

There Is No One to Hear

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In Shoipu, an interior village of Zunheboto district, Nagaland, tribal women know they are taking a dangerous risk when they use an oral contraceptive, Mala D, to abort an unwanted foetus. They stumbled upon this method of abortion when one of them accidentally consumed the pill without knowing she was pregnant, and suffered an abortion.

With no medical professional they can turn to for help in such matters, and no modern methods of contraception available to them, many young women have been forced to devise their own methods of dealing with reproductive health problems. Like women elsewhere in the country, the women of Nagaland also try to survive the consequences the best they can, but end up paying a heavy price in maternal and infant mortality.

During a three years study in Nagaland, listening to Naga women talk about their health problems, health researcher Monisha Behal, says that women often spoke about the problems of frequent child birth, the hardship of complicated pregnancies. Their health problems were further compounded by a heavy workload and low nutritional status, leading to complaints of backache, weakness and abdominal pain. In the absence of roads and public transport, women are carried all the way to small towns for treatment or deliveries. But with no basic health infrastructure even here, the effort is often futile.

Ms. Behal's survey reveals an alarmingly high incidence of miscarriages amongst women in rural Nagaland, but the incidence remains largely hidden. Women do not readily talk about this problem, and because it takes place in the privacy of their homes, it is seldom recorded in official records.

In Shoipu village, inhabited by the Sema tribe, a survey of 47 households revealed 76 miscarriages, with some women having suffered as many as ten. Similarly, in Kivikhu village, with 52 households, the total number of miscarriages was 71, and in Khukiye Lukhai village, with 24 households, the number was 41. The same story is repeated in Phek district, dominated by the Chakhesang tribe. In Leshemi village, a survey of 100 households reveal a "frightening" total of 83 miscarriages amongst 46 women.

In meetings with young women, this correspondent found a desperate eagerness to know about modern methods of contraception. Sterilisation is the only method of family planning widely known in Nagaland, and the service is only available in the

district hospitals. But women fear this because they believe it causes weakness and destroys their ability to work hard. The men refuse vasectomies for the same reason.

The absence of suitable contraceptive support is forcing many women to abort each time they conceive, says Hokheli Sema, a senior nurse at the Dimapur Civil Hospital. But since the past five years, the health department has stopped abortion services, unless it is linked to a sterilisation, she says. Consequently this is promoting quackery, and the hospital receives many serious cases where poor and illiterate peasant women have tried to abort through self-medication with leaves and roots; massage or insertion of a stick into the cervix by a quack.

In Mon town, doctors perform an abortion in the civil hospital for a 'gift' of upto Rs.300. If secrecy is required they are willing to perform it in a curtained cubby hole offered by the local pharmacies, alleges K. Tonlih of the Konyak Women's Association.

In the absence of emergency services, many patients do not come to the government hospital until complications have set in. Many die at home. The church and women's organisations are the only groups maintaining some form of mortality records. The Konyak Baptist Church for instance, records that 384 women died in Mon district in 1998 from complications in child birth.

While reproductive problems contribute to a high rate of maternal and infant mortality, Naga women and children are further burdened by a high incidence of communicable and infectious diseases. The records from a private clinic in Kohima, run by Joyce Angami shows that malaria and typhoid are now taking precedence over diseases like urinary tract infection and worm infestations, which dominated two years ago.

"Women do want birth control and basic health services. But hospitals have no equipment or medicines, and send them back. The government is not interested in the plight of Naga women. Even if we shout, there is no one to hear", says Ms. Tonlih.