INTERSECTION OF HEALTH, GENDER AND CULTURE IN DOMESTIC SPACE: A CRITICAL PERSPECTIVE ON REFERENCES TO HEALTH ISSUES IN SELECT KANNADA TEXTS

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Abstract:

In the present society, health care system has improved and is able to reach the corners of the villages in India. But still women's health is compromised on the name of fulfilling familial roles and responsibilities. The present article attempts to highlight the critical understanding of the conditions of the marginalised Muslim community women represented by Sara Aboobacker and Banu Mushtaq in select Kannada fiction. The close reading of the literary texts with health humanities perspective provides ample narratives highlighting the interplay between gender and power dynamics in the domestic space. The article would be valuable as it traces link between gender, lack of nutrition, reproductive health of the women, and mental and physical illnesses caused due to denial, negligence and ignorance.

Keywords: *Power, Health, Gender, Trauma, Community, Culture, Tradition*

Introduction:

In the human society, often the growth and success of an individual is measured and recognised in terms of one's material progress. And in the pursuit of success, often the health gets compromised. The good health in general terms can be defined as physical and mental strength, endurance, will power and adaptability to changes. But it is noticed in everyday life that individuals often fail to have all of it all the time. There is no individual in the society who can claim good health, one is active and never experienced low energy, mood swing or fell sick during the last 24 hours or in life time. In the present society, health care system has crossed the spatio-temporal limitations and has emerged as a major sector globally. In the Indian context, it is able to reach the villages. However, even today certain marginalized communities/people from the lower strata of the society and gender are deprived of affordable health care. On one hand there is a shortage of facilities, and on the other hand there is a lack of awareness about the facilities available and also the healthy choices one can make to keep healthy.

The gender and power dynamics also play an important role in providing health care facilities. The surveys and researches, as case studies or empirical studies are conducted by NGO's, WHO or state and central government to know the status of women's health and often these researches lead to programmes and plans to create awareness about women's health in diverse modes. Despite this, there is no comprehensive record and solution to resolve the issues and still woman's health is compromised on the name of fulfilling familial roles and responsibilities. Things might have changed to certain extent but in marginalized communities and in rural areas the condition of women is still problematic. They suffer as patients or as care givers. The arrival of Health humanities in the main stream discourse and intersection of multiple disciplines have created a space for dialogue and understand the humans holistically. Health Humanities is not limited to practitioners of medical or alternate healing but is inclusive and promotes wellbeing and the idea that health is a useful concept than just data collection and analysis. It is a space that appreciates arts and humanities as an enabler of health and well-being. Craig and Erin's understanding of the purpose/function of Health humanities is quite exclusive, it is understood that the spirit of Health Humanities is not just about understanding the human experiences of health and health care: it is also about wielding a persistent voice of critique and working explicitly towards social justice. It is interested in exposing the contested spaces and power dynamics. If the spirit of the definition is applied to understand the relation between gender and access to health care facilities, various facets of the society are exposed.

Health humanities focus on health, which is broader than just medicine. Healing and illness concern not only physicians, nurses, allied health professionals, and patients, but also their families, whole communities, and the fabric of the societies. It studies health within its socio-cultural context, which reflects the historical biases of culture. It is also an applied enterprise and united not by method but by values and common spirit of knowing, attending and healing of human illnesses ranging from mental to physical health to the factors that influence human health. This nature of Health humanities allows the researchers to extend its scope to literature and derive a comprehensive and holistic understanding of the ways in which health is perceived and defined by the commoners. Literature being a reflection of life and also source of sustaining minds is a major avenue for finding representations from the margins, in this case women. The corpus of creative writing by women has been voicing women's concerns whether it's the question of identity, agency or spiritual quest. But the critical revisioning of the women's writing proves that there are random but prominent representation of the health concerns of women.

The present article attempts to highlight the critical understanding of the condition of marginalized Muslim community women represented by Sara Aboobacker and Banu Mushtaq in select Kannada novels and short stories. These writers' works have been studied from feminist and women's perspectives in Kannada but have not drawn attention towards representation of health concerns. This article would be an attempt to open the new avenues of research. Aboobacker is critical of patriarchy and misrepresentation of religion and its use as a tool to control and exploit women which leads to desertion, negligence and suffering especially, the mental and physical health of the females of all the age groups. Both the writers' fiction primarily revolves around socio-economic conditions, denial of rights of women and deterioration of women's health due to ignorance and negligence. Both of these writers are prominent women's voice in the Bandaya/literary movement in Karnataka from the Muslim community. Mushtaq joined the force late but stands committed to understand and present the dimensions of the Muslim community culture and position of women in the society.

The article assumes that the writers explore the intricate cultural web that creates a space of negligence, suffering and death due to personal greed and also due to ignorance and blind faith. The contextual reading and qualitative analysis of the texts with feminist theoretical understanding provide ample examples of narratives of gender discrimination inherent in providing health care to girl child, young wives and young mothers. Gender, religious belief system and culture play a major role in the facilities extended to female gender. This article concentrates on representation of woman's reproductive and mental health. It emphasises the lack of awareness and facilities, and discrimination in providing the medical treatment and/or alternate healing facilities to women during pregnancy and post pregnancy period. With the close reading of the texts, it also exposes the hazards of early marriages, teenage pregnancy and multiple abortions on woman's health and the consequent adverse effects on the children in general and girl child in particular. Despite availability of government facilities, the pregnant women are not taken to the health centres in time or for follow ups, or, they do not avail it in critical conditions as they hardly realise the worth of their lives beyond care giving, child birth and nurturing. The understanding of woman-hood and mother-hood comes with a sense of duty and sacrifice of not just time, but self as well. This is evident from the select texts.

The article draws ideas from *Chandragiri Teeradalli* (translated into English as *Nadira-Breaking Ties* by Vanamala Vishwanatha) and *Sahana*, and Banu Mushtaq's collection of short stories *Heart Lamp* translated by Deepa Bhasthi. These texts focus on the women's mental and physical struggles and its impact on the overall health of the women and other family members. The issues problematised by the writers are the views of an insider seeking internal reformation in the community and are objective in their approaches to the issues of the women in the community. The article would be valuable as it introduces narratives pertaining to woman's health from the writers from the margines. Not all of their writings are available in English translation, Banu Mushtaq's one short story collection and Aboobacker's one novel have been translated into English. Mushtaq opines that patriarchy, oppression of women and certain cultural beliefs are found in all the communities and religions but certain problems are community specific which can be resolved by discarding certain belief systems and realization of the rights accorded by the law and religion to women.
Aboobacker and Mushtaq differ in their style of writing but both write about their culture and position of the women in the community, and also about the role of religious and political leaders misrepresenting the holy dictates for personal gain. It may be triple talaq or multiple marriages men find ways to control women. The select texts speak about patriarchy, oppression and exploitation, cultural practices related to women, and health concerns of the women and children which have been so far neglected in the mainstream writings and research. However, Health Humanities equips such research to understand the concerns with new perspectives. It traces link between lack of nutrition, reproductive health of the woman and mental and physical illnesses caused due to denial, negligence and ignorance while playing multiple gendered roles. Being multidisciplinary and trans-disciplinary in nature, it helps in interrogating a text's context: how a text is reflective of the particular place, time, and culture of its production, and how it influences those who consume it and their cultural moment. In this case, the select works provide abundant references to critique the systems that inflict injustice in relation to health of women.

A physically and mentally healthy individual can contribute to the family, community and the society at large. The economic contribution by men is valued and woman's domestic work is undervalued as unskilled task, as a consequence, the attention shifts to keep men healthy. The culture, according to Raymond Williams includes a particular way of life, which expresses certain meaning and values not only in art and learning but also in institutions and ordinary behaviour. The analysis of culture in this light helps in understanding the meanings and values implicit and explicit in a particular way of life (*Culture and Society,* 57). A critical review of cultural practices embedded in the texts reveal that importance is given to a male-bread winner in a family and it affects not just the socio-economic position of the women but also affects the attitude towards the health of the women. Woman is needed at every walk of life but her health often takes a back seat.

In the context of Medical Humanities, in *Spirituality and Patient Care*, Harold Koenig emphasises the need to consider a patient's /person's religion and spiritual belief, and cultural context by the doctors. Harold rightly observes that patients often use religion or spiritual beliefs and practices in order to cope with their sufferings and pain. Patients' religious beliefs can affect medical decision-making as well compliance; there is a substantial amount of evidence to suggest an association between religion and health. Koenig defines religion as an "organized system of beliefs, practices, and rituals of a community…designed to increase a sense of closeness to the sacred…and to promote an understanding of one's relationship to and responsibility for others living together in a community" (quoted in 'Religion and Medicine', *Medical Humanities: An Introduction*, 296-297). Every community has its unique tradition and often practices are relatable to other faiths and traditions. But communities have personal laws for maintenance of discipline and wellbeing of the community which binds them to a community making them unique. If this understanding is applied to Sara Aboobacker and Banu Mushtaq's 's fiction, it points out at the interrelation between women's suffering and orthodoxy and dogmatism, and religious beliefs. Aboobacker and Mushtaq have portrayed women not just from the poor localities and economically weaker sections (Nadira, Naseema, Sakina, Zohara, Sameera and Amina) but also see through women from middle class and upper classes. The women protagonists show an understanding that they suffered because of dogmatic aspects of community life. None of the characters question but shows the spirit of psychic ability to think of questioning the God's order created by community men. The dual battle and confrontations are fought and lost in silence with rare occasional outburst and ends with surrender to the will of the God.
There is a direct relation between the mental health and violence. Physical and emotional violence are the major threats to women's mental health. A researcher, Alison Brysk Jesilyn Faust's observations on the gendered violence and violence in an intimate relationship are agreeable. Intimate partner violence is not just a personal or social pathology, but it is a symptom of patriarchal abuse that crosses every culture, regime and level of development, although its forms and challenges differ ('Contesting Femicide: Social Movements and the Politics of Men's violence against Female intimate Partners', *Sage Hand Book of Domestic Violence*,2). This idea can be further extended to study its impact on woman's health. The depiction of domestic violence and its impact on women's health are noticed in the novel *Nadira Breaking - Ties*, *Sahana* and select stories. In *Sahana,* Sakina's case stands as an example for all the marginalized community women in general and the Muslim community women in particular. Some women are deserted by their men without stating reasons or for giving birth to females. Women work hard to survive and sustain their children and, in this process, lose their health completely and often lose their children due to poverty. A woman living with husband has a different kind of suffering from that of a single mother. For instance, Fatimma (*NBT*) and Sakina (*Sahana*) respectively are mothers, wives and bread earners. Khan, Fatimma's husband continues to torment his wife and daughters till one of the daughters commit suicide. His short temper and ego ruin his daughter Nadira's life. She goes through a series of mental trauma due to uninformed talaq from her loving husband and separation from her baby boy. She has night mare, delusion, and depression. When the

ex-husband wants to reunite, the community maulvi states the conditions and practices which are disheartening. She is convinced to remarry for the sake of her child. Traumatic silences haunt her and she agrees to the condition. She is made to wed another man for a night so that she would be divorced the next night and reunite with her ex-husband. Such cultural practices and religious norms suffocate her, she is traumatised and feels worthless and does not feel like allowing the man to touch her. The fear of spending a night with that man makes her anxious and ultimately force her to drown in a tank located on the premises of the masjid. Aboobacker critiques such practices as patriarchal tools used to control and exploit women and calls for revisiting the practices and change with time for the betterment of the individuals and the healthy society. The characters in the novel argue that these practices are carefully devised through misreading of the holy texts by men. Aboobacker traces the trauma this practice inflicts on woman's mind and body leading to illnesses and death. Similarly, examples of violent behaviour and marital rape can be traced from Fatimma's life. Some people do not like to call it an act of violence as it happens within the frame of marriage-a legitimate relationship. But violence is violence, whatever may be the nature of relationship and moreover, dismissing such behaviour will only create problems and lead to mental health issues, family disputes, and death.

Reproductive health, early marriage and multiple pregnancy are the recurrent themes in these texts. The Muslim community women are depicted as suffering because of multiple pregnancies and refusal to follow family norms. The factors like polygamy, triple talak/ divorce, lack of family planning and ignorance of women about their rights (religion and law) are complementary and directly proportional to the poor health of women and children. The women characters often think about family planning to stop their suffering; they observe their declining health and physical appearance and sometimes share their worries with friends that they are ageing faster and losing their health due to annual child bearing, whereas, the other women of their age have better health; they inquire as, does it hurt to get operated? Is it safe to get operated? However, their husbands scold them and remind them that their religion does not approve family planning. The problems of women are rooted in apathy of the family and community practices which foreground its identity. The major cause being misreadings of religion and its teachings. In *Sahana*, Naseema's story is important for many reasons as the novel brings forth the issues of early marriage and multiple pregnancies, refusal to accept small family norms, gender discrimination, sexual violence and apathy of men towards women. The texts depict that in the economically backward family woman's health is a major concern. Through Naseema the writer throws light on the dilemmas, confusions and struggle of young girls to fit in to various familial moulds and negligence of health. For instance, Naseema gets pregnant at the age of fourteen and is forced to complete household task and then roll beedi for the rest of the day. "For others, Naseema was a married woman, a man's wife, and expected to be a mother in a few months right after marriage. In her husband's house, she is supposed to cater to every one's needs, adjust to life, sacrifice and be tolerant like mother earth" (*Sahana*, 66). The young girl leads a restless life.

Superstition and blind belief related to pregnant woman's health and care are critically addressed in these texts. Malnourishment and body shaming is again common in the society especially a girl child or woman is forced to exercise control on even food. Young girls are expected to maintain certain body weight and attraction and pregnant women are advised to eat less to avoid complications during delivery. Though Naseema is weak and going through morning sickness during her pregnancy, her mother-in-law does not provide enough food. Naseema is instructed to eat less, "See, pregnant women shouldn't eat well. The baby gets heavy and lead to problems during birth" (*Sahana*, 66). Saroja's mother Sitamma's remarks speak about ignorance in the community and provides a comparative view:

What has happened to you Naseema? Though not fat, you were healthy when you were here. Aren't you fed well by your mother-in-law? I had told your mother, 'do not marry the girl at such a tender age.' When married, isn't it natural to get pregnant? Your people have no brains. I won't marry my daughter a few more years. (*Sahana,* 67)

Aboobacker aptly brings in the issue of mother and infant's death during child birth due to tender age and unhealthy mother and lack of nourishment. She depicts with precision the psychological dual of a young mother. Sakina understands the seriousness of her decision and realizes that early marriage has caused loss of health of Naseema and now pregnancy threatened her life. She regrets thus:

My brother had warned me. Said no for early marriage, and had asked me to wait for a year or so but I could not help. I was afraid of leaving her alone at house. I had thought, she will get enough food and facilities at husband's place. But she is not destined. (*Sahana,* 68)

In the hospital, Naseema dwells deep on her place in the society. What is to be a woman? What does it mean to be a woman, an animal without desires, wish and dreams? A thing to work hard! But she doesn't argue with mother rather keeps silent (*Sahana,* 71). The description of complications associated with pregnancy, medical follow up, labour pain and post-delivery conditions is poignant. Naseema is never taken to government hospital; no vaccination or medical advice is ever given to her until the pregnancy gets complicated. She suffers due to undernourishment, over work and exhaustion. Unable to see her condition Sakina takes her to government hospital for delivery. In the labour room, Sakina scolds Naseema, when she, unable to bear the pain starts screaming, "tolerate the pain, all women cry during child birth but do not scream like you. You aren't doing the job that which nobody has done yet, bear it." But on seeing her sorrowful eyes and pathetic condition, she is moved and consoles her to bear it for a while. The medical perspective on the pregnant woman's condition is captured realistically. The nurse scolds Sakina for the early marriage and Naseema's struggle for life. She scolds Sakina:

You people are like that. You neglect your women. You get your girls married at a tender age, never get her to hospital and trouble everyone at the last minute. Not just that you people risk your daughters' lives. Why don't you come early, follow regular checkups and tests and get the delivery done at hospital? (*Sahana,* 74).

These narrations may sound familiar and common but if paid attention, can reveal the reasons for death of young mothers in child birth and why a high rate of infant mortality still exists in India! Gender discrimination is strongly rooted in the

community just like any other community but the cases are comparatively more. Apathy and negligence leading to malnourishment and death of a girl child too is depicted, for instance: Pasha and his mother are unhappy to see a girl child. Pasha remarks, "Did you give birth to a girl?" Naseema's mother-in-law remarks "the birth of a girl is like a birth of a blister" (*Sahana,* 74). Naseema thinks, people fail to realize how much a woman suffers to give birth to a new life, whether it's a male or a female child, the mother has to go through the traumatic experience; would they speak the same if they had seen women give birth? These instances and remarks depict the tremendous pain the woman goes through in child birth and complications and risks involved.

Naseema's first born just for being a girl does not find love, she is kept away from the mother, and her cry for mother's arms and milk, is met with apathy from the grandma. Naseema is forced to work the whole day, roll beedi, and constant exposure to tobacco harms her. These instances speak about the negligence of young mother's health and denial of mother's care and nourishment to the female child. The girl child though weak survives with a compromised immunity and series of illnesses meanwhile her mother gets ready with another pregnancy within few months. The male child gets full attention whereas the girl child dies of malnourishment. Naseema constantly suffers with one or the other issues and loses her health, interest in sexual life, and ability of multi -tasking but she is not taken to any hospital rather is given different treatments by the maulvi and ojhas which further complicates her health leading to advanced stages of T.B. She is blamed by her husband for a weak and ugly body and her inability to attract him. Banu Mushtaq in 'Black Cobra' and 'Stone Slabs for Shaista Mahal' presents the similar conditions. In 'Black Cobra' Yakub leaves his wife Aashraf for bearing three daughters. She struggles to get him back, but he keeps blaming her and marries another woman. Aashraf leaves her infant daughter with the eldest daughter and works as a domestic help but her infant daughter's health deteriorates. The baby girl has constant diarrhoea, bulky abdomen, stick like limbs and she keeps crying for food the whole day. On Zulekha's advice, Aarifa seeks help of her community elders, submits dozens of appeal letters to the mosque committee and to the mutawalli to make Yakub provide at least a little money for the child's medical expenses and save her life. But corrupt official and merciless husband do not help her. Yakub kicks Aarifa waiting for justice. Yakub's violent hitting leads to death of ailing Munni, and the mosque, its representatives, and the silent women watching it from the distance, under the veil of darkness, witness the cruel act. Zulekha Begum tries to inform Aarifa about the rights of women, and motivates her to demand her rights and not to beg men to help her, she says: "I will tell your man, and that mutawalli, what the Sharia is, what justice is. Twisting the *Qur'an* and *Hadiths* the way they want in front of a helpless woman is not justice" (Mushtaq, *Heart of Lamp*, 54). These instances articulate the connection between the religious -community specific practices, gender and health. Even in the economically affluent families and loving relationships, woman's health is compromised and woman is primarily treated as a child bearing body. For instance, the literary representation can be seen in 'Stone Slabs for Shaista Mahal'. In her 17 years of married life, Shahista gives birth to 6 children (3 girls and 3 boys) and is into her seventh pregnancy. Her eldest daughter Asifa is forced to leave her school to take care of her siblings born at a regular interval. Iftikar obsessed with her youthful beauty swears on his love for his wife Shahista and she smiles on every outburst of love. She hides her pain, fear of talak, and insecurities behind her smiles. Her random words reveal the hidden fear of all the women. For instance: Shahista says, "Yes, my grandmother used to say that when a wife dies, it's like an elbow injury for the husband. Do you know, Zeenat, if the elbow gets injured, the pain is extreme for one instant-it is intolerable. But it lasts only a few seconds, and after that one does not feel anything. There is no wound, no blood, no scare, no pain…" (Mushtaq, *Heart Lamp*,13). These references to the injury and pain, and the way woman/wife's death is compared to a momentous /fleeting pain in man's life essentially foregrounds the predicament of women. Though Shahista is tired of child bearing and wants to get operated, her husband considers it haram. After the seventh child birth Shahista dies within a few weeks, and within a fortnight after her death, Iftikar marries another woman on the pretext of finding a mother for her orphaned children. Similarly, in *Sahana* Naseema's husband and in-laws call family plans haram. She suffers mentally as her husband brings home second wife and she could hear the sounds of love making from their room. She feels deserted, insulted and humiliated and pity on her crippled body, and these negative emotions further lead to deterioration of her health. She laments on her lost health and beauty. Both these women writers have tried to highlight the direct effect of the marital discord, dissatisfaction and equations between man-woman's conjugal relationship on the health of women. The issue of negligence of woman's health especially during pregnancy and post -pregnancy, and how easily men can remarry and replace one woman with the other also gets echoed in all of their writings.

The writers describe the cultural practices related to the child birth and post-delivery care which serves as a document registering the practices that often helped the women to rest and recoup, and can also be considered as a form of traditional knowledge system preserved by the women. These references reflect on knowledge of an age -old alternate healing methods practiced and conserved by women. But that is also denied to women. In the community, the women are confined for three months after delivery. They are not allowed to do any work, touch cold water, they are given hot water bath twice a day, warm the body in the heat of burning coal; eat freshly made, hot and nourishing food like totters, meat, dishes made of animal organs with herbs and spices , and sweet with ghee and jaggery at regular intervals ('Stone Slabs for Shaista Mahal',19).Women are asked to avoid intimacy with the husband during those three months but in Shahista's case she never gets to rest, she had to resume her household work within fifteen days that also means she was forced to be sexually active. Her body and mind get no time to heal especially the reproductive organs get no time to heal from the birthing trauma and pain, and the damage caused due to wear of tear of muscles. Zeenath states, "When my brothers-in-law spent too much time with their wives during confinement, Amma would grumble. What is this shamelessness! If I let the husband and wife spend some time with each other…they want to take advantage…what do I care…if you are all healthy, then your husbands will stay with you…if you spoil your young bodies, you are the ones who will suffer… look

at the Brambra, the Shettru women! Even five months after they give birth, they are still in confinement. Can we do what they all do? Can we take so much care? That is why they are all so strong and healthy" ('Stone Slabs for Shaista Mahal, 20). These literary examples must be considered as reference points for representation of health in literature. Literature explores these issues in varied forms. This variation in themes and narrations define women's writing.

Aboobacker also depicts superstition and blind faith of the Muslims towards family planning. Naseema asks her husband to take her to hospital for tubectomy and relieve her from annual ritual of child birth and also focus on children but he warns her:

That is not for us. If we go for family planning, it has disadvantages, the body becomes home for diseases, and then we need to spend a lot on medicine. Moreover, we are Muslims; we should not practice such things. Khaji was found ordering not to follow family planning in the mosque yesterday. If Umma learns about your wish she will peel your skin (*Sahana*,106).

As a consequence, she gets pregnant for the third time. Sara Aboobacker writes, "Khajis, and Imams kept teaching that women are created for child bearing, those who go for family planning shall end up in hell" (*Sahana*,109). These examples prove the observations of Harold Koenig. The oxford dictionary defines superstition as "the belief that particular events happen in a way that cannot be explained by reason or science; the belief that particular events bring good or bad luck". It is not that only Muslims are superstitious, most of the communities, all over the world are still superstitious and indulge in rituals or practices which they feel, get them good luck or avoid bad luck. However, in India it is prominent in marginalized communities. There is a thin difference between faith and blind faith. The faith in one's religion is stronger than reason but not devoid of reasoning whereas blind faith is – one is not able to see what one is doing or thinking about something is logical, rational, practical or right.

The major contributor to deterioration and death of women in the community is their trust on middle-men, and their faith that God is responsible for everything. Superstition and blind faith in every walk of life harms women. The community believes in gin, ghosts, bad souls, heaven, hell and power of Imams. They do not visit hospitals but to untrained vaidya, pandits and hakims for treatment. For instance, Aboobacker depicts the causes and consequences of superstition in *Sahana.* Naseema's health goes down completely yet her in- laws do not take her to hospital. After a third delivery, Naseema's mother Sakina requests Khatiza to take her to hospital, but Khatiza opines, "why do one need doctor for common cold, cough and fever? We need a lot of money to visit doctor. I shall take her to our pandit" (*Sahana,*110). Naseema is fevered every fourth day and her mother in- law visits pandit, brings some decoction and Khatiza keeps saying, "she is feeling better with pandit's medicine; moreover, I shall call moulvi and ask him to write on plate, let her drink water from it. May be the Saitan is troubling her, if she gets Moulvi's Duwa, she will be fine" (*Sahana,* 113).

Sakina too like other women of her community had belief in gin and ghosts (Saitan). She thinks, "Naseema kept roaming around on the banks of the river, and in the backyard without being aware of time. Pregnant women with fresh blood and water in the body are usually attracted by Saitan. Usually, the Saitan lives on the large trees on the banks. One might have got into her body to suck blood…" (*Sahana,*113). Khatiza invites the moulvi home. He recites verses of the *Qur'an* and blows on the head; he gives an enchanted thread to be tied around her neck. The rice is roasted till it turns black, powdered and then used to write verses on seven white porcelain plates. He instructs them to put water in the plate and drink every day. He enjoys the food and collects the fees before leaving. Naseema follows the instructions faithfully but the cough does not cure and she ends up feeling weak and fragile and gradually gets infected with tuberculosis. These incidents point at the gross gender discrimination inherent in the superstitions and every day acts of life. Women's life and her needs and value are never given serious consideration and every act of protection or help turns into a problem for women.

The critical analysis of the cultural context and women characters' experiences woven in the texts leads to assumptions and understanding three important attitudes of men that add to women's suffering and compromised health. One of the most important assumptions of patriarchal mind is that, women are born to be wives; meant for entertainment and pleasure, women are child bearing bodies. Secondly, they strongly believe that women must not complain but compromise, suffer in silence and keep sacrificing. Thirdly – Women are supposed to have good health, do all the house hold chores and even earn and do not desire anything but be healthy and good looking. And above all women do not need selfcare. It is evidently explored in *Sahana*, Naseema is blamed for her sulky face, charmless looks, stick like appearance, and loss of interest in marital life. Pasha blames her for not providing any entertainment and pleasure. For him sexual pleasure becomes important than her health (*Sahana,* 118) and in Mushtaq's select short stories the man who swears to build a Taj Mahal for his wife as a mark of his love, marries soon after his wife's death and forgets her easily.

To conclude it can be said that the critique of the Muslim community by Aboobacker and Banu Mushtaq is justifiable and considered important because it comes from within the community just as critique of Hindu society by the Hindu women. The writings of Sara Aboobacker and Banu Mushtaq turn out to be a critique with informative, suggestive, and revolutionary ideas picked from the most revered (yet wrongly blamed and interpreted) scriptures, best directed towards a positive change. The blame is not on individuals rather tries to focus on the understanding of power play i.e. knowledge, authority and power, its influence and impact on everyone. These women writers through their fiction have explicitly tried to understand the socio-cultural and economic factors and practices that cause marginalization of Muslim women. They try to establish connection between the physical and mental chaos, suffering and women's poor health. Now, in the cities the community women utilize the health facilities provided to them by the private and government health institutes but it is also a fact that apathy towards women and girl child's health still exists and is a major cause of causalities and death during child birth. The literary narrations from the women and the marginalised should not be discarded as baseless imaginary strands. These are derived from the memories rooted in real life experiences and observations and serious deliberations on these narrations can lead to better understanding of the causes and concerns of the particular gender, class, community and their issues, and even the prevalence of certain diseases in particular groups. Literary expressions mirror

the society and can often trace even the hidden voices and secrets. It is understood that the spirit of Health Humanities is not just about understanding the human experiences of health and health care: it is also about wielding a persistent voice of critique and working explicitly towards social justice, and this concern is artistically presented for serious deliberations by both the writers.

Works Cited:

1. Aboobacker, Sara. *Chandragiri Tiradalli.* 8th ed. Mangalore: Chandragiri Prakashana, 2011.
2. Aboobacker, Sara. *Nadira-Breaking Ties.* Trans. Vanamala Vishwanatha. Mangalore: Chandragiri Prakashana, 2013.
3. Aboobacker, Sara. *Sahana*. 3rd ed. Mangalore: Chandragiri Prakashana, 2002.
4. Aboobacker, Sara. *Suli*. Bangalore: Government of Karnataka- Department of Kannada and Culture, 2011.
5. *Medical Humanities: An Introduction*. Edited by Cole Thomas, R., Carlin, Nathan S., and Carson Ronald.U.K: Cambridge University Press, 2015.
6. Mushtaq, Banu. *Heart Lamp*. Translated by Deepa Bhasthi. India: Penguin Random House,2024.
7. *Research Methods in Health Humanities*. Edited by Klugman, Craig M. and Lamb Erin Gentry. U.K:Oxford University Press,2019.
8. *The Sage handbook of Domestic Violence*. Edited by Shackelford,Todd K. India:Sage Pblications,2020.
9. Williams, Raymond. *Culture and Society*. London: Chatto and Windus, 1958.