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# **WOMEN & HEALTH– PRE AND POST COLONIAL INDIA: IMPACT OF CHILD MARRIAGE AND SECLUSION**

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**Abstract:** Position and role of women in our society have undergone various changes through ages. In a country like India where the majority lives in poverty, women bear the maximum brunt of these poor living conditions. She suffers in health and mind. Situations become worse when poor financial conditions are coupled with socio-religious restrictions. This results in deteriorating health conditions of women. Two such factors from time immemorial are child marriage and seclusion. Even in the 21<sup>st</sup> century, we as a nation could not eradicate these social evils completely. Here in this paper an attempt has been made to portray the continuity of sufferings of women due to these above mentioned factors. How the joint family structure supplemented the practice of child marriage has been given due importance in the writing. From the Rig-Vedic times to the present day, the manner in which customs destroyed the physical vivacity and mental faculty of womenfolk has been furnished in some detail. Attempts of social reformers to raise social awareness as well as legal sanctions against such practices have also been highlighted. Emphasis has been put on the impact of social restrictions on the mental health of women. Till today, the concept of well-being of mental health has not been given due recognition. Through this paper an appeal is made to the conscience of people at large to take up the issue of not only women's physical but also their mental health.

**Keywords:** Child-Marriage, Joint Family, Mental-Health, Seclusion, Social-Reforms, Women.

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**Introduction:** Through ages women took similar pains along with men in establishing human civilization throughout the world, but they remained largely dependent on men-folk. In recent times the question of inequality of genders and the exploitation of women have become a major topic of discussion before the society. This results in certain changes no doubt but in spite of wide spread social movements and measures to reduce the inequality and exploitation of women the situation is still far from satisfactory. The social customs, religious restrictions, the patriarchal structure of the family organization have contributed to the social degradation of women in Indian society.

Women's health is inextricably linked to their social status. In many parts of the world, particularly in South Asia, discrimination against women starts before birth and continues until death. In most regions of South Asia, women are denied the rights and privileges afforded to their male counter parts both within and beyond the domestic sphere. Throughout their lives women endure discrimination based on gender which includes basic necessities of life like food, clothing and education. Further; South Asian women suffer greatly from a lack of access to health care-particularly in rural areas. Women often face traditional taboos, based on cultural practice and religious belief against consulting doctors. This is one of the main reasons behind the high rate of morbidity and mortality of women in South Asia. In India the most common diseases for women are diarrheal diseases, respiratory infections and prenatal conditions (complications or diseases that occur at or after twenty eight weeks of gestation or within the first seven days after birth).<sup>[1]</sup>

The nature of women's domestic lives can adversely impact their mental health. The reasons for this are many, including low status awarded to domestic work, as well as isolation and lack of economic and social support. Barring the poor working class, (in rural as well as urban areas) the middle and upper

middle class families still consider men as their primary bread winners. South Asian women are vulnerable to violence because of their low social status within the household and community.<sup>[2]</sup>

**Child Marriage And It's Effect On Women (Pre-Colonial Era):** From the later Vedic period till post colonial India the position of women declined consistently. In the medieval period practices such as Sati, polygamy, child marriage, illiteracy and austere widowhood caused havoc in Indian society. It affected women's position to a great extent. The practice of child marriage had tremendous adverse effect on the physical and mental health of a girl child. The evil resulting from the system of early marriage did not even escape the keen observation of the chroniclers and even the foreign travelers. Due to early marriage young girls became mothers of numerous children at a very early age thus their health deteriorated. Thevenot, a French traveller who visited India in the 17<sup>th</sup> C refers to the broken health of young mothers thus, "... but the women who have children so young, soon leave-off child bearing and commonly do not conceive after thirty years of age, but became extremely wrinkly..."<sup>[3]</sup>

The joint family structure inspired and nurtured the evil system of child marriage. The economic structure of a joint family was ideally suited for early irresponsible marriages. As a matter of fact marriage was not an individual responsibility but rather the joint responsibility of the family. A boy often got married at the tender age of ten and his child wife lived in the house till she reached puberty when the marriage was consummated. When the young man entered the ancestral occupation he stayed there with his wife in the family, when service or business necessitated his leaving his native village or town he went alone leaving his wife and sending his savings to the head of the family. Thus it was found that in an alien atmosphere when the wife was abused or even beaten up she seldom had the support of her husband. If he was an elderly man he had no concern for the wife and if young in most cases lacked the necessary courage to protest against the inhuman treatment. Historian Ghulam Murshid said that young husbands could not support their young wives basically due to three reasons 1) lack of intimacy ii) very young age and iii) total financial dependence on the family.<sup>[4]</sup> So it was obvious that the young husband could not provide any solace to his unfortunate wife and had to accept many immoral and cruel activities silently e.g. Shibnath Shastri, a leading Brahmo leader of 19<sup>th</sup> C Bengal had to marry second time in the presence of his first wife Prasannamoyee when he was only 19. Throughout his life he lamented this fact, asked for his first wife's forgiveness and later on decided to get his second wife Birajmohini married to someone else. Similarly Govardhanram Tripathy, a leading writer and reformer of late 19<sup>th</sup> C Gujarat also had to face the same dilemma. He was pained by the injustice meted out to his wife within the joint family and felt that men too were oppressed in patriarchal joint family where a young man had no individual freedom to stand up for his beloved wife.<sup>[5]</sup>

The scriptures have held up the ideal of companionship. *Rig Veda* describes married woman as a comrade (*sakhi*) of the husband with similar interests. It speaks of husband and wife as complementary to each other and emphasizes temperamental affinity between them.<sup>[6]</sup> The *Qur'an* has described husband and wife as each other's *libas* (garment). But instead, the woman was the drudging slave. The first essential of a happy family, free love between husband and wife was restricted and smothered by the cross influences of a number of individuals who did not strictly belong to the family. A genuine love, a true feeling of affinity, cordial companionship, mental correction and elevation – are said by modern scientists to be essential for healthy offspring. But joint family structure made that impossible. Relations between the newly married couple used to take a long time to settle down. They remained strangers to each other and had little privacy to enable them to develop understanding and admiration for each other. Also both of them used to play minor roles in the family as the family politics were dominated by the older and more experienced generations. This general pattern is amply substantiated by contemporary nineteenth and early twentieth century writings of the autobiographical and biographical genre, which paint a vivid picture of high caste women in society.

A joint household was not simply a number of unitary families living together. It was instead a structure of various hierarchical relationships. There a young wife was expected to be extremely submissive and deferent expressing respect for the in-laws and her husband and containing almost all of her feelings. Moreover there was a constant pressure for a male child on the young wife. Many young girls even died due to continuous pregnancy and childbirth. Those who survived the ordeal lost their health

permanently. As a result they could no longer render household service they used to give earlier and that in turn made their lives miserable. In case of the continuous birth of female child or barrenness, all hell used to break out, and these were expected from a mere child when she was married at a very young age. In effect, a woman's life was her life after marriage, which was mandated to take place before puberty. So one can easily understand the amount of pressure, both mental and physical, a girl had to sustain at a very young age.

Girls were given in marriage as early as 9 or 10 years of age. Pressure of domestic work as well as conjugality both was enormous for a girl child. Seldom had she got respite from either of these two in view of her tender age. For example, Saradasundari (mother of Keshub Ch Sen, a leading social reformer of 19<sup>th</sup> C Bengal) married at the age of ten and worked all day. When she was tired of household chores and wanted to play she was punished. What she remembered of her childhood was an all-pervading fear. Just a look at her in-laws was enough to dry up her blood in the veins. Girishchandra Vidyaratna, professor of Sanskrit college, Calcutta was married at the age of 11. While writing his autobiography at the age of seventy he could not forget the kind of pressure physical and mental his wife had to endure throughout her life. He genuinely felt for his wife but at the tender age of 13 or 14 could not protest against it and only told his wife later on that if they had their own son and daughter-in-law, they would never let them suffer the way they have.<sup>[7]</sup>

**Protest and Panacea:** A concern for the fate of child wives was voiced as early as the mid-nineteenth century by none other than Ishwarchandra Vidyasagar. In the second half of the 19<sup>th</sup> C, in 1850 to be precise, great social reformer Ishwarchandra Vidyasagar wrote in the magazine 'Sarbasuvakari' an essay 'Balyabibahar Dosh' (evils of child marriage), which was his most radical statement on gender relations. Throughout the essay he judged the existing husband wife relationship against an ideal norm of companionate conjugality based on adult mutual love (prony). He wrote, "in our country sincere marital love is rare: the husband is merely the breadwinner, the wife a domestic servant".

It was rather interesting that among the liberal reformers of India in general and Bengal in particular; the child marriage and the possibility of sexual abuse of infant wives by elderly husbands never formed a strong case. There had been from time to time occasional stray reports. The *Dacca Prakash* of June 1875 reported that an elderly man had beaten his child wife to death when she refused to go to bed with him. Neighbours had tried to cover it up as suicide but the murder charge was eventually proved. The jury however let off the husband with a light sentence.<sup>[8]</sup> The 'Education Gazette' of May 1873 had reported a similar incident when the mature husband of a girl of eleven dragged her out by the hair and beat her till he killed her for similar reason. He was let off with a light sentence as well. Reporting remained sporadic and the incidents failed to awaken the conscience of the society.

However the evils of child marriage attracted the attention of some social reformers of the country no doubt. In states like Bengal and Maharastra the debate on age of consent became a very important issue in late 19<sup>th</sup> C. On 20<sup>th</sup> March 1891 Criminal Law Amendment Act 10 revised section 375 of the penal code of 1860 and raised the minimum age of consent for married and unmarried girls from ten to twelve. However in spite of movements and protests child marriage continued unabated. A statistical data would further corroborate this point.

**Genderwise Distribution of Child Marriage Among Hindus (In Thousands).<sup>[9]</sup>**

**Male:**

Hindu	Unmarried			Married			Widowed		
	1901	1891	1881	1901	1891	1881	1901	1891	1881
0-5	992	993	961	8	7	0	-	-	-
5-10	952	953	969	46	45	0	2	2	1
10-15	833	811	818	160	183	176	7	6	6
15-20	613	587	589	369	401	395	18	12	16
20-30	260	245	251	698	725	712	42	30	37
30-40	87	77	78	843	865	859	70	58	63
40-60	51	40	41	805	831	830	144	129	129
60 & over	40	29	33	654	675	679	306	296	288

**Female:**

Hindu	Unmarried			Married			Widowed		
	1901	1891	1881	1901	1891	1881	1901	1891	1881
0-5	983	983	}910	16	16	}87	1	1	}3
5-10	872	850		122	146		6	4	
10-15	511	442	446	468	542	533	21	16	21
15-20	141	100	101	810	862	849	49	38	50
20-30	32	19	19	867	895	877	101	86	104
30-40	20	12	10	751	772	751	229	216	239
40-60	11	9	7	467	468	462	522	523	531
60 & over	8	6	5	150	133	140	861	861	861

The difficulty of enforcing a piece of legislation of this nature is obvious. In most cases of sexual intercourse with wives below the age of twelve, there was neither death nor permanent disablement and even if there was, neither the victim, if alive, nor her relatives went to law against the offenders for reasons all too plain. It was generally acknowledged that very few cases of a breach of law within the marital relationship came before the courts. The reasons were not too far to seek: there was widespread ignorance of the law, the raising of the age of consent by a mere year made no impact, and most important the wife and her parents were usually reluctant to speak out. The social structure was such that girls' parents did not have the mental makeup to protest. Girls were supposed to adjust with the situation whatsoever after marriage. Attempts to raise the marriageable age for girls continued and finally in 1929 Child Marriage Restraint act was passed under the initiative of Harbilas Sarada that came into effect on 1<sup>st</sup> April 1930. The age of marriage was fixed at 14.

**Present Scenario:** In India problem of child marriage continued in rural and semi rural areas even in the late 20<sup>th</sup> century. In the 21<sup>st</sup> century, a new era is supposed to have dawned on Indian society, but sadly enough girl children are still being victimised under the custom of child marriage. The Supreme Court of India had to issue orders in 2005 and to direct all collectors and superintendent of police in the country to take steps to prevent child marriage during festivals like *Ram Navami* (birthday of Lord Rama) and *Akkha Teej*-the most auspicious day for marriage in Rajasthan. During these festivals children are married off en masse in Andhra Pradesh, Bihar, Chattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. According to the census of 1991, the percentage of married females in the total number of females in the age group 10 to 14 was 13.2% in Rajasthan the highest in the country followed by Madhya Pradesh at 8.5% and Uttar Pradesh at 7.1%. For the country the percentage of married women under the age of 18 stood at 53.3%. Census 2001 reports that there are nearly three lakh girls under 15 who have given birth to at least one child.<sup>[10]</sup>

It has been found that the law prohibiting child marriage is seldom implemented in the states. Present day India is witnessing an emergence of this evil practice with large-scale child marriages being performed in total violation of law. The average age of girl children are twelve and families are not even ready for the girl to attain puberty. Her schooling is abruptly stopped. She is used as bonded labour by the boy's family and sexual abuse and rape of such girl children are common occurrences as almost every male in the boy's family uses her. She even as a child bears another child and gives birth to many more children while still a minor and dies young.

In today's time an estimated 208,000 women die annually due to pregnancy and birth related complications in South Asia. Norms of early marriage continue to predominate and a large majority of girls become mothers long before the age of 18. In villages such as Kottaiyur Kollai in Tamilnadu many women have delivered 10 to 12 children. The majority of Indian women are chronically ill as a result of malnutrition, lack of adequate healthcare and frequent child bearing. About 60 percent of them in their childbearing years are underweight, stunted by inadequate nutrition during their own childhood. Eight out of ten South Asian women are anaemic during pregnancy and many suffer from chronic energy deficit.<sup>[11]</sup> As per UNICEF 2000 report, percentage of pregnant women with anaemia in South Asian countries is alarming, e.g. India 72%, Nepal 75%, Srilanka 60% and Pakistan 45%.<sup>[12]</sup> A study conducted in the largest cities of India reveals that in the 6-14 age group, 66.7% of females in Hyderabad, 95.3% in Calcutta and 73.3% in New Delhi suffered from anaemia.<sup>[13]</sup> A study in Indian Punjab found that although most women realize the need for a more nutritious diet during pregnancy and lactation they are not provided with a special diet and their inferior status in the household makes it difficult for them to demand it.<sup>[14]</sup>

The average Indian woman is 100 times more likely to die of maternity related causes than a woman in the industrialized country. About 15 per cent of pregnant women in India develop life-threatening complications during pregnancy even today. Maternal mortality rates vary between regions within a country. In areas where health facilities are not easily available rates are much higher. Such high maternal mortality rates are a consequence of the overall ill health and nutritional deficiencies in women of South Asia. It should be realized that maternal death not only means death of a woman but also a difficult life for her surviving young children. Poverty is a major contributing factor to the ill health and malnutrition of women. In poor households especially in rural India women are exposed to toxic gases. Most households in rural South Asia depend on unprocessed solid fuels (biomass) such as dried animal dung, agricultural wastes and wood, which are burned in traditional stoves, usually without a proper ventilation system. These fuels release 50 times more toxic pollutants than cooking gas. On average a South Asian woman spends about 6 hours in the kitchen every day, and hence is the worst affected by the pollution. Such indoor air-pollution can cause chronic respiratory diseases. Adverse pregnancy outcomes have been found to be related to exposure to biomass smoke. Since independence successive governments have been trying to provide various facilities to rural women, which include modern cooking facilities. But unfortunately these schemes do not reach the women due to malpractices and dishonesty of middle-men. They take advantage of their illiteracy and poverty. So here we see how these problems are inter-related. Uplift of women's condition cannot be addressed in isolation. It is a part of the larger issue.

**Seclusion And It's Effect (Pre-Colonial Era):** The subjugation of women was a reality of Indian society and reflected in social customs like observing *pardah* and confinement in a particular part of the house known as *andarmahal* or *zenana*. These were the two instruments of seclusion the physical segregation of living space and the covering of the female face and body. They have different psychological and physical concomitants and affect women's mobility in different way.<sup>[15]</sup> Both these forms of seclusions were particularly meant for married women. No doubt the second part of the seclusion, i.e. confinement in a particular part of the house is no longer practiced to any great extent.

In earlier times seclusion of women particularly of higher caste made their lives miserable. Restrictions imposed on their movement had greatly affected their mobility. As a result they suffered in body, mind, health and vitality. Hindu women of middle or lower middle class could come out of doors with little or

no restrictions. It was the usual custom for husbands or some other male relations to accompany her when going outdoors. She did not cover herself from head to toe; it was enough to have a sheet or *dopatta* to cover her head, if married. Women of lower economic group were totally free of any *purdah* or seclusion.<sup>[16]</sup> Christian missionaries have also described these women as “...working in the fields and streets like cattle, but as soon as a man gets a comfortable income he shuts his wife within four walls as a token of his respectability and calls it *purdah*.”<sup>[17]</sup> This showed a very disturbing trend even among the lower classes. There had been a tendency to follow the practice of the upper class people. In villages or remote towns, the women only kept in the background and drew their “*chaddars*” well over their faces when men were near.

Incidences of ill health and disease were greater among *purdah* women than among men. They were, therefore, less healthier and lived shorter lives. Some of their bodily troubles were especially caused by the *purdah* system – such as osteomalacia or the gross deformity of bones especially of the pelvis due to malfunctioning of calcium metabolism caused by lack of sunlight and open air, and tuberculosis.<sup>[18]</sup> A British woman doctor working in a *zenana* hospital in Srinagar, Kashmir writes, “My attention was first drawn to this disease (osteomalacia) by finding that while the poor women had their children with comparative ease, the Kashmiri women of the better class had confinements of such difficulty that they sometimes died at home undelivered”. She further writes that the miserable state of affairs all too common in the east whereby the woman is, for all intents and purpose, a prisoner in her own home, leads to gross pelvic deformity, rendering the birth of children difficult and unnecessarily dangerous, if not impossible, and can be prevented by providing her with light.<sup>[19]</sup>

The sadness that surrounded the life of Indian women in health intensified hundred times at the time of illness and sufferings. The death rate amongst Indian women and children was enormous in the 19<sup>th</sup> century. The reason was not far to seek. Except in big cities like Calcutta, Bombay or Madras the patient however seriously ill was not allowed to see a male doctor, death was preferred. Examination of pulse and tongue through a hole in the *purdah*, unsatisfactory at all times, was impossible when the patient was prostrate in bed with serious illness.

This system of *purdah* or seclusion at times had serious and lasting impact on the free activities of normal lives. The *purdah* girls and women were denied opportunities for vigorous activities. Though a very little girl was allowed to move out and play outdoor but as she advanced in age restrictions were imposed on them. She was no longer allowed to indulge in such activities in which there were brisk physical movements such as sports and games. Cornelia Sorabji, prominent lawyer of her time and the first female advocate of India, remarked, “...I was once at a lady’s party in India where outdoor games were played, and out of about fifty Indian ladies present only one of them really knew how to run”.<sup>[20]</sup> It is in a depressive and negativistic atmosphere that a little girl in the *purdah* family was born and brought up. By the time she reached the age of ten or twelve years that is a little before the onset of puberty the *purdah* girl had conceived deep-seated fears of the outside world of men. These fears manifested in her various kinds of habits and attitudes. She acquired withdrawal habits became inward looking and self centred. The *zenana* was also a hotbed of family jealousies and quarrels. All these jealousies and quarrels in the *purdah* family often led to wife beating and child thrashing, if not to more tragic results.<sup>[21]</sup>

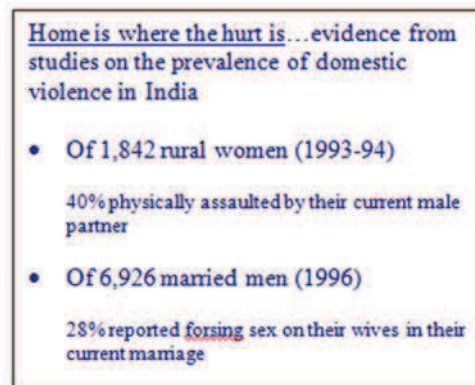


Fig.2: Home is Where the Hurt is<sup>[22]</sup>

**Present Scenario:** This thrashing and wife beating, which can also be termed as domestic violence, continues **even today**. Around the world, violence against women that occurs in the domestic spheres is the most pernicious. South Asia is no exception. Around two third of married women in India are victims of domestic violence. As many as 70 per cent of married women in India between the age of 15 and 49 are victims of beating, rape or coerced sex the United Nation Population Fund Report said.<sup>[23]</sup> It is not only damaging to women physically but also liable to have serious psychological effects both on them and their children because of the constant humiliation and fear they live with. Its most common form is wife beating no doubt, not just by the husband but sometimes by the members of his family as well. Largely viewed as a private family matter neighbours, friends, and even the wife's family rarely interfere in situations of domestic violence to rescue the hapless women. Women themselves, rarely report incidents of domestic violence to the police, believing that this will bring shame and dishonour to the family and will have negative impact on the future of their children. They fail to realize that by doing so they unknowingly bring up another monster in their sons. In a study it has been found that if the father dominates the mother and she accepts the domination it will seem to the infant the right way of winning love.<sup>[24]</sup> That's why man dominates his wife the way his father had dominated his mother and the tradition continues. The police tend to treat incidents of domestic violence as marital disputes and often refuse to register the case. The only times cases of wife abuse receive attention are when they take an extreme form.<sup>[25]</sup>

Cases of violence against women are often considered legal issues, yet the health consequences should not be ignored. The victims of violence often need both immediate and long-term medical assistance. Often more important, however is the manner in which the experience has shattered a woman's confidence and left her in need of psychological support and counseling. Psychological violence is harder to capture in quantitative studies. It has been found that the physical brutality with mental stress leading to a high incidence of suicide and suicide attempts. Suppression of mental torture often show its impact long after. Even without realizing the long -term consequences of domestic violence women try to cover up. In countries like India there is a serious need to spend more resources on the mental health aspect of violence. As a civilized society it is high time to wake up and provide the most pragmatic support our women deserve from the society.<sup>[26]</sup>

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