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PARDA AND SOME HEALTH PRACTICES IN TWO CONSERVATIVE RURAL
COMMUNITIES OF BANGLADESH

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ABSTRACT

This article, based on field observation and indepth interviewing in two rural communities of Teknaf *thānā* of the coastal area of Bangladesh, focuses on *pardā* and some health practices with a special reference to defaecation habits and water use pattern. Viewing defaecation habits and water use pattern as an expression of social norms, both women and men are analysed from the point of view of health practices. This analysis has shown that the practice of *pardā* has been responsible for differential defaecation habits and water use pattern among males and females. The study revealed that the males defaecate following rising from the bed in the morning. The timing for such defaecation may be either before sunrise or following sunrise according to his need. But women defaecate immediately following sunset and sunrise. For the sake of the observance of *pardā* women since their childhood develop the habit of defaecation following sunset or before sunrise. Indepth interviewing revealed certain unconventional practices of hasty defaecation and cleaning of bottom, when emergency need for defaecation by women arose during day time. It was found that for the sake of observance of *pardā* women mainly carried water from the tubewell following sunset and before sunrise. When there was need for water during day time women had to frequently depend on their minor children for carrying water from the tubewell. Observation revealed that the children were much less careful than the women in maintaining cleanliness of water from water collection point to home.

INTRODUCTION

The World Health Organization has adopted the goal of health for all by the year 2000^{1,2}. This goal has been subscribed by the government of Bangladesh also. The programme of health for all by 2000 includes the

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provision for an adequate supply of safe water and basic sanitation. In two rural communities of Teknaf *thana* in Bangladesh observations were made on sources and uses of water, and defaecation habits. Some field observations and indepth interviewing were made to investigate the role of *pardā** in relation to water use and defaecation practices. This study has policy implications in respect of implementation of programmes for adequate supply of safe water and basic sanitation for the conservative rural communities which strictly adhere to the observance of *pardā*. Traditionally the practice of *pardā* required women to be confined within the four walls of the home^{3,4}. Even today in the study areas *pardā* imposes such confinement to the homestead since women are permitted to go out of the house mainly following sunset and before sunrise.

The two study communities are situated in Teknaf *thana* in the coastal area of Bangladesh. The people of the study areas depend entirely on ditch and tubewell water for all purposes. Most of the households have no fixed latrine (Table 1).

The study communities have got a population of 4,242. They are almost entirely Muslim. The major occupation in one community is fishing, and that in another fishing and agricultural activities. The people of both the communities are mostly illiterate (Table 2).

METHODS

The methods in this study were field observations as participant observer and indepth interviewing with a special reference to water use and defaecation habits. Ten males and 10 females were selected based on purposive sampling for indepth interviewing. Only willing persons were interviewed. Women who crossed their childbearing age volunteered for interview. The observations and interviews were carried out during the end of 1980 and early 1981.

RESULTS

In the study communities it was observed that women adhere to strict *pardā*. It was found that during day time women passed most of their time inside the dwelling houses. The dwelling houses mostly have bamboo walls of low height and leaf roofs. Most of the houses have no windows and have one

*Seclusion of women from male strangers

to two doors. The dwelling houses are divided into male and female sections. In some of the houses the female section has a door leading to a small backyard mainly used by females. Dwelling houses are usually dark inside particularly the women's sections. Often the kitchens are situated in the women's sections. This section is also used for eating and storing of drinking and cooking water. The homesteads consist of one or more households and are surrounded by high bamboo walls with a gate. Males outside of the family cannot enter the homestead without prior permission. Such entry is not permitted when male members are not present. When male outsiders are within the compound of the homestead the women strictly remain inside the house and keep silent so that their voices cannot be heard by the visitors.

It was observed that women usually do not carry water during the day time. Due to *pardā* they fetch enough water to last during the day before sunrise, and also after the sunset. If the water runs out during the day time, then they ask the children to fetch water either from the tubewell or the ditch. It was observed that when the children carry water they do not pay particular attention to cleanliness.

It was found that sometimes elderly women fetched water during day time when no males were around the water source. In such cases water is collected quickly as a precaution against breaking *pardā*. The males and children take their bath at the water source. The female do not do it there.

It was observed that most of the defaecation sites for women were located in the nearby bank of the river and bushes. The defaecation sites for males were located in similar places further away. The defaecation sites showed that it was done in different spots indiscriminately. It was found that there were defaecation sites for women within the homestead compound.

In depth interviewing revealed that there were different time schedules for water fetching and defaecation for male and female which are linked with the observance of *pardā*. Most of the respondents stated that females fetch water and have their bath either before sunrise or after sunset. They stated that some women have their bath during day time in a fenced place located inside the homestead. All the respondents stated that due to the practice of *pardā* children are frequently utilized to fetch water during day time. They also stated that as a consequence of *pardā* resulting in restricted movement of the women during the day they use far less water for domestic and personal purposes than is actually required.

It was stated that generally men defaecate after waking up in the morning and the timing for the defaecation may be either before sunrise or following sunrise according to their natural requirement.

Most of the respondents stated that women usually go in groups for defaecation either before sunrise or after sunset with a pot of water each, which holds one-third to half a gallon of water.

Some respondents stated that when women felt the need for defaecation during day time 'they try to hold it with difficulty' till sunset. Sometimes such women skip lunch so that they can delay the movement of the bowel. Skipping lunch for these reasons sometimes occur several times in a month for most women. When they fail to hold the motion they defaecate hastily in the backyard.

DISCUSSION

The study communities are prone to frequent incidences of dysentery and diarrhoea. It has been found out that most of the dysentery cases were caused by shigella. A study by Rahaman and Aziz⁵ in and around the study area showed that during 1976 to 1978, 5,283 patients were treated with diarrhoeal symptoms. More than 80% of these patients gave clinical history suggestive of dysentery and the remaining were patients with diarrhoea. Among these patients 1,863 isolation of various serotype of Shigella were made which is 35% of the total dysentery and diarrhoeal cases. Whereas in 1968 Khan and Mosley⁶ reported that shigellosis accounted for 4.4% of all grades of diarrhoeas based on results from an intense community study in Dacca. The significantly high incidence of shigella in and around the study communities are related to scarcity of water for personal and domestic purposes. The findings of this paper give some evidences of relationship between Shigellosis and scarcity of water in the study area and that the strict observance of *pardā* has made the situation worse.

In the study communities women cook inside the house which is dark and offers limited visibility while washing, preparing food or serving. Due to the strict observance of *pardā*, the children frequently fetch water. These children often do not clean their hands adequately following defaecation after cleaning their bottoms.

At the time of defaecation a pot of water is carried to wash the bottom and hands afterwards which is not sufficient for proper cleaning. Proper washing of hands before eating and handling food is also not done frequently mainly due to the scarcity of water at home. Moreover, when one defaecates in haste during the day there is little scope for proper washing of hands after washing the bottom. Last but not the least we want to emphasize here

that this preliminary study on the influence of *pardā* on health habits indicate the need of further research on the behavioural aspect of the custom of *pardā*.

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