

## DILAASA-CREATING SPACES FOR WOMEN IN A PUBLIC HEALTH SYSTEM

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### CASE STUDY I

Samina came to the Hospital reporting epileptic seizures. During this attack, she used to blank out and feel extremely weak. She was unable to recall anything during those blackouts. She also suffered from extreme weakness, constant tension and body ache. She had suffered from Polio just after her birth and hence is not able to use her right hand. Samina was referred to the psychiatry department. Her case paper stated that she had “Adjustment disorder”. She was advised to get an EEG done at another hospital and was asked to return with the results. There was also a query called Petitmal epileptic seizure. The psychologist suspected some kind of marital problems and therefore referred her to Dilaasa.

Initially when Samina came to Dilaasa she was a little apprehensive to talk about herself but after telling her about Dilaasa she opened up. Samina narrated that she is 19 years of age and has been married for the last two years. After marriage Samina was initially staying with her husband with her in-laws. Soon the in-laws and her husband started harassing her and taunting her that she is inefficient and does not take up any household responsibility. However Samina was physically weak and had also suffered from polio, hence she was not very fast in household chores. She tried to speedup her work at home in order to prove herself but the violence did not reduce. Her dizzy spells started yet she was struggling to manage her household chores with her illness. When she reported about these seizures to her husband he called her “mad”. It became like a joke at home. Samina while talking to us used to keep asking whether she came across as “mad”. Samina shared that she was accused of using her illness as an excuse to evade household responsibilities. She also confided in us saying that when she was unable to bear this any longer she attempted suicide by consuming rat poison to end her life. It was then that the husband decided that they should move out of the joint household. However, the husband was not earning enough, so they started staying with Samina’s parents.

Violence against Samina did not however end here. Arif continued to threaten Samina that if she did not behave as he asked her to then he would leave her and go. He continued to accuse her of being “mad”. No one was able to explain her blank outs hence her parents thought that it was best for Samina’s one-year old daughter Najma to stay with Samina’s sister. No one consulted Samina about this, which deeply hurt Samina. She desperately wanted Najma back and hence insisted to Arif that he let her work so that she can be economically independent, which would help her to get back the custody of her child. But Arif was strictly against Samina’s working. He told her “women from good families do not step out to work, what will the community say that Arif cannot look after his family! This will greatly insult him hence she should not work. Arif was playing a big role in breaking her confidence. He used to beat her even at her parents place. However her parents could not interfere as it was considered as a “personal matter”.

Samina who was married at such a young age was overburdened with household responsibilities. She was also scared of the fact that her husband can leave her and go away and her daughter was also not with her, she felt a sense of deprivation from all sides. Her self-image was very poor and her in-laws and husband had systematically shattered it. Samina like all women needed to be reassured that she is a worthy woman and that there is nothing wrong with her. Time and again she would ask whether she was “mad”. That was the extent to which her self-image was damaged. We reassured her that this was not the case. We also helped her to understand that many women are facing violence at home in different forms and it affects them in different ways. The manifestations of violence are varied and her “blank outs” might be one such manifestation.

In her next visit, she brought her husband and daughter to Dilaasa. That was the time we actually talked to him and explained to him about her blank spells. We negotiated with him that Samina needs love and attention that he had rarely displayed. We explained to him that instead of calling her names if he tries to show concern she would feel a sense of dignity. It was also explained to him that Violence is absolutely non negotiable. There was a need to put Arif at ease .It was discussed with him that one acknowledged that he was upset about Samina’s illness, but retaliating violently will not solve any problems. He should help her to find

some work and also get back their daughter. He was a little reluctant about her working but he was keen to get their daughter back. Both the partners saw this as a common goal.

Samina came with the husband after a week and had got her daughter along. She looked much more relaxed and her nonverbal behavior indicated that she was happier getting the daughter back. Arif also looked more relaxed and was looking at getting a new place on rent to stay. He had also promised that he would not raise his hand on Samina. After Arif went out with the daughter Samina said that she had not faced even one blank out in the last week.

### **Issues of concern**

This is just one amongst many other women who needed to talk of violence at home and that there was more to her story than an “adjustment disorder”. A woman who comes to the medical OPD is sent to psychiatry because she experiences blank outs after which she is sent to get an EEG outside as this hospital does not have the provision for it. Then the woman is expected to come back with the EEG results. In this long procedure the “woman “gets lost and more so when it is not even a “medical problem”. The link between violence and health is missing completely from the diagnosis of the doctor. By labeling her as having adjustment disorder the onus was put on the woman and the causal factors were not even brought to paper.

### **CASE STUDY 2**

Reshma had come to Bhabha Hospital in a very apprehensive state. She visited the Gynecology OPD. She told the Doctor that she had undergone Tubectomy but she wanted to have a child and whether it is possible for her to conceive again. The doctor in a rushed manner said that she would have to be admitted to get it done. Reshma was relieved that the operation be reversed. She came in for the operation with her husband. After the consent of the husband was acquired she went in to the O.T. whereby the Tubectomy was reversed.

The next day Dilaasa counselor visited the Gynecology Ward. Generally flicking through the file she came across Reshma’s case paper on which was written ‘Reversal of tubectomy’. It is unusual for women to undergo a tubal reversal hence the counselor decided to probe further and got talking to Reshma. Reshma was also keen to talk after she was given information about Dilaasa’s activities. Reshma is a 29-year woman and married for the past 11 years. She has 2 sons aged 10 and 6 years. The elder son stays with her and the husband but because of a hand to mouth existence her younger son stays with her mother.

Reshma is originally from Bengal and is one of the ten children of her parents who could not attend school because of poverty. As soon as she came of age she was married to Amrit who polishes furniture. He is a daily wage earner. He often returns without money if he fails to find work. Mere existence is a tough thing for Reshma. In these conditions she thought that not having any more children is the best option. She always knew that her husband would be vehemently opposed to this idea. Hence she confided in her mother that she wanted to get an operation, as she did not want to have more children. She was finding it difficult to feed one son, and one of her sons was with her mother, how could she have more children? Her mother understood Reshma completely. The Public Hospitals needs the husband to give their consent for tubectomy. Hence Reshma’s mother posed as Reshma’s MIL. They stated at Bhabha that the husband was on work and hence she has come to the hospital as the couple has decided against having any more children. Her thumb impression was taken and she underwent tubectomy (1994). Reshma was not explained the procedure and the possibility of reversal. After being discharged she was constantly apprehensive about Amrit finding out about the operation.

After a year of tubectomy, Amrit started harassing her for another child. She tried and explained to him that they could not financially take the responsibility of one more child. How can they possibly take the burden of one more? However Amrit just would not listen, he would come home in an angry mood and start abusing Reshma. Amrit accused her of having extra marital affairs. Day after day violence escalated. Amrit saw that these tactics were not working hence he threatened her with a second marriage. At this point Reshma could not handle it. She was not working and where would she possibly go? So many questions kept gnawing at her. This was when Reshma told her husband about her operation. Amrit accused her of going against him, how

could she dare decide without even consulting him on this matter. He abused her mother and natal family. She pleaded with him for more time and that was when she came to the Gynecology OPD. The doctor asked her to be readmitted and after the operation she could have more children. This time Amrit came to the OPD, as his consent was required. After the operation Reshma looked content with the tubectomy reversal because Amrit and she could have a child and he would not get another wife.

### **Issues of concern**

It is obvious in the case of this woman that the Doctor has not explained the procedure involved in the reversal of tubectomy. This is a gross violation of medical ethics. It is their responsibility to explain the procedures and impact of a particular treatment. In case of Reshma there was a need to state that women have a very low success rate of conceiving after reversal of tubectomy. This would have helped her think before taking a decision on reversal of tubectomy. Another Practice that has become an unwritten rule in the Public Hospital over the years is the need for the consent of the Husband in cases of women who are undergoing tubectomy or abortion. However it is important to state here that there is no law stating that the consent of the Husband is mandatory. It is such a paradox that the government looks at women as responsible for population control and hence the onus is on them to use family planning methods. However it is the same public health institutions that make rules, which are unfavorable to women who want to avail of family planning methods. In such cases women then try and use innovative ways such as getting their mothers to pose as mother in laws.

### **WHAT CAN BE DONE?**

What comes out strongly is that health care providers are not able to see any link between violence and health as each is seen as a compartment. However these two stories indicate that women facing violence do come to the hospital for treatment in different departments. They are treated only for their physical health and never provided with emotional support.

Dilaasa has emerged out of these concerns for women. It provides space within the public health system for women to talk of violence. This is a joint initiative of CEHAT and K. B Bhabha Hospital, Bandra. Dilaasa provides them social and psychological support to women facing domestic violence. Dilaasa is also simultaneously involved in gender sensitization of the hospital staff and train them to identify women facing domestic violence.