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REPRODUCTIVE HEALTH AMONG THE LISU WOMEN OF ARUNACHAL PRADESH

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The Lisus are one of the minor tribes of Arunachal Pradesh inhabiting in some of the most remote parts of the state. For the present study, an attempt has been made to examine the general health condition of the Lisu women by random selection of 150 people from three different places viz., Gandhigram, Miao and Kharsang of Changlang District, Arunachal Pradesh. Findings indicate that they do not have access to proper medical facilities and they depend mostly on their indigenous way of treatment. Different techniques of treatment are practiced for preventing, palliating, and curing diseases and sickness. Medicinal herbs and few animals extract are also used by them. The women living in such isolated area suffers from different reproductive-related health issues and morbidities. The paper examines the emic perspective of their health and how they attempt to intervene when suffering from different health issues.

Keywords: reproductive health, birth ritual, traditional healing, antenatal care

Introduction

The World Health Organization (WHO) in its Constitution defines Reproductive health as "a *state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the*

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reproductive system and to its functions and processes" (WHO, 1994). Reproductive health, thus, includes the state of sexual well-being consisting of a satisfying and safe sex life, capability to reproduce, and freedom to decide if, when and how often to do so. Women reproductive health is an indispensable factor and a major determinant of human development. It affects everybody and involves intimate and highly valued aspect of life (Krishnakumari, 2012). Many of the issues around women's health are related to their reproductive health, including maternal and child health, genital health, breast health, and endocrine (hormonal) health, including menstruation, birth control, and menopause. Women's health, therefore, may be considered as an indication of health of a population.

In many areas of health, women experience diseases early since women's health is influenced not just by their biology but also by conditions such as employment and family responsibilities; unequal power equation between the two genders, social norms that encourages women illiteracy and discourage opportunity in employment as compared to men, vulnerabilities in physical, sexual, and emotional violence etc. which are some of the realities that most of the women have to deal with (Vlassoff, 2007). These disadvantages further restrict their access to the necessities of life including their nutritional intake and health care which in turn have adverse impact on their health. Such trends are observed generally in developing countries. Studies on the reproductive health of the women inhabiting in different parts of the world have gain more attention after the International Conference held at Cairo, Egypt in 1994 and also International Conference on women held in Beijing in 1995 (Borah and Sengupta, 2018). In India, the All-India Women's Conference (AIWC) founded in Pune (1927) promoted women and children's education and social welfare (AIWC, 1997; AIWC, 1938; Usha, 1997). Studies on the reproductive health of women in North East India are scrappy and relatively less as not much attention is paid to the problem of maternal and child health (Krishnakumari, 2012; Borah and Sengupta, 2018). Remoteness of geographical location, lack of medical facilities and poverty causes many of the women in the region, particularly tribal women to be more vulnerable to health imparities. The Lisu tribe of Arunachal Pradesh living at far easternmost part of the state near the Myanmar border is one such example. The people lack modern medical health facilities and are unable to access women's healthcare facilities and new reproductive technology.

The Lisus, also known as Yobins, are considered as one of the minor tribe of Arunachal Pradesh. They inhabit the Vijoynagar circle which is treated as a hard belt and most interior pocket of Changlang District. The altitude of Vijoynagar is 4200 meters above the sea level and the temperature is 23^0 C and goes down to 5^0 C. According to the Census of 2011, the total population of Lisus is 2994 spread across eleven villages. The nearest town is Miao which is 157 km away from their habitation where they often go to purchase goods and commodities. The valley where the Lisu people has been traditionally residing for centuries is surrounded by Namdapha National Park. Majority of the Lisu tribe resides in Shidi Valley, officially known as Gandhigram village, which is also one of the largest Lisu villages among the 11 villages. In terms of occupation, they mostly engage in daily activities such as agriculture, horticulture, and rearing domestic animals. Although a few linguistic and ethnographic works on the Lisus have been done by a few scholars (Chura, 2013; Maitra, 1988a; Maitra, 1993b; Walker, 1997), so far, no research work on Lisu women's health status is recorded. As such, an attempt has been made to examine the general health condition of the Lisu women by random selection of 150 people from three different places viz., Gandhigram, Miao and Kharsang of Changlang District, Arunachal Pradesh. Generalizations have been made on the reproductive health profile and morbidity of the people with anthropological methods such as participant observation and personal interview of prospective informants.

Source: (https://www.mapsofindia.com/maps/arunachalpradesh/arunachal-pradesh-district.htm): Accessed on 24 July 2022

Reproductive Health Status of Lisu women

Table 1 shows the percentage distribution of reported illness among the Lisu women residing in three different places. The highest prevalence of reported illness at the household level is seen at Gandhigram (89%) followed by Miao (40%) and Kharsang (20%). Common reported sickness/diseases include headache, stomach-ache, malaria, typhoid, jaundice, appendix, kidney stones, fever, joint pain, etc. In addition, studies among the Lisu women (Giri, 2013) have shown that many of the women struggle during childbirth due to the absence of medical facilities in the village, unavailability of doctors and nurses in health care centres. As a result, essential nutrients and vitamins required for a mother during pregnancy are not readily available. After interviewing the women, it is found that most of them are unaware of the importance of such nutritional intervention and utility.

Table 1. Self-Reported Morbidity among Lisu women

Name of the Village	***Total No. of women interviewed***	***Self-Reported Morbidity***	***%***
Gandhigram	100	89	89.00
Miao	45	18	40.00
Kharsang	5	1	20.00
Total	150	108	

Table 2 shows different diseases and sicknesses suffered by Lisu women. In Gandhigram and Miao villages, majority of the women complained of weakness and backpain while in Kharsang, the most common health complaint was swelling and back pain. Besides the above ailments, there are also cases of cancer and cancer-related deaths. In addition, child malnutrition is also observed. Problems of drinking water and water borne diseases among the people are also the major problem faced by the people. The viral infection spread vehemently as the houses are built close to each other and the living area is surrounded by mountains and valleys during the rainy season. Water-borne diseases like amoebiasis, typhoid, and diarrhea are rampant in the place, especially during the rainy season. For most of the diseases, there is no medicine available so they have to depend on what is available in the village. Sometimes local medicine is found to be helpful but sometimes it may not serve the purpose. While there are cases where scabies and other infection caused by insects are cured by using herbal medicine, there are other cases

of disease where the patients have to lose their life because of imbalance and strong dosage.

Table 2. Disease and sickness among Lisu women

Villages	*Backpain*	*Weakness*	*Swelling*	*Bleeding*	*Deformed Fetus*	*Others*
Gandhi-gram	56 (56%)	75 (75%)	30 (30%)	22 (22%)	12 (12%)	17 (17 %)
Miao	12 (26.66%)	13 (28.88%)	5 (11.11%)	2 (4.44%)	3 (6.66%)	4 (8.88%)
Kharsang	3 (60 %)	2 (40%)	3 (60%)	-	-	2 (40%)

Health Care Services

Antenatal care refers to pregnancy-related health care provided by a doctor, nurse, or a health professional. Ideally, antenatal care monitor pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care, and related issues (WHO, 2013). The World Health Organization has recommended a minimum of 4 antenatal care visits for low-risk pregnancy in women. In India, as per the Ministry of Health and Family Welfare, the Reproductive and Child Health Programme aims at providing at least three antenatal check-ups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, iron and folic acid prophylaxis, as well as anaemia management. Several studies have shown that antenatal care is of utmost necessity in order to enhance good health and survival of a mother as well as a child. Chandrasekhar *et al.* (1998) have shown that there is a strong association between infant mortality rate and lack of poor-quality antenatal care. Availability of hospital and skilled doctors are a prerequisite for antenatal checkup visits but in the case of women staying in Gandhigram village, there is only one health care center which is run by NGO's. No permanent doctors are appointed; there are only two assistant nurses who look after the health center where patients suffering from different diseases come with their health issues. Due to non-availability of required medical health practitioners, many local villagers seek traditional health care services. The indigenous health care services among the Lisu people have both promotive and preventive functions. Though the Lisu people have survived over the ages with their indigenous me-

dicinal knowledge and still have strong faith in the traditional technique of healing, the knowledge is dwindling. In this regard, it is observed that many of the medicinal plants are still growing in abundance in the forests, fields, banks of the river within and outside the village, hence, it may be postulated that the dearth of herbs or medicinal plants may not be an important reason behind the erosion of this traditional system of medicine. On the contrary, since fewer people are willing to take up traditional medicinal practice as their main profession, this may have affected the quality and richness of knowledge and expertise. These methods have an edge health-wise over other systems of medicine as they are easily affordable within the reach of the poor. Thus, it is important to document this knowledge and preserve its legacy for the future generations. Women particularly the elderly women know what and how to use the local medicinal knowledge for health promotion and prevention of disease or illness.

Delivery care/Place of delivery

It is an established fact that intensive care during child delivery is a strong determining factor to ensuring the health and survival of mothers as well as infants. Place for the delivery of child during birth is an important factor that determines the health and safety of both mother and child. The delivery of child at health centres or hospitals ensures health, safety, and survival of child and mother where medical facilities and health assistance are readily available.

Table 3 describes the child delivery services adopted by the Lisu women. Among the Lisu women across three villages however, our result shows a different trend. Majority of the women (87 %) deliver their child at home in Gandhigram village. Only few of them (13%) are found to visit hospital in case of emergency in the nearest town Miao, Kharsang and Assam. On the contrary, the women at Injan (60%) and Miao (88.88%), which are comparably urban locations, prefer to deliver their child at the hospitals/ health centres. With an exception of Miao and Injan villages, Lisu women generally deliver their child at home in their respective villages; household income does not play any important role in determining the place for delivery of a child. Therefore, other factors such as traditional preference, remoteness of villages from health centres, or other factors such as education and general awareness may be attributed to this aspect. Similarly, with regards to the methods of

cutting the umbical cord (UC), traditional way of cutting UC with bamboo is prevalent in all villages with an exception of Injan, Miao, and Vijoynagar. This preference of people to adopt traditional way of cutting UC with bamboos is understood through their preference of place of delivery of child. While delivering a child at home in the absence of modern nurse or assistance, traditional way of removing UC is obvious.

Table 3. Place of child delivery

Village	Place of Delivery				Total no of household
	Home		Health Centre		
	N	%	N	%	
Gandhigram	87	87.00	13	13.00	100
Injan	02	40.00	03	60.00	05
Miao	05	11.11	40	88.88	45
Total	94		56		150

Post-natal care for mother

The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care (WHO, 2013). It was found out from the present study that majority of the women surveyed among the Lisu women do not go for ante-natal checkups and pregnant women in the village do not receive TT Vaccinations as there is no equipment for ante natal checkups and no doses of TT Vaccination in the healthcare center. Table 4 shows the regular medical check-ups at pre-natal & post-natal among Lisu women. Among the Lisu women, majority of them (95 %) from Gandhigram village do not go for pre and post natal check-ups. At Injan and Miao, however majority of the women (80 %) and (86.6%) go for check-up before and after birth. Among Lisu women, factors such as health awareness or education, isolation of villages from health centers, and the traditional methods of medication and healing etc. may be attributed to pre-natal and post-natal checkups. Despite of all this deprivation in the remote villages, people manage to bear healthy children. This may be due to traditional practices. Traditionally, Lisu people give much care for lactating mother. Once the family knew that the newborn baby is going to be born, the family starts rearing chicken for the mother. Between

40 to100 chickens are reared and fed to the mother after the birth of a child. The mother is fed with chicken soup which is prepared in a traditional way with special fats made up of cow and goat fats. This tradition is followed by every Lisu family after the birth of a child. The mother of a newborn child is fed with this chicken soup for nearly three months and is given complete rest. Most of the women residing in Gandhigram village have clearly indicated that inaccessibility to health services in the area lead to a greater dependence on midwives for the delivery of a child. Since there is neither government nor private hospital available in the area, facilities for immunization, anti-natal and post-natal checkups and growth monitoring is also absent. The midwives play a major role as a caregiver and service provider and owning responsibilities of one's health of the family and community. People became more dependent on herbal and zoological medicines for all ailments, and in the process of healing and curing infections, diseases and sickness they rely more to traditional healing rather than modern method of healing.

Table 4. Regular medical check-ups at pre-natal & post-natal among Lisu women

Village	***Regular medical check-ups***				***Total***
	Yes		***No***		
	N	***%***	***N***	***%***	
Gandhigram	05	5.00	95	95.00	100
Injan	04	80.00	1	20.00	05
Miao	39	86.66	06	13.33	45
Total	48		102		150

Marital Relationship

Intimate and loving relationships are considered an important aspect of adult life (Rosado & Wagner, 2015; Delatorre & Wagner 2021), and the quality of these relationships has impacts on the individual and the family health of the spouses, (Robles *et al.* 2014; Stroud *et al.* 2015). Among the Lisus, the relationship between husband and wife is believed to become stronger after the birth of a child as the responsibility increases and is shared between them. Among the Lisu community, the husband plays a very important role during childbirth. The tradition of caring wife during pregnancy and after birth of a child has been followed from ancestors till the present days. All the

necessary work at home is looked after by the husband during this period. The husband take care of all the house hold chores especially taking care of the baby at late night, cooking food, washing clothes etc. The ways in which the women describe their husband's help and support during childbirth depict their caring nature and responsibilities as a father and husband so much so that among the Lisu people, health of a wife reflects the nature of her husband. If his wife is unhealthy, the husband is blamed and talked ill by the people. If the wife is healthy and strong, the husband is praised and gains a good reputation among the people. Accordingly, most of the Lisu women in the study described that their husbands are more involved in taking care of their children in times of need and enjoys with them whenever they get free time. Among the Lisu community, the role of the husband before conception, during pregnancy and post-delivery includes taking care of the child and mother and such duties are very significant as his general reputation is judged and based on his conduct towards his wife and children.

Family Planning

Table 5 shows the frequency of use of contraceptive methods by Lisu women. It is found that majority of the women (68.05%) do not use contraceptive to control birth. Many of them are unaware of the usage of birth control pills and other contraceptive methods as they are not exposed to the outside world. Some young couples are found to be aware of the method but because of unavailability of contraceptives in the area as well as very alien to such family planning methods, they do not use it.

Table 5. Use of contraceptives by Lisu women

Women using FP method	**Yes**	**No**	**Sometimes**	**Total**
	Frequency	***Frequency***	***Frequency***	***Frequency***
Gandhigram	11	59	30	100
Miao	20	20	5	45
Kharsang	3	1	1	5
Total	34 (22.66%)	80 (53.33%)	36 (24.00%)	150

Breast feeding

Infant feeding practices comprising of both breastfeeding as well as complementary feeding play a major role in determining the nutritional sta-

tus of a child. Global and Indian data exist to show that breast feeding promotes infant survival and growth, protects the infant against infections; the mother gets some protection from next pregnancy (WHO 2017). Breastfeeding also supports healthy brain development, and is associated with higher performance in intelligence tests among children and adolescents across all income levels (Victora, 2016). Breastfeeding is not just good for babies; it is good for mothers as well. Indeed, breastfeeding has been shown to protect against post-partum hemorrhage, postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes (Chowdhury *et al*, 2015). In the present study, it is observed that the Lisu women from the village of Gandhigram and Vijoynagar do not feed their children with supplementary food since it is not available in the village. The children are fed with breast milk and sometimes the mother also prepare weaning food mixed with cow's milk and feed them when the child reaches six months and above. Before that, the child is said to be fed with breast milk alone. The women by and large do not take the weight of the child which indicates mother's failure to know the necessary nutrients requirement to supplement the young infants and this leads to a falter in the growth rate of a child. However, a very significant proportion of the Lisu women especially those who get married at a very young age seem to be ignorant, immature and less conscious of the advantages of breastfeeding. They are either unaware of the benefits of breastfeeding or have a negative attitude towards breastfeeding.

Being a mother or experiencing motherhood has rarely been the subject of biological research interest based on theories assuming that motherhood is a naturally rewarding gift from God (Boulton, 1983). Being a mother among the Lisu community, struggles during conception and while delivering a baby is observed due to lack of proper awareness and education which could have benefitted both the mother and father in preparing themselves for better parenting methods. In the accounts of their daily lives, most women who interacted during the study period expressed a wide variety of feelings on the difficulty of being a mother. Many of the newly married couples are very young, as low as 12-13 years of age as a result of which many young mothers experience frustration, irritation, and boredom thereby pulling down their delight, pleasure, and enjoyment of young married life. However, there are others who described their feelings of personal worth, and importance of becoming mothers. Generally, as mentioned above, the Lisus get married at a

very young age (12-13 years). This may be due to lack of proper education which may be attributed to the remoteness of their habitation. They are inhabited in far isolation and don't have any good quality education. Because of this reason, the young couples fail in many fields to cope with as compare with other more educated parents.

Summary and Conclusion

The Lisu women living in remote areas encounter many problems, including health care and health delivery systems. Most of the women suffer during child birth and after delivery of a child because of improper treatment and infections. Sometimes this infection leads to a serious problem that even causes women unable to bore a child in near feature. Apart from that they even encounter life-threatening diseases such as jaundice, malaria, typhoid etc. The present study shows that due to the limitedness of modern health facilities and medication, the Lisu people still have to rely only on traditional methods of dealing with illness and diseases. Though it is observed that majority of the Lisus generally are economically poor, however, it is the other factors such as unavailability of institutions (health and education), remoteness and isolation of villages, difficulty in transport and communication, education, general awareness on health and hygiene, etc. that appear to play a major role in determining the overall health practice, health condition, and healing among the Lisus. However, despite of the present findings and conclusions, more studies concerning the over health condition, socio-economics, general welfare etc. of the Lisus would be of great importance in understanding the Lisus of Arunachal Pradesh.

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