

DENIAL OF EXISTENCE

***By: Nina Srivastava**

Introduction:

India is home to heterogeneous religious groups, each having its own gender ideologies that have carved gender roles and relations to the disadvantage of women. The gender relations in India have been grounded in patriarchal ideologies and practices that have permeated the political, economic, cultural and religious institutions. Women being biologically physically less strong were more vulnerable to sexual assaults and abductions, which led to the internalisation of the purdah system. The position of women worsened if they belonged to a socially backward caste or sub-caste. The feudal system that dwelled on the patriarchal norms further alienated women from the mainstream developmental process.

My paper 'Denial of Existence' traces 'Musahar' women in the very remote backward regions of Madhubani district in North Bihar followed by issues related to their economic and social deprivation. It reviews a set of indicators such as different forms of violence against women. Violence is not unique to Indian society in general and Bihar in particular, but the form it takes and the acceptable threshold, probably vary from one society to another. Some recurrent images which help to explain the persistence and acceptance of domestic violence are also reported here. Such violence can take many forms, such as wife battering, marital rape or incest. The vast majority of such abuse is perpetrated by men against their female partners. Materials in this paper demonstrate the physical and psychological effects of violence against women. Violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Such violence, whether it occurs on the streets or in homes, affects women of every nation, belief, class, race and ethnic group. It is perpetrated by men, silenced by custom, institutionalized in laws and state systems, and passed from one generation to the next.

This paper addresses both the prevalence and universality of violence against women. However, unless the ascribed roles of men and women change, gender inequality will remain a distant goal. It is this understanding that forms the point of departure for my paper.

A popular Chinese expression says: "Women hold up one-half of the sky". The meaning it conveys is that women are as important as men in all aspects of life are. And yet the status of women in these villages of Bihar continues to be substantially inferior to that of men.

I got a chance to talk to over 50 women in the course of my visit. Here are some accounts of life in conversations with these women. Their experience and analysis should interest those of you who care about the tragic fate of the rural women. Their words are based on actual experience and thus these are real lives - not fictitious. Initially it was not an easy task to break their long silence but as soon as they became aware of me being a wife and a mother the silence was broken and then story after story unfolded –

- About their childhood
- Growing up being a woman
- Attaining motherhood
- Obeying and compromising
- Struggling and suffering
- Discrimination, cruelty, exploitation and suppression
- Very denial of their existence

Most conversations were valuable more for the daring revelations by them. This great openness seemed to come from these women because they had suffered the most. This process of sharing the experiences together was sensitive and delicate. It was so involving and intense, that I have heard and felt the unheard voices, the warmth and the spirit of these rural women. They touched me. They came from different regions, backgrounds, and classes. They were not at all affluent or educated. But what bound them together was the fact that all of them had been victims of domestic violence. Instead of suffering in silence, these women chose to speak out about their suffering and the need to break the silence around domestic violence. In their conversation they reflected on basic questions like –

Why were they always at the receiving end of contraception? The majority of family planning methods known to them included Tubectomy, Copper- T, Mala - D, and Abortion. They said that the male seldom used condoms as it would reduce their sexual pleasure. Vasectomy was uncommon because of the fear that it weakened a man, thereby reducing his

ability to do 'heavy' work, the fear of becoming impotent. "Sharir par dard hum hi kyon bhogein, marad kahe nahin?"(Why should we always bear the pain inflicted on our body?). Why is special health service centered in the cities? Where is the PDS system and where is the food, the 'Lal Card'? "Kyon mahila ko adhikar nahin sawal karne ka aur jankari lene ka?" (Don't we have the right to question and right to information?)

SECTION I

Influence and control of women over sexual intercourse decisions with partners: Men's control over valued resources and women's sexuality makes women dependent and powerless in all spheres of life. This results in women's confinement to familial roles that revolve around reproduction, prestige for which is also derived from production of sons. Knowledge about sexual matters and initiative and decision making in the matters related to sex is the male prerogative. Women bear triple burden of reproduction, domestic work and productive labour. Almost 90% of the women revealed about forced sex. Their husbands had forced sex upon them before their period started. In other words this behavior of sexual abuse can be defined as 'marital rape', which is socially legitimised. Women spoke of sexual intercourse before the onset of menstruation, early and very painful sex. They spoke of intense fear of early sex: "Didi ji bahut darad bhoge hain sharir par- Kahe aurate ko har darad bhogana padata hai. Humara kokh sabse bada darad ka karan hai. Darad bhogo par bachcha jante jao aur u bhi ladka."

Sukhi Sada was married at the age of 15 to a widowed man. When asked why she was married at such an early age, she said: "Ek din hum ekkat dukkat khel rahe the. Humko chot lag gaya aur khoon bahane laga. Hum ghar gaye. Humare saree par khoon lag gaya tha. Sab samjhey ki humko mahina ho gaya. Bus kuch mahina baad maa baap hamara shadi kar diya" (When I was playing, I got injured and came back to the village and some of the blood was on my cloth. They all thought I had started my period and I was forced to get married a few months later). Asked about sexual relations after marriage she responded: "Bahut darad hota tha. Bahut takalif hua...Hum bahut darate the jab bhi humara marad hamare pas ata tha. Hum apne naihara gaye par kisi se kuch nahin bole. Humko laaj aati thi aur sochte the bolne se kya hoga koi nahin sunega humara pira. Hum aapko is liye bata rahe hain kahe ki aap puche. Mera mahina mere shadi ke do saal bada hua." (It was very bad, very difficult. I had lot of pain... I used to be scared when he came to get me. I went to my parent's place but

never told them of my pains and miseries. Why bother them, no one would believe me or care for me. Who will share my pains and agony?) Sukhi was 40 when she talked to me about these experiences. Her period started 2 years after her marriage. She had carried the pain and memory of sexual trauma alone for 26 long years before unbottling herself. One cannot imagine the fear of sex and shock she suffered. But being a woman, I could feel her frustration and agony.

The story of Sukhi is one among many. The idea that the attainment of puberty should give free license for sex to start is highly problematic, as Sukhi's example reveals. Women have no experience of formal sex education. They are illiterate. The absence of awareness on sexual matters leaves a considerable space for confusion and mistake among females. Husband's license to seek and force sex upon her denies each female control over her own body. Many of these cases meet the narrow definition of 'marital rape'. Our country along with a vast number of other countries has not criminalized 'marital rape' with one exception- our country recognises marital rape cases where girls are under 15, but still this remains a continued practice, wives below 15 are raped by their husbands; their abusers have the social legitimacy of marriage in which to carry out their assaults. The government agencies and various social organisations participate in maintaining this silence through inaction on sexual/physical abuse and 'marital rape' of women in principle, and of young 'girl brides' in practice. Most of the women during our conversation accepted feeling ashamed to talk and were afraid of the consequences of getting separated- face an immense range of problems, from social ostracism through violent attacks, including physical injury and economic destitution. The power of Patriarchy cannot be undermined. It overtakes all progressive moves and places obstacles in our way. To have foolproof control over women, patriarchy has separated women's sexuality from their ability to reproduce. Lalita, a village woman said, "Most women cannot raise the issue of rape within marriage, because according to the law she has given her consent, once and for all, during the marriage ceremony itself, so their husbands have control over their bodies"- . The result is that, as Sudhir Kakar puts it, 'Given the perception of the man as someone who is infantile in his attachments, volatile in his affections, and cruel in his anger, the woman's choice in love is limited to appeasement and masochistic surrender. In the ideals of the traditional culture, the 'good' woman is a 'pativrata', subordinating her life to the husband's welfare and needs.'

SECTION II

Women & Health

Services- Availability, Access and Quality:

The availability of treatment services was reported by only about 30%, with no significant difference in perceptions among the various categories of groups. The awareness was the lowest among the married female. Most of the women reported that there had been occasions when treatment was not available. Lack of adequate health care system in the reach of the community was observed:

Renu Sada, a thirty-year-old lady whom I met said: “Humko safed paani (‘white discharge’) girne laga. Humko sanstha ki swasthya sevika doctor ke paas le gayi. Hum doctor se puche ki safed pani kya hai to u boli ki tum nahin samjhogi kahe ki tum anpadh ho. Jao jo dawai likhe hain le lo” (She had white water discharge and she went to a lady doctor. She expressed her desire to know what the ‘white discharge’ was. Was it infected? What was the treatment? She asked inquisitively. The lady doctor looked up at her and answered that since she was an illiterate she would not understand the cause. So it was better to keep mum and just take the medicines prescribed to her.)

Geeta was about 37, and she lived with her husband and 6 children. According to her, the health of all women and children in her village was poor. She, along with other women was interested in the idea of health programme. “Sanstha aur Sarkar ke log apni jat ke gaon jate hain. Humari taraf koi nahin dekhta. Kya hum insan nahin hain” (She complained that people from the Organisation and Government would only visit the caste village. They ignored them when they went to the Primary Health Centers. Why? Are we not human beings?). Sursati Sada said, the ANM hardly visited them. ‘Yes, she does visit once a year to achieve her target for operations’. “Par humko jada pata nahin parivar niyojan ke bare mein. Koi ‘hakim’ aakey jadi booti goli de jaata hai. Hum usko khate hain par kuch nahin hota. Paisa loot leta hai. Dar se goli bazar se nahin lete. Marad kamane wala hai. Paisa mein kami hua aur pata chala ki hum bachcha nahin hone ka goli kha rahein hain to marta hai. Kahta hai ki beane wale hum hai aur parivar chalane wale hum hain to saali tum kaun hoti hai bachcha giranewali. Jada Jada ladka paida karo, majdoori karega to char paisa aawega” (She said they hardly had any idea about family planning and use of contraceptive pills. Some small ‘hakim’ or ‘quack’ would give those fake herbal contraceptives and charge a huge sum but it was useless. If she managed to buy pills from the chemist, the husband would come to know

about it. How? They all stayed in one room and it was too impossible to hide the pills from her husband. He would thrash her and say in an abusive language- ‘who gives you the right to worry about the finances since I am the one responsible for the conception?’ (Keep on bearing children). Some women knew about tubectomy but were afraid of their mother in laws.

The result: Only two women out of 50 interviewed had got the Tubectomy done!

Women bear a heavy burden due to their role in reproduction. It is for this reason that a program that regulates fertility and provides opportunities for women to improve their health would be welcome (as suggested by some women). It is necessary to create awareness regarding giving birth to not more than two children, use of contraceptives etc. Most women were found having 6 or more pregnancies. However, the way the family planning program functioned; it had not helped in improving the health of the women. The simpler and effective methods of contraceptives, which could be controlled by the users, are disappearing from the market, especially from the health posts run by the organisation or government operated health services that are the major source of supply to the rural areas and the poor. Many women being unaware of the various family planning methods and use of contraceptive pills was chiefly due to reduced level of literacy amongst them. Many accepted their unawareness to the cause of excessive bleeding, white discharge. No health services ever reached these areas. No Health Posts had been functioning and no medicines had been distributed since many months.

Problems associated with migration: During the visit, migration emerged as one of the most influential factors affecting the women’s vulnerability to abuse. It was widely prevalent in the district, with existence of both in-migration as well as out-migration. The proportion of people migrating out of villages was much more than migration inwards. A short term migration typically lasted from a week to a month while long term migration is expected to be anywhere between 3 months to one year. Long term migration was more prevalent in these villages with 80% of the groups reporting its presence. Men access commercial sex during long periods of absence from their families. This also raises the vulnerabilities of those women in rural areas whose husband goes out for migration. “Humlog ko bahut tarah ka bimari hota hai par kya karein, laaj se bol nahin saktey. Chup chap sahtey hain” (Women feel ashamed to speak about their complications. They not only suffer in silence but they do not take recourse to curative measures and consequently continue suffering. Many of them

suffer from reproductive tract infections due to poor hygienic conditions and exposure to contracting sexually transmitted diseases. “Marad pardes kaam karne jaata hai aur lambey samay ke baad lautata hai. Hum par jor jabardasti karta hai.” (Husbands migrate to Punjab, Haryana and other states for livelihood. They return after a long gap and force the wife to have sex).

A wife cannot refuse advances of her partner even when she has the knowledge that he is infected. As a result a woman cannot escape infection from such a contact. She tries to hide her problems whether existent or suspected. Men are more likely than their wives to contract STDs because they are sexually less restricted, and many visit prostitutes, especially if they migrate in search of work. Even if they infect their wives, they [women] are forced to maintain the ‘code of silence’ with a fear of being thrown away by their husbands. More than half of the women whom I talked to did not want to take action regarding their health problems. They had a tendency to neglect it. Many were embarrassed to or afraid to visit the doctor for a reproductive health problem. Many thought that home remedies were sufficient. Other reasons given included lack of time and money, problems at home, permission withheld by the husband, or because they felt medical treatment had brought no improvement. The poor quality of health services and inaccessibility played an important role.

SECTION III

Lack of availability of networks and support structures Women whom I talked to were not so convinced about the existence of a credible support system. A majority reported that there were no platforms for discussing sexual abuse and harassment even within the women. The most likely place for such interactions was on informal gatherings of women, e.g. in social functions or neighborhoods. The next likely place for discussing abuse was when they went for daily routine like washing; fetching water etc.

What was the role of Government and Social Organisations during the flood?

During the flood the Organisation gave them ‘Khichadi’ and some dry ration and some kerosene oil for a month and that was it. They had to take shelter on the embankments. The riverbed used to be their latrine, river water their drinking water. They had to go for latrine in the midst of the river in groups. Sometimes they made rafts out of banana tree to go for latrine. They were forced to drink the same unhygienic water. No aid from the Government

came. Raat ko hum mahila log phera phari jag kar pehra dete hain. Kabhi goroo chori jaane ka dar rehta hai to kabhi apana ijjat.” (They keep awake at night in groups to protect themselves and their cattles). It was so unsafe for them. Did they know about the role of ‘Gram Kosh’?

‘What to do, didi ji? Everyone wants and demands bribe. How do they manage to survive since their husbands have migrated? “Kyon, baniya hai na. Hum usse udhar le lete hain- Paanch rupaiya prati saikada sood par. Sood jyada hai par kya karein?” We asked them about the ‘Gram Kosh.’ “Kaisa ‘Gram Kosh,’ Kahe ka ‘Gram Kosh. Hum paisa gram kosh mein nahin jama karte. Kahe ko karein. Jab jaroorat padta hai to ek bhi paisa kosh mein nahin rahta hai. Humara marad majoori karke bahar se bhejata hai aur u paisa bichaulia kha jata hai. Uske khane se to achha hai humare pet mein jaye” (We take money from moneylenders. Though the rate of interest is high yet we get it. But we have stopped depositing our savings in the Gram Kosh as it is of no use. The middlemen usurp our hard earned saving. It’s much better to utilise it ourselves). Many expressed their unawareness towards the role of ‘Gram Samiti’ (Village Committee). They had no idea as to who were the members of the committee.

SECTION IV

Then came the issue of Women Participation and public action and they immediately replied: “The Yadav-tola people exploit us. They often beat us and harass us. When asked why don’t they take police protection? The answer was- Initially they used to complain to the police but no action was taken by them after being bribed by the Yadavas”. “Hum apne adhikar ke liye nahin lad sakte. Jeene ke liye hum chup rahte hain” (They have learnt that in order to survive, it is safer to suffer silently, because no one is bothered about them). But they are also citizens of free and independent country, shouldn’t they fight? – We asked- Their answer: “Kaisa azadi? Hum abhi bhi ghulam hain” (What independence? We are still not free). They had been cultivating land that supposedly was donated to them by the Raja of Darbhanga but it was forcefully occupied by the yadavas. They decided to occupy the land and claim it for themselves. As a result the goons sent by the yadavas harassed them. Many of these women forced the goons to leave. They are still fighting for the possession of land. They have to pay bribes to fight the case to get their rights over land. Tilia Devi, one of the women elected to Panchayat in Madhubani district, said: “It was too oppressive to go on.

There was no respite. Even the piece of land meant to be our habitat, was grabbed by local landlords. But we will continue to fight. Another lady Bitti Sada replied, “The ‘yadavas’ have started terrorising the poor ‘musahars’ of the village.” The yadavas would say, “you may possess ‘parchas’ (ownership papers), for the land but we are going to occupy it.” Bitti said, their ‘julum’ (atrocities) is a never-ending process. No one protected them. Police was a puppet in their hands. The minister had also visited their village but nothing happened. “Everyone visits us and leaves behind false hope and false promises but no one comes back to see our plight. We are still fighting for the possession, as we haven’t yet received the ‘parcha’ from the BDO office. Kabhi to jameen milega par kab pata nahin.” Large-scale participation of women in protests all over the villages among the communities, which are deprived of their land, was observed.

SECTION V

Then I questioned them about Women and education: Educating girls does not get the highest priority, especially among poor households. The opportunity cost of sending girls to school is considered high, since they are expected to help with household work. Education of sons is given higher priority, as sons are required to support parents in their old age, whereas girls leave their own families after marriage. Kamla Sada immediately replied: “Hum kahe ko padhain apne bachchon ko? Kya sarkar unko rojgar degi? Nahin degi. Isse to achcha hai ki humarra bachcha apne baap ke saath kuch mehnat majdoori kare, char paisa aayega” (There is no use of education. Will the government provide employment after he becomes a literate? ‘No’. It is much better for them to help their father in earning income. Many complained about the absence of teachers from the school. When asked why the girls don’t go to school. The same lady answered: “Kaun pahreydari karega jab ladki jawan ho jayegi tab? Rasta mein koi utha le tab, aap wapas lake dijiyega hamari bachchi ko? Padh kar kya phayada. Shadi kar denge apne ghar jaayegi” (Who will protect our adolescent girls? Will you? She has to get married after all). “Agar jyada padh legi to shadi ke liye jaat mein jamai kahan se milega.” The result – Only 7 girls went to school!

Women were not interested in children’s education. Child Labour seemed to be the main obstacle. Many schools were not available within reasonable distance. Socio-economic compulsions in families forced parents not to send the children to schools and lack of essential facilities also seemed to be responsible for the slow progress in the area. The

percentage of girl student was found to be less. Girls are more affected, as parents are reluctant to send their girls to schools because of the distance. As regards girls, absence of female teacher reinforces the male-dominated nature of the school environment. Gender bias in the classroom intensifies the problem of unequal treatment between boys and girls. The schools are deprived of basic facilities. Sometimes they are overcrowded or has a single teacher. Many schools do not have a building of their own. It poses problem during rain. Many schools do not have toilets for girls and women teachers. During our conversation I found women, to be effortlessly aware of women's most crucial needs. While in conversation they were not only speaking about their own problems but also trying to bring out the pains and miseries of their fellow sisters (other women of the village). They brought out serious social constraints they faced and how they tried to cope with them. Many of their voices articulated their new found confidence,

their successful attempt at combining continuity of traditional practices like 'Ghoonghat' (veil) and change in its discarding it, in and outside the villages. They also expressed how they had successfully tried to cope with the threats of the opponents from entrenched powerful elements while alone in the village when their husbands and other male members migrated to faraway states in search of livelihood. Despite terrible experiences, most of these women had a positive outlook of life. They took happiness from simple events, like marriage, birth of a child. However, there was helplessness and frustration where their own illiteracy and poverty and the rural power structure in pockets of strong feudal social order with continuing culture of patriarchy was concerned. Even with strong forces working against them, the women had not lost their initiative and urged to fight for their rights. Many of them showed their enthusiasm, capacity and will to do something despite the odds against them. The Reality: Women are especially disadvantaged. Only 11% of women are literate and about 25% of women are married before they are age 14. Sibling care is pointed out as one of the major reasons for girls dropping out of school.

Nearly half of the women were married by the age of 16 and gave birth to their first child at age 19. They lacked vital health knowledge and had a limited role in decision-making. Women did not have a chance to meet, to discuss how to solve their basic problems. Women were subordinate in most marriages, continued to be unable to own property in their own names and had fewer legal protections available to them for help in resolving disputes.

Women had unequal access to reproductive health resources. Two thirds of deliveries

took place at home, with only 43% supervised by health professionals. A shocking 50% of children under 5 were malnourished and 70% anemic because of nutrition deficiencies. Poverty and lack of awareness also hindered mothers from giving adequate care for their children.

Social restrictions on women's mobility also contributed to lesser healthcare for women and children. 80% of married women needed permission to visit even friends and relatives. Some said that they had never been out of their villages. They were inquisitive about cities, the lifestyle of the urban woman. Communicable diseases were more of a threat to women than pregnancy. Access to sanitation facilities was a special problem for women and girls, given the social emphasis on privacy and seclusion and having to go out exposed them to harassment. Public toilets for females were very few. Women are often denied voice or power to make decisions or contribute to the family decision making on issues of fundamental importance to their and their families' well being. Thus, the majority of women have yet to realize the goals of social, political, and economic progress and equality in their lives that were aspired to be achieved in the International Decade of Women (1975-1985). Recall- that the Global Human Development Report 1995 identified three basic principles considered essential for engendering the development process that are very pertinent in determining the status of women. These are: equality of rights between women and men, women be regarded as agents and beneficiaries of change, engender the development policies by widening the opportunities for both women and men (UNDP, 1995). We need to take serious cognisance of these principles and identify steps in mainstreaming women in the development process, such that we achieve gender equality through: equality under the law, equality to access to capability building, equality in economic opportunity, and equality in governance.

*The author runs an NGO in Bihar Equity Foundation- A Forum for Women & Children. This paper was presented at the Indian Association for Women Studies Regional conference of eastern regions held in Kolkata.