

Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study

Zannatul Islam^{1*}, Hasib Bin Shahariar²

¹Department of Anthropology, University of Dhaka, Bangladesh

²Department of English, Bangladesh University of Professionals, Bangladesh

***Corresponding Author:** Zannatul Islam, Department of Anthropology, University of Dhaka, Bangladesh

ABSTRACT

This study is conducted to explore the socio-cultural interpretations which shaped women's reproductive illness in a patriarchal society. The socio-cultural factors shaped women's reproductive illness largely varies with family status, women's literacy, women's employment, husband literacy, etc. Women behave or attitude in the case of their reproductive illness is determined by the social, cultural, financial, political contexts. And these contexts, sometimes, create barriers to share women's reproductive problems to others. Family planning is the concept that is much used in present Bangladesh. And using family planning methods is considered the most common reason for women's reproductive illnesses. The mass media influence women in the case of using contraception which makes women reproductively ill. The mass media also help women to know about their reproductive problem. This study also explores how power and practice influence women's reproductive illness.

Keywords: Reproduction, Illness, Woman, Health, Patriarchy.

INTRODUCTION

Women's reproductive illness is considered as the concept related to different types of symptoms and situations in the body, in a network of meanings. It is not only biological but also attached with the web of psychological, economic, political, and social factors, and different societies encounter, define, as well as experience reproductive health problems biologically and culturally, as well as different cultures define reproductive illness in different ways and what is recognized as reproductive illness in one may not be so in others [1]. This study highlights the socio-cultural factors of the patriarchal society which effects women's reproductive illness.

Women's reproductive illness is closely connected to the society's norms, cultures and values. To understand the culture of patriarchy on women's reproductive illness, at first, we should understand the concept of patriarchy. Patriarchy is a social system in which males hold and exercise the primary power and predominate in roles of political leadership, household leadership, economic power, moral authority, social privilege and control of property. Historically, patriarchy has manifested itself in the social, legal, political, religious, and economic organization of a range of different cultures [2].

In 2016, Bangladesh has an estimated 168.9 population which is up from the 2013 of 156.5 million people and this makes Bangladesh the 9th most populous country in the world [3]. For this high amount of people in Bangladesh, the health-related problems are very common. And the sexual and reproductive health for women in Bangladesh is poor. Maternal mortality is unacceptably higher than any other developing countries even though the numbers are gradually going down. The maternal mortality rate is high much higher which is the most common cause of death for women in their reproductive age. One of the most important causes of maternal mortality is women's reproductive illness. And this illness is shaped by social, cultural, economic, political, and religious belief of the patriarchal society.

This paper explores on the components of socio-cultural factors by which women's reproductive illness has been shaped in the patriarchal society. Although sexual and reproductive health is a matter of biomedical dimension; the sickness, illness, and wellness of this health depends on some socio-cultural factors in society. Now-a-days sexual and reproductive health is a concerning issue within social sciences including sociology, population science, public health etc. Like other branches of social science, medical anthropology

is also concerned with the discussion of sexual and reproductive health of women within anthropology. Women's reproductive illness is considered as one of the most crucial part of reproductive health of women in all over the world.

Women's inferior social status within household is responsible for the health status of them. This is mainly because of the culturally and socially determined roles for women that pervade every aspect of their lives [4]. The mindful assumption is that in most societies, particularly in Asia, men control the women of their social class especially in their households and families as the patriarchal society. Women's reproductive illness is considered as one of the most significant reproductive health problems for women all over the world especially the developing country like Bangladesh. In Bangladesh, the socio-cultural factors affecting the reproductive illness of women. The exclusion of women from sensitive family discourse, like family planning, family size and access, and use of maternal health facilities, is usually hinged on cultural beliefs and values designed and sustained by men in order to maintain their domination and subjugation of women [5].

Women's bodies are instrumentalized for cultural, political, economic, purpose rooted in patriarchal traditions. It aims at perpetuating taboos and stigmas concerning women's bodies and their traditional roles in society, especially in relation to their sexuality and to reproduction. [6]. In my study area I also saw that the socially and culturally constructed restrictions are strongly maintained in the case of women's reproductive illness. Shahana Siddique, head of content and communications of Maya, talks about the sexual and reproductive health provisions and information, told that women have become very fearful to their own body because of the culture of silence around the entire issue [7].

According to the Bangladesh Demographic Health Survey [8], the total fertility rate in Bangladesh is 2.3, a significant decline from 6.3 in 1975. Rob, the country director of International NGO, population council, thinks Bangladesh is very close to the replacement level. And for this reason, in my fieldwork, I saw that most of my respondents used contraception, and as a result of using this they become ill because contraception using is not good for health. Women's reproductive illness is a very sensitive issue which is shaped and reshaped by social, norms, values, and

practices. In Bangladesh, most of the people are Muslim and for this reason we see that many of the family maintain the *pardah* (veil) culture. And for this reason, they can make a few contacts with broader society, and it is thought that this process controls women's production and reproduction [9].

Nahela Nowshin, a reporter of The Daily star told that a paper published by Campaign for Popular Education (CAMPE) and Embassy of Netherlands contends that issues related to sexual and reproductive health rights among young women in Bangladesh are not given enough importance by society. The association of cultural, social and religious stigma, superstitious beliefs, and little to no knowledge of matters related to sexual and reproductive health issues [7]. In this research, I am trying to explore those different factors such as, social factors, cultural norms and values, education, employment, number of children, economic status, mass media, state policy etc are responsible for shaping women's reproductive illness in the patriarchal society of Bangladesh. In this study, I will try to show, how the women's reproductive illnesses in the patriarchal society are influenced by the socio-cultural factors?

PROBLEM OF THE STUDY:

Women's reproductive illness is culturally constructed. And the cultural construction of illness is socially learned and sanctioned experience [10]. Many women of my study area have been suffering from a number of reproductive morbidities from a long period and the women considered these disorders as not that much severe as these did not cause death. These caused prolonged sufferings and affected their daily activities in the households. Since certain social stigma related to these problems and due to avoid uncertainty of their marriage the women did not usually seek clinical treatment in this regard [11]. Women's reproductive illness is connected to social behavior. Now-a-days many scholarly writings have been found on women's reproductive illness. We can see many books, journals, articles, and other website writings on it where they focus on the health seeking behavior of women's reproductive illness, women's perception on their reproductive illness etc. On the other side, I came to know about the socio-cultural factors of the patriarchal society on women's reproductive illness.

Women's status is very important to cope with women's reproductive illness. In the case of

Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study

their reproductive illness, their social status can play an important role. And these factors affect women's coping strategy on their reproductive illness. These factors are given below:

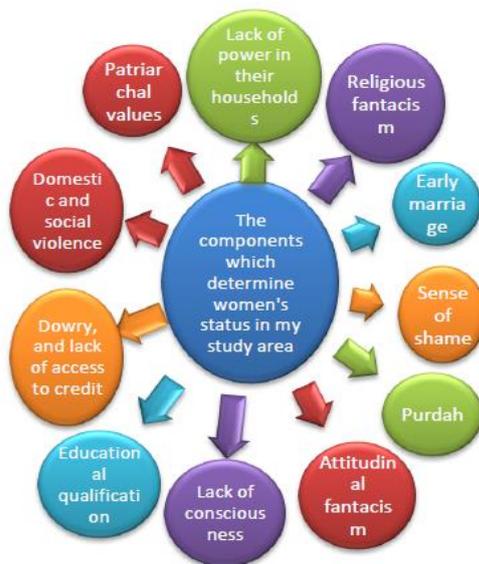


Figure 1. Factors responsible for the status of women in my study area

From the above figure, I saw that women's status is determined by the components of the above chart. Their educational qualification, lack of power in their household, lack of consciousness, sense of shame, early marriage, attitudinal fanaticism, *purdah* culture determined their status in the society, which I showed in details in below. The patriarchal values of the society, the domestic and social violence, and religious fanaticism also determined women's status in the society. And this status is very much important to construct different issues (conceptualizing reproductive sickness to illness, taking decision for the treatment of their reproductive illness) in the case of their reproductive illness.

Women's reproductive illness can be seen as a cultural practice. And this cultural practice is guided by various social norms, political, and economic factors. Various underlying meaning can be understood through this cultural behavior. The cultural practice of women's reproductive illness is affected by the factors which determined women's status. Women reproductive illness is shaped by socio-cultural practices and socio-economic conditions. Health care system articulates illness as cultural idioms linking beliefs about disease causation, the experience of symptoms, specific patterns of illness behavior, decision concerning treatment alternatives, actual therapeutic practices and

evaluation of therapeutic outcomes [11]. And for this reason, women's reproductive illness is considered as related to the socio-cultural factors. My study will show that women's reproductive illness is largely governed by the socio-cultural context of the study area.

Various studies on women's reproductive illness in Bangladesh focus on women's perceptions, reproductive health problems, health seeking behavior in women's reproductive illness etc. Although some studies focus on the women's reproductive illness, the study of the socio-cultural factors of patriarchal society which shaped women's reproductive illness as an anthropological study is rare. And very few study focus on underlying meanings of women's reproductive illness, how different socio-cultural factors shaped women's reproductive illness; how various socio-economic factors such as household income, women's income, patriarchal family structure, nuclear family shaped women's reproductive illness; how mass media effect on women's reproductive illness by increasing women's knowledge through telecasting, broadcasting, and printing different issues of women's reproductive illness; how power and practice affect women's reproductive illness by the impact of authority power on women's reproductive health, body politics, lack of reproductive rights and violence against women; and how different types of determinants including- women's literacy, number of children, literate husband, and women's employment shaped women's reproductive illness? These are the problems of the study. So, these problems need to be solved. As this is an anthropological study and anthropological study always analyzes the micro problem of the society, this study will focus on the above problem or issues of the society. And that is why this study can make contribute to the current knowledge systems.

METHODOLOGY

This study of the socio-cultural interpretations of women's reproductive illness was explored through different anthropological methods. To collect data for this research, I have chosen 80 individual women (of age group 15 to 49) who became the victim of reproductive illness or who have the knowledge on it. In this study, I have had in total 80 respondents, among them 40 respondents are reproductively ill, and other 40 respondents give me information on their relatives or neighbors reproductive illness, and their way of taking treatment. I used purposive

sampling technique which gives me detailed information on women's knowledge, socio-cultural beliefs, norms, and practices, in the case of women's reproductive illness. The data of the present study has been mainly collected from the following sources:

Primary Sources

Primary sources of data have been collected from the respondent directly. In this, fields will be considered as the primary sources of data collecting considering individual and household as basic unit.

Secondary Sources

Books, journals, articles, web-site writings, newspapers, statistical data, internet browsing etc. are considered as the secondary sources of data.

THEORETICAL FRAMEWORK

There is a close connection between theory and research. The initial impetus of research is the search for theory. The researcher's theoretical approach helps to define the problem and how to tackle it [12].

This study has followed Marxist idea. It focuses on the view that only capitalist society doesn't have the super structure and infrastructure but also primitive society has this relationship. Marx states that the economic condition determines the culture practices, religion, and politics in a particular society [13]. If we think the treatment pattern of women's reproductive illness as a culture practice, this practice is determined by one's mode of production. The base structure determined the superstructure, but their relationship is not strictly casual, because the superstructure often influences the base structure. In Orthodox Marxism, the base determines the superstructure in a one-way relationship [14]. In this study, I see that the socio-cultural interpretations determined women's reproductive illness. So, this theory can be applied in this study.

The conception of Foucault comes across with his bio-power [15]. The holistic power in any case depends on "controlling over birth and death". This idea was developed through control over disposing Roman slave and children. However, the control over life is partially hidden in our society but is accurately present through a shadow. Reproductive illnesses are also considered as a result of controlling life. And for this reason, women's reproductive illnesses are also partially hidden in our society.

Bio-power is the power over biological life. It can be practiced by parents, family, community, state, or even through institutions. And practices of institution are widely being practiced in individual life. One of the cause of women's reproductive illness is using modern contraception. So, the decision of using contraception also goes to the idea of control over life. So, it has been said that reproductive illness is related to bio-power.

Another conception of Foucault comes across with his "docile bodies": he said _ "One that may be subjected, used, transformed, and improved, and that this docile body can only be achieved through strict regiments of disciplinary acts" [16]. Foucault argues that we cannot choose to enter modern society; we are controlled utterly by it through its technologies of power [16]. In the theory of discipline, Discipline is a word Foucault uses that describes certain methods that are used to dominate "docile bodies" meaning humans who are able to be dominated, namely all of us. "Docile bodies" is compared by soldiers, which are actually be made. Docile bodies is an important concept because people are considered as docile, then the inclination to rule upon their people is also realized. People would use their power to control other by their efficiency of movement their internal control.

The ideas or methods, which made possible the meticulous control of the operations of the body, which assured the constant subjection of its forces and imposed upon them a relation of docility-utility, might be called disciplines. Basically, these disciplines are used to dominate people. And discipline produces subjected and practiced bodies means docile bodies.

In our country, people especially women are considered as docile bodies because they are considered as subjugated, subordinated, and dominated.

Foucault is very much influential for shaping the understandings of power. He has been leading away from the analysis of actors who use power as an instrument of coercion, and even away from the discreet structures in which those actors operate, toward the idea that 'power is everywhere', diffused and embodied in discourse, knowledge, and religion of truth [15]. Foucault's work marks a radical departure from previous modes of conceiving power and cannot be easily integrated with previous ideas, as power is diffuse rather than concentrated, embodied and enacted rather than possessed, discursive rather than purely coercive, and

constitutes agents rather than being deployed by them [17].

'Power is everywhere' and comes from everywhere so in this neither an agency nor a structure [18]. Foucault is one of the few writers on power who recognize that power is not just a negative, coercive or repressive thing that forces us to do things against our wishes, but can also be a necessary, productive and positive force in society [17].

Foucault's concept of power is different from the traditional liberal and Marxist theories of power. He said, power is not a thing but a relationship, it is exercised throughout the social body and it is omnipresent at every level of the social body, and the exercise of power is strategic and war like [19].

In this study, I will use Foucault's concepts of power, bio-power and docile bodies. These concepts are very much related to this research. The topic of this paper is that socio-cultural factors that shaped women's reproductive illness. I will see there that how culture impose their power on women in not telling their reproductive illness, how the state or government impose their rule or norms on the state people especially women on using contraception and for the reason of using contraception, most of the women faced reproductive illness, and how the state people especially the women of the state considered as docile bodies. As bio-power is considered as the power over biological life, it is practiced by parents, family, community state or even through institutions. As institutions practices their rules on individual life, it shapes women's reproductive illness through birth control method. And for the above reasons, I will use these concepts of Foucault in this study.

According to Sherry Ortner, in every culture woman are considered as subordinate to men and in every culture, men control the nature. And it has been thought woman's position is very close to nature. Ortner said the reasons of woman seen as closer to nature are- 1. Woman's body and its functions, more involved, more of the time with 'species life', seem to place her closer to nature, in contrast man's physiology, which frees from more completely to take up the project of culture, 2. Woman's body and its functions place her in social roles that in turn are considered to be at a lower order of the cultural process than man and 3. Woman's traditional social roles, imposed because of her body and its functions, in turn give her a different psychic

structure, which, like her psychological nature and her social roles, is seen as being closer to nature [20].

The theory of Ortner is very much relevant to my study. As women are compared with nature and men are compared with culture and men control the nature, men also control women's reproductive health, and illness through socio-cultural factors. Women's reproductive health is the issue of natural because giving birth and bearing child are the duty of women. Though giving birth by woman is naturally constructed, bearing child by woman is culturally constructed. In my study, I will see that women's reproductive illnesses are natural issues and these issues are shaped and reshaped by socio-cultural factors which are done by males in most of the society and I will see what condition in my study area. And for this reason, I will use this theory in this study.

WOMEN'S REPRODUCTIVE ILLNESS

To understand women's reproductive illness, at first, we should understand the conceptual distinction between disease and illness. And it becomes essential to understand the socio-cultural interpretations of women's reproductive illness. The concept of disease has historically been the most dominant category; it has a biological interpretation as well as refers to abnormalities in the structure of function of organ and organ systems, pathological states which are not culturally constructed. Health is considered as the felt experience of the individual, provides another meaning which is embodied in the term illness. Illness is considered as the feelings of not being normal and healthy. Illness may, in fact, be due to a disease, and due to a feeling of psychological and spiritual imbalance. And the perceptions of illness are highly culture related while disease usually is not. Illness is individual consciousness that there is something wrong [21]. Illness is shaped by cultural factors governing perception and labeling explanation and by processes attached with a complex family, social, and cultural nexus. Because illness experience is an intimate part of social systems of meaning and rules for behavior, it is strongly influenced by culture and it is culturally constructed [22].

The state of women's reproductive illness in my study area is very poor. Women feel shy to share their reproductive illness with others. And for this reason, they hide their reproductive

problem to others. The socio-cultural beliefs, norms, values shaped women's nature of hiding their reproductive problem.

SOCIO-CULTURAL INTERPRETATION OF WOMEN'S REPRODUCTIVE ILLNESS

The purpose of this study is to find out the major socio-cultural factors which are influence women's reproductive illness. The factors are demographic, social, cultural, political, religious, economic, mass-media, power and practice, literacy etc. These factors mainly effect on and shape up women's reproductive illness.

Culture

The culture of people is very much important to describe the group. For instance, a group can best be understood and described based on its cultural practices [23]. This is because people's culture best explains why and how they do, what they do and behave, the way they behaved. In my study of socio-cultural factors which shaped and reshaped women's reproductive illness, I saw that the cultural practices of women in the time of their reproductive illness are very much important. A shared culture based on the practices of the society or community. Each of these communities possesses norms and values about sexuality, and these norms and values can influence the sexual health, sexual behavior of community members. For example, strong prohibitions against sex outside of marriage can have protective effects with respect to STD/HIV infection and adolescent pregnancy [24]. But in the case of women's reproductive illness, the cultural practices such as listening the advice of relatives, elders, and neighbors; because of sameness, not to share their reproductive illness to the others people, always acting to become feet, drink *panipora*, use *telpora*, not to consult with a male doctor as well as not to consult with the doctor in the early stage of reproductive illness are available in the case of women's reproductive illnesses.

In many cases of my study area, different types of treatment are considered as the result of cultural practices. According to social network theory, the treatment of woman's reproductive illnesses may be associated with the normative behaviors in the community. In my study area, I have found that women are widely influenced by the cultural practice of their reproductive illness treatment. In my fieldwork, I saw that though some women became economically solvent, they took the traditional health care

system in the case of their reproductive illness. In this way I can argue with Marx's concept of base and super structure, where he said economy is the base of everything in our society. Most of the people in my study area used the treatment of their reproductive illness as using *telpora*, *panipora*; listening the advice of elders, using herbal medicine as well as the medicine of unani; taking medicine from the nostrum without any check-up, and examination; and consult with the female doctor when the situation became very much critical. Some of my respondents used the culturally practiced way of treatment in the case of their reproductive illnesses and they alone take this decision of taking treatment of their reproductive illness without consulting their husbands. And their husbands do not react with their wives in this case because they think that this process is culturally shaped means this process is maintained by their mothers, sisters, neighbors, relatives and the people of their society.

Poverty

Poverty is considered as one of the major constraints of anything. This poverty of course affects the health of women, including their reproductive illness. In my study area, I saw that most of the people who are poor, said me that they have not enough money to buy medicine or consult a good gynecologist. When I asked their about cultural beliefs, norms and shame, they told me that they always feel shy to share the case of their reproductive illness to others. They also told me that, in the critical situation, they have not enough money to take better treatment. In this, Marx's concept of base and super structure is applicable. And for this reason, they suffered more and sometimes, this suffering can cause death.

Political Factors

For a long time, in Bangladesh, there was no recognition to women's role in development activities. Especially their household works including preparing food and child minders as there are not for paid. But now-a-days, the policy makers of Bangladesh realize that paid or unpaid work of women has a great contribution to the development. Different policies have an impact on women's status and their reproductive health directly.

Bangladesh is an over-populated country. According to the final report of the fifth population and housing census 2011, the country's population stands at 15.25 corers. Due

to the increasing number of populations, this country face economic problem, health problem, social problem and many other problems. The population growth might cause unemployment problem and can cause any other social threats too. To bring down the population growth ensuring a standard living, increasing better economic and social condition, the state implemented family welfare planning [25]. The government of this state also implemented family welfare planning and introduced some slogans to aware people to have fewer children. But these policies of the government make women's reproductively ill in most of the cases.

In my fieldwork, in most of the cases I have two babies. They are influenced by the state slogans like – "*chotoparibarsukhiparibar*"; "*chelehokmeyahoukdutisontan e jothesto, ekti hole arovalo*". Etc. They are more interested to make small as well as nuclear families. So, implementing family planning program is successful in the state in a sense. From the theoretical idea of Foucault named "Bio-power", we came to know that a state can practice its power over the people of the state [15]. The state is introducing different types of state people is considering this as the idea they were waiting for this was supposed to be happen. In this way, the state controls its population and for this reason the state takes different types of rote to provide different contraception elements, the facilities of using contraception etc. But using most of the contraceptives are considered as the cause of women's reproductive illness. Another theoretical idea of Foucault is "docile body" means human body which is able to be dominated. And this human body is controlled by the state policies. Using modern contraception by human body is one of the most important policies of state to control population. And women's reproductive illnesses which are happened for using state provided contraception, makes women as docile body. During my fieldwork, I found some cases which are very much related to the government steps on women's reproductive illness. Some of the government steps are given below:

- The state introduces some statements to aware people on their reproductive health problems.
- The state provides some treatment freely or low cost for women's reproductive well-being.
- Various programs are telecast in television and radio by government to create awareness about women's reproductive health.

- Women's reproductive health problems are discussed in different types of newspapers, journals and magazines.
- State establishes different types of health complex and maternity clinic to provide different types of reproductive health services to women.

Economy

Economy is considered as the most important modifier in our daily life. People work to make a better livelihood in economic perspective. The socio-economic context affects the treatment of various types of women's reproductive illnesses. This context is also associated with patriarchal social structure. From my research findings, it is one of the main ideas of all interviewee's whom I spoke with. As it was previously stated that, this study deals with the objectives like women's sexual and reproductive knowledge including women's reproductive illnesses, the treatment system of women's reproductive illness, why or why not women take treatment of their reproductive illness; one of the important reason behind women's taking treatment on the time of their reproductive illness is their economic condition. In our society, economy is a very important aspect. Though women's reproductive illness in Bangladesh is shaped by its socio-cultural practices, its foundation is depending on economy. Here, Marx's concept of base and super structure is also applicable.

From the economic study analysis, we are familiar with the idea that there are immense demands among people. So, in the market economy, the demand is more than supply [26]. As a result, people try to make an equilibrium state to maintain a balanced life. So, in case of women's reproductive illness, the socio-economic context of women's taking treatment on their reproductive illness is a major field to discuss. In my study, I saw the effects of economic condition fall on women's taking treatment on their reproductive illness.

Demographic Factors

The demographic factors affect women's reproductive illness. Because the basic information such as age, religion, educational level, employment and income; the couple relationship including the marriage relationship and age difference between spouse; and the fertility related relationship such as number of living children, desired number of children, and desire for more

Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study

children influence women in the case of their reproductive illness.

Mass Media

Mass media is considered as mass-based pathways to reaching a mass audience that comprises people of varying backgrounds, who need the media to keep up with the pace of events around them. There is an 'umbilical cord' relationship between the mass media and society. Scholars interested in media-enhanced socio-economic development [27] agree that there is a causal relationship between the mass media (radio, television, newspaper, and magazines as well as other associated platforms for mass-based engagements and interactions) and the society.

The mass media plays a vital role in the modern era of globalization. Every aspects of our life are influenced by mass media and connected to mass media. The global world is shortened to a global village with the help of advanced multimedia development. This growth had reached all sorts of people to satisfy their basic needs and especially the women from the developing and underdeveloped countries utilized or not that should be known [28]. Women give less importance to their health especially in their reproductive health than men. Women's

reproductive illnesses are considered as a minor and that doesn't need any clinical assistance. Sometime they also fail to communicate their illnesses to their family members too. They have shy, ignorance, fear and inferior character which deny informing their reproductive illness to other persons [28]. They hesitate to meet the health personnel also due to their socio-cultural background. Here socio-cultural background depends on the social norms, values, attitudes etc.

The participation of women in the health sector especially the reproductive health sector is increased with the help of mass media. The newspaper had publishing different issues of women's reproductive health. It includes major threatening of women's reproductive illness, health tips, nutritional diet pattern and cover stories about women's reproductive health. The monthly and weekly journals and magazines also allotted a specific portion for women's reproductive health, and illness. Now-a-days the online news is also considered as one of the most important sources of knowing about women's reproductive health, sickness, illness, and its treatment. And these journals and magazines are very much helpful to women who can get knowledge towards health by reading the experts view about women's reproductive health and illness

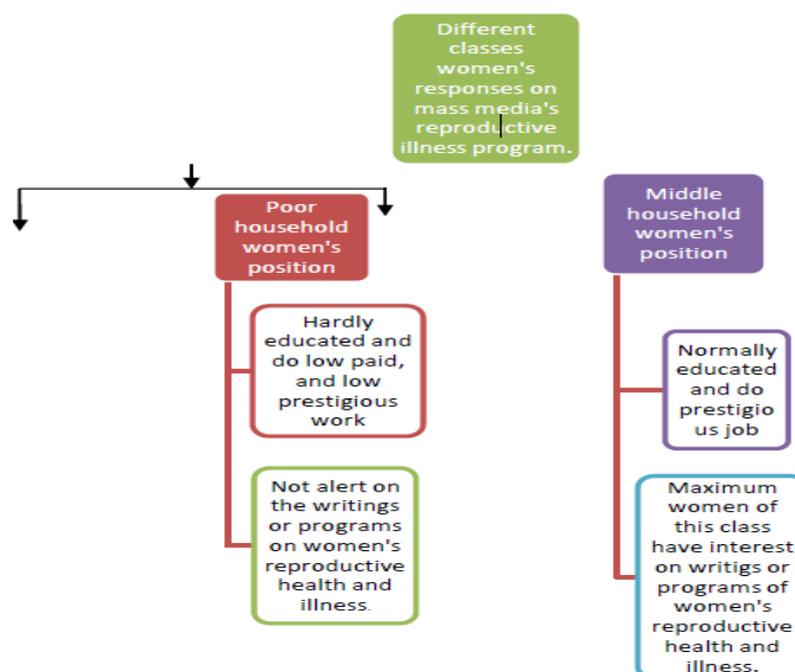


Figure2. Different types of women's responses on mass media's reproductive health programs.

The above figure shows that women's education, employment, family status determined women's attitude on mass media. In my fieldwork, I saw that the educated, prestigious job holder, and

good family status holder women are more attracted to reading, watching, and hearing health related programs, or writings including women's reproductive illness programs compare

Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study

to uneducated, less prestigious job holder, and less family status holder women.

Power and Practice

The concept of power and practice is very significant in the study of women's reproductive illness. As patriarchy is highly practiced in Bangladesh, the power is also exercised by the male of this country. During my fieldwork, I saw that male determined the family rules, social rules etc. and female practice these rules in their everyday life. In the case of women's reproductive illness, power is exercised by males directly or indirectly. According to Foucault, power is everywhere. And for this reason, I see the practice of power in women's reproductive illness.

The power and practice affect women's attitude on their reproductive illness. And this is also associated with the patriarchal social structure. From my research findings, it is one of the core idea of all interviewee's whom I spoke with. In our patriarchal society, power and practice is a very important aspect. Though women's reproductive illness is very much relevant to the socio-cultural factors, its cultural practice is depending on power and practice. From the theoretical idea of Ortner, we are aware of nature and culture. Nature is related to women and culture is related to men. In my study area I saw that men control the culture through the rules and regulations, and these rules and regulations are made by the powerful males of the society. In this way males exercise their power on the society including women. In the case of women's reproductive illness, during my fieldwork, I saw that men determine what types of treatment they took in the time of their reproductive illness, or either she took the treatment in that case or not is also determined by her culture. As the culture is determined by men, men determine the decision in the case of women's reproductive illness which is considered as natural.

Women's Literacy

Women literacy is considered as one of the important determinants of taking decisions on their reproductive illness. As literacy or education is considered as give freedom from their blindness of knowledge, the government of Bangladesh takes different types of steps to literate women. For different steps of government, and for the creating consciousness of parents, now many girls besides boys are becoming educated. Education helps women to open the door of

knowledge. In my fieldwork, I saw that very few of my respondents were totally illiterate. And others had either some, or little knowledge on education, or much knowledge on education. In my study, I saw that my respondents who were graduated or in the way of graduation and who were higher-secondary pass could take their reproductive illnesses seriously. But in most of the cases in my fieldwork, I saw that not only the uneducated women but also the educated women had the practice to hide their reproductive illness as they consider it as the matter of shame for their cultural practices. But after the first stage, the educated women take it seriously and take different types of steps to reduce their problem of reproduction. The literate women's decisions in their households got more priority compared to illiterate women's decisions in their households including in the case of their reproductive illness.

FINDINGS AND ANALYSIS

The findings of the study and its analysis are given in the following discussions and data presentation.

Table1. Different age's respondents in the case of their reproductive illness

Age (in year)	No. of respondents	%
18-25	23	28.75%
26-30	17	21.25%
31-35	17	21.25%
36-40	11	13.75%
41-49	12	15%
Total	80	100%

Source: Fieldwork, 2016.

The above table shows us that 28.75% respondents have reproductive illness or reproductive problem during the age of 18-25. 21.25% respondents also have reproductive illness during the age of 26-35. And in my fieldwork, I saw that less number of women were reproductively ill in the age of 36-49. About 13.75% and 15% women suffer from reproductive illness in the year of 36-40 and 41-49.

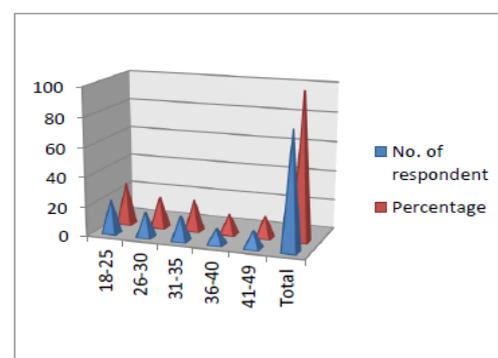


Figure3.

Socio-Cultural Interpretations on Women’s Reproductive Illness in Patriarchal Society: An Anthropological Study

Table2. Types of women’s reproductive illness

Name of complications	No. of respondents	%
Uterus cancer	2	5%
Tumor in uterus	5	12.5%
Irregular menstruation	6	15%
Lower abdominal pain	3	7.5%
Problem for contraception	6	15%
Infertility	4	10%
Pregnancy complication	8	20%
Weakness, dizziness	5	12.5%
Retroverted uterus	1	2.5%
Total	40	100%

Source: Fieldwork, 2016.

The table 2 (figure 3) shows that the uterus cancer, tumor in uterus, irregular menstruation, lower abdominal pain, problem for contraception, infertility, pregnancy complication, weakness, retroverted uterus are considered as women’s reproductive illness in my study area. And women of my study area are suffered from the above illnesses.

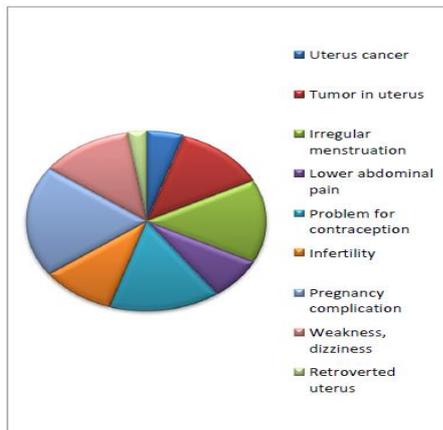


Figure4.

Table3. Different types of factors which are responsible for women’s reproductive illness:

Name of factors	No. of respondents	%
Culture	10	25%
Economy	9	22.5%
Political	5	12.5%
Education	3	7.5%
Employment	5	12.5%
Demographic	3	7.5%
Religion	2	5%
Knowledge	3	7.5%
Total	40	100%

Source: Fieldwork, 2016.

This table shows that the cultural, economic, political, educational, demographic, religious, employment and knowledge related factors influenced women’s reproductive illness.

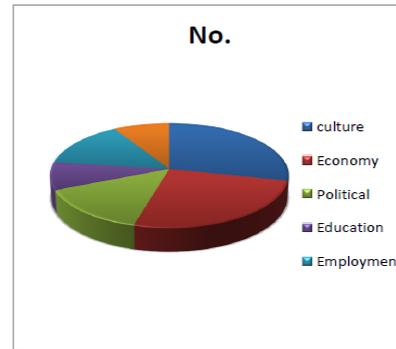


Figure5.

Here, I found a new understanding with a new outlook. Women’s reproductive illness in a patriarchal society is shaped and reshaped by the socio-cultural factors of that society. And women’s reproductive illness status is related to their age, education, employment, their husband condition, with a better socio-economic status, with women’s physical mobility etc. In my study, in some cases they are dominated and, in some cases, they got the priority and their all status depend on their socio-cultural background. Women’s reproductive illness is a sensitive issue and for this reason from my research I found that society’s norms, cultures, values, women’s knowledge, attitude, household’s and women’s economic condition shaped women’s reproductive illness. And basing on these, women health seeking behavior in the time of their reproductive illness is determined. I also found that women influenced by mass media, women took different types of decisions in the case of their reproductive illness. So, finally it has been said that the social, cultural, economic, religious, political factors as well as the power, practice, knowledge, mass media shaped or determined women’s reproductive illness. These factors influenced women to take decisions in the case of their reproductive illness. And these are also determined the treatment taking behavior of women in the case of their reproductive illness. I found two or three cases that women face domestic violence for breaking the social, or cultural, or religious, or other norms in the case of their reproductive illness. These are happened because in our society women are considered as a tool of subjugation or domination or subordination.

The elaboration and descriptive analysis of the major findings of the study, helps us to understand though women’s reproductive illness is a sensitive issue and women always try to hide their reproductive problem or illness, the socio-cultural factors which shaped out women’s reproductive illness in a patriarchal society

which changed women's perceptions on their reproductive illness.

CONCLUSION

The socio-cultural factors which determine or shaped out women's reproductive illness is the most important aspect of understanding sexual and reproductive health in Bangladesh. As Bangladesh is a male dominated patriarchal country, I found my interest to study the socio-cultural factors which shaped and reshaped women's reproductive illness. This study shows that as the issue of women's reproductive illness is obscure in our society, this study helps us to understand women's reproductive illness which is very common in our society. Culture, poverty, political factors, economy, mass media, power practice, demographic factors, and women's literacy all these elements are interconnected to understand women's reproductive illness. As women's reproductive illness is a sensitive issue, through this study I found that society's norms, cultures, values, women's knowledge, attitude, economic conditions shaped women's reproductive illness. And basing on these, women health seeking behavior in the time of their reproductive illness is determined. I also found that women influenced by mass media and took different types of decisions in the case of their reproductive illness. So finally, it has been said that the social, cultural, economic, political, demographic factors, as well as power, practice, mass-media, literacy determined or shaped women's reproductive illness

REFERENCES

- [1] Krishnakumari, P. Joshi, P. Arunkumar, M. and Sing, M.2014Women's perception of reproductive illness in Manipur, India. Hindawi Publishing Corporation. <http://dx.doi.org/10.1155/2014/321480>.
- [2] Malti-Douglas, Fedwa2007Encyclopedia of sex and gender. Detroit: Macmillan. ISBN 0-02-865960-0.
- [3] World Population Review2016<http://worldpopulationreview.com/countries/bangladesh-population/>
- [4] Ali, W. Fani, M.I. Afzal, S. and Yasin, G.2010 Cultural barriers in women empowerment: A sociological analysis of Multan. European Journal of Social Science.
- [5] Moore, K. and Heizner, J.F.1996What's sex got to go with it? Challenges for incorporating sexuality into family planning programs, New York: Population Council.
- [6] International Federation of Health and Human Rights Organizations (IFHHRO) 2016 Patriarchal attitude and discrimination of women in health care facilities. Wednesday, 15 June 2016. www.ifhhro.org/news-a-event/587-patriarchal-attitudes-and-discrimination-of-women-in-health-care-facilities.
- [7] The Daily Star2015Don't Ask/Don't tell. May. 12:18 am.
- [8] Bangladesh Demographic and Health Survey (BDHS) 2011 Bangladesh Demographic and Health Survey. NIPROT.
- [9] White, C. S.1992Arguing with the crocodile: Gender and class in Bangladesh. Dhaka: The University Press Limited.
- [10] Kleiman, A.1978Concepts and a model for the comparison of medical systems as cultural systems. Social Science and Medicine, 12: 85-93.
- [11] Mahbub, A.1998Shutika a reproductive illness in Bangladesh: Cultural interpretations and coping mechanism of the rural women. M.S.S. thesis, Medical Anthropology Unit, Faculty of Social Science, University of Amsterdam.
- [12] Fetterman, D. M.1989Ethnography: Step by Step. Newbury Park, CA: Sage Publications (13th Printing).
- [13] Eriksen, H. Thomas and Nilsen, S. Finn2001A History of Anthropology. London: Pluto Press.
- [14] Chandler, Daniel2000Marxist Media Theory. Aberystwyth University. Archived from the original on 5 July 2012. Retrived 22 July 2012.
- [15] Rainbow, Paul (eds)1984The Foucault Reader. New York: Pantheon Books.
- [16] Foucault, Michel1995Discipline and Punish. Translated by A. M. Shenider Smith, Vintage Books.
- [17] Gaventa, John2003A review of literature: power after lucks. Institute of Development Studies, Brighton.
- [18] Foucault, Michel1998The History of Sexuality: The will to knowledge. London: Penguin.
- [19] O'Farrell, Clare2005Michel Foucault. London: Sage.
- [20] Ortner, B. Sherry1974Is female to male as nature is to culture? Published in Rosaldo and Lamphere's women, culture and society. Stanford: Stanford University Press. Pp, 68-87.
- [21] Frakenberg, R.1980Medical Anthropology and Development: A theoretical perspective, Social Science and Medicine, 14 B: 197-202.
- [22] Kleinman, A., Eisenberg, L. and Good, B.1978 Culture, illness and care: Clinical lessons from anthropologic and cross-cultural research, Annals of internal medicine, 88: 251-258.
- [23] Ajiboye, O. E. and Abimbola, K. A.2012Socio-cultural factors affecting pregnancy outcome among OGU speaking people of Badagry area of Lagos state, Nigeria. International Journal of Humanities and Social Science 2(4), 133-144.
- [24] Amaro, H. et al.2001Cultural influence on women's sexual health. In: DiClemente R.J. wingood G.M.

Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study

- editor's women's sexual and reproductive health, New York.
- [25] Kulkarni, N. Kumar 2011 Population control and urban family planning in Bangladesh. Rockefeller Foundation.
- [26] Morrison, Ken 1995 Marx, Durkheim, Weber formation of modern social thought. Sage Publication.
- [27] Mowlana, H. (ed.) 2000 Communication and Development: Theoretical and paradigmatic development. In A. A. Moemeka (ed.), Development communication in action: Building understanding and creating participation, pp. 17-37.
- [28] Mary, I.J. and Chidambaranathan, C. 2011 Role of mass media in women health. Global Media Journal- Indian Edition/Summer Issue/June 2011.

Citation: Zannatul Islam, Hasib Bin Shahariar, "Socio-Cultural Interpretations on Women's Reproductive Illness in Patriarchal Society: An Anthropological Study", *Journal of Cultural and Social Anthropology*, 2(2), 2020, pp. 20-31

Copyright: © 2020 Zannatul Islam. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.