

## AVAILABLE HEALTH SYSTEMS OF VILLAGE TARAYYIA AND ADOLESCENT REPRODUCTIVE HEALTH NEEDS: A CASE STUDY OF RURAL VILLAGE IN PAKISTAN

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### ABSTRACT

*The norms and values shape the overall behavior of the members of a society. Puberty and discussion on it is a taboo in many societies and traditional cultures around the world. In case of Pakistan the acceptance of the growing needs of adolescents and youth has been recognized but finding ways to cope with the emerging need is another issue in its self based on the fact that great sensitivity is attached to it in terms of it being a norm and cultures are not allowing open discussions around it. A review of existing health systems in a remote village Tarriya has been addressed and it is seen that despite national and international commitments little ground work has been done.*

**Keywords:** Reproductive Health, Adolescents, Taboos, Cultural Norms.

### INTRODUCTION

Health structures of a community define how the cultural practices have been adopted by local rural communities in coping with the growing needs of adolescents living in a particular culture. The services available tend to show the importance a community lays in dealing with issues acceptable to cultures. Taboos and norms tend to influence what can be offered in health structures catering the needs of communities that are traditional and governed by strong un-written laws, thereby making the basic fundamental rights of its adolescent population at ignorance at many instances. . In some cultures there are<sup>39</sup> rites of passage to recognize this stage of life. In Pakistan, the health<sup>40</sup> services that are available to cater the needs of the women and children do not include any education or counseling aspects on pubertal growth, regarding it as a taboo. There is a growing concern, worldwide and specifically in Pakistan<sup>41</sup> regarding the reproductive health needs of adolescents. Most of them are married by the time they reach sixteen to seventeen years, and this is true for rural girls. There are also the impacts of global spread of diseases like HIV<sup>42</sup>/AIDS. The kind of information available to the adolescents and youth in Pakistan is insufficient, unreliable and misleading, because there is no established system which is accurate and need based. Pakistan is the sixth<sup>43</sup> most populous country of the world, with a population of more than 173 million, and growth rate of 1.73 percent per annum. At present there are more than 30 million adolescents and youth in the country. Pakistan is a signatory to ICPD<sup>44</sup> and being a member it needs to develop strategies to address the needs of its adolescent population. There are a few steps that have been taken by the public and private spheres but the need is

<sup>39</sup> Gennep, A. Van. (1960). "Rites of Passage". Chicago: Chicago University Press.

<sup>40</sup> Pakistan Demographic and Health Survey: (2006-2007). National Institute of Population Studies, Islamabad, Pakistan.

<sup>41</sup> Ibid

<sup>42</sup> Ibid

<sup>43</sup> Manual Of National Standards for Family Planning Services, (2010) Government of Pakistan.

<sup>44</sup> International Conference on Population and Development, ( 1994 ) Cairo

far more than the actions taken. Sargent & Johnson, (1996)<sup>45</sup>, have highlighted that there is scant literature available regarding the decisions on reproductive health needs of this age group. The Ministry<sup>46</sup> of Population Welfare (Government of Pakistan) has taken a step forward to address to the needs of the male and female adolescents. With the assistance from UNFPA; it started the process of providing information on reproductive health issues and sexual health problems, (menarche, physical growth in males/females, and its consequences.) According to the Pakistan Demographic and Health Survey<sup>47</sup>, Pakistan has a very high profile of young population- i.e. to say that 41<sup>48</sup> percent of the population is below the age 15 and only 4 percent of the population is over 65 years of age.

Puberty<sup>49</sup> is a normal phase of development that a child experiences, with appearance of physical characteristics different for both sexes. In anthropology the research in the context of decision making regarding the reproductive health is that of Nardi (1983)<sup>50</sup> her research is based on the Samoan population. She viewed how decisions are made for child –spacing and other social issues. Decisions shape the lives of the other members of the family. It is a cognitive process, leading to a course of actions among alternatives<sup>51</sup>.

In a recent survey conducted by National Institute of Population Studies<sup>52</sup> (NIPS), nearly 60% of the adolescents/ youth are aware of reproductive health issues and the percentage is higher in urban areas as compared to that of rural areas.

These practices are also dependent upon looking at the adolescents as a future force that must be protected from flow of information that can cause a negative impact on the traditional ways of dealing with health issues. The marriage factor is important in bringing a change in their lives, because now they are accepted and can have access to information which was forbidden with their maiden status.

The society believes that need based information should be made available, no matter how confused the adolescent can be, there are no means to guide and remove discrepancies that arise as a result of changes that take place in growing adolescents. Because it was the way my mother handle the situation, I must also follow the same pattern, because it bring harmony and comfort to the overall behavior of societies.

### **Locale of Study**

The study was conducted in the village Tarriya, of Union Council Tarriya, located in district Rawalpindi. The village is located in the Potowar (rain fed ) region. The study revolved around the health systems and the emerging reproductive health needs of adolescent girls. This particular village was selected because it had a few health related interventions, like a private medical center, LHV program and community health workers attending to the needs of maternal and child health.

### **Hypothesis**

<sup>45</sup> Sargent, F.C and Johnson, T.M (eds.) (1996). "Hand Book of Medical Anthropology. Contemporary Theory and Method", West Port: Greenwood Press.

<sup>46</sup> Personal Hygiene, and Reproductive Health Issues of Adolescent( 1998), Ministry of Population Welfare and UNFPA. Pakistan.

<sup>47</sup> Pakistan Demographic and Health Survey. (2006-2007). National Institute of Population Studies.

<sup>48</sup> Ibid.

<sup>49</sup> <http://tweenparenting.com/bro/Jennifer-O-Donnell-47404.htm>

<sup>50</sup> Nardi, B. (1983): "Goals in reproductive decision making" American Ethnologist 3: 697-714.

<sup>51</sup> James, G.M (1994) A Premier on Decision- Making: How Decisions happen. New York Free Press

<sup>52</sup> 'Reproductive Health of Youth: Perceptions, Attitudes and Practices' (2003). NIPS

“The cultural construct has made the available health system neglect the reproductive health needs of adolescent girls.”

## RESEARCH MRTHODOLOGY

The field work for this particular study began in February 2008 and it was in December 2009 that the research findings were completed. The research was made possible by applying a number of qualitative and quantitative research techniques

## THEORITICAL FRAME WORK

Robert Layton, states that,

*“The functionalist looked inside the units of what Durkheim had termed ‘compound societies.’ They investigated the internal structure of the social segments, examined the social relationship that held the segments together, and attempted to explain the apparent stability of segmentary societies”*<sup>53</sup> Robert Layton, (1997, p.26)

The Functionalists have proposed three different definitions of function.

1. First they define function in a quasi-mathematical sense, stating that every custom is interconnected with all others in the community, so that each conditions the state of the others.
2. The second used by Malinowski is drawn from physiology. The function of custom is to satisfy individual’s primary biological needs through the medium of culture.
3. The third from Radcliffe-Brown and borrowing from theories of Durkheim. Each custom functions in maintaining the integrity of the social system.
4. If we consider the third aspect, where Radcliffe- Brown talks about a system, its integrity and the part a custom plays in maintaining it, then we can look upon the rural community of Tarriya and analyze how customs affect the situation there

Defining the term custom,

*“This term refers to the totality of socially acquired behavior patterns which are supported by tradition and generally exhibited by the members of a society. A custom of only short duration is called a fashion. Customs are distinguished from habits, which are an individual’s idiosyncratic behaviors. Whereas society s believed to be the source of customary Behavior, Habits are believed to grow out of the unique biographical experiences of individuals.”*<sup>54</sup> Encyclopedia of anthropology: 1976, p-113.

Applying the above definition, to what the functionalists have said, the researcher found that where a traditional system exists, its members have adopted certain code of conduct, (rules and regulations) and they all adhere to this, which is not a written document but it is an un signed form of acceptance, amongst the members. Illicit relations out of wed lock are considered as a sin. There is punishment for those who break the rules or in other words deviance from the set rules is liable to resistance from the members of the group or community and deeper in the minds of individuals there is fear of punishment and resentment from the society. Despite all this the researcher could hear stories of breaking these laws. Thus the rules are broken and there is deviance, but the most important fact is that, the frequency

<sup>53</sup> Layton,R. (1997). An Introduction to Theory in Anthropology; Cambridge University Press.

<sup>54</sup> Hunter, David. E and Whitten, Philip. (1976).Encyclopedia of anthropology: Harper and Row Publishers. New York

of such out breakers is low. This is to say that there are cases against the said norms, but very few. If the society had not agreed upon a common understanding, then its members had a free will to do what they want, but knowing the consequences of this “free will”, the society has adopted a common understanding, and the socialization process of individuals as members of a family are actually reinforcing through training into their children from the birth. It is because of all this that a traditional culture like Tarriya has confined the puberty related information to limited access and only at a particular time some of it is being shared with adolescent girls.

In traditional and non industrialized societies strong adherence to such rules and regulations are observed, that are keeping its members intact. There are a few cases of breaking the law, but these deviants are dealt with full force and sanctions are imposed on them. When there is technological advancement, roles are redefined, for example like in cities, women are equally participating in economic activities like men, so their roles have been no more confined to homes, but have been redefined. So change is taking place, but slowly. So there is little resistance from its members.

Linking the functionalist theory to the social system in which the villagers live, it is through maintaining the integrity by the conscious efforts of the people by practicing the customs they believe can hold the social system together. This will be explained by sighting the examples from the actual situation.

If we look at a family, then we see that it is an institution, the work of this institution is to cater the sexual needs of the individuals that are bound into a marriage relation. On the other hand because of this marital union and accepted form of behavior from the community, the offspring's are produced. The family then rear the children and inculcates all those values, attitudes and behaviors that are acceptable for the community, of which this family is a part. The functions of the family include the following:

1. Fulfillment of sexual needs
2. Reproduction
3. Meeting, the basic needs of its members. (Food, shelter, etc.)
4. Socialization of children (values, norms, taboos)
5. Educating and skill development.
6. Marriage, of its adolescents/youth.
7. Keeping harmony and integrity in the society through establishment of above all.

The socialization process of the future generation, will inculcate all the moral values that the individual needs. As in the case of village Tarriya, it was observed that the puberty related information is very much controlled and only delivered to the adolescent girls when they have had their first menstruation. This information is limited and not complete, in the sense that there are no clarifications on what it means to menstruate. What is the body function, and what can be the consequences of a girl indulging into sexual interaction with opposite sex. This has further explanations as have been revealed from the discussion with the mothers.

1. The society believes that the control of information regarding puberty is essential in maintaining the mutual element of respect between mothers and daughter.
2. She believes, (mother), that passing of limited information to the adolescent girl will keep her innocent.

3. She believes that the girl has no mental capacity to understand information that has been kept in secret from generations and if this is shared before she enters into her married life, can have negative consequences.
4. Controlling of such information also keeps an upper hand on the girls who have limited information, so that too much knowing can generate new ideas in girls, like (now they can reproduce). The information that has been hidden from generations must have logic to it.
5. Through all this interaction they are able to keep the society, (adolescents) out from indulging into encounters that can have a negative impact on the overall morality of the community.

All these efforts have a definite link with the marriage and virginity of the adolescent girl, as there will be serious consequences, if she is found to be indulged in any kind of sexual activity. These acts are widely condemned and there are serious consequences of exhibiting such a behavior. Anthropologists believe, that health, illness and its remedies are all culturally constructed, and in order to understand them, one must look with the emic perspective. Actions that are acceptable in one culture, may be totally looked with suspension in another, but 'cultural relativism', as was explained by Boas<sup>55</sup> and Marvin Harris<sup>56</sup> carry a lot of significance to explain the practices of others. Perceptions of health for an individual are largely explainable in the context of the place where the individual shares a specific culture with his relatives and community. Religion is also an important aspect in understanding why a person is behaving in a specific way and especially those cultures that are greatly influenced by it are directly in line with its teachings. Emic perspectives also carry a lot of significance while looking into a special cultural belief and practice.

### **Anthropology and Female Health Decision-Making**

Decisions play an important role in the institution of the family. But even more noteworthy is who decides and what are the roles of "significant others" in this process.

Health seeking has a direct link with the power and authority a person holds in a family and a community. For the purpose of this research this aspect will be reviewed in the context of family and decision making with reference to the authority and autonomy the adolescent holds in relation to the parental and marriage related influences. Nardi,<sup>57</sup> is regarded as an important figure on the contribution of research based on decision making on the reproductive health. Her work was based on child spacing and other such issues of social significance. As far as the researchers own area is concerned Nadirs contribution are found to be useful in understanding decisions that are made by married adolescents on child birth and spacing.

### **Access to Health Care for Adolescents**

As far as the adolescent and un-married girls are concerned, they can have access to the Konan Medical Center, located at the heart of the village, where all medicine and doctor are free of charge. But this is only for minor treatments. As far as the issue of reproductive health is concerned, there is no female doctor available at this center. There is no health related education given in the school. The village people believe that the mother and the family of the adolescent girl are the best source for providing information on issues of puberty. The married adolescent girls do have access to all kinds of facilities within their vicinity, but as far as the un-married girls are concerned, it is believed that taking

<sup>55</sup> Boas, Franz..(1928) : Anthropology and Modern life. New York: W.W. & Norton and Company

<sup>56</sup> Harris, Marvin. 1968: The Rise of Anthropological Theory a history of theories of culture. New York: Thomas Y .Crowell.

<sup>57</sup> Nardi.B (1983) "Goals in reproductive decision making" American Ethnologist 3: 697-714.

her to a doctor for irregular cycle or any other issue might raise the inquisitive feeling amongst the village women, who may perceive it in some negative sense. In other words it is not a common practice to take young un-married girl for a reproductive health issue, hence the mother when finds that there is some problem she tries to address it at home, like abdominal pain during the monthly cycle.

### **Health Facilities (Village)**

There is a single BHU( Basic health Unit), serving a population of nineteen villages. This BHU lacked a number of basic facilities at the time when this research was under taken. There is no doctor available to look after the patients, at times the dispenser is handling patients and giving them general medicines that are not prescribed by a doctor. The BHU only contained medicines that were used for minor treatments. Another important issue that came under discussion was that there was no female doctor. The women of the village preferred to talk to female doctor for resolution of their problems. But with males, this could not be done; hence the demand of the area was that of a gynecologist. The normal health conditions that are prevailing in the area indicate that the children are reported to have stomach problems, like worms and diarrhea. Other than this one common problem amongst children and adults is skin infections specially allergy, this is also related to the personal hygiene and availability of safe and clean drinking water. Amongst married women and adolescent girls anemia was the most common visible complaint, the reason being repeated pregnancies, and lack of a balanced diet. There were a number of sugar cases and most of the elderly population reported of blood pressure. There were two ways of treating diseases one was based on the indigenous knowledge of the community and the other was medical examination and treatment, both were found to be effective depending upon the faith of the patient, but as far as attending to adolescent needs no counseling or help unit to give them guidance and support was available at this facility.

### **Konan Medical Center**

Konan Medical Centre was established in 1997 in Tarriya. Currently this medical centre is receiving seventy thousand per month as assistance and it is managing the medical centre with a limited staff of a doctor and an LHV. The medical center is placed as the house of a retired army official who is also looking after pick and drop services of staff and the male doctor. In a normal daily routine almost hundred patients are provided with free basic medical facilities, that include medicines and check up by a doctor. The cases that are complicated are referred to the hospitals which are not far from the village. Currently there are a number of private clinics near the main city area. The residents of this village and the Union Council as a whole have great belief in the services of the medical center and the doctor. Medicines of good quality are provided at this center. But as far as the adolescent population was concerned,( un married females), no services whether counseling or guidance was seen as its part, rather adolescents reproductive health needs were not found to be an essential part of health systems.

### **Tehsil Headquarters**

The Tehsil Headquarter is also a health facility that the villagers can avail. It is situated in Rawalpindi city. Here qualified doctors are available to treat the patients with good quality of medicines. But one has to travel a great distance to reach this facility. No consultation is provided to adolescents as part of health system, but the mothers have a chance to discuss if any problem is faced by their daughters. Normally mothers hesitate to talk about such issues as it is regarded as a taboo and also a topic of private sphere.

### **The Lady Health Workers Program (LHW)**

This program was introduced in 1994, by the then prime minister, Ms Bhutto. This was done basically to provide family planning services. Each LHW was given a target of a population of 1000 people where she was given the task of recording the eligible cases for family planning and introduces some method, like pills or condoms and also teaches them about small family norms. The married adolescents have an open access to discuss their issues, but no one can ever think that an un married adolescent can discuss, its against the norms and regarded as a family issue..

### **Traditional Birth Attendants (TBAs)**

Currently there are two traditional birth attendants in this village. They were un -trained when recently the PAIMAN,( Pakistan's initiative for mother and newborn) project helped in the training of these paramedics. In the past these TBAs were attending to the needs of not only this village but also the nearby villagers. They were called at various occasions of childbirth. After a few cases in which lives of mothers and infants were lost at the hands of these un-trained TBAs, the community decided to take the services of medical doctors and TBAs were replaced by a doctor in many instances of child births. These TBAs are attending to the needs of married adolescent girls, but no un-married adolescent girls has ever been made a part of this facility, these are only concerned with married women and their health needs.

### **CONCLUSION**

Hence the available health facilities in place within the village have no aspect for attending the needs of adolescent population, (un-married females), the culture does not allow any kind of flow of information or treatment of issues, that is culturally not acceptable and the open discussion around the topic is regarded as a taboo, thus through the control of information the virginity of the females is ensured. The health structures therefore have no representation of any nature regarding adolescents, (unmarried) reproductive health needs.

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