

## **Embodied Lived Experiences Of Health Among The Char Based Women Of Assam**

**By**

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### **Abstract**

Lived experience of everyday life indicates people's perception or understanding on their respective social reality. These experiences are contextual and it has been perceived through different meaning. The meaning of lived experience are embodied. People use to embody different social practices and norms with the help of socialisation. Embodiment refers to the process of internalising the external social world, that has been composed by multiple structural components of social life viz., social, cultural, economic, political system. Moreover, meaning is subjective in nature and that has been influenced by individual's socio-economic position, social and cultural system of society. The paper tries to understand different meanings of health practices that have been prevailing among the Char based women of Nalbari district of Assam. The Char area includes the sandy land area extended from Sadia to Dhubri of Assam within the river Brahmaputra, where people can live and cultivate over there. Due to geographical vulnerability in nature these places are mostly excluded from the mainstream society. The social structure of char areas is patriarchal in nature and women over there use to embody societal norms and values and try to practice them in their everyday life. Here in this paper, an attempt has been made to understand how social structure has influenced women's lived experiences of health. The paper is based on qualitative research design where intersectionality method is used to understand char based women's embodied lived experiences of health.

**Key Words:** Lived Experiences of Health, embodiment, Char based area.

### **Introduction**

Embodied lived experiences has been generated through the socialisation. Through socialisation social reality has been understood. Reality is socially constructed and that has been interlinked with various phenomena. The different phenomena have been perceived differently and where lived experiences of the individual is considered as one of the important factors. The embodiment is a lived matter of gender (Hughes and Witz 1997). It is crucial to the experience and perception of gender identity (Thapan 2009). The lived experiences of one are very much important as far as the embodiment is concerned. Paul James (2006) stated that embodiment is lived across all forms of community as a deeply embedded social-relational category. It is an ontological category that is constituted by the various social practices and meaning (James 2006). These various practices and meaning have been generated through the socialisation over a period of time. Thomas J. Csordas (1999) defined 'paradigm of embodiment' as the study of the familiar topics – healing, emotion, gender or power from a different standpoint. Similarly, Veena Das (1995) stated that the study of embodiment reflects the various activities, social relationships and impacts of culture that have been reflected in one's everyday life. Experiences are mostly lived that has been perceived in everyday life. Social reality has been perceived through socialisation. But for scientific inquiry of the

research, social reality should be based on logic. For understanding social reality, as Elster (1989) and Little (1991) stated social science research needs to discover regularities, derived from underlying causal properties of social phenomena. Logical understanding of social reality needs scientific methodology. Reality has been defined as a quality appertaining to phenomena that we recognize as having a being independent of our own volition (we cannot 'wish them away') and to define 'knowledge' as the certainty that phenomena are real. Phenomena have been perceived differently by different actors.

The study has been constituted among the women who are socio-economically marginalised in nature. How they understand their health that has been one of the important matters of concern. The study tries to understand the concept of health from respondent's perspective. Rather understanding the health from State's perspectives, the study has emphasised on lay perspective on health. However, this lay perspective of health has been influenced by one's socio-cultural status, class and gender identity. The study looks at the lived experiences of health among the char-based women. The everchanging patriarchal structure have already put them in the marginal social location. Other social locations of marginality affect them more severely than that of their male counterparts. The way the areas of multiple marginalities affect women as well as how they negotiate with these constraints are contextual. The study focusses on the agency of women as how they negotiate with the different health issues in their everyday life. One's lived experiences has been generated over the period of time. Thus, the concept of lay understanding of health has been more or less directed by different lived experiences of one's everyday life. Lived experiences is inculcated through lived body. The term 'Lived Body' has been introduced by Merleau-Ponty in his book 'Perception of Phenomenology'. Merleau-Ponty in his Phenomenology stressed that perception, experiences, practices of human being are embodied and these became the part of lived experiences (Silverman, 1980). For Merleau-Ponty's work body has been one of the important phenomena and it plays a crucial role in understanding human experience, perception and different bodily behaviour. These bodily behaviours constitute the phenomenal field in which the meaning of experience has been a significant aspect. But within human society, there might be differences in terms of perceiving the different meaning of experiences. The multiplicity of meaning is ambiguously experienced in the ongoing temporal activities of human life. For instance, Heidegger, Merleau-Ponty tried to overcome the radical separation between subjectivity and objectivity which is fundamental to Husserl's thinking (ibid). Ponty gave a major focus on the first-person experience. He dismissed the idea that perception constitutes passive reception stimuli (Savanaes, 2013). According to Ponty's analysis, there is no perception without the action. Thus, action has been attached to the perception. His idea of perception as an active process in terms of constructing the body (ibid). Ponty has rightly pointed out that the body is a priori means by which one has been directed to interact with the world.

## **Methodology**

The paper is based on qualitative research, where intersectionality method has been used. The respondents' narratives have been used to understand the char-based women's lived experiences specially during the time of flood. Women's negotiation with their everydayness has also been discussed.

The purpose of this study can be identified with the following research objectives:

1. To understand Char Based Women's health experiences of their everyday life through their narratives.
2. How natural disaster like flood has made severe impact on Women's health
3. How Women's health behaviour has been the product of socialisation process.

This study is a qualitative research study that used narrative research as a strategy of inquiry. The qualitative research enables the researcher to reach detailed data in its natural setting and gives an opportunity to the researcher to interpret the data. It emphasises on participant's experiences of their everyday life (Cresswell, 2003). As a strategy of inquiry, a narrative research aims at understating "the outcome of interpretation rather than explanations" by providing an opportunity to gather data from the world (Kramp, 2004). Narratives indicate the stories of life through which significant events of life can be narrated. Narrative research is based on lived experiences that are part of one's everydayness (Moen, 2006). In narrative study, the cases told their stories which is typical rather than representative one. However, for validity and reliability of the narratives, the family members of the respondents were also asked about the incident that was narrated by the respondent. Again, for cross checking the data the Village headmen and Pharmacist's point of view also have been recorded. The name of the respondents has been used with their prior permission.

#### ***Conceptual Understanding of the Study:***

The study is informed by the idea that one's experiences, perceptions and practices are embodied and become part of the lived experiences. This embodiment happens through socialisation and it is negotiated continuously by the agency with the overarching structures of society. The embodied social is explicated through the lived experiences. The objective context of such experiences shall be located in the materiality of the body as well as the rules and regulations that constrain their experiences. The subjective context of this embodiment can be located in the ways through which individual negotiate their subjectivities and produce a particular experience. Further how they make sense of such experiences for themselves.

Lived experiences of health can be understood through the concept of habitus. The agents (i.e people) have been negotiating with the social structure. The negotiations may be located in people's embodied habitus. 'Habitus are the mental and cognitive structures through which people deal with the social world' (Bourdieu 1990). It is a property of social agents, which compromises a 'structure and structured structuring' (Ibid). It is based on one's past and present circumstances. This structured notion helps one to shape one's present and future practices. The concept of structure is used because it is systematically ordered rather than being random or un-patterned. The 'structure' compromises a 'system of dispositions that generates perceptions, appreciations and practices' (ibid). For Bourdieu the term 'disposition' 'expresses first the result of an organizing action, with a meaning close to that of words such as structure, it also designates a way of being, a habitual state (especially of the body) and in particular, a predisposition, tendency, propensity or inclination.' Due to society's dynamic nature, in most cases, dispositions are durable. Thus, changing practices of the agency have been responsible for shaping the habitus as well. The way people treat their bodies reveals the deepest dispositions of the habitus (Bourdieu 1984). Bourdieu's concept of habitus illuminates the circular process whereby practices are incorporated within the body. However, Bourdieu also outlines how individual agents and social structures reconcile with each other, and how the 'outer' social world, and the inner idea help each other (Grenfell, 2008). Bourdieu tries to link habitus, field and practice. The habitus produces, and is produced by, the social structure (Soman, 2009). The concept of field denotes the network of relations that exists apart from individual consciousness and will. For Bourdieu, the field is an arena of struggle, a competitive

marketplace in which various kinds of capital (social, economic, cultural, symbolic) are employed and deployed (ibid). According to Bourdieu's 'Theory of Practice', practices are the outcome of the habitus. The habitus structures different social practices that might be responsible for producing and reproducing the agent's behavior (ibid). The practice of one's habitus is understood in terms of their lived experiences.

***Discussion on Char Based Women's Health Experiences in their everyday life:***

The riverine areas (island) of the river Brahmaputra, i.e known as Char -Chapari cover about 3.60 lakhs hectares of land and population of approx. 24.90 lakhs (as per socio economic survey 2002-03). The Char areas are subjected to erosion on their upstream and deposition on the downstream and because of that people migrate downstream. Erosion affects the geographical shape of Char area. Due to devastation of flood, the char-based area has to face loss its lives and resources. Through this study, an attempt has been made to know women's health experiences with the help of narrative study. The empirical work was done on the Bhangnamari Char village. Bhangnamari Char village is located within the Barkhetri region of Nalbari District. Barkhetri is the southern side of Nalbari District. Due to massive erosion in the Brahmaputra River recently, some new villages have emerged and then merged with the sandbank. The region is mostly surrounded by the sandbanks. The area is under the administration of Bhangnamari District Council, which includes the Kalasar Village Panchayat, Bhangnamari Village Panchayat and Kurihamari Village Panchayat (Choudhury, 2015). Majority of Char-based people belong to Muslim communities. About 95% of them are cultivators. During the 1950s, however, almost 300 Nepali families used to live in Bhangnamari Char, where they reared cattle and cultivated maize and Nepali tobacco. Over time, the number of Muslim migrants increased in Bhangnamari Char. The Nepali families could not integrate with the increasing number of immigrants in the area, and between 1980 and 1982, they left the place. Despite their departure from the Char, however, that area is still known as Nepalibasti. In popular narratives, it has been considered that earlier 120 indigenous Hindu families from Laupara lived on the south-east side of Bhangnamari Char. That area is still known as Laupara. The Assam Movement, which was launched in 1979, saw widening rifts between Assamese Hindus and immigrant Muslims. As a result, the Hindu community from Laupara had to leave behind their land. In 1985, the Assam government established a dairy farm in Kurihamari and distributed land and buffaloes to the Assamese Hindu people living there. In later period of time, most of the Assamese Hindu people have started to migrate from the Char areas and sold their lands mostly to the Char based Muslim peasants (ibid).

Experiencing flood has been one of the lived experiences of Char based Women. Geographically the Char areas are most vulnerable in nature. Each year flood creates huge damage to the lives and resources of these areas. Though co-habiting with the flood has been common for both male and female, still gender has been playing important role in terms of negotiating the flood-based situation in everyday life. While negotiating everyday life, meanings have been playing an important role. Here in this paper, an attempt has been made to understand Char based women's different meaning that are attached with their different health issues. Further, being inhabitant of geographically vulnerable area, how these women negotiate with the social structure while dealing with different health issues of everyday life. The paper based on respondents' experiences on their everyday health experiences that are analysed with the help narratives.

Those days are very difficult for us. We struggle because of the scarcity of food. There is no safe place to stay . . . we must shift either to the relief camp or relative's houses. To go from one place to another is quite difficult . . . usually go to houses on relatively higher land .

. . But up to how many days can I live in those places? At one point in time, we are told to leave the place . . . it is difficult for others to give us shelter for such a long time. There are no rehabilitation camps in our area. . .

(Molijan Khatun, Bhangnamari Char)

17 years old Molijan Khatun and her family have recently started to live in Bhangnamari Char. Her husband is a daily wage worker, and so far, she has not involved in any income-generating activities. Being inhabitants of flood prone areas Molijan has been experiencing various unpleasant situation in their everyday life. As per Molijan's narrative it has been observed that lack of residential space is one of the issues for the women of Char areas. Due to flood havoc, most of the people have been losing their own house and resources. It has been a big challenge specially for women to change their residence frequently. The life of Char based people is unstable. Normally the chars are triangular in shape and unstable in nature. The size, shape and location of most of the chars' changes from time to time. However, Chars are formed under the conditions of flood and their height is never higher than the height of the highest flood (Chakraborty, 2009).

Another respondent from Bhangnamari Char, Minmakshi Akhtar said, 'Those days are very difficult to survive. The water level becomes so high and houses and roads generally go under the water. Flood hampers the women relatively more than their male counterpart'. The natural disaster has affected the women more compared to their male counterpart. One of the respondents who lost her house in the flood and has been living in a government camp, revealed her anxiety related to the floods, 'There is great insecurity in our lives of the Char people. All the time, this tension is going around in my mind. At any moment, we must shift from one place to another. . . .no surety of getting back our agriculture land. With all these tensions, my health is deteriorating. I start to lose weight... Every year, many people lose their land and animals. . . . Many become homeless . . . we hardly get anything from the Sarkar (government). our economic condition has deteriorated greatly over a period of time'.

Flood is perennial problem in Assam, which disturbs normal life of the people. The intensity of the flood varies from place to place. The people in Bhangnamari Char area are severely affected by flood. A huge burden comes on women's shoulder especially during the time of flood. It has been very difficult to do usual household related work such as cooking, collecting drinking water during such time. Flood brings a major threat to women's health. However, in this case, the pregnant and menstruating women are the worst sufferers. The study explores women's experiences and negotiation with pregnancy and menstruation during the time of flood. Their body and health are relatively more vulnerable than the male folks. Access to better health care facility is itself a difficult one during the time of flood. Being margin of the marginalised community, these women have less hold on resources and that make them even more vulnerable gender. Flood itself a major deterrent to attain equitable health conditions for its inhabitants. The different narratives that encountered during the field work have elaborated about the problems of accessing equitable health care facility specially during the flood time.

Staying in the camp has been itself a challenge for the women of the Char based area. Being women, they are relatively more vulnerable. During the empirical work, an attempt has been made to understand women's experiences during their stay at flood relief camp. Most of them have revealed about the poor and unhygienic living condition in those flood relief camps. Staying in the geographically vulnerable area has been itself a threat to specially for women's health. Being vulnerable gender, the women have relatively less resources to deal with the

different health issues. From the observation of field, it has been noticed that the char-based women have less accessibility over the resources than their male counterpart.

There is no adequate hygienic environment in the Char area. In fact, people are not aware about the hygienic lifestyle that might be the reason of their various health issues. Rather considering hygienic issues, saving the life has been more prominent issue during the time of flood. Hygiene has been one of the relevant issues specially during the time of menstrual circles of women and that is mostly neglected among the char-based women. Experiencing menstrual cycles and pregnancy have made the situation even worse for the women. Akan Mela (16), one of the respondents of Bhangnamari Char area, stated her experiences related to menstruation. She said, 'Periods "masuk" are part of flood time. You know, for us, it is very difficult to keep our bodies hygienic and clean, especially during the 'masuk.' I don't use sanitary pads.' Another respondent Ashnaphool, 17, also shared a similar experience related to her menstrual period especially during the floods. She said, '. . . from my experiences, I can say those days are extremely difficult to survive.'

Lacking human resources in health care system of Char area has been one of the problems. From the field observation it has been noticed that hardly doctors could come to the PHC and most of the time the village pharmacist<sup>1</sup> or medicine men have been playing the role of physician in the locality. The modern healthcare system is highly preferred. Within the modern health care system, it is not always the doctors who act as the health providers, there are other alternative also. Field observations show that in most of the cases, the village pharmacist and medicine men are significant healthcare providers for the people. Medicine Men<sup>2</sup> don't have any formal medical knowledge on medical sciences. They have been giving treatment to the people on the basis of their experiences. They are acted as savior for the people where modern medical practitioner hardly visits. Alekjan, an inhabitant of Bhangnamari Char village, stated, 'Most of the time, we don't get doctors at the village PHC . . . it is quite normal. In their absence, the pharmacist acts as the doctor'. The inhabitants of Char areas have been denied good healthcare facilities for a long time. The health care personal hardly visit those areas. Another respondent, Ashnaphool, has also added, 'non-availability of proper medicines and doctors is very common in Char area. You hardly get doctors in the PHCs of our areas. Most of the time, they are absent from their duties'.

The above discussion shows the Char based women have been negotiating with the flood situation in every year and this has been influenced by their socio-economic condition. Their situation gets worse when monthly cycles hits during the time of flood. Again, for pregnant women, the flood situation is even more dangerous. In such case being the vulnerable gender women has to suffer more. Another important observation is that most of the char-based women have taken for granted attitude towards their own health. Rather questioning the system, most of the women of Char area normalise the situation of not having adequate doctors in the Primary Health Care Centre. However occupying space in social structure has been another important issue for women. During the time of flood people have to move one place to another. Losing the space has been one of the important issues for the women that makes them more vulnerable too. In many cases when women have shifted themselves from one place to another, they might face the situation of violence, atrocities.

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<sup>1</sup> Village Pharmacist – means those people who do not have formal training on medical sciences but distribute the medicines in one particular locality

<sup>2</sup> Medicine Men -another popular terminology that prevails among the Char areas. It indicates those people who don't have formal training on medical sciences but provides different health related treatment specially to the char-based people.

## Concluding Remarks

Embodied health experiences of Char based women indicates both structural and natural phenomena that influence the health behaviour of women. From the narratives it has been observed that in most of the cases their socio-economic and geographic marginality affects the women health more in compare to their male counterpart. Here the term 'feminization of poverty' can be relatable one. 'Feminisation of Poverty' refers to the phenomena that women and children are disproportionately represented among the world's poor compared to men. According to United Nations Commission on the status of Women (2000), 'women are the world's poor'. In almost all the societies, women have highest poverty rates than men (Casper et al 1994). American sociologist Diana Pearce coined the term Feminisation of Poverty, women and children have become disproportionately represented among the population of low-income individuals in the United States and globally. Pearce found that in the United States, two-third of the poor over age 16 were women (Pearce 1978). World Bank also emphasised that women and children continue to be more likely than men to live below the poverty line (World Bank 2018). In this study, it has been observed that gender has been one of the important factors that influences one's negotiation with health-related issues. The negotiation or dealing with lived experiences of health has been different for both male and female. Moreover, due to have biological differences on body, in many cases women's lived experiences of health might be different from their male counterpart.

Again, living habits has been another important phenomenon that might affect the lived experiences of health. In the char area, most of the women do not have understanding on hygiene living condition that has been deterrent factors in attaining better health condition. Lack of awareness over hygienic issues has been the product of socialisation. Across the generation, people neglect the importance of hygienic living condition in their everyday life and that has been considered as hindrance factors specially for women health.

The study indicates geography as one of the phenomena that have been responsible in shaping women's health behaviour. The Char areas are vulnerable in nature and that creates hazard to the health of women. From the narratives it is observed that the women folk have been the worst sufferer of flood. Even in the worst condition also, they have to perform gender based activities like cooking, washing and nurturing of other have been on women's shoulder. The burden of household affair make the women's health more vulnerable specially during the time of natural hazards.

Lack of health care professionals have been quite common in the char areas. In compensate to that various alternative medical discourse have been observed in those areas. As for instance, medicine men, local pharmacist who have been giving treatment in the char-based areas since a long time. The empirical work shows that rather questioning the lack of health of care facilities, most of the women try to acquaint themselves with the prevailing system. Thus the field work suggests that most of the women follow the social structure without questioning them. Meanwhile the reason of such docile body might be the artefact of their poor socio-economic condition. The study tries to indicates that socialisation process has been continuously affecting the health behaviour of the women. Since from the birth women are socialised in a way that their health is not that important matter as compare to their male counterpart. Neglecting one's health has been part of their habitus.

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