

Chapter 16 - From Reproductive Health to Reproductive Rights.

Our attempts to solve the health problems being faced by women also gave us a revealing insight into the distorted mindset that sustains the irrational way in which modern medicine is being practised in the area. There are two parts to this mindset. One is the perception of the poor adivasis themselves and the other is the cunning of the medical practitioners both qualified and quacks. The Bhil adivasis have traditionally relied on medicine men called 'burwa's for the solution of their health problems. Traditional adivasi aetiology has it that a variety of evil spirits are responsible for various diseases and so it is necessary to exorcise them by the chanting of mantras. The burwas know these mantras and the ways in which evil spirits can be exorcised. Herbs too are prescribed as a supplement to these mantras. Even today this view of disease persists among the adivasis and because its administration is cheap it is normally the first option for them. There is little understanding of the fact that disease is caused by germs and bacteria of various kinds. The only difference is that now along with the burwa the people go to doctors also who give them injections and pills or intravenous drips. These things are as arcane to illiterate adivasis as the mantras chanted by the burwa but appear at times to be more effective. The adivasis do not take any chances, however, and go to both quacks and burwas either simultaneously or alternately when seriously ill.

The doctors, quacks, nurses and health workers all take advantage of this mindset of the adivasis to indiscriminately inject antibiotics and apply intravenous glucose drips for even such diseases as colds and dysentery. There is never any serious attempt to diagnose the problem being faced by the patient. These are also supplemented by inadequate doses of oral antibiotics. Consequently the patient has to come again and again to the doctor for treatment. The rainy season is considered by these doctors to be their earning season when they take advantage of the natural increase in the prevalence of diseases to fleece the patients who come to them for treatment. There is not much difference between a mechanic who repairs a bicycle and these doctors. In the case of the bicycle at least the owner can see the working of its parts and form an idea of how it works. In the case of the human body, however, the working of its inner parts is not visible and so the patient normally does not know what is happening. This ignorance about the working of their own bodies extends to the general public and is not restricted to just adivasis. A modern voodoo of the irrational use of injections, drips and drugs has grown up around this ignorance. This suits very well the interests of the drug industry, which spares no effort to promote this irrationality among both medical practitioners and policy makers. Thus the market has been flooded with irrational formulations, which are being sold at exorbitant prices through unethical promotional means (Panikar et al, 1990). With the cessation of the process patent regime in India, which allowed the production of a drug through a separate process from the one for which the original licence exists, the cost of medicines is bound to increase even further adding to the miseries of the people.

This state of affairs is even more critical in the case of reproductive health because the working of the reproductive system is not only more difficult to understand but also there are all kinds of taboos and superstitions associated with it. In such cases the doctors go a step further and advocate hysterectomies as the final solution for such persistent problems as vaginal discharges, waist pains and blood pressure. The government health system is woefully inadequate in this respect. This sorry situation with regard to the lack of quality service providers and the miserable state of health awareness among adivasis is on the extreme side in this area but this is more or less the case all over the third world (Aitken

& Reichenbach, 1994). Invariably the suggested solution to this problem is to increase the resources devoted to the public health system and to increase the number of and training of the grassroots workers of the public health system. Given the resource crunch being faced by the government and the total lack of motivation in its staff there is no possibility of this strategy succeeding as is evident from the little progress that has been made in the implementation of the target free approach. Indeed over the past few years the rural public health system has deteriorated to the verge of collapse as allocations have not kept pace with demand.

NGOs can definitely provide better service but they can touch only a miniscule section of the populace and have to constantly depend on external sources for funds (Jeejeebhoy, 1997). Apart from this such funds are more readily available for such high profile work as aids prevention rather than for the basic work of primary reproductive health services. The vast majority of the poor rural women are doomed to suffer in silence. Even when they do seek solutions they mostly go to inadequately trained and extortionate private practitioners. The challenge thus is to build up health awareness in the rural populace so that they can make a better utilisation of the resources, which are at present being siphoned off by quacks. A locally self-sustaining community health system is a distinct possibility; it only requires a lot of hard work to establish it. Community health programmes for adivasis cannot succeed without bringing about a drastic change in their mindset with regard to health. This will involve their understanding the working of the human body, the causes of the various kinds of illnesses and gaining a rudimentary knowledge of the way in which the various drugs operate. Identification and prescription of locally available herbs too can go a long way towards reducing the costs of health care. The close link between patriarchy and ill health too has to be understood and acted upon. The NGO CEHAT has made some practical contributions in this area by collaborating with the many adivasi mass organisations of Western Madhya Pradesh to set up such community run health systems.

The more serious problem of course was that of patriarchal oppression. A recurrent theme in the meetings that we had with the women and even in conversations with individual women was that of the behaviour and attitudes of their men. The women complained that they were not in any way in control of their bodies and decisions within the home. So there was no question of their being able to improve their health. Ramanbai of Chandupura said that she was suffering from piles and the doctor at Sanawad had told her that she would have to get herself operated. The doctor at the Okhla clinic too said the same thing. Yet her husband who is capable of spending the money is refusing to do so. She said that while talking about such matters women have to be afraid of their children also lest they go and tell their father. Kesarbai of Okhla said that she had already had three daughters and did not want any more children but her husband was not agreeing. She had thought of getting a copper T inserted but the bad experience in this regard of another woman had discouraged her. When Subhadra advised the use of condoms she said that this was not possible. She said that her husband when he was inebriated would not listen to anything. If she resisted intercourse at such times then he would charge her of being involved with some other man.

Sumati's (the name has been changed for obvious reasons) case was particularly problematic. Her husband was involved in an affair with another woman. This woman had been driven out by her husband and she stayed with her mother. Sumati said that on some days her husband's penis was full of pus and swollen indicating that possibly he had an STD, which he would convey to her. This was a classical helpless situation in which many

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urban women found themselves (Salam, 1995). In Kundia there was a woman who was beaten up by her husband and forced to spend the night out in the cold because her brothers did not entertain him properly when he went to their village for a visit. Reshma of Chandupura said that her husband was angry that she got herself treated at the camp at Okhla, which had resulted in her growing friendship with Subhadra and the revealing of many inner secrets to her. Similarly many young women reported that their mothers-in-law did not look favourably on this new process that had begun.

A social custom of the Bhils that is detrimental to the women is that of the importance given to alcohol as a holy spirit. Children are given alcohol even when babes in arms. The Gods have to be propitiated every now and then with alcohol. This gives the men and sometimes even women the licence to drink. Alcoholism brings to the fore the worst manifestations of patriarchy in the men. As mentioned earlier by Kesarbai men under the influence of alcohol make sexual demands of their wives and resort to violence if these are not met. Men frequently go on drinking sprees doing no work at all for days on end. This too increases the burden of the women who then have to work harder. These alcoholics also invariably object to their women taking part in organisational activities and quite a few of them are active as informers and collaborators of the police.

The Bhils having been a martial race have a clear gender division of labour, which is not easily broken. The men even if they want to find it difficult to help out with domestic work. Interestingly the need to migrate in search of employment has resulted in the loosening of these social taboos and so men have begun to do domestic work. Indeed this taboo against men doing domestic work is widespread across Indian society. I myself being free from such inhibitions quite often cook our food and wash our clothes. Water came only once a day in the morning in Katkut and the tap from the public line was at the front of our rented house. So the washing had to be done on a stone on the roadfront. One day the landlord, an irascible old man, told me that I should not wash Subhadra's clothes. A debate ensued with the old man saying that he hated the very idea of a man washing his wife's clothes. He went on to say that the sacred scriptures of the Hindus forbade men from doing housework. Instead of challenging this patently false statement I asked him why he went to the police station to report disputes when the ancient scriptures mention that they should be resolved within the community. He retorted that the domestic world was governed by the scriptures, but not the outside world of work, where modern ideas had to be accepted for progress! Indeed in Indore word has spread round the colony in which we now reside that I cook and wash clothes and so do not qualify to be called a proper man! And it is the maids who come to work in our house that have spread this around. Talk of patriarchy being internalised!

When it was further pointed out to our landlord in Katkut that the British who had introduced the police system and also the sewing machine with which he earned his living as a tailor had now accepted the equality of men and women in all respects he initially replied that he did not believe it. Finally he said that he would concede that men should wash their wives' clothes only if I could show him a book written by an Englishman that explicitly said so. The landlord's wife related to Subhadra how on one occasion when she had overstayed at her father's house well beyond the time that her husband had told her to come back, she had a nightmare that her husband was chasing her with a stick. She had packed her bags and returned the very next day! All this pointed again and again to the fact that conducting programmes to remedy reproductive health problems would be inadequate without addressing the thorny issue of reproductive and gender rights. Things took a

dramatic turn when the pressure of circumstances forced us to take up rights issues going onto create history in a different way altogether.

Hundreds of adivasi women in their multicolour sarees, ghagras, lugras and doglis were seated under the shade of the two big mahua trees in Akya village one sunny afternoon. It was the first week of May 1997 and in the midst of the marriage season. So an adivasi coming from outside would have wondered why only women were congregated and why there was no drum beating. But this was not a marriage. It was the meeting called to review the results of the reproductive health survey. Subhadra painstakingly explained with the help of coloured charts what all the data that had been collected meant in terms that the women could understand. Then she let the bombshell drop – the data had revealed that all women irrespective of whether they were rich or poor suffered from reproductive health problems because of patriarchal pressures and medication alone could not provide lasting solutions to them. There was a dam burst after this. Woman after woman got up and said that they could do nothing as the men would not listen and would impose themselves on them. The biggest problem they said was that the men drank too much and when under the influence of liquor they became even more demanding. Previously they had had to brew their own liquor from the flowers of the mahua tree, which is a laborious and time-consuming task and so could be undertaken only occasionally. With the profuse availability of bottled illicit liquor from the two distilleries in the area this constraint had been removed the women said. Ultimately the meeting remained inconclusive, as there seemed to be no ideas with the women as to how the male chauvinist pigs and their drinking could be tamed!

It was clear to us of course that the twin problems of alcoholism and bootlegging and the larger issue of patriarchal oppression could not be tackled without involving the men also in the organisation process. However, this meant that we would once again have to stray into the area of general organisation against the poverty arising from exploitation by non-adivasis and the wrong development and administrative policies of the state that had been underway in the whole Western Madhya Pradesh region for a decade and a half by then. This would then pose the problem of women's issues being sidelined in the heat of struggle, something that we were running away from. Our hands were forced in a way because some of the adivasis of the area who had relatives in the Western Nimar region where the adivasi mobilisation was in full flow at that time came back after a visit there with the news that a husband and wife couple had gone east to their area to help them organise themselves. These people put two and two together, sought us out and asked us to get things moving in Barwah too.

We were very cautious about not sidetracking women's issues in the heat of struggle as had happened in the other mass organisations of the region right from the word go. So we took a conscious decision to ensure that women remained at the forefront of all activities of the organisation process. We made it a condition for our attendance at meetings that women should be present in them in large numbers. Even though there was initial reluctance from the men, when we skipped two or three meetings the men began bringing their women. Once the initial barrier was overcome we conducted separate meetings for the women to inspire them to get out of the daily rut of household work and involve themselves in organisational activities instead. I made it clear that my role would be only that of a trainer and that I would not go and talk to any government official from the lowest forest guard onwards and the adivasis, women as well as men, would have to learn to do this themselves.

We had just one preparatory workshop in which Khemla came from Jhabua and the two organisations, Adivasi Shakti Sangathan in Barwah tehsil and Adivasi Morcha

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Sangathan in Bagli tehsil were formed. After that the organisation process never looked back. A domino effect began with people walking in the footsteps of others in the Western Madhya Pradesh region, who had been fighting for their rights for more than fifteen years and attacking the bastions of oppression and demolishing them. The first casualty of course was the forest department, which was totally marginalised within the space of just a month. The forest guards initially tried to intimidate some of the people in Akya village and confiscated a cassette and some literature from them. A protest meeting was called in Okhla and the Divisional Forest Officer in Barwah was given a notice to attend and explain why his subordinate staff had behaved in such an illegal manner. Hundreds of men and women gathered on the appointed day at Okhla but there was no forest department official there. Even the forest guard and deputy ranger who manned the barrier there had fled. Then something unexpected happened that changed the course of events completely.

A week before this I had conducted a workshop exclusively with the men on the issue of patriarchal oppression of women. The group discussions had ended with the conclusion that the alcoholism of the men was the most severe problem for the women. The men also said that it was proving to be a financial drain and so something should be done about it. However, the workshop had ended without any decision regarding the action to be taken in this regard but only the agreement that another meeting should be held. On that fateful day in Okhla, when the people were discussing what to do next since the forest officials were absent, Rajaan, who is a teetotaler got up and said that the illegal liquor shop should be closed down. The bootlegger who ran this shop was a notorious goon as is the case generally all over India. He used to abuse and beat up the adivasis. Thus the wrath of the people, which had been reserved for the forest officials then turned on the bootlegger. They raided his shop, confiscated his liquor, smashed the bottles and warned him to close shop immediately.

The nature of their trade demands that goons and bootleggers be made of stern stuff. So that night he and his cohorts went to the house of Shivilal who was playing a leading role in the sangathan in Okhla village and beat him up. Word spread immediately and by early morning hundreds of men and women had gathered in Katkut in front of the police outpost and were demanding the arrest of the goon who was an uppercaste trader from the village. All these years it was the non-adivasis of Katkut who used to get cases lodged against the adivasis to keep them cowed down. The tables were turned and the massive demonstration resulted in the goon being booked under the Prevention of Atrocities against Scheduled Tribes and Scheduled Castes Act. The adivasis then took out a rally in Katkut and the village reverberated for the first time to the slogans which had become so popular elsewhere – "Lootnewala Jayega, Kamanewala Khayega, Naya Jamana Aayega" - the exploiters will go, the labourers will eat, a new era will dawn and "Jal, Jangal, Jameen Kunin Chhe, Aamri Chhe, Aamri Chhe" - to whom do the water, forest and land belong, to us to us. Then some forest officials in Sulgaon village impounded some buffaloes from the jungle in which they were grazing. A posse of women went and forcibly freed the buffaloes from the forest check post. Later in a massive mass meeting held in Sulgaon in support of this action one man came drunk and began creating a ruckus on the podium. This man being a well-known troublemaker the men were hesitating to take action against him. Two women armed with bows and arrows climbed onto the podium took hold of this man by the scruff of his neck and dragged him off the stage and away from the meeting to the applause of the audience.

This set in motion a powerful movement against alcoholism and bootlegging the likes of which had never before been seen in Western Madhya Pradesh. At that time in

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Madhya Pradesh the government had a system of selling liquor licenses through annual auctions wherein a contractor would bid for the right to sell liquor through licensed outlets in a tehsil for one year. To maximise his profits this contractor then sold more liquor than he had the license for by encouraging franchisees to set up illegal shops apart from the licensed outlets. This required the bribing of the police and the excise department staff and also the maintenance of a gang of goons to ensure that all the illegal liquor being sold in his area was being sourced from him and not from some other contractor or directly from a distillery. Incidentally distilleries in Madhya Pradesh too produce more liquor than they reveal to the excise department and offload it clandestinely onto the market. In this way even the most interior village has an illegal liquor outlet. After the successful action against the bootlegger in Okhla the people of Bagli tehsil just across the border in Dewas district began demanding a similar action in their area.

The situation in the Udainagar sub tehsil of Bagli was slightly different from that in Barwah. While in the latter there were a lot of non-advansi farmers in the villages, in the former this was not so as most villages were populated by overwhelming advansi majorities. However, Udainagar, the market village was dominated by non-advansi sahuikars who had lorded it over the advasis for the better part of a century and they had total control over them. Such was their power that when a debtor failed to pay his due on time an employee of the sahuikar would visit him and take away any moveable property that he may have and also a fee of Rs 100 for the trouble of having to come to recover the due. The first rumblings of change were heard when the Indore Diocesan Social Service Society (IDSSS) began to form grain banks and thrift and credit groups in advansi villages of the area from 1990 onwards. This NGO not only formed and consistently ran self help groups (SHG) but also pioneered their linkage with the branches of the regional rural bank and the commercial banks operating in the area for supply of cheap credit, a practice that has now become standard all over the country. Such is the quality of its work that this NGO has been chosen under the World Bank funded Madhya Pradesh District Poverty Initiatives Programme for the promotion of women's SHGs in Madhya Pradesh, the Swashakti Yojana, and is currently supervising over a hundred SHGs in Bagli Tehsil.

The SHGs begun by the IDSSS not only disbursed credit but also arranged for the supply of agricultural inputs. In some places they also organised the advansi farmers into collectively selling their produce in the wholesale market in Indore. Thus a comprehensive dent was being made into the power base of the sahuikars. Things came to a head when these groups also began to act unitedly in the political sphere. The Bagli legislative assembly constituency had traditionally been a BJP stronghold and had been represented continuously since the formation of Madhya Pradesh by Kailash Joshi who had once served briefly as Chief Minister of the state. This influence was being maintained in the Udainagar region through the sahuikars and they had their henchmen among the advasis in the villages. The SHGs decided to field their own candidates for the elections to the Panchayat bodies in 1994 against the candidates of the BJP. This angered the sahuikars, so they hired goons to beat up some of the SHG members and simultaneously had the latter arrested by the police.

Sister Rani Maria of the IDSSS on learning of the arrest of members of the SHGs went to the police station in Udainagar to enquire about their offence. This prevented the police from beating up the advasis and they had to produce them before the magistrate in Bagli instead where they got bail. This intervention so upset the sahuikars that they secretly began plotting the murder of sister Maria. One day in the spring of 1995 when sister Maria was travelling by bus to Indore from Udainagar she was accosted midway in an area where

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the road passes through a forest by hired assassins and murdered in broad daylight in front of other passengers by repeated stabbing with a knife. This incident created a furore all over the state and brought out the hollowness of the rule of law at the grassroots level in this country. This was the state of affairs when we kicked off a more overt political process in 1997. The whole area was literally flowing in alcohol at this time and there was an illegal liquor godown in Pandutalav village from where all the liquor was supplied.

Naturally a murderous goon had been hired by the contractor to oversee the operations. He was a ruthless fellow and on one occasion he had caught a man selling the liquor of another contractor and as punishment had taken him from his village to Udainagar beating him up publicly on the way and then got him arrested by the police on a false charge. So a mass meeting of the sangathan was scheduled in Pandutalav village. The contractor got word of this and he too came down on the appointed day with a jeep load of his henchmen. However, on seeing the thousands of men and women he turned tail and ran away. The liquor store, worth some two lakh rupees, was sealed and the keys handed over to the police. There is no parallel to this action in the history of mass actions against bootleggers in Madhya Pradesh. On that day as the skies above Pandutalav reverberated with the sound of vociferous slogan shouting by thousands of people, the prospect of a revolution, which I had long given up hope on, seemed to become a distinct possibility once again even for a cynic like me. Such was the power of the anti-liquor movement that even men who had not given up drinking participated wholeheartedly in actions against the sale of illicit liquor at that time. The sale of liquor during festivals and marriages too was stopped completely.

There was a fundamental difference in this mobilisation from that we had undertaken earlier. In Alirajpur we non-adviasi activists played a frontal role in the organisation and the net result had been that the adviasis themselves apart from Shankar and Khemla had not been able to blossom into leaders in their own right. This lack of a wider base of indigenous activists has later led to the KMCS losing its influence after we non-adviasi activists left, despite all that Shankar and Khemla could do. So a new technique was evolved which let the adviasis play a more prominent role in the organisation process. While Subhadra had to take a pro-active role given the fact that she was working with women and in a sensitive area like reproductive and gender rights I restricted myself to just conducting training workshops with the people. Khemla, Shankar, Vaharu and other adviasi leaders were called in to train and lead the people in the initial stages but later on as a local leadership developed both among the men and the women they were able to take up the whole work of the organisation. Such was the impact of this process that a leading Hindi daily of Indore did a frontpage feature on the Sangathan underlining the fact that its main leaders were all adviasi women (Chaturvedi, 1999). The transition from addressing reproductive health issues to mobilising people around reproductive rights proved to be a very successful one. Some of the iron that had crept into my soul due to the setback to our earlier struggles got banished for some time at the sight of these poor illiterate women portraying such powerful leadership roles.

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