

Health of The Chakma Women of Mizoram In India

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INTRODUCTION

Health is considered as a fundamental human right and a worldwide social quality life. A healthy person is an asset to the society. A person can be considered as healthy only if she/he is physically, mentally and socially well. A person is healthy only if she/he is free from diseases and all the organs of the body function normally in relation to age and sex. She/he understands his/her emotions, instincts and the tendencies, which further lead to understand other's emotions, trait and behaviour. She/he has regular and qualitative healthy interaction/relation with family members, friends and other concerned individuals of the society. All over the world, efforts are being made to promote health of the people by increasing awareness, mobilizing community action and improving or creating the conditions required for better health. Health of women is not merely a state of physical well being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners.

Women's health refers to health issues specific to female anatomy. These often relate to structures such as female genitalia and breasts or to conditions caused by hormones specific to, or most notable in, females. Women's health issues include menstruation, contraception, and menopause and breast cancer. They can also include medical situations in which women face problems not directly related to their biology, for example gender-differentiated access to medical treatment.

Rationale of the Study

Health is an important indicator of education and socio-economic development. Women health is very important on which all the home and family management depends. Health of the women in rural and tribal area is badly affected compare to urban and plans area. Health facilities in rural and tribal area are also not up to the mark like urban area. The people of the rural and tribal area are also not highly educated and number of illiterate is more. Most of the people in rural area even do not have the basic first-aid and health consciousness. The CADC is the most backward district in the state of Mizoram and literacy rates in this district is very less compare to state average. So many studies have been conducted on the women's health in the country

but no study has been conducted on the Chakma women in CADC that is why the researcher has conducted this study.

Objectives of the Project

The study has been conducted on the following objectives:

1. To study the health conditions of the Chakma women in CADC.
2. To find out the major health difficulties suffered by the Chakma women.

Population and Sample

The total population of Chakmas in Mizoram is 55,413 (2015 Village Council Population). The Chakmas mainly live in the Chakma Autonomous District Council. There are 20 MDC constituency including 83 villages. So the researcher has selected one village i.e Udalhana-I for the study. There are 274 families in Udalhana-I and their total number of population is 1126. The researcher has selected 50 families from Udalhana-I for the sample of the study.

Tools used

Family Health information blank has been prepared and used for the purpose of data collection. Percentage analysis, mean, etc. has been used for the treatment of data.

ANALYSIS AND INTERPRETATION OF DATA

The present chapter concerned with the process of analysis and interpretation of the data collected through various tools and techniques in different phases. The quantitative as well as qualitative data were collected for the present research. The tools used for the purpose were family health information blank.

There were different types of items in the family health information blank used for the data collection. These were multiple choice, yes/no, open-closed types. The responses to each multiple choice type and yes/no type were analysed in terms of frequency of the respondents agreement or disagreement with a particular response. The frequency was further converted into percentages. The open-end type items were analysed qualitatively.

Number of Members in a Family

Table no-1

Members	No. of Family	Total Population
1	3	3
2	3	6
3	9	27
4	15	60

5	12	60
6	6	36
7	2	14
Total	50	206

The population of Chakma in Udalthana-I of 50 samples household is 206 and it is found that most of the families have 4 and 5 members. 9 families were found where each has 3 members in the family. Only 2 families found which having 7 members in the family.

Number of Female Member in the Family

Table no-2

Number of Members	Number of Family	Total Population
1	19	19
2	17	34
3	10	30
4	3	12
5	1	5
Total	50	100

The above table shows that in all the 50 sampled family, out of 206 total populations 100 peoples are found female.

Educational qualification/Level of Education of House-wife

Table no-3

Level of Education/EQ	No. of House-wife
Nil	28 (56%)
Primary (I-IV)	13 (26%)
Upper Primary(V-VIII)	5 (10%)
High School(IX-X)	4 (8%)
H. S. L. C	0
H. S	0
B. A	0
Total	50

Education of the house-wife is also most important because the better education creates better healthy environment. The above table shows that 56 percent house-wife i.e. 28 housewife out of 50 family don't have any formal education. Only very few i.e. 36 percent of the house-wife

has completed only primary and upper primary level of education. Only 8 percent housewife reached in high school level of education but nobody reached at higher level of education. Here, it is seen that women are very backward in education compare to men.

Housewife engaged in different occupation

Table no-4

Occupation	No. of Housewife
Cultivation	1 (2%)
Animal husbandry	0
Skilled labour	0
Manual labour/Unskilled labour	5 (10%)
Business	6 (12%)
Job holder	0
Housewife	38 (76%)
Total	50

The above table shows that out of 50 sampled household 1 housewife is engaged in cultivation, 10 percent of housewife engaged in manual labour for their livelihood, 12 percent are engaged in business and other 76 percent housewife do not go for other works except household activity.

Monthly income from all sources (Total income in a Family)

Table no-5

Range of Income	No. of Family
Below Rs. 10,000/-	16 (32%)
10,001- 20,000/-	33 (66%)
20,001-30,000/-	1 (2%)
30,001-40,000/-	0
Total	50

Household income is the most important indicator of economic well-being of any community which also related with the availing of better health services. In sample, 32 percent of house hold viewed that their monthly income from all sources is below 10,000/- who mainly depends on cultivation and manual labour, and 66 percent household viewed that their total monthly income from all sources is 10,001-20,000/- who depends on some business and they have also

some portion of agricultural land. Only 1 household viewed that their monthly income in family from all sources is 30,001-40,000/-.

Type of drinking water

Drinking water, also known as potable water, is water that is safe to drink or to use for food preparation. The amount of drinking water required varies. It depends on physical activity, age, health issues, and environmental conditions. Americans, on average, drink one litre of water a day and 95% drink less than three litres per day. For those who work in a hot climate, up to 16 litres a day may be required. Water is essential for life. Typically in developed countries, tap water meets drinking water quality standards, even though only a small proportion is actually consumed or used in food preparation. Other typical uses include washing, toilets, and irrigation. Grey water may also be used for toilets or irrigation. Its use for irrigation however may be associated with risks. Water may also be unacceptable due to levels of toxins or suspended solids. Globally, by 2015, 89% of people had access to water from a source that is suitable for drinking - called improved water source. In Sub-Saharan Africa, access to potable water ranged from 40% to 80% of the population. Nearly 4.2 billion people worldwide had access to tap water, while another 2.4 billion had access to wells or public taps. The World Health Organization considers access to safe drinking-water a basic human right. About 1 to 2 billion people lack safe drinking water, a problem that causes 30,000 deaths each week. More people die from unsafe water than from war, U.N. Secretary-General Ban Ki-Moon said in 2010.

Table no-6

Response	Number of Household
Normal Water	37 (74%)
Boiled Water	6 (12%)
Filtered Water	7 (14%)
Both Boiled and Filtered Water	0
Total	50

Good health only depends on if we drink safe and pure hygienic water. The above table reveals that 74 percent household drink normal water, 12 percent household drink boiled water and 14 percent household viewed that they drink filtered water. Here, it is seen that most of the people drink unhygienic water which they collect from the river or reserved supply water which is not purified.

Number of households having lavatory facility in home

Lack of proper sanitation is a serious issue that is affecting most developing countries. The importance of hygienic toilets lies in an effort to prevent diseases which can be transmitted through human waste, which afflict both developed and developing countries. It is estimated that up to five million people die each year from preventable waterborne diseases due to inadequate sanitation (WHO). Most of the affected are young children below the ages of five and women and girls. In many private and public institutions such as bus stations, drinking places, offices and surprisingly even police stations, courts and other government institutions, toilets do not receive proper attention as compared to the rest of the buildings. And sometimes the situation is exasperated by the public users who do not exhibit toilet etiquette. Worse still, some individuals are not civic-minded or concerned about others when they use public toilets. It only needs a few individuals who are careless about hygiene to turn clean toilets into dirty ones. Some people are in the habit of not flushing toilets after use, while others squat on the seat. It must be noted that no matter how beautiful the buildings or premises are, if the toilets are dirty, the country is seen as backward. Toilets must always be kept clean by making sure they have good hygiene services like soap dispensers.

The lavatory facility is also another important indicator of health consciousness. The study shows that percent of household have lavatory in their home to respond to the 'call of nature'. But most of the lavatories are not in hygienic condition.

Number of housewife having health problems or suffering from disease

Table no-7

Response	No. of Housewife
Yes	6 (12%)
No	44 (88%)
Total	50

The above table shows that 12 percent housewife has been suffering from headache problem and 88 percent housewife viewed that nobody has been suffering from any health problems or diseases.

Number of children having health problems or suffering from disease

Table no-8

Response	No. of Housewife
Yes	28%) stomach, malaria
No	36 (72%)
Total	50

The table shows that 28 percent children have been suffering from stomach problems and malaria. Out of 50 sampled family 72 percent housewife viewed that no children has been suffering from any kind of diseases.

Number of women faced problem during pregnancy

During your pregnancy you may have a number of annoying problems that are not dangerous but may need some attention. These problems include cramps, urinary frequency and incontinence, heartburn and indigestion, varicose veins, backache, constipation, hemorrhoids and thrush. Leg and foot cramps are most common during the second half of pregnancy and usually happen at night. Urinary frequency is when need to urinate (pass urine) more often than usual. This can be a problem in the first 12–14 weeks of pregnancy. After this, urinary frequency is not usually a problem until the last weeks of pregnancy, when the baby's head sinks lower into the pelvis ready for delivery. Heartburn is a very common and uncomfortable problem during pregnancy. Many women find their nose becomes blocked up and runny, and sometimes bleeds for no obvious reason. This is probably because of pregnancy hormones, which cause the delicate lining of the nose to soften and swell. It can start in the first few months, and last until baby is born. When women are pregnant it is quite common to become constipated (this is when their bowel motions are hard and difficult to pass). If not treated, constipation can lead to hemorrhoids (piles), which are swollen veins around their anus (bottom). Many women notice that they have an increased vaginal discharge during pregnancy. This is quite normal, unless the discharge becomes thick, is itchy, uncomfortable or has an unpleasant smell.

Table no-9

Response	No. of Housewife
Yes	49 (98%)
No	1 (2%)
Total	50

The study shows that 98 percent women had faced problem during their pregnancy and 2 percent housewife viewed that they did not face any problem during their pregnancy. Cent percent housewife viewed that they faced problem during delivery of baby.

Members having eye problems/visual difficulty

Some eye problems are minor and don't last long. But some can lead to a permanent loss of vision. Common eye problems include: Refractive errors, Cataracts - clouded lenses, Optic nerve disorders- including glaucoma, Retinal disorders - problems with the nerve layer at the back of the eye, Macular degeneration - a disease that destroys sharp and central vision, Diabetic eye problems, Conjunctivitis - an infection also known as pinkeye.

Table no-10

Response	No. of Housewife
Yes	12 (24%)
No	38 (76%)
Total	50

The above table shows that 24 percent housewife is having their eye problems and 76 percent housewife responds that they do not having any kind of eye problems which means their visual acuity is good like a normal person.

Number of women suffered from frequent urination or painful urination (Cystitis)

Cystitis is an inflammation of the bladder. Inflammation is where part of your body becomes irritated, red, or swollen. In most cases, the cause of cystitis is a Urinary Tract Infection (UTI). A UTI happens when bacteria enter the bladder or urethra and begin to multiply. This could also happen with naturally occurring bacteria in the body that become imbalanced. These bacteria lead to an infection and cause inflammation. Cystitis does not always come from an infection. For example, certain medicines and hygiene products can also cause inflammation. Treatment for cystitis depends on its underlying cause. Most cases of cystitis are acute, or occur suddenly. Interstitial cystitis cases are chronic, or long term. Cystitis can affect anyone, but it occurs most often in women. Symptoms of cystitis can include: frequent urge to urinate, urge to urinate after you've emptied your bladder, cloudy or strong-smelling urine, a low fever if in combination with a UTI, blood in urine, pain during sexual intercourse, sensations of pressure or bladder fullness, cramping in abdomen or back. If a bladder infection spreads to your kidneys, it can become a serious health issue. In addition to the symptoms listed here, symptoms of a

kidney infection include: nausea, vomiting, back or side pain, chills. Also, two additional symptoms, fever or blood in the urine, aren't symptoms of cystitis in themselves. However, they may occur in association with the other symptoms of a kidney infection.

Table no-11

Response	No. of Housewife
Yes	6 (12%)
No	44 (88%)
Total	50

The study found that 12 percent housewife are having or suffered from frequent urination or painful urination which is called cystitis and 88 percent housewife not suffered from cystitis.

Irregularities in menstrual cycle

Every woman is different -- including her periods. Some happen like clockwork. Others are hit or miss and unpredictable. On average, a woman gets her period every 24 to 38 days. A period usually lasts about 2 to 8 days. Many things can cause irregular periods. Changes in women body's level of the hormones estrogen and progesterone can disrupt the normal pattern of their period. That's why young girls going through puberty and women approaching menopause commonly have irregular periods. Other common causes of irregular periods include: Having an intrauterine device (IUD), Changing birth control pills or using certain medications, Too much exercise, Polycystic ovary syndrome (PCOS), Pregnancy or breastfeeding, Stress, Overactive thyroid (hyperthyroidism) or underactive thyroid (hypothyroidism), Thickening of or polyps on the uterine lining, Uterine fibroids.

Table no-12

Response	No. of Housewife
Yes	9 (18%)
No	41 (82%)
Total	50

The study shows that 18 percent housewife viewed that they are having irregular menstruation and 82 percent housewife viewed that they are not having such kind of anomalies in their menstruation cycle.

Number of women having frequent headache

Headache is one of the most common health-related conditions in India, with around 15 per cent of us taking pain-relieving medication for a headache at any given time. It is likely that nearly all of us will experience headache during our lifetime. People of any age can be affected,

but people between the ages of 25 and 44 years are more likely to report having a headache. There are different types of headache and many different causes, which explain why the condition is so common. Most headaches have more than one contributing factor. Some of the more common triggers for headache are lifestyle related, such as poor diet, stress, muscle tension, and lack of exercise. Serious underlying disorders, such as brain tumours, are rarely the cause of headache, although persistent headache should always be investigated by a doctor.

Table no-13

Response	No. of Housewife
Yes	16 (32%)
No	34 (68%)
Total	50

The table shows that 32 percent housewife having frequent headache and 68 percent housewife not having frequent headache.

Smoking habit among the women

No matter how we smoke it, tobacco is dangerous to our health. There are no safe substances in any tobacco products, from acetone and tar to nicotine and carbon monoxide. The substances we inhale don't just affect your lungs. They can affect your entire body. Smoking can lead to a variety of ongoing complications in the body, as well as long-term effects on our body systems. While smoking can increase our risk of a variety of problems over several years, some of the bodily effects are immediate. Some common affect of smoking are mood stimulation, early menopause, anxiety and irritability, poor vision, smelly hair, dull sense of smell and taste, unhealthy teeth, bronchitis, lung cancer, persistent coughing, constricted blood vessels, heart disease, COPD (chronic obstructive pulmonary disease), high cholesterol, loss of appetite, immune system, yellow fingers, cervical cancer, infertility, wrinkly skin, erectile dysfunction, problems with pregnancy and newborns, diabetes complications, blood clotting, cancer connection, increased risk of blood cancer etc.

Table no-14

Response	No. of Housewife
Yes	17 (34%)
No	33 (66%)
Total	50

Smoking is also prevalent among the Chakma women. The study found that 34 percent women smoke and 66 percent housewife do not smoke.

Tobacco habit among the women

Table no-15

Response	No. of Housewife
Yes	38 (76%)
No	12 (24%)
Total	50

Tobacco habit is more prevalent among the Chakma women. Out of 50 sampled housewife 76 percent viewed that they have tobacco taking habit and 24 percent do not take tobacco.

Alcohol habit among the women

Table no-16

Response	No. of Housewife
Yes	12 (24%)
No	38 (76%)
Total	50

The above table shows that 24 percent housewife viewed that they take alcohol and 76 percent housewife do not take alcohol.

Dispensary or hospital or primary health centre nearby house

There is no dispensary or hospital or primary health centre in Udalthana village. The housewife of the sampled village viewed that it is very difficult to get health services in that place and specially they face problem in emergency health problems.

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