



# Children of Sundarbans: A Medico-Sociological Study of Their Health Conditions

Mamoon Bhuyan

Junior Researcher

Indian Institute of Bank Management, Guwahati, India

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## ABSTRACT

Sundarbans, the deltaic Bengal, and home to the fierce Royal Bengal Tiger is also a 'home in disguise' for almost four and half million people. They suffer from chronic poverty, acute malnutrition, and misfortunes of climate which is mainly cyclone and flood. However, little floats about condition of children and their vulnerability amidst unacceptable levels of deprivation and marginalization in every field. One among three children in Sundarbans is found to have suffered at least one episode of respiratory ailments, IJHMR, 2013. This paper attempts aims to explore the loopholes in service delivery mechanism in a medico-sociological manner and understand the

socio-economic and cultural conditions of these children so far.

**Keywords:** Children, mortality, belief, healthcare, women.

## I. METHODOLOGY

This paper has obtained data largely from secondary sources. Text-based approach has been applied for content analysis and socio-historical discourses that are already in light. Quantitative insights have been taken from news reports and journals. While conducting the study, ethical considerations have been taken care throughout.

*"Disease is the result of a person's lifestyle habits and the social environment in which they lived."*

*-Greek physician Hippocrates*

## MEDICAL SOCIOLOGY: AN INTRODUCTION

Medical Sociology seeks to understand the ways in which society approaches and shapes health, disease, and illness. Medical Sociologists define health as a state of physical, mental, and social well-being. We can say that health is a socio-cultural phenomenon. *Talcott Parsons (1930)* working within the structural functional framework describes the social and cultural responses to disease through the concept of what he called sick roles. They are the behavior associated with having an illness which is to follow the social norms expected out of an individual for instance, lying down on a bed while being unwell.

In this context, this study scans the health conditions of children of Sundarbans. Study conducted by *FHS-Institute of Health Management and Research (2013)* in thirty selected villages in the delta and non-deltaic areas of Sundarbans

revealed that 1200 households have at least one child between 0-6 years. The above-mentioned study also reveals that 17% of children in deltaic areas belonged to households that could not afford to fully feed children every day or any day in seven days. This is relatively more than non-deltaic areas which is 13%. Also, 42% of these children belong to Below Poverty Line households. The data shows signs of serious concern in context of health and mortality of children in Sundarbans.

## SOCIAL CONSTRUCTION OF ILLNESS:

Proponents of social construction study illness as a relationship of illness with expression, perception and understanding of illness by individuals, institutions, and various social institutions. They also try to understand why some diseases prevail, appear, or disappear in some societies and not from others. There are wide frameworks used in medical sociology that makes assumptions about relationship between ideas, social processes, and material world. However, this is not applicable directly to the straightforward biological diseases. They are only applicable to contested diseased such as the Gulf War Syndrome.



## SUNDARBANS: AN ENVIRONMENTAL SCAN

The Sundarbans islands, home to over three million people is vulnerable to both natural disasters. Cyclones and droughts are common phenomenon to the people of Sundarbans. The islands comprise of the largest delta of the world at the confluence of Brahmaputra, Ganga, and Meghna rivers. This region is also known for its rich flora and fauna including thick spread of a mangrove ecosystem. Despite its rich biodiversity, people living in the region are living on the fringes in respect of geographical position and socio-economic isolation marked by governmental policies of exclusion and disenfranchisement for these islands. Life in the Sundarbans is difficult at its best, with the male population migrating to Kolkata and other region in search of work, leaving behind families with children and ageing parents.

## UNDERNUTRITION LEVELS AND NEONATAL CARE:

Anthropometric data collected by (*Sundarbans Health Report, FHS, Hyderabad, 2013*) shows a very sorry state of children's health that is reflected in the nutrition levels. One-third of children are chronically under-nourished or stunted (low height for age) and 39% of these children are underweight (low weight for age). The vicious cycle of under-nutrition and morbidity is very much well established. Common ailments that they suffer are respiratory infection, gastrointestinal disorder, and numerous skin problems. Increasing salinity of water adds up towards new forms of skin problems among them (*Climate Change Cell, Dhaka, Bangladesh, 2012*).

One significant finding in this study is that the environment in which a mother delivers a child. *FHS-IIHMRSurvey (2013)* states that less than half of the births were delivered at hospitals, three out of four illiterate mothers gave birth of their youngest child by untrained hands. This situation leads to another aspect which is the extent of neo-natal care provided to the newborn. As most of them remain far away from clinical supervision, it reveals a sorry state of the condition. In fact, about 10% of children do not receive breastfeeding after birth. The survey also states that out of all home-born children of age 0-12 months, only 48% were visited and checked by health workers i.e., ASHA workers, Anganwadi Workers. ICDS provides extensive nutrition but there is a very long way to go. Most of the children get supplement nutrition when under-nutrition has already set in. Surprisingly, this is higher in non-deltaic areas than deltaic areas.

## ADVERSE CLIMATIC CONDITIONS, MIGRATION, AND ITS IMPACT ON CHILDREN'S HEALTH:

Regular climate shocks trigger bad health conditions. Regular events like cyclone and flood directly impact the livelihood of islanders. Also, rising global warming and subsequent rise of sea water level aggravate the destitution. Immediate impact of climate change is quite visible. However, long run impacts are invisible, and it adds to malnutrition and morbidity. *FHS Report (2013)* states that in the last twenty years, four islands have already gone under the sea. This cause with it flood-related diseases like diarrhea and respiratory disorders primarily among children. As the system of health itself is not content the children are further deprived of quality medical attention.

Source of livelihood in Sundarbans is limited to fishing and agriculture in a small scale. Men move out in search of better source of living to nearby towns like Canning, and Kolkata leaving the women and children behind. Male migration adds up to health concern. Women and children are left to their own fate when it comes to health emergencies. Resident Medical Practitioners in Sundarbans do their part, but there is a long way to go.

## CHILD DROWNING: AN ALARMING STATE

Children in some coastal regions of India such as the Sundarbans in the northern state of West Bengal are at a high risk of drowning, due to poor infrastructure, rurality, presence of unregulated open water, lack of safety awareness and inadequate health systems.

19% of global drowning happens in India. West Bengal alone comprises major portion these drowning (*George Institute for Global Health, 2019*). Nearly 30 child deaths occur each day in West Bengal alone. 3 children aged between 1-9 years old drowns each day in the Sundarbans. 90% of these deaths occur within 50 meters of the child's home.

The study by George Institute for Global Health, India says that there is a need in promoting awareness and basic infrastructure can help mitigate this issue. Some of them are:

- Promotion of family-based care of children that will help the children not to get into ponds or any kind of water bodies adjacent to their homes.



- Basic barrier in the form of bamboo or wood fencing around the ponds.
- Training of parents and family members to address drowning instances. This can be very critical to reduce mortality.
- Teach swimming to these children.

Integrated Child Development Services, Accredited Social health Activist and Self-Help Groups can come together and provide a comprehensive support in addressing the issue of drowning. They can be of great help in service delivery and increase public awareness.

#### **GOD'S WILL AND CHILD MORTALITY: A BELIEF**

Instances of female infanticide remains as a harsh reality of this region. Also, high infant mortality rates are countered by equally childbearing rates. Inhabitants of the island explain the death of the children as the will of Yama, a Hindu God of Death. For them, preventable infectious diseases are common as are infant and maternal mortality. All such concerns are subsumed under all-encompassing will of God of Death (Yama). It is believed that he aids women's efforts in making meaning of the tragedy of losing a child. The most widely accepted health belief is the accepted notion of Yama taking half of all children born as share, therefore justifying multiple pregnancies.

Female infanticide was justified with the belief that Yama preferred to take with him the female newborn. When a girl is born, the entire house seems deserted. And shrouded in darkness from mourning the birth of the girl child. Birth of a boy is celebrated with joy and splendor marked with the birth of Krishna (a Hindu God), identified as an incarnation of Vishnu, part of the holy trinity of Hindu religion.

However, the grass-root level health workers (mentioned later in the paper) could bring a little awareness about the superstitious belief by holding regular workshops and discussions. The workshops have facilitated critical analysis and understanding of gendered nuances female infanticide. Awareness on gender equality was seriously underlined by the health care workers which led to protection of female infants on a visible scale.

#### **CURRENT STATE OF RURAL-SUNDARBANS HEALTHCARE FACILITY**

*Biswas (2013)* mentions that the health care infrastructure in the region is solely dependent on a three-level healthcare delivery. This is on lines of institutionalized healthcare delivery system by Government of India. As per the Indian Public Health Standards established by Ministry of Health and Family Welfare, the first level of health care delivery is conducted at the PHCs (Primary Health Center). This caters a population of 20,000 at the local level. These PHCs refer cases to a nodal CHC (Community Health Center) for secondary level of care. A CHC is assigned to a population of 80,000. The CHCs are supposed to be equipped with 30-bed inpatient care facility providing medical care including obstetrics and gynecology, surgery, and pediatrics. However, there seems to be no specialized advanced medical facilities which would form the third level of health care.

The healthcare infrastructure remains largely fragmented primarily due to its locale that poses difficulty in accessing the islands. As a result, institutionalized healthcare facility is either non-existent or at best inadequate. This leaves the choices limited to indigenous healthcare providers using herbal medicinal supplements, private for-profit healthcare providers and non-qualified healthcare personnel who practice without any license or supervision. The village level healthcare workers who are envisaged as a key group of paraprofessionals who are trained, have the knowledge, and can identify, intervene, and evaluate safe pregnancy and motherhood on the villages. They work with pregnant women in the villages throughout the gestation period and up to a year after birth of the child.

These women are trained for a period of 10 months by a doctor, who is a healthcare consultant by profession. These women are also trained by Sabuj Sangha and Joygopalpur Gram Vikas Kendra. They are paid an average salary of Rs. 800 by these organizations. They provide an important systemic understanding of women's health beliefs and concerns in an environment of poverty, natural disasters, marginalization, and disfranchisement.

#### **A WAY FORWARD**

An untapped area for research lies in this area. It shows how a failing public health infrastructure impacts society at every level. Health infrastructure in Sundarbans depend not only on community and



organizational decisions and capabilities, but also the moon phases and tides that determines safety, security, and livelihood of the natives. The deep seated culturally embedded health beliefs that guide the people of this island nation contribute significantly to the health and lives of women, men, and children.

What we can gather after analyzing the data is that all patients are not treated equally. It depends on which social group they belong to. This not only shapes the health system in Sundarbans but across the globe. There is a vicious cycle of underdevelopment and undernourishment that has been created over the years. Role of the state is less impressive in protecting the basic health rights of children in Sundarbans. There must be a collective effort of state and civil society in addressing the challenges pertaining to their health. Integration of health challenges along-with ecological challenges can help us find a sustainable future for the children of Sundarbans.

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