

# Gender and Mental Health: A Case of the Bodo Kachari Women of Northeast India

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**Abstract**—Mental health has a significant impact on gender particularly in women, who are more likely than men to experience mental health issues and problems. The authors of the paper discussed the way urban Bodo women perceive and comprehend mental health in general. The authors additionally explored a variety of gender-related factors that are associated with mental health problems among Bodo women living in urban areas in the Kokrajhar area of Assam, including gender inequality, reproductive health, women serving as family guardians, widowhood, and remarriage. Among the Bodo women, the authors found serious issues with mental health that were based on gender. In conclusion, the study attempts to emphasise different measures that the government could implement in order to build comprehensive solutions for the improvement of mental health.

**Keywords**— Bodo Kachari, Bodo women, Tribal mental health, Assam, Northeast India.

## I. INTRODUCTION

The foundation of both a healthy family and a healthy society is a healthy woman. Therefore, the welfare of society, as well as the health and happiness of the family, are dependent on the state of women. Women's standing in our culture is generally appalling, even after independence and even though the Indian Constitution guarantees them equal rights. Their vulnerability is intimately linked to their marital status, place of employment, and social duties. They are disproportionately affected by mental health issues. Women typically experience difficulties and conflicts related to marriage, family dynamics, dysfunctional families, reproduction, raising children, dying, divorcing, ageing, poverty, low self-esteem, loneliness, education, and employment (Das, 2019). Gender is a significant factor of mental health and mental illness. Women exhibit distinct patterns of psychological distress and psychiatric disorders in comparison to men. Gender disparities are most noticeable in the prevalence of prevalent mental illnesses, where women are more likely to be affected. Women who marry young and girls from nuclear homes are more likely to try suicide and injure themselves (Malhotra & Shah, 2017)

### *Women's Mental Health: North East India*

Das (2019) investigated the mental health situation of women in Assam in relation to their age distribution, marital status, educational background, occupation, pattern of residence patterns between rural and urban areas, and socioeconomic status. According to the study, the ladies experience common mental health issues such as stress,

anxiety, somatization, depression, sleeplessness, and phobias. When compared to rural women, urban women are probably more likely to experience mental health issues. Somatization, stress, anxiety disorders, sadness, loneliness, insomnia, and phobias have a greater impact on them. The risk of hysteria, somatization, depression, and phobia disorders is higher in rural women. Urban women are shown to experience depression at higher rates than rural women. Marbaniang & Bhutia (2018) investigated the mental health status of female secondary school teachers in Meghalaya. 405 female teachers from four Meghalayan districts were chosen as a study sample by the investigator, who also employed a self-constructed questionnaire and an adopted survey approach. According to the survey, Meghalayan women teachers' mental health is poor. Mishra (2021) examined the mental health, work-family conflict, anxiety, depression, physical symptoms, and social dysfunction of female teachers employed in Mizoram's secondary schools. Using both quantitative and qualitative methods, the research has been conducted using a mixed-mode approach. The sample was chosen using a straightforward random sampling process. According to the report, female instructors with less Mizoram experience and those employed in private secondary schools had worse mental health.

### *Brief Introduction: The Bodo Kacharis of Northeast India*

India's northeastern area is home to a diverse range of linguistic and ethnic groups. Numerous diverse tribes, varying greatly in terms of language, customs, and culture, inhabit this region. Plains tribes and hill tribes differ greatly in terms of their sociocultural makeup. Assam had 31,169,272 people living there as of the 2011 census. In Assam, there are 23 scheduled tribes (ST) that have been notified. Of them, the Bodos comprise 44.5% of the overall ST population, or roughly 13 percent of the state. The largest ethnolinguistic group in the Indian state of Assam is the Bodo Kacharis, sometimes referred to as Bodo/Boro (both terms used interchangeably). The majority of them are located in the valley of the Brahmaputra River in the northeast. Although shifting farming was practised, the majority of them are permanent farmers. A small percentage of them have converted to Christianity, while the majority still practise Hinduism. The Bodo people formerly practised Bathouism. The main holiday observed by the Bodos is Bwisagu, a springtime celebration meant to ring in the new year.

### *Bodo Kachari Women*

Bodo women make up about half of the people in their community. According to the 2011 census, the state of Assam has a 72.19% overall literacy rate, with 66.27% of women literate. Bodo women have a lower than normal rate of female literacy. Although Bodo community does not believe in gender discrimination, males are nevertheless considered superior to females in terms of development (Basumatary, 2022). Choudhury (2018) emphasised the patriarchal aspects of Bodo society. However, in contrast to other women in Indian society, Bodo women enjoy a great deal of autonomy with other male members. Bodo women are largely unaware of social ills such as child marriage, infanticide, dowries, and other types of persecution. Bodo women have a significant role in family life as well since, in comparison to other women, they are allowed to participate more freely in domestic issues. In addition, Bodo women are important workers in various industries that support the economic growth and well-being of the family and the community, such as weaving, trading, education, and agriculture—primarily on farms, with chickens and pigs. In addition, because of their lower level of education, Bodo women are also less knowledgeable about government planning and policies, which causes them to lag in terms of economic development and the supportive environment that surrounds Bodo women in the expansion of the economy.



Photo plate no. 1: Young Bodo-Kachari girls in their traditional attire 'Dokhona' while holding traditional fishing instruments.

## II. METHODOLOGY

**Research Objective:** The primary goal of the research is to ascertain how urban Bodo women perceive and are aware of mental health in general. Finally, to comprehend the likely gender-related causes of mental health issues among Bodo women residing in urban areas in the Kokrajhar district, Assam.

**Study area:** The vibrant Bodo group is one of the main dominant tribes in Assam, making up the majority in Kokrajhar district. They have a distinct ethnic identity and cultural pattern that sets them apart from other tribes. They are an essential component of the state. One of Assam districts, Kokrajhar, is known as the entry point to northeastern India.

**Research Design:** The research design adopted in the study was a Qualitative research design.

**Sample:** The sample comprised of 14 adult women starting from the age of early 20s. The sampling technique was convenient sampling.

**Research Methods:** Using semi-structured questionnaires and telephonic and in-person conversational methods, the researchers performed in-depth one-on-one interviews with respondents, providing opportunity to elicit detailed information from them. In addition, secondary data has been gathered from books, newspaper articles, government health reports, and journal publications that are pertinent to the study's objectives.

**Data Analysis:** The process involves recording and methodically presenting data in the designated format using an analytical, exploratory, and descriptive technique.

## III. RESULTS & DISCUSSION

### Bodo Kachari Women and Mental Health

Table no. 1: Socio-demographic information of respondents

Respondents	Age	Religion	Marital Status	Occupation
R no. 1	26	Christian	Unmarried	PG Student
R no. 2	25	Christian	Unmarried	Govt. Employee
R no. 3	28	Hindu	Unmarried	Unemployed
R no. 4	26	Hindu	Unmarried	Transcriber
R no. 5	28	Hindu	Unmarried	Lecturer
R no. 6	21	Christian	Unmarried	UG Student
R no. 7	54	Hindu	Widowed	Govt. Employee
R no. 8	27	Hindu	Unmarried	School Teacher
R no. 9	20	Hindu	Unmarried	UG Student
R no. 10	26	Hindu	Unmarried	Unemployed
R no. 11	26	Hindu	Unmarried	PhD Scholar
R no. 12	26	Hindu	Unmarried	PhD Scholar
R no. 13	28	Hindu	Unmarried	PhD Scholar
R no. 14	30	Christian	Unmarried	Medical Doctor

The table no. 1 consists of Socio-demographic profile of four items related to age, religion, marital status, and current occupation.

This section of the article discusses about how urban Bodo women perceive and are aware of mental health in general. In Bodo language, there are no words for mental illness or psychological related health problem. Though common words for illness such as 'Lwmjanai' (fever) and 'Gujunai' (cold) are there. People frequently use the derogatory Bodo terms 'Khoru Garji' to refer to mentally ill adults or children with psychological health issues.

Table No. 2 contains the verbatims of the in-depth, one-on-one interviews that used semi-structured questions. The replies provided by the participants are listed in Table No. 2 in the proper format. A few people declined to answer multiple questions due to private reasons. The following was one of the questionnaires given to the respondents: Q. As a woman, what are your opinions on mental health in Bodo society? Is it hard, in your perspective, to talk about women's mental health? Do you think that women in Bodo society face challenges to their well-being and suffer on a psychological or emotional level? What are some of the cultural and societal stigmas you have experienced as a woman in society with regard to mental health? The majority of respondents stated that the Bodo

community views mental health as a ‘sensitive topic,’ ‘taboo,’ ‘unrecognised,’ and ‘unaware.’ A number of social stigma-related elements may be at play here, chief among them being the ageing population's reduced awareness and consciousness of mental health concerns. Bodo women confront a variety of mental health-related difficulties, but because there is a dearth

of knowledge about mental health, the condition is not given the same priority. Many respondents said that talking about mental health with friends, family, and relatives seems secure. Therefore, a Bodo woman experiences psychological and emotional challenges at different times of her life, just like any other woman.

Table no. 2: Verbatim of the respondents on mental health

Respondents	Verbatim
R 1	<p>“Considering the environment in which I grew up/living in right now, I think more women are becoming aware, conscious, and vocal about their individual mental health. It may be because of their education &amp; active social media campaigns/programmes, etc.”</p> <p>“It may vary individually and regionally. Considering my situation, I do not think it is hard for me. Fortunately, I have people who listen and advise me well including my parents &amp; friends. It may still be difficult for women especially in the rural Bodo society considering the taboo related with mental health. Even if they do, there may be a fear of rumour.”</p> <p>“Mental health is important. It is especially important now because all our activities are mostly governed by it. Looking at the global situation right now (violence, war, hatred, corruption, power struggle, rising suicide cases, depression, etc), mental stability of a person is extremely important. The healthier people must extend all sorts of help to the needful without having to ask for it.”</p>
R 4	<p>“Mental health is still a taboo in Bodo society, most people are unaware of the symptoms, causes and treatments.”</p> <p>“Like all the other women in this world, Bodo women too suffer emotionally but it is not talked about like it should be. They also have challenges in wellbeing because they are less educated and are financially dependent on their husbands”</p> <p>“There is stigmatisation of emotional expression. women are sometimes expected to conform to traditional gender roles that discourage open expression of emotions which leads to suppressions of their mental health.”</p>
R 6	<p>“As a Bodo woman, I think Mental Health is a necessary and concerning topic and should be valued equally as a human being. And to think about the mental health in Bodo society, I must say that it is a very sensitive topic and most people do not like to talk about it.”</p> <p>“Yes, women in our society do suffer emotionally and faces challenges every-day in well-being. The mind-set of our society is that women should be focusing in only house chores and should not raise their voices. Women should be listening to others complaint about them but never should talked back. They are supposed to suppressed their emotions and their thoughts.”</p> <p>“That my opinions are valued less or mostly kept as the option. And people include women just for the namesake not really considering their opinions. These things are usually faced in the society leading to losing self-confidence and inferiority, and over thinking that maybe standing out for yourself was a bad decision. People still believe that women are weak, women cannot be a leader and their opinions are not worthy, it is so heartbreaking for me to witness such feedback.”</p>
R 8	<p>“Most of the Bodo women hide their feelings they do not like to share it much. Women think they are being judged. Women are very sensitive.”</p> <p>“Yes, women in our society suffers a lot emotionally and challenges every other day. Women are to stay quiet and never express their feelings. Women cannot even talk about their want, feelings and needs because they must fulfil others needs and wants.”</p>
R 11	<p>“Sadly, it is it still unrecognised, viewed as invalid and unacceptable in our Bodo society.”</p> <p>“I personally think mental health regardless of any gender and sex, it is hard to talk. However, in the context I feel the main factor is Socioeconomic limitations of women in society. The stigma associated with how women should behave, gender roles, independence, bastion of male chauvinism makes it harder for women to talk about mental health.”</p>
R 12	<p>“Being a Bodo woman, I feel mental health is one of the most important issues that should be taken care of in our Bodo society it is the most unnoticed topic where people do not prioritise and give importance what impact it has been causing to our society.”</p> <p>“I think it is hard to talk about mental health but at the same time if certain awareness programs or seminars are constantly conducted and prioritized or given as a topic of the education, I think every individual will speak up regarding Mental health”</p>

The following section of the article discusses about some of the gender-related factors of mental health issues among Bodo women residing in urban areas in the Kokrajhar district, Assam.

*Gender Inequality*

Gender inequality in India is a multifaceted and intricate reality that affects many aspects of life, including education, work prospects, income, health, social and cultural difficulties, and the economy (Jha & Nagar, 2015). According to Boruah et al. (2021), gender inequality is a widespread problem in many countries worldwide, including Northeast India. There are numerous historical, cultural, social, political, and economic elements that contribute to this inequality. Gender

disparity in Northeast India is mostly caused by patriarchal norms and customs, violence against women, limited educational opportunities, and other issues. The causes of gender inequality, according to Borah (2019), include gender discrimination, starvation, a lack of education, and a lack of work, and lack of opportunities. According to Sunanda et al. (2016), mental health issues impact both men and women equally, while some are more prevalent in the former group. Gender differences must be acknowledged and reflected in treatments. Women are more likely to experience poor mental health due to a variety of societal variables, including their normal social role and status. Social variables that have a special impact on women's mental health include the fact that women are more likely than males to be the primary carer for

their children and other dependent relatives. Strong caring can have an impact on one's emotional, physical, social, and financial well-being. Women are overrepresented in low-status, low-paying jobs and are more likely than men to live in poverty.

Table no. 3: Verbatim of the respondents on gender inequality

Respondents	Verbatim
R. no. 1	<i>“Yes, there still are in all sectors/spheres. Just because one person is learned, it does not mean the other people in the work place are. Living in a patriarchal society, it even fuels the ‘supreme’ feeling that most men still have in our society.”</i>
R no. 4	<i>“Like any other society Women face discrimination at both public and private sector. Men hates being under women leadership, women are often passed sexist comments, they are looked down as inferior employee”</i>
R no. 14	<i>“Yes. in the job sector being a woman is seen as a challenge, for performing the tasks because of the vulnerabilities of womanhood, child care and other gender specific problems.”</i>
R no. 8	<i>“Yes, I did face a little, since works are already divided. Girl students are selected for some games, the authority thinks that the kid only won in her school level, what if she loses in state or district level. Also, the parents are not supportive, as travelling being a girl/woman its hard. In a classroom setup co-ed sitting, talking to each other seems negative, much more discrimination since more tribes, castes students are there.”</i>

The authors highlighted a few of the participant responses that were chosen during the interview in Table No. 3. Here, the authors made an effort to comprehend discrimination against Bodo women in the public and private spheres as well as gender inequality. Nearly all of the participants reported having experienced various forms of discrimination and inequality based on their gender; some were unsure if they had experienced it themselves, but they had heard stories of others and witnessed family or friends experiencing it. As a result, gender inequality still exists in society and is not limited to Bodo women. We heard the following from one of the interviewees regarding gender equality:

*“Yes, there will always be some section of women who are not emotionally well. I believe the challenges that come from poverty, lack of education and health awareness are the major contributors. Other than that, it is the gender specific issues/burdens that we face being a woman. In the job sector being a woman is seen as a challenge, for performing the tasks because of the vulnerabilities of womanhood, child care and other gender specific problems.”* – R14 (30 years old, medical professional).

**Reproductive Health**

Sarmah (2014) examined how Bodo-Kachari women in the Local region of North Guwahati sought reproductive health care. Numerous topics pertaining to reproductive health have been researched, including the prevalence of infectious and non-infectious diseases, health and disease awareness, the usage of health services, the calibre of those services, and marital and sexual behaviour. Gogoi (2016) investigated a number of pregnancy-related taboos that the Bodo villages still adhere to. They mostly focus on eating, moving, and certain behaviours. In essence, they uphold these taboos in order to avert any bad luck. The people still adhere to their old

traditions because they are deeply concerned about the society's distinctive characteristics, even though the true motivation behind these taboos cannot be demonstrated practically. Pregnant women avoid a lot of healthful foods during their pregnancy; lack of knowledge about nutrition, ignorance, and other factors may play a significant role in why they avoid particular foods during this crucial time in their lives. During the interview, a medical practitioner who was one of our respondents stated:

*“Due to the cyclical hormonal changes, women do get more of mental health problems. And if we are to take the Bodo society in consideration, what I have seen is that the patriarchal system in the household contributes to more stress amongst the Bodo women.”* – R14 (30 years old, medical professional).

Since ancient times, changes in mood and behaviour have been linked to the menstrual cycle. Premenstrual and menstrual phases are when symptoms including irritability, restlessness, anxiety, tension, migraine, sleep difficulties, depression, dysphoria, and difficulty of concentration are more common. The luteal phase of the menstrual cycle is intimately associated with a premenstrual dysphoric disorder that manifests as incredibly distressing emotional and behavioural symptoms (Malhotra & Shah, 2017).

**Women as Guardian of the Family**

According to Kaur et al. (2021), anxiety disorders are a serious mental health issue that affect 13.6% of Indian homemaker women in the Kumaon region of Uttarakhand. The study discovered several significant factors of anxiety disorders, such as perceived economic instability, family members' health concerns or substance addiction, and bad connections within the family. When these circumstances arise in the community or in a clinical setting, medical professionals should be prompted to check for anxiety symptoms and offer appropriate counselling, therapy, or referrals when necessary to ensure that mental illnesses are managed promptly. Table No. 4 presents the chosen answers in a methodical manner. In Bodo society, women occupy a variety of positions and roles in both their personal and professional lives. It might be tough and demanding to take care of all the domestic and family-related demands while serving as the family's guardian. However, it is evident that they are not receiving enough gratitude from the family for their diligent work and attempts. It can be the result of the undervaluation of female employees in the workforce and female household carers. Historically, women have assumed the role of caring for both their own health and the health of those in their family. Because of this position, it is especially crucial for women to comprehend how their daily decisions might impact their mental health. The family members most impacted by this arrangement are the women. She is frequently underprivileged, undernourished, illiterate, overworked, socially isolated, and in poor physical health with anaemia and recurrent pregnancies. An increasing body of epidemiological research is connecting mental illnesses to poverty, helplessness, and alienation—conditions that disproportionately affect women. (Sunanda et al. 2016).

Table no. 4: Verbatim of the respondents on women as guardian of the family

Respondents	Verbatim
R 2	"If a homemaker is not respected despite all the work she puts into a family, then it is abuse. The spouse and the children will have to realise that the father is only being able to earn money carefree because the homemaker mother is taking care of everything in the household"
R 3	"I am glad we have a new word for "housewife" now. Homemaker is a strong word. However, society relates 'work' with 'earning' or 'being paid.' I hope Homemaker will be used universally as the word to describe the women who are doing everything, from managing the house, doing chores, helping their children and spouses/parents and much more. And homemakers deserve the most respect and credit for putting themselves secondary and taking care of everything without a day off."
R 4	"It is the result of long orthodox patriarchy system in our society. Women are portrayed or believed just to serve her family. Even though we are in 21st century, we might need another century to end this mentality"
R 7	"Yes, women are Guardian of the family but not seen, only the fathers do get the name when they become successful not the mother, thoughts like fathers were only playing the supportive role and not the mother."

permitted to remarry the younger brother of her late husband, but not the elder brother.

Table no. 5: Verbatim of the respondents on widow & remarriage

Respondents	Verbatim
R 6	"Widow remarriage is fine for me. It is not a crime or a sin to remarry after your supposed is dead. I believe that the Lord has a plan for those whose partners are dead. If the society does not force her to do it against her wish it is fine. Plus, widows should not be looked differently from others. They should be able to live as they wished for. Not like a bad omen for which her husband died, for this what our society seems to believe."
R 9	"It is not a sin or a crime. Window can remarry. No one can judge because it's her wish. A women must have a right to do whatever in her life. But in our society if a husband is dead a women cannot be seen happy or enjoying. A widow should not be felt differently. They must have the same respect as other women. And a dead of her husband is not her luck and a society must not blame on a woman."
R 11	"An individual should do whatever she/he wants to do with his/her life which including re-marriage. Widows may be subject to stereotypes and harmful traditional practices but I feel the society is in its transitional phase towards modernity in which the society has gradually accepted that the stereotypes regarding widow and widow remarriages are invalid."

### Widowhood & Re-marriage

The situation of widows in society is still appalling, even despite of improvements in the population's standard of living. Because of their distinct social, cultural, and economic environments, which occasionally disregard the fundamental human rights of this weaker segment of society, emerging countries have poorer conditions than developed ones. In both developing and developed countries, there is a difference in the life expectancies of men and women. This guarantees that there will always be more widows than widowers due to higher rates of remarriage among men. It is frequently disregarded that bereaved women experience a variety of psychological pressures. Numerous studies have found that these stressors may be indicators of mental health conditions (such as depression, anxiety, or drug abuse), thus medical professionals, social workers, and other carers for these women should take this into account. Before these women are given their proper place in society, a shift in societal perception is necessary, and this will require a strong will among the populace and in the bodies that make laws (Trivedi, Sareen & Dhyani, 2009).

"Dongkha Habnai Haba," or cohabitation marriage, is a system of marriage that is accepted by Bodo culture and society. In accordance with the societal custom known as Dongkha Habnai, a man and woman should formally register their marriage if they move in together and the community accepts their cohabitation. This kind of matrimony is quite uncommon. Socially speaking, remarriage is accepted as a normal marriage (Basumatary, 2021). Any individual who is not related to the widow may remarry. She does, however, forfeit her ownership of her late husband's belongings. The father's property is always owed to the male child. It is occasionally seen that the widow is permitted to bring her deceased husband's female kid to her new spouse. The younger sister of a deceased wife may be remarried by a widower, but not the elder, whom he is customarily expected to protect in her role as mother. Analogously, a widow is

A portion of the participants' verbatim responses from the interview were mentioned in Table No. 5 by the writers. They provided their opinions and viewpoints regarding widows and remarriages in the table. According to Srivastava et al. (2021), becoming a widow is a disastrous experience for the surviving partner, especially when they are elderly and face significant challenges to their physical, financial, and psychological welfare. They view women's rights and personal choice about marriage and remarriage. The Bodo society does not have any restrictions on remarriage. Compared to widowed women, widower males find it simpler to get married, despite the fact that there are still many obstacles to overcome. Last but not least, as informed by one of our respondents there is a false assumption regarding 'mentally ill' males that, should they marry a woman, certain members of the community will believe that they will become 'mentally stable' once more, placing women in a position of protection or caregiving. This idea originates with the older population. We may conclude from the table's general responses that Bodo women who live in Kokrajhar's urban areas are accepting and tolerant.

### IV. CONCLUSION

In the fields of agriculture and weaving, Bodo women are highly creative and inspirational. It is evident that the urban Bodo women in the Kokrajhar area of Assam understand the value of mental health, but the elder generation does not share this awareness, which makes mental health stigmatised or "unwanted," to put it simply, makes it difficult to discuss. It may result in many additional difficulties for young people and women in society. Just like physical health, mental health must be nurtured and maintained. There are occasions when we are not even aware that we are dealing with emotional or psychological issues until years later. Some people find it more difficult, which may be related to their experiences,

upbringing, or early years. Problems with mental health may affect our lives. It is inappropriate to label someone as ‘mad’ or ‘crazy’ if they are receiving treatment from a specialist in the field of mental health. While mental illness can strike anybody, there are certain mental health issues to which women are more vulnerable than males. These issues can arise because of several gender factors. The article discussed a number of potential gender-based mental health issues that the Bodo women were facing. Women in Bodo society have experienced disadvantages and inequality based on gender in both their personal and professional lives. Understanding widows and remarriage revealed that, although uncommon and simpler for men than for women, remarriage does occur in Bodo community and is positively viewed by Bodo women. Last but not least, women have a significant role as family guardians. In addition to trying to equally contribute to the requirements of the family, family members should also show greater respect for women. Individuals are also aware that mental health services and even medical facilities in the Bodo region are behind schedule. In light of this, the government should focus on the mental units in government hospitals, raise awareness among locals, and establish offices, colleges, and high schools nearby. Women-focused helplines should be operated by the government so that they can contact and speak with someone anonymously, eventually enabling them to handle the circumstances on their own. The government, in collaboration with mental health professionals and the local headman in rural areas, must organise awareness campaigns for women and their families.

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