and they are more well received because the people have trust in their leader- the pastor, deacon, deaconess, women chairman, secretary and choir leader. Church is also the place where maximum number of the villagers gather for service and it is most effective to make announcement in the church with regards to new health programmes, immunization

date etc. "Trust is very important for any health programme to succeed and the villagers already has trust in the church pastor and the leaders so it makes things easier for us and we extract the maximum help of the church to spread knowledge and awareness. The latest is that of AIDS of which they are not aware. There are many myths about AIDS. Our immunization programme are successful because of the involvement of the women church leaders too" says the MO.

The church thus, has a role to play in improving the life of the women, which also has an implication on her health. Through the church women get to attend conferences and seminars that imparts them knowledge about health and hygiene. The many programmes pertaining to health and even village issue needs women to make it successful. Women are therefore important in the society and their role indispensable.

WOMEN'S ROLE IN SOCIAL AND POLITICAL ORGANIZATION

We have seen that women do not have a place in the Village authority which is the apex political body of the village, but, women have a strong organization known as the *Tangkhul Shanao Long* (TSL) which literally means Tangkhul Women's organization. It was traditionally absent but emerged as a strong political and social organization. It is an all Tangkhul women's association formed when many women from the South Eastern part of Ukhrul district were sexually assaulted by the so called 'army personnel' during combing operations in march 1974. There were many cases where violation of human rights took place in extreme form. Cases like inserting a stick in the vagina after raping the girl took place. One 18-year-old girl committed suicide after being raped by the security personnel's. The organization is now spread to all the Tangkhul villages. Every Tangkhul woman is a member by birth but, one is considered active member of TSL. Once, they are 15 years old. The Long executive members are directly elected in the village. At the zonal and district level, they are elected by the executive council consisting of executive members of all villages. It is important to highlight what the long (organization) is all about so as to have an understanding of what the units at the village do.

Aims and objectives of the TSL:

- To safeguard the rights, modesty and dignity of women.
- Promote educational, cultural and customary life of woman.
- Promote economic growth and welfare of total livelihood including animal husbandry, handicraft, weaving, tailoring agriculture etc.
- Promote peace, development, growth and prosperity in all respects.
- Maintain and create healthy atmosphere in life.
- To establish contacts with other organization having similar objectives.
- Create awareness among the villagers through organizing and conducting training workshop, seminar, consultation etc.
- Participate in maintaining ecology and environmental balance.
- Organize relief; charity and grant for whoever is in genuine need due to unforeseen incidents and natural calamities.

The TSL has grown in every aspect, even though the struggle for respect of Human Rights has remained the main agenda due to continued violation of human rights by armed forces. TSL also works with other organizations like the Tangkhul Naga Tribe Council, student's organization, church leaders, Naga Peoples' Movement for Human Rights. It has also been playing a prominent role in the discussion on Naga issues at Naga National level, which used to be represented by only the apex body of the various Naga tribe councils, made up of men. The district civil administration also consults them on important social issues.

The village also has a strong TSL unit, which has been responsible for bringing about changes and reforms within the village. It is responsible for regulating certain modes of decorum within the village and strong in curbing and controlling social evils like alcoholism, gambling etc. Selling of alcohol is banned in the village owing to the concerted effort by the women who campaigned against selling of alcohol, which they found to be one of the causes of disharmony in their society. The women through this organization do not allow men to gamble in public places or show disrespect to the women. There have been cases and incidents where the Long has paraded a man who attempted to molest a girl in a drunken state. Another case was when the female member of a family was beaten up with whom they had an internal feud. The Long took up the

case and brought Justice to the victim-a woman. Through the long women of the village exercise control over many issues, which does not pertain to women alone. Decisions taken by the women are acknowledged by the village authority which is indicative of the fact that the women's view and opinions are accommodated though they are not allowed to directly participate in the village council. Seivila, who is the ANM of the village and the ex-president of the Long at the village unit says, "This is one body, which unites all the women of the village and represents all of us. Whenever there is an issue to be dealt with, we convene an emergency meeting, arrive at a consensus, and develop ways and strategies to deal with the issue or the problem and act on it. We can do a lot through this Long". She also highlighted many activities that they had taken up in the village, which benefited not only the women but also the village as a whole. The Long goes for house checking if there is an indication of alcohol sale within the village. The village has old people who are not used to consuming rice but stick to their old food habit of having locally brewed 'khor' (rice beer). Some youngsters take advantage of this by consuming it to get drunk. The Long keeps a strict check on such cases. Thus, the unit acts as a strong force that not only represents the voice of the women but also acts as a social control mechanism within the village. The TSL programme of income generation especially that of stitching and weaving has helped many women.

Our exploration of Women in the organization (TSL) and the church indicates that women have certain social position, which affects her life positively. Nevertheless, most of the works are in her care. This might be a factor inhibiting many women's participation in social sphere. Though all the domestic affairs lie in her hands she might not have a strong say in other affairs that may be important. Women collectively may have a strong influence in the society, however, at the household level situations may not be the same.

CHAPTER 5

PERCEPTIONS AND EXPERIENCES OF HEALTH AND ILLNESSES

This chapter attempts to explore the perception of women belonging to different age groups. It covers a broad range of health issues and linkages between health and other factors like forest loss, transportation etc. The chapter also explores the aspect of food and nutrition by looking into the diet of women that is an important determinant of their health. It looks into the social dimension of food by looking into the women's accessibility of food and distribution of food in the household. An attempt was also made to look into the disease pattern among of women of the district to have an idea about the village, but there was no data available. The district hospital could not provide any data as they do not keep records of all this. Therefore, a set of questions (attached in the appendices) was developed and administered to the doctors in the district hospital to get an idea of the common health related problems of women before going into the village. The district hospital was the nearest health institution for the village (about 55 kms). Imphal, where the best of health services of the state are available, is about 140 kms away from the village. Being a hilly terrain, many people get travel sicknesses so they avoid long journeys. People prefer to go to the district hospital. Out of the 7 doctors in the hospital 5 responded and the rest were not available.

The common problems according to them were mostly delivery-associated problems like general weakness, anemia, vaginal bleeding and white discharge, backache and Urinary Tract infection (UTI). This did not show the relative distribution pattern but reflects the problems of women and gives us some idea about their illness. A questionaire including a set of questions on illness (attached in the appendices) was designed to understand women's perceptions and experiences of diseases. There were many problems for this particular investigation as the definitions and the meanings of health that one had learnt and had been taught were not useful during data collection, because the meaning of health in the local dialect was very limited. In order to have a better understanding the student interacted with a number of educated seniors and a few doctors to understand the meaning of health in the local sense. The medical people's view of health was a replica of the definition of the World Health Organization.

For people, health was closest to saying "*phasa khamatha*" but this did not convey the meaning of health in the real sense of the term. *Phasa* literally means body and *khamatha* means beautiful (good), which people directly associate with being fat as well. Being thin is associated with not being healthy. "*Phasa makamatha*" is also used which is referred to people who are thin as well as those who fall sick often. *Makhamatha* literally means bad (not good). "*Phasa khangazan*" also conveys the same meaning. *Khangazan* means weak and the term is also used to refer to people who fall sick often. So health in the local term meant "*phasa khamatha*" which was a limited term because it meant having a healthy body that is limited only to the physical aspect. So considerable time was spent to explore what the student was trying to get at when she used the term 'health' with the precaution in mind not to make them see the student's view as the definition of health. Our exploration then is limited to physical health.

***Women's diet*:** Food production as we have mentioned is sufficient. In most of the families Jhumming was taken up for surplus and to feed animals like fowls and pigs. Therefore, shortage of food supply or food inadequacy does not arise. The nutritional requirement is supplemented through the diet that consists of rice, which is the staple food. Along with rice, they take various types of vegetables, which are grown in the kitchen garden and also the Jhumfield. The main crops that are grown are squash, potato, beans, cabbage, Spinach etc. Maize and millets are grown but these are mainly to feed the fowls. Maize is also used for brewing drinks. They also take many greens that are obtained from the forests, which according to them is of high nutritional and medicinal value. They also bring home tubes and roots of plants, which forms a part of their diet. In most of the cases these are consumed raw. Most of them feel that the medicinal properties go away if the roots and tubes are washed. Therefore, they prefer to clean it without washing. Bamboo shoot and mushrooms are also common. Chutney made out of chillies forms an important part of the family's diet. Many of them could not eat food without it. Non vegetables consist of varieties of meat, which are also domesticated as well as hunted. Milk and egg is not so common. It was found out that many of the women do not like the smell of the milk. It is a compulsion that drinking water is boiled. Boiling water

is the first thing that the women do as they get up. Most women take meals twice a day. That is the regular meal of the family. However few women had the habit of taking meals in the afternoon but this was not a regular habit. During active agricultural season, meals were taken thrice a day.

Here it becomes imperative to make a note of the observation that was made in all the households. Women prepared food in majority of the houses. They are the one who allocates the food as the family sits down to eat. It is a tradition that the families sit down together and pray before every meal. Therefore, the question of women and the girl child eating last does not arise. In fact women sometimes eat earlier than the rest of the family members if she had to go for '*Yarnao*' activities. The salt that the villagers used were mostly the ones they obtained from neighbouring village that was locally made. They believed that using this salt makes the food tastier and cook faster. It also had medicinal values and is good for the stomach, throat etc. According to the ANM, salts are consumed higher in the northern region of the district and that seems to have an affect on people's health. She feels that major illnesses and diseases (like cancer etc) are rarer in the region. She attributes this to salt that is used in the area and the amount, which is comparatively more. However, further exploration needs to be done.

***Women's general perceptions on health and illnesses and linkages between health and other factors*:** Through the discussions and observations, it was found out that their nature of work was such that it required physical strength. This had a direct bearing on her health. The general pattern of reported health problem was that of backache, which many women attributed to the nature of their work. Many of them also felt that it was because of repeated delivery. The average family size was seven, so it implied that most women have had produced atleast five children in their lifetime. It was observed that most of the older women (above the age of 40) had more than five children in her lifetime. Such cases were fewer among the younger women (below the age of 40). They normally had lesser number of children (4 to 6). Many of them had the knowledge of contraception and some of them have had Copper-T inserted. This was again believed to be another cause of their backache and general weakness. Copper-T was the most widely

used form of contraception among the women of village Chingai. This was more accessible and reliable than the others like pills. Backache according to them hindered in carrying out their tasks like that of carrying water, firewood, grains, chopping firewood and weaving etc.

The implications of work on their health were also seen in the miscarriages that some women have experienced, which they attributed indirectly to their nature of work. Most miscarriages occurred when they tried to lift heavy objects, which they cannot avoid. The reported maternal morbidity (See table No.1) showed that out of 36 married women 5 women have had atleast one miscarriage. Two of the women have had more than three miscarriages. They felt that "work is something they cannot avoid" and that "there is no life without work." Most of the women reported that their husband and children do not want them to work when they are not well and also insists that she goes to the town to get examined. In most of the cases it is the women herself who denies care because for many of them leaving the house was something they would avoid as much as possible.

It was found out that white discharge was very common and many of them took it as a natural part of woman and did not saw it as a health problem. However, they acknowledged that the discharge was more when they were physically tired. Few women have had other illnesses like fever and cold. However, they felt this was due to "seasonal change", and was a "seasonal illness", and they resort to home remedies or ignore it. Some would take "paracetamol" or "crocin" tablets for fever. These were sold in a shop that belonged to the ANM of the PHC. Since there were no medicines available in the PHC and no chemist shop in the village, the ANM kept few medicines. The villagers greatly depended on the ANM, which according to them is "the doctor of the village". Without her, they felt that the village would be deprived of many services. The PHC "survives" because of her. She took care of most of the child deliveries in the village. Most of the medical assistance was taken through the advice of the ANM. When they fall sick they prefer to resort home remedies. They also preferred to be examined by the traditional practitioner when they feel they have a problem with their '*naopam*' (womb).

They also took their children to the traditional practitioner or resort to home remedies or seek the advice of the ANM.

Many of the women when asked on the linkages between health and forest loss directly related it to the increased difficulties in obtaining firewood. As many of them had backache problem, carrying firewood from a distant place strained their backs more. The villagers walk 5-6 kms or more to fetch firewood.

Transportation was seen more in terms of accessing to other places beyond the village, which makes life easier for them. Roads and transportation were also important for the overall development of the village. It was especially important for their children who were studying outside the village. Economic condition was also seen more in terms of their ability to support their children's education and accessing medical care during time of sicknesses. Without sound economic condition, these were difficult to access.

Demographic and Educational Profile

Table No:7.1 Age Distribution of Women

Sl. No	Age groups	Number of women	Percentage
1	15-25	2	5
2	25-40	24	60
3	40-55	8	20
4	55 & above	6	15
	Total	**40**	**100**

The majority of the women belong to the age group 25-40. Out of the 40 women, we have 24 women in this age group. (See table no. 7.1). Women between the age groups 15-25 were just two. This was because if there were girls above 15 years of age in the family, they did not live in the village most of the time because of their education (schooling and colleges)

Table No:12 Educational Status of women

Sl. No	Categories	Number of women	Percentage
1	Primary	12	30
2	Secondary	4	10
3	Graduate & above	2	5
	Total	**18**	**45**

The educational status shows that there are two graduates in the sample. These are also the only two women who are graduates in the whole village. Both women are not originally from the village but have become part of the village by virtue of their marriage. One woman is a teacher in the local government school. The other woman holds no job but is very active in the women's organization. She used to teach earlier but discontinued teaching after her marriage. Four women studied till the secondary level. In this, also two of the four women are from a different village. The educated women in the study group hail from villages that have direct access to roads and transportation system. Twelve women attended schools at the primary level but did not study further and dropped out of school. Among them 3 women appeared in metric exam but because they could not pass in their first attempt they dropped out. The remaining 22 women never attended school.

NO. 8. Reported obstetric and gynaecological Illnesses: When we asked women about their experience of illness of any type they reported the following pattern;

Table No:8.1 No. Of Maternal Morbidity (as Reported by Women)

Sl. No	Types of events	Number of women	Percentage
1	Miscarriage	5	12.5
2	Abortion	-	-
3	Still Birth	2	5
4	Caesarean	1	2.5
	Total	**8**	**20**

The table (No.8.1) shows that five women had miscarriages. Two women had repeated miscarriages (they have had four miscarriages-the first woman out of 10 pregnancies and the second one out of 16 pregnancies. The third woman had one miscarriage out of 4 pregnancies. The fourth woman had 1 miscarriage out of 8 pregnancies and the last woman had one miscarriage out of 6 pregnancies. The reasons that they give for the miscarriage are lifting of heavy objects, chopping firewood, and most of the time not even realizing that they were pregnant. Two women reported having stillbirth and one woman had caesarians three times. (See table no.8.1

Table No:8.2 Types of Gynaecological Problems

Sl. No	Types	Number of women	Percentage
1	White Discharge	17	42.5
2	Irregular Flows	9	22.5
3	Excessive Flow	6	15
4	Too Less Flow	2	5
5	Backache	28	70
6	Urinary Problems	2	5

Exploring gynaecological problems, it was found that most of the women have backache as their main problem. White discharge was also high. There were 6 women with excessive flow (more than 5 days) and 2 women had less flow (less than 3 days). Two

women had urinary problem but it occurred occasionally and not all the time, so they felt they could not call it a health problem. Many women with white discharge also felt that it was just a part of being a woman and they did not see it as a problem at all.

Table No: 9 Use of Addictive Substances

Sl. NO	Substances	Number of women	Percentage
1	Alcohol	-	-
2	Tobacco	21	52.5
3	Cigarette	-	
4	Paan	9	22.5
	Total	**30**	**75**

Table no. 9 shows that out of the 40 women 21 women use tobacco (which they call "*khaini*"). For those women above 60 years of age took tobacco earlier they dried the leaves and took those but now they take the ones that are manufactured because they are easier to access. Most of the women take at least 4 to 5 times in a day and some of them even more. Some of them could not concentrate on their activities when they tried to leave the habit upon the persuasion by either the children or the husband. Nine of the women took *paan* quite regularly and especially if they took meat in their meals. Here'Paan' means (beetle nut with the leaves and lime and, with or without tobacco)

We present ten case studies of the women to understand their perceptions and experiences about health and illness.

Case 1

Khayapam (34 years) is a mother of 3 sons and a daughter. She is matric passed and is considered one of the few educated women in the village. Her husband also studied until the Xth std but did not appear for his matriculation exam. All 4 children study in a Catholic school at Hundung, near Ukhrul, which is considered one of the good schools in the district. Despite being a matriculate Khayapam,s occupation is cultivation. The family owns 2 paddyfields of their own and shares a Jhumfield with her mother in law who takes

care of it when she's not in the village. She travels to Ukhrul often as her children are all staying there and especially when the children's examinations are near and on. The family owns a truck that is used for commercial purposes like carrying wood, timber, stones etc for construction mostly outside the village. This provides them with some kind of regular income, that helps support the domestic requirements and most importantly the children's education.

Health, according to her is to be able to work, to be able to take care of the family, to be a part of the society without being sick. Falling sick regularly according to her would mean, a hindrance. It disturbs many activities and is a burden not only for the patient but the caretakers as well. Falling sick might also require seeing a doctor after firstly trying to combat it on a personal and family level. And going to see a doctor is very difficult she says and shares her experience of going to Imphal for a "minor problem" of her son which became "complicated". Her son had an outgrowth on his left leg which she thought would go away through medicines but it had to be surgically removed which prolonged their stay at Imphal and also increased the expenses to more than she expected. It was convenient for her she says, because her sister lives at Imphal so she could put up at their place, yet she had to commute from the place she stayed to the hospital. She says she hates the sight and the smell of a hospital. She considers her family lucky as they hardly fall sick.

She herself did not have any major symptoms as such that she could call problems but she does have two common ailments, backache and headache. She has never gone to see a doctor for these ailments. However, she had once when she had for high fever which turned out to be case of typhoid. She used to take "crocin" tablets initially but it did not help so her husband insisted that they go to Imphal for a check up which she objected to initially because she did not want to leave her 2 children behind and she could not take them with her either. She used to have headache very often which she felt was because of her thick and long hair and ever since she shortened her hair the headache seems to be gone. She used to take "*Saridon*" tablets and at one point of time would take around 2-3 tablets but headache would persist. Then one fine day she chopped off her hair which was 'disturbing' and with that, she felt much better. Now she advises her

friends not to keep long hair especially if it is thick! She also gets backache often when she chops firewood and lifts heavy objects. An interesting reason she gave was that it was due to contraceptive device (copper-T) because this was not a problem with her alone but with many women, who have mostly adopted this contraceptive method. Copper-T is the only option they have besides the pills. However, most women she says go for copper-T because this is more reliable, and especially since they often forget to take pills, which then defeats the whole purpose. Moreover, the supplies of pills are sporadic, hence not reliable. She says that most of the women have backache and this is the most common problem among the women along with white discharge. She feels that it is a side effect of contraception in most of the cases, besides other reasons like work and delivery. After the contraception (referring specifically to copper -T) she says that she could not lift heavy things or strain much anymore, but she cannot avoid activities like chopping firewood and taking out rice from the granary for which she does take the help of her husband, but if he is not around everything falls on her.

According to her, economic condition is important not only for health but other things besides health. She relates how important it is to be economically sound especially in these times when even villagers wish to send their children for proper education. Economic condition is also important because if there is illness there are times when the families ignore it because of financial constraints. Relatives and co-villagers might help but how much can be expected from them she says. And to go for treatment is something people would like to think about twice before going, she says.

Then she relates the economic condition with transportation saying that even if people may have the money it becomes difficult if there is no transport facility. Here again, she recounts her experience when she had to go to Imphal when she was unwell. There were no buses at that time and they had not yet bought their truck. So, to go to Imphal, they had to walk about 12-13 kms on foot which she dreaded. Her brothers in law along with her husband helped her to reach the bus stand in another village. "In a hilly area covering a distance of 12-13 kms is very difficult especially if you are sick and feeling weak" she says.

She cannot see a link between forest loss and health as such, but feels that loss of forest does have an impact on their lives because they depend so much on forests for firewood and building materials not only for their own use but for commercial purposes too. It improved their economic condition (referring to the timber business in the village) she says and it is because of the timber business that they could buy their truck, which they greatly depend on now. Forests she feels also provides "exotic things" and says that it is in the woods that plants and animals with medicinal properties are found. Among the "exotic things" she refers to is the gall bladder of a bear which is very expensive as it is of great medicinal value, and the '*Phong*' (a type of a worm found in the woods) which relieves a person from general weakness, fatigue and is generally good for health. "All these would not be there if there were no forests" she relates the non-availability of these things in recent years with forest becoming thinner. "Lost of forest will then definitely have an impact on our health" she concludes.

With respect to education, she feels she has an advantage over the other women who are illiterate. It is because of the "little" educational background she has had, that she is usually made the secretary of the village women's organization. She does not have a problem understanding English and this is of great help to her when she records minutes of the meetings they have in the village. Her education has also helped her in seeking medical care during her visit to the doctor at Imphal.

Health services definitely have a link with illness patterns she says, for example, cases of disease (referring to outbreak of epidemics) that spreads among children "vomiting accompanied with loose motion" is common. If people have an access to proper health service then all this, she says, can be taken care of before it becomes a problem. The existence of PHC in the village according to her does not make any difference to her because it does not function well and she considers her family lucky as they seldom fall sick. She's had 4 pregnancies and adopted contraception after the fourth delivery. She does not have history of miscarriage or abortion or still birth. All her children were delivered at home with the help of her sister who lives in the same village and her sister-in-law. Her gynaecological problem is that of backache and white discharge. White discharge however is only when she is physically tired, especially

during agricultural peak season where workload is heavy. Her periods are normal and regular and usually for 4 days.

Tobacco is her addiction she uses it as soon as she gets up as without it she cannot start her work. She cannot excrete either before taking tobacco, she says. She takes it 4-5 times a day, and admits it might have side effects but she does not have a problem at the moment which she can say is because of tobacco. Her husband has entreated her to drop the habit repeatedly, but she has not been able to. She also takes '*paan*' with tobacco but prefers '*khaini*' because it is easier to carry and is cheaper.

Case 2

Dorothy (39 years) is a mother of 2 sons and a daughter. She is a graduate and is a teacher in the local Government school. Her husband who is a matriculate is in the Defense and is posted in a different place. She is from a different village and belongs to Chingai by virtue of her marriage. Her children are all still too young to be attending school. The eldest is nearing 4 years and the second one is two and a half years old. Her youngest child was delivered 3 weeks before the student's first visit. Like the rest of the villagers, Dorothy's family also cultivates, as it is important to do so, rice being the staple diet. They own three paddyfields but use only two, as that is sufficient for their needs. Her sister- in- law uses the third one.

Health according to her means being physically fit and not being sick. She did not have any health problems besides pregnancy related ones. All her 3 children were delivered through caesarean and in fact, she is the only woman in the village who has undergone a caesarean. According to her, it is because of her late marriage that she must have developed complications. Then she shares her experiences (that in this case would sum up her experiences and perceptions) of the problems she faced during her delivery. She was asked to go to Imphal when she had gone to the district hospital for delivery and so they went to a private clinic at Imphal and she delivered through a caesarean. She decided to have another child as they (she and her husband) felt that one child was too less, and for her second delivery too they went to the same clinic and another caesarean was performed. And after that she went for contraception (copper T), but she got

pregnant again and by the time she realized that she was pregnant it was too risky to have an abortion. So they had to go down to Imphal again but found that the clinic was shifted to another district owing to the social unrest in the valley. With the cease-fire extension between the Government of India and the National Socialist Council of Nagaland (Issac-Muivah), there was an exodus of the Nagas from the valley. So they went to another doctor. However, they were still keen to see the old doctor, so they visited the old doctor in the new place where he had shifted his clinic. Staying in the new place was a problem so in consultation with the doctor, they went back to Imphal, planning to return two or three days before the due date. However, the baby began to arrive earlier than expected and she had to take an emergency admission in a private hospital where the second doctor she had gone to was working. (The doctor also worked in a Regional Medical college hospital). Here she had a caesarean for the third time.

Her experience makes her see a direct linkage between economic condition and health. She feels that accessing health services at a hospital in Imphal and that too in a private hospital or clinic would have been very difficult if they were not economically sound. And being employed places her and her husband in a better economic position. It would be difficult for the others, she admits. At the moment they have nothing much to spend on as the children have not yet grown up and attending school. They also do not need to buy food as it is all made available from her fields. Therefore, they could afford to go to Imphal, which has cost them quite a lot.

On transportation and health, her view was that it makes it easier to access not only health services but also to attend to other work. To draw her salary she goes to Ukhrul. She feels that transportation is very important for the development of the village. She shares another experience where a jeep had to be hired and sent to the village when her sister-in-law felt sick because buses had not yet started plying. She then relates it with health saying that because of lack of transportation many people do not seek medical intervention even if required and procrastinates getting treatment and this deteriorates the health of the people. She feels that it is especially so for the women because they do not want to travel even if transportation is available.

Lost of forests she feels definitely has an impact on health. "How will people live in 'Khangai' (barren land) without forest" she asks.

Education she feels has great impact on the life of a woman. She is thankful that she did not hesitate to go for higher education unlike her friends who dropped out. And she owes her good life to her education.

She says that it is because of unavailability of health services in the village that she had to go out. In addition, even worse is that because of lack of proper infrastructure in the district hospital, she had to go to Imphal. She feels that if the PHC functions well then people will have less trouble in seeking treatment. It will not only save time and money but will also educate the people in terms of creating awareness about the many diseases. She does not have any addictive habits as such, but she does take '*Khor*' (Rice beer) occasionally before her periods as she feels that it helps her flow.

Case 3

Ralemla (45) is a mother of 4 sons and 2 daughters. She studied till 10^{th} class. Her husband is illiterate. 4 of her children are studying at Longpi (a village where there is a Catholic school) and two of them are still too young to go to school. The family's occupation is cultivation. They own two paddyfields and one Jhum field. They also own a truck.

Health for her means, "to be able to carry out work". She says that she would not call headaches and stomachaches as illness, because they are "too minor" to be called illnesses. She has been having loose motions for the past 3-4 days but has not done anything about it. But she does take care of the food that she takes and at the moment avoids meat and chilly which she says would upset her stomach all the more. So she eats only boiled vegetables with rice and believes that it will be alright soon. She does not see the need to take medicines and does not give medicines even to the children when they fall sick because she says that being sick is a part of growing up. She resorts to home remedies.

Her common health problem was that of backache and white discharge. She feels that the backache is due to the 4 miscarriages that she has had. She has not gone for any

treatment for that and her husband insists that she should get it examined but she does not see it as a big problem and adds that she neither has time nor the money to go to Imphal. She is also worried that if she goes away then her house will be in chaos.

It is also because of their economic condition that she does not wish to go and see a doctor and says that economic condition directly has an impact on health. She also added that the Government should come out with schemes for people like them so that some of their problems will be addressed. Economic condition is important for every sphere of life she adds and not just health.

On transportation and health, she did not have much to say, except that transportation was important, if not for her then, for the others.

On forest loss and health, she directly relates the issue to firewood, which is tiring to fetch. She is glad that they own a truck that carries the load, but at times when the truck is gone to another place, they have to use human labour and that is tiring and "back aching."

On education and health, she did not give an opinion relating to health, but rather concluded that it is important to give education to children and she will not hesitate to send her children to school even if it may be burdensome and they may have to incur innumerable expenses.

She would have got herself examined if health services were made available. She also would not have minded walking to the neighbouring village, which is about 20 to 25 kms. Since health services were not available, she does not wish to go to a far place.

Out of 10 pregnancies, she has had 4 miscarriages, which she says is due to her carelessness. She would forget to not lift heavy loads, which she knows she was not supposed to. As for the other children, they were all delivered at home, and she had the assistance of the ANM. The gynaecological problem that she has is the heavy flow during her miscarriages. Her periods are also not regular. She has been to the woman in the village who handles '*naopam*' (womb) problem and it helped her, she says.

She has no habit of any substance use.

Case 4

Shanti (63years) is a mother of 6 children, 2 of whom are from her first marriage and the other four from her second marriage. She is illiterate. Her husband is also illiterate. Her two children from the first marriage are married. Two other sons and a daughter are studying, the elder son at Shillong and the other two in the local government high school. Her other daughter did not wish to study and dropped out after the 4th standard. The family's occupation is cultivation. They own two fields, which are among the best fields in the village as the water irrigation is very good near their site. They do not maintain a Jhumfield anymore as they cannot afford to spend time on that but they own a big garden in their homestead where they grow all the seasonal crops and fruits. It is easier to mange the garden as it is beside the house.

Health according to her means"*kakahnang kakaza makhalei*" which means, "not being sick." She does not have any health problems and "in fact maintains better health than women of younger age" she playfully adds. It is difficult for her to fall sick she says. And compares women of her time with the women of the present age saying that women of her times seem to be much healthier and the women of the present age seems to have endless complaints. She talks of the diseases that she had never heard in the past and curiously asks if it is true that AIDS spreads because of drug usage and the student clarified that it is injected with a shared syringe. She is surprised that people sometimes knowingly do it and cannot imagine why they do it knowing that it is harmful. "What joy they get?" she asked and says that they are inviting their own death. She further mentioned a woman in the village who is said to be diagnosed with cancer. In their time she had not heard about it but rather believed that the spirit used to take care of everything. She is thankful that she does not have any of the diseases that are much talked about. She does get joint aches when she walks for long distances with heavy load especially during the harvest season.

On the linkages between the different factors and health, her single statement was that she would not be in a position to say much as she was illiterate. She felt it would be more fruitful to ask somebody else who would be able to share more on such issues.

On asked about her thoughts again a few days later, she went on to say that education was not important in their time and that she cannot link it with health. She has never visited the PHC either and only passes it by on her way and way back to the paddyfields.
Her deliveries were all done without the assistance of anybody as she says that she cannot deliver in front of people, not because she feels shy but because she gets distracted or disturbed in the presence of someone. She does not allow even her husband. She sets all the things that she would require for the delivery like clothes and a sharpened bamboo heated in the fire without letting it being burnt, used to cut the umbilical cord.
She does not have cases of substance usage but says that she and her husband are addicted to tea and cannot do without tea.

Case 5

Anim (46 years old) is a mother of 5 daughters and 3 sons. She is uneducated and attended school till the 4th standard for "namesake". Her husband is also uneducated. Her two daughters are married. The rest of the children study in the local government school. Cultivation is the occupation of the family. They own two paddyfields, a Jhumfield and big garden in an extra plot, which, is 5-minute, walk from their house. They also maintain a kitchen garden.

Her perception of health is "absence of diseases". She would call it illness if she could not get up from bed. She has not had any health problems in the past few weeks. Her health problem was that of "tonsil" and toothache. She finds the latter too painful. She also said that labour pain is milder than toothache! For tonsil, she gargles with luke warm water mixed with '*hao machi*' (local salt) and it gives immediate relief. For toothache, she has tried various remedies. She has tried putting a small piece of dried snake meat, (Snakes are also eaten by a few men in the village but it is very rare. Some snakes are used for medicinal properties) on the tooth as suggested by one of her friends and it did relieve her for a few days. She also started chewing '*paan*' as the tobacco in it is believed to have a healing effect. Once in a while when she gets a urinary infection she boils the leaves of passion fruit and drinks the juice and eat the leaves as well, which helps greatly. She blames herself for the health problems that she gets as she feels that it

is because of her ignorance. She stresses that much depends on personal care. She feels that eating properly is one of the best ways to avoid illness. Therefore, one should not neglect meals, especially working people like them. So, she always encourages her children to eat well at the proper time. "It is greatly dependent on how you take care" she reiterates. She feels that it is important to take care beforehand than to take care after the problem happens.

Economic condition she says is important not only for health but for almost everything in life, but at the same time, she says, "you cannot buy health with money". Even the rich people cannot be cured of many diseases and succumb to their diseases, she adds. Money cannot buy the body (health) and life and cannot save the soul, she concludes.

Transportation is important for health in the sense that one can go to places and she cites the example of her son who was recently bitten by a dog. They were advised by the ANM to immediately take the child to Ukhrul. "If there is no transportation then it is difficult for him (the child). As for me I can manage it. I could have walked till the bus stand but not my son." She is also surprised that a small scratch because of the bite cost her so much. Her son had to take (anti rabies) injection and each shot cost her 230 rupees. The shots had to be taken after every 15 days, which would have been impossible if there was no transportation. Transportation was important even for bringing the injection because it has to be ordered before hand as it was not available in the district, and had to be brought in from Imphal only on specified day as it needed cold storage.

On forest and health, she straightaway said that there would be no lives without forests forget health itself. "Forests give us so many things that we cannot produce even with our hardest labour input" she says.

Education is important "because by being able to read and write, you learn many things and your knowledge about many things increases. You know what is happening around the world and get to see and hear many wonders. You learn about health through books and studies." Anim felt that the student must know a lot because she is educated and at the same time did not understand why she has to study so much. She did not understand the meaning of M.phil and wanted the student to convert it into class and

when the student said class 19 she pretended to faint and then said that there will be no one to marry her in the village. Such small conversation reflected her ideas and perceptions too. She added that she would not let her children study as much as the student because life will be half gone by the time study is over. Education is important she reiterates, but"what is the need of studying so much?" she questions.

Health services should be made available at the village too she feels. "How can you call it a health centre?" (referring to the PHC) she says. Interestingly, she adds on that the student should write properly about the poor condition of the PHC without being biased and without lying so that the government can read and help in improving the condition. Out of 10 pregnancies, she has had 8 deliveries and two miscarriages. All her children were delivered at home with the help of relatives and neighbours. She feels that delivery is the most natural thing that a woman should know and don't understand why people want to deliver in hospitals and not at home. "Because at home the best of treatment is available in terms of food which is not to be neglected after delivery as one needs to supplement the blood that has been lost while delivering. And home is the best place to get the best food," she says. She did not have any gynaecological complaints and did not use any substance.

Case 6

Luihala, who is not sure of her age but says that she is more than 70 years, is a mother of 8 children and all her children are married. She lives with her husband. Most of their work is taken care by her sons and daughters-in-law. They all live nearby. She and her husband own a paddyfield, but her children do not allow her to work there too often and they take care of it instead. Her children do not want her to work anymore but she cannot sit still without doing anything so she takes care of the Jhumfield at the most where she has recently grown maize. She invited the student to come and have a look in the maize season.

She started with saying that she did not know what "health" was but after being explained a little more she beautifully puts it" there is nothing wrong with me" so this was health to her. She has no health problem she says, asking the question by putting in

different words but holding the same meaning she still insist that she have no problems. Then after a while she said, "my vision is weakening. Now I cannot put the thread in the eye of the needle when I try to mend my grandchildren's or my husband's clothes but that is not a health problem, which is because I am getting old" she says.

On economic condition and health, she says, "you have the fields, the rivers and the forest and that is the best economic condition that I know of. I do not need money and I do not know how to spend it when my children give me during festival to spend. I buy tobacco with that". She did not understand how money economy came into their society and narrates about how "*shepshi*" (to the whites not necessarily the British alone) had come to the village when they were young. She then says that her grandfather was taken along with them with few others by them (shepshi, which the villager later said was either French or British people) and that they were on a ship for many days. Then they came back after months with "*chandi*" (coins) but they did not know what to do with the coins and she believes that it must be still lying in one corner even if her grandfather is dead as he never used the coin. She was surprised that even to get treatment for a disease people go to a doctor and have to pay and when she was told by people that it is very expensive she explained, "why don't they just help like we do in the village!"

She did not have much to say about the other linkages. Her words reflected the simple life that they used to have without money economy where community life was strong and people helped each other in times of need without expecting anything in return.

All her deliveries were done at home. There was an elderly woman who used to assist the village women during the delivery. She share her experiences during delivery time; guests were not allowed to enter the house; they however invited people who had good bowel movement as it was believed that it would bring the same "luck" (movement) to the child. They had lots of beliefs and in times of sicknesses they used to consult "*khanong*" (a kind of a healer and a soothsayer) who would invoke the spirit, perform certain rites and ritual and cure the sick person as it was believed to be caused by "*kameo*" (creator). There were sicknesses but diseases like "dysentery" came along with the 2nd world war with the Japanese soldiers and later the British who came to their

village and the neighbouring villages. She narrates that they did not harm the village people but took shelter and food from them. She uses tobacco and her diet instead of rice is "*khor*" (rice beer) that was the traditional food.

Case 7

Peimila (29 years) is a mother of two sons and two daughters. She studied till the 7th standard in the local school and dropped out after that. Her husband also studied till the 9th standard. They used to open a shop in the village but now they have closed it as they intend to shift to Ukhrul for their children's education. They want to put them in a good school right from the beginning. They cultivate 2 paddyfields but do not maintain a Jhumfield because they do not have time to maintain it as they have to look after the shop.

Health according to her is absence of diseases like AIDS and cancer because other small illnesses cannot be compared to those. She felt had these was incurable. The student clarified the myths and doubts that she was associating with the two diseases. And later she added that health would mean not being bedridden. As long as it is curable without the need to take medicine or seek, treatment one is healthy! She says that she does not have any major health problems but gets headaches occasionally.

She feels economic condition touches all aspects of life including health too. "If you are not economically well you may not be able to buy the necessary medicines even if required."

Her perception about health and forest was that it would be difficult to imagine life without forest. She goes on to say about the resources (natural) of the village which she feels is a blessing. The soil is fertile and the climate even if warmer than other villages is very favorable for many of the crops. She also feels that it is one of the most blessed villages. The other villagers works harder than them but do not reap as much as them because of the soil but Chingai village always gets good harvest and she concludes by saying that " I believe that all this definitely has contributes to our health."

She could not link transportation directly with health but education is very important she feels and with education people will able to know more about various

diseases that are happening around the world. They maybe able to protect themselves from it by reading about it and share knowledge with others.

Health services definitely are important for health, she says. Then she talks about the PHC, which she says does not make any difference to her. Just as the village has been living without electricity for months, which they are used to the same goes for the PHC too. All her children were delivered at home without any difficulty. The second baby however took a longer time because the baby's legs came out first. All her children were delivered by the ANM. She has no health problems except that she gets white discharges often but feels that it is normal. She takes tobacco 5 to 6 times a day and does not see any side effect in that.

Case 8

Joyce (32 years) is a mother of two sons and one daughter. She attended school till 10^{th} and appeared for matriculation exam once but dropped it when she could not clear it in the first attempt. Her husband is 12^{th} pass and teaches in the local Government school at on adhoc basis. They own one field since they cannot afford to have two because it is only two of them (she and her husband) who work in the field and the one they have is equivalent to two in size.

Health as she understands is having no "body" (physical) disturbances. And she considers herself of poor health because she cannot work too much as she gets tired too easily and too soon. She had no health problem as such in the past two weeks other than the tiredness because of her 3^{rd} pregnancy. She has "gastric" problem. Her stomach burns occasionally and even more when she takes too much of "*kasathei*" (chutney made from chilies which is one of the main food item of the Nagas) but she cannot take food without it and so is the case with her children. She says they should be discouraged so that they do not develop stomach problems. Yet, she continues to take '*Kasathei*'with her food.

Economic condition is important but she said that it was not the only thing that is important. Health is not necessarily an outcome of economic conditions she feels and in fact, it does not have a direct link with health. Economic condition will come into play with regard to health only when people fall sick, then it is the economic condition that

determines whether she can treat it or not. "Again treatment also does not ensure your health. So it is best to take care of one's health without letting other factors determine it". Transportation maybe important "but if you keep yourself well and healthy transportation will not have much role in health" she puts it.

On forest loss and health she presents her perception through the experiences that she gets from fetching firewood which is becoming less in the nearby places. They have to go to distant places and this has a direct impact on her health. Backache, tiredness are common ailments.

Health and education according to her is much related because lack of education means less information about health and to even understand what a doctor has prescribed and what the name of the medicine is. Health services are important but with the kind of the services they get (poor) she cannot comprehend much on the relationship

She has had 3 deliveries without any difficulty. The last baby was delivered just a day before the student started meeting her. All her deliveries were managed at home. The first 2 were delivered by the ANM and the last, delivered by her aunt and her sister in law. At the time of the first visit, she was lying on a plastic sheet, as she could not lie on a mattress because of the flow after the delivery. Her husband was boiling chicken so as to make her have the soup which is a common practice. A relative had sent dog meat for her which is believed to be very nourishing and makes up for the blood that has been lost while delivering. Another relative had send honey for her which again is believed to be strengthening. It is a practice to give items that is believed to be good for the women (meat, sugar, Horlicks chicken etc). She takes tobacco and said that she cannot do without it.

Case 9

Ngalawon (37 years) is a mother of 4 children. She studied till the 8th class in the village. Her husband is uneducated. He used to be a good in fishing but a bomb, which he made accidentally, exploded in his hands and took away all the fingers on his right hand. The villager makes bomb and uses it to stunt the fishes. All the 4 children are studying at Ukhrul and live with her brother. The occupation of the family is cultivation. The family

owns two paddyfields but do not maintain a Jhumfield but depends on their kitchen garden and her mother's Jhumfield.

Her perception of health is to be able to carry out her work without being disturbed by anything. She was having dry cough at the time of the student's first visit, which has been happening for the past two days, she said. She does not wish to take anything because cough syrup makes her feel so sleepy, which she had tried. She is also one of the Anganwadi workers and she had to work for the day so she did not want to feel sleepy. She gurgles her throat with luke warm water with the local salt and this prevents the throat irritation. "I do not have any specific health problem" she says but "minor problems like headaches backaches happen once in a while" which she feels are natural.

"Economic condition determines what you want to do" she says. "It is the economic condition that put a people in a worst or better position. Without a good economic condition it is difficult to make plans. You have plans in your mind and want to go ahead with the plan but the economic constraint might not allow you to carry on the plans". She wanted to open a provisional store but cancelled her plans because she did not have the capital to do so. "In the same manner economic condition will also affect the health. We may want to have the best of food, buy the best medicine when we fall sick, go to see the best doctor, but if you are not economically well off, it might not be possible to do so" she expresses.

She did not wish to say much on the linkages between health and transportation and health and forest loss saying that she is not the right person to contribute to the study saying that it is better not to give opinions on what she does not have much knowledge than to just say it for the sake of saying it.

On health and education she shares her experience saying that she regrets that she did not take studies seriously when she was younger and she is paying the price for it now. Being an Anganwadi worker it is important to know how to read and write, but, wisely adds "that that is not all". She feels that one should also be able to understand it. She says that she has to fill the forms for "polio Immunization" but it is difficult as she fails to understand what is being said in the form. Though she can manage to read out, it is difficult to understand directions and the other workers are all like her (do not

understand). They go to Ukhrul when they are asked to come for one day training programme, or discussions and they are taught what to do and how to do it but at times they do not understand. Yet, they feel shy to ask questions and clarify their doubts. She feels that the same must be for the other uneducated people like her who might mismanage things like her because of lack of education.

Health service she feels definitely has an important link with health because it is the services that will take care of the problems (health) that people faces. Non availability of health services makes people go to other places and she feels that it is very difficult to leave the village to go to other places especially for woman without whom the house gets chaotic. She says that many women are worried about their house, the field and other things that they do not want to leave the village even if they are sick and tend to ignore it. "But why blame us" she asks and says that it is not their fault to be ignoring their health in times of sickness and feels that what can one possibly do about it, if, service is not available. "We learn to live without it". The village has a big name, she says because of the fact that it is a sub divisional village, "But you know how it is. It is just in the name that we have a sub division" she complains. "Look at the condition of the PHC she says. Another building has uselessly come out without a doctor". She feels that if it wasn't for the ANM who is always there for them in times of need, the village would not know whom to go to in times of sicknesses.

She did not complain of any gynaecological problem. She got copper T insertion in the district hospital because she and her husband decided not to have anymore children. It will be difficult to manage at this age she feels where the needs and demands of the children never end. She uses tobacco and jokingly says that it is an important part of her diet. She says that it might have a side effect but she does not feel any. If by taking tobacco people die then half the villagers would be death by now she rationalizes and says that even her mother who is old takes tobacco but she does not have any problems.

Case10

Achui (43 years) is a mother of 5 children. She attended school till the 4th class but left the school because she did not like it. Husband is 9th passed. The eldest two children are kept at Longpi boarding school and the younger 3 studies in the local school. The occupation of the family is cultivation. They own 3 paddyfields. The third is a very small one she says. Since their field is not very far, they could manage the three she says.

Health for her meant, being able to take care of her and the family.
She did not have any health problems over the past two weeks. White discharge she says used to be her major problem but not anymore.

Being a cultivator, she says she cannot help the student much but through the courses of numerous interviews and even general discussions, she projected that health is the biggest necessity. Even if one is very rich there is no point if he is sick all the time. We may not have much but we are healthy. "*phasa li kakaza kakhanang maleikha hakmeithui kachi sokhami akhana*" she says, which means that as long as there is no illness and worries of the body, one can count that as the greatest blessing. She says that as long as one is healthy, the rest can be taken care of.

All her children were delivered with the help of her husband .She did not need the help of others as she feels that "it is not a difficult thing to deliver and why call people unnecessarily".

She used to get lots of irritation (itchiness) on her private parts when she had white discharges. For that she applied petrol out of the blue and she got a burning sensation for a while but after that she did not face the irritation again and feels that all the germs must've been killed by the petrol.

Thus we have seen that health as perceived by most of the women were only in the physical aspect. Health for most of them was ability to carry out their work and thus health was only a functional entity. This may be because of the limited definition of health itself in the local sense. Linkages with the other factors were seen in terms of their immediate environment. For example, many women directly related forest loss with difficulties in obtaining firewood. Health services are limited and people in most of the time ignore their health problem. Backache, which for many women hinders their

activities might have seen as a problem and possibly would have resort medical advices if services were made accessible. Most of them relied on the ANM for most of the medical advices. Otherwise they resort to home remedies, ignore it or go to the traditional practitioners.

We can also see that the village is self sufficient in terms of food production. However, the perception they have on the linkages between health and economic condition reflects that financial constraint is a hindrance not only for health per se but many aspects of their lives. Our table (No.6) presented that only 45% of the women received education and some women wished that they were educated or received more education. Many did not have a problem even if they were educated. However, they did not hesitate to send children beyond the village for education. Many eke out a sum for the education of their children. Work of the women may also be aggravated by their children's education.

Talking to the women, their lives emerge as completely dependent on their economic activities. Institutions that have emerged essentially create a system that promotes productive activities and creates a hierarchy where the division of labour is such that women perform the more tedious, long term strenuous activities as cultivator. In addition, they manage the households where, unlike other states, men do help. Their poverty, their crucial role in cultivation, their responsibilities as house keeper and cares taken thus bends them in a cycle where health becomes secondary and is seen as only a physical entity and it can not have priority over family.

CHAPTER 6

CONCLUSION

The study of the village shows that the peoples social, cultural and economic conditions distinguish them from the other regions of India. Though, like other less developed regions specially forested regions their life is still regulated by old customs and traditions. They still practice barter system along with money economy. They have their own social organization bound by traditional customs and values. Their occupation, i.e. cultivation has been passed down from generation and it is still their way of making a living and their lives revolves around cultivation as the cycle of work shows. Unlike other regions where the economy is shifting from subsistence food crops to commercial cash crops, which affects the nutritional status of the people, the village still maintains the traditional cropping pattern. If there has been a change then, it is in terms of a new crop added without letting it affect the other crops. It is also important to note that they still cling to the traditional mode of production not because they like it but also. They are also not familiar with the use of fertilizers, pesticides and other chemicals that effects productivity along with the health of people. Forest resources have lost their abundance, but it is still the greatest provider for their sustenance specially firewood without which there is virtually no life. Festivals are still observed in the traditional way by evoking spirits (God) for the blessings.

The exploration of the village profile shows that it is a patriarchal society as the lineage is traced along the lines of paternal family. Women do not have a place in the village council but they do have a strong influence on decision making. This is reflected in women's role in social, political and religious organizations that indirectly affect decisions of the village council. We have seen the origin of *Tangkhul Shanao Long* (TSL), which has its roots in the abuse of human rights and respect by the military as well as the importance given to women by the church through its organization. Thus, Ukhrul has a distinct culture and a place for its women which is unmatched by the other states in the plains.

Yet, inequality and differences between men and women, in terms of their work, duties and responsibilities are not entirely absent. In fact, we see that the division of

labour is very clearly retained between men and women. An attempt is made to understand this issue by grappling with the historical literatures, which reveals that lives of the Nagas were constructed around gennas, taboos, and supernatural elements. These were hypothesis, they related with, while seeking explanations to the many phenomena for, which they had no knowledge of causation. This perhaps guided them to have roles and responsibilities based on gender and age. There were taboos for men as well as for women. For example women are not allowed to touch the daos (knife) and spears, the men use for hunting and of wars. This perhaps got translated into for division of labour in the later period as well.

Another aspect of division of labour and its explanation is on the basis of 'head hunting'. This had a part in the formation of the social structure in the past. Man was the defender and the protector were on guard while the women were at work this in the process got routinized and later formed the basis of the division of labour. As of today, the protector and defender has very little to offer as the enemy is either no more or has become an arm of the state against, which they can do little.

Our study shows that all the 36 households under study have access to land, which is very important because their life is a constant interplay with their land and other natural resources – forest, rivers, etc.. This has a direct implication for women's health. The people of Chingai village have access to all of this and in can also be said that the women are the ones one who interacts with the land and the forest the most. This no doubt also becomes a cause of physical strain and stress.

To understand the way village life determines women's health, our study points out toward two kinds of influences – positive and negative implications of social organizations and relationships. The positive influences come from range of social and cultural specificities that we would like to discuss.

At the national level discrimination of women and girl child which is seen more in other parts of India, follows a kind of pattern that gets reflected in sex selective abortions, Female infanticide, abrupt stop of breast feeding, food discrimination, denial of education, etc., which has an adverse impact on not only the woman's health is not seen in our study.

Food allocation, which often cause much stress on women's health due to unequal access to food, in this study village is in the hands of the women. We have seen that the mother is given a central place in the house and more of the domestic affairs lie in her hands. This becomes important when we try to examine resource distribution within the household, which becomes an important determinant of women's health. Our study reflected that the women, is responsible not only in deciding what to grow in her kitchen garden and Jhumfield, which is the source of their diet. She is also responsible for allocating the food in the family. The family eats together whatever is cooked. This eliminates the possibility that health of women and girlchild of village Chingai if affected is because of food discrimination.

The fact that the mother occupies a central position in the family also indicates that she has respect in the society, which improves a woman's social status. This is coupled by her economic position, where she is the one who tends the Jhumfields and kitchen gardens. The product of her labour, which is essentially rice and vegetables is sold by her as men engages in other trades like timber business, firewood business, etc.

Women's status is also reflected in the changing trend of inheritance that we have observed. Women were not allowed to ancestral properties but now, acquired properties are being transferred to the girls by parents who are able to earn and save. We also have seen that as yet women does not have a place in the village administration but our study show that women have been increasingly exercising their social and political rights through women's organization. Of these the '*Tangkhul Shanao Long*' (TSL) and the women society at the church level had been instrumental in giving women the space to indirectly participate in the decisions of the village polity. The women's society of the church is helpful more at the individual level as it focuses on empowerment of its members as individual. Nevertheless, it does have an impact on the women's social status as the church is very influential and its organization are respected. The TSL on the other hand is more on a collective level. it deals with human rights abuses especially with military excesses. The TSL cover gender issues, sexual exploitation, etc. It influences decision making at many levels such as village, district, and zonal level.

The study also shows that women still have faith in the indigenous health practices and many of them resort to it, not only for themselves but also for their children. At times of sicknesses the traditional practitioners meets their needs and also give them satisfaction. Women at the same time are already influence by the modern medicine and we seen that many of them have incorporated the ethos of family planning, which is reflected in the declining family size in the younger generation. The older generation women had five to six children but the younger women have an average of four children in the study population.

All these trends are helpful in improving the status of women and they have created a space to exercise certain powers and rights. This lessens the social inequality between men and women. All these factors get translated in the sex ratio too. The sex ratio of the district Ukhrul in the year 1991 was 884 (number of women per thousand males) and it rose to 920 in 2001. The figures show that the sex ratio of the district has greatly improved over the years. Thus, these positive features of the social structure of Ukhrul have definite positive influence on women's health as reflected by our findings.

Despite all the positive aspects, the fact that the nature of women's work does not affect their health cannot be overruled. To understand this we need to understand the inherrent negatives in the structure of the society, which goes beyond the domain of work.

According to 1991 census, the percentage of female cultivators is 92.09% as against 61.13% men. As pointed out earlier this may be an omission rather than a fact as men are often combing service with cultivation and maybe counted only for the first. Yet the proportion of female marginalised worker is much higher which is 0.75 for males and 1.86 for females (refer table No. 5 and 6). It reflects that a high number of women are concentrated in work, which is tedious, time consuming, and strenuous in nature. The kind of work the women undertakes in the agricultural sector is broadly in terms of transplantation, harvesting, and weeding. All these work involves many activities like ploughing, thrashing, winnowing, planting, transferring grains to their homes etc., which are all stress and strain inducing.

Besides the agricultural work, women are also the one who takes care of the household and domestic work, women are also the one who takes care of the household and domestic work. A day in women's life reflects how women are – while at home they are engaged in activities like fetching water, firewood and pig's food. They are also the one who cooks, clean, washes, etc., for which they had no time while at work. Women's work is aggravated and intensified because of the traditional mode of cultivation, social and family demands, pressure of seasonal cycle of work and the process of deforestation.

Women work, even when they are pregnant because the work pressure is high. Their work is aggravated because they also lack access to many facilities (roads, transportation, modern infrastructure, etc.,) that makes the region undeveloped. The official excuse for the backwardness of the area is transferred to the so called 'insurgency movements.' All these negative aspects inherrent in the society have been the basis of shaping and moulding women's health/ill health, perceptions and behaviour.

Perceptions

The increasing pressure of everyday life that has been created by the money economy gets translated in the pressure on families to meet the demands of children's education, make end meet, eking out the living and to receive health facilities, attending to procure basic requirements etc.. Our data show that many women see health as a functional utility. Health for many means, "to be able to carry out their work". Thus, health occupies a secondary position in their life. This is also because of economic constraints. Though the village is self sufficient, poverty is not absent. The shift from barter system to money economy specially the use fee by modern doctor bothers people, specially the old people of the village, who were used to a more caring style of village traditional healers who waited for them for cure before accepting anything. Thus, there is a clash with the traditional way of life, where the community was interdependent.

These emerging trends alienate people from the modern system and its medical care institutions that in fact are also not so accessible. Women preoccupied with work and families felt, "our lives are about filling stomachs." They felt, if they had resources

then they could have made use of medical services but as they are, their health is "secondary to work." Many women perceived their health problem as an outcome of their work and life situation. For example, backache was seen as a result of hard work. Some put this to the use of family planing device (loop) and they felt there is no point in taking drugs for this. Others felt that cost, distance, lack of transportation and disturbance of work routine are reasons for not using services. Yet as we have shown, when there is a real need for people to go to Imphal for hospitalization they do so.

Health Behaviour

The study reflected that the people have a knowledge about allopathic medicines and it is seen that they are familiar with medicines like "crocin", "saridon" etc. Medical knowledge thus, is present but accessing modern health care system is a problem. To receive medical care they have to go to Imphal for cases like caesarean deliveries, for which the district hospital do not have facilities. These indigenous system of health care being the most accessible is frequently used for a range of illness. The indigenous systems of health takes care of problems like fever, loose motion, muscle-ache for which they use herbs, leaves etc.. Women go to the traditional practitioners for problems of *naopam* (womb). They also take their children to them in times of sickness.

All these reveal that to the extent they know and see the benefit they use it especially in common illnesses. In not so serious illnesses the PHC and district hospital are no attractive options. They thus prefer and depend on traditional systems in which they have faith.

In the data, we have 32 women who complained of backaches, which is the most common problem for the women in the village. The backache that most women complain about can be due to heavy workload and repeated pregnancy. However, not a single woman has gone to consult a doctor; they either ignore it or resort to massages for temporary relief. It is not their fault to resort to such temporary methods as the medical intervention is equally inadequate and provides temporary relief. This is so as the root cause of pain is posture and long and hard working hours. In addition, the region itself is remote and it is difficult to go to other places in search of scarcely located doctors. Lack

of resources is another reason for the women not making an effort to consult doctors. Travel sickness discourages them. For some older women like Luihala and Shanti the sight of a bus itself is displeasing and the fumes/smog is enough to makes them sick. One cannot ignore the difficulties in accessing health care facilities which require time and money, being cultivators it becomes all the more difficult for them to leave the house even for a day. To go to seek medical treatment to a place like Imphal means a week's time or even more.

Health services are not utilized, as they do not function adequately as shown by Chingai PHC. Access to health care and services in Imphal is difficult not only because of the time and money factor but also because there is a language problem that cause a barrier especially among the older people (both men and women). To seek proper medical attention one has no option but to go the Imphal. The district hospital is no great consolation to the already defunct PHC as the hospital neither has a specialist or proper equipment. Imphal being a Manipuri dominated area uses Manipuri dialect *(meiteilon)* for communication, which many of them do not know how to speak and do not even, understand it. This becomes a problem while trying to explain their illnesses unless someone who knows both dialects accompanies them. Unless they have a house to put up with it becomes expensive to stay in hotels and pay for food and lodging along with the medical expenses. All these reasons put together make accessing health services difficult for them. This is another reason for them to ignore their health problems, perceiving them as natural, and using the excuse of not having enough time or money.

Even a programme like Family planning, which overrides all the health programmes in India fails to deliver its service to these women. Women adopt contraceptive devices but it does not ensure them safety as they have problems in carrying out their work after adopting contraceptive devices. Few health services available to them do not meet their needs. Contraceptive pills give them a feeling of giddiness and thus they are discontinued plus the supplies are also sporadic. The copper-T that is the most used form of contraception failed to work with some of the women.

Thus, we conclude that the very perception of health is physical fitness. Fitness is linked with performance. As cultivation is the centre of survival, fitness for work and

work for production and acquisition to stay fit is a lesson learnt through living life. Obviously, then in the collective cultural ethos survival of family makes physical fitness of women a secondary issue. In a relatively progressive environment where gender relations are patrilineal but not obviously oppressive, if services for health were improved women would access frequently as it would then not compete with cultivation - the main source of their survival. If the community resources like the school, Government offices, PHC, etc., functioned well, it would not only influence their health behaviour but also change their perception about health itself.

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Appendix 1

PROFILE OF THE HOUSEHOLD AND THE MEMBERS

Sl. No.	Name of the Household Members (begin with the head of the household	Relationship to the head of the household	Age	Education
1.	ABC	Husband	55	Xth passed
2.	XYZ	Wife	40	4th passed
3.	DEF	Son	20	Graduate
4.	LMN	Son	18	Graduate
5.	PQR	Daughter	16	College (1st year)

OCCUPATION:

- Main Occupation of the household
- Subsidiary Occupation

HOUSEHOLD ASSETS:

- Household assets
- Size of landholding
- Cropping pattern
- Dominant crop cultivated
- Type of cultivation—Jhum/Terrace/Others (Cycle of work)

WORK OF THE WOMAN

- Nature of outside work participation of the woman
- Wages

FOOD HABITS/DIETARY OF THE WOMAN

- Number of meals per day
- Staple food

HEALTH PROBLEM AND HEALTH SERVICES

- Common health problems of women in the village
- Your problem in the last two weeks
- What was done about it?
    (a) Home remedy
    (b) Traditional healer
    (c) Doctor
    (d) Others (Specify)

DOES SHE SEE ANY LINK BETWEEN:

- Forest loss and health
- Economic condition and health
- Transportation and health
- Education and hea....

OBSTETRICS AND GYNAECOLOGICAL MORBIDITY PATTERN:

Pregnancy

Sl. No.	Birth outcome (abortion, still birth, alive caesarian, others	Present status of the child	Age

Gynaecological Problem

Sl. No.	Problem/Case	No. of Case
1.	Excessive flow How many days?	
2.	Less flow How many days?	
3.	Irregularity	
4.	Vaginal discharge	
5.	Backache	
6.	Urinary problem	
7.	Other discomfort	

ADDICTION/DEPENDENCY OF SUBSTANCE

Substance	Frequency	Side effects according to her	Any special reason, Medical or Treatment
Tobacco			
Alcohol Use			
Heroin			
Ganja			
Others/if any			

PRIMARY HEALTH CENTRE SERVICES

- Does the doctor live in PHC?
- Is the doctor available in the health centre all the time for emergency also?
- If not, when is he/she usually available?
- What do you do in case of emergency?
- Are there nurses to assist the doctor?
- Are there other health workers in the village like ANM, MPWS, Hospital inspectors, BEE?
- Do you buy the medicines or get it free of cost?
- Are you satisfied with the way the health personals treat you as you go for check /consultations?
- Do you face problems when you go to the health centre? Yes/No.

- If yes then what are those problems?
- Do you get nutritional supplement at the time of pregnancy from the health centre (like Iron, folic acid tablets etc.)
- Did you get your child immunized?
- Do health workers pay home visits?

Appendix 2

- Name
- Background
- Specialization
- Your perception of Health
- No. of patients examined in a day on an average?
- Common problems/complaints of patients?
- Treatment pattern:
  a) OP in what cases?
  b) IP in what cases and Why?
  c) Referral in what cases and why?
- What are the major women related health problems that come to you?
- Which programme (RCH,MLEP,etc) according to you is important and why?
- Which according to you is most effective and why?
- Difficulties and problems you face as a doctor of this hospital?
- Suggestion to improve the situation that creates the difficulties and problems.
- Your opinion on indigenous medicines and health practices.