

Matriliny, Reproductive Health, and Reproductive Rights An Essay on the Khasis of Meghalaya, Northeast India¹

Tanka B. Subba

Introduction

Tiplut Nongbri, a well known Khasi scholar, in an article published in 2000, explores the relationship between gender and matriliney in the specific context of her own tribe, Khasi. She argues here that while Khasi women enjoy relative security due to matriliney they are not equal to their men, who have successfully created an ideology that helps them subjugate their women. She notes that the exclusion of women from traditional political domain has been to their disadvantage. Enlarging her focus and drawing her ethnographic materials from the Khasi, Garo and Tiwa tribes of Northeast India she writes in a more recent article (2003) that the asymmetry in these societies between the principles of descent and structure of authority is responsible for subordination of their women (Nongbri 2003). The purpose of this article, however, is not to question the conclusions Nongbri has drawn but to look at the very poor reproductive health among the Khasi women and see if it is a possible consequence of this asymmetry that significantly increases the responsibility of women without corresponding increase in authority and economic independence. While the empirical situation is diverse and fast changing the stereotyped notions about Khasi matriliney, based mainly on upland or Khyntiam Khasis, seem to have continued and even spread over the years.

The paper is based primarily on the ethnography of Khasi society, made possible by my stay in Shillong, the capital of Meghalaya, which is the only matrilineal state of India where one's identity and even civil laws are based on the principle of matrilineal descent. During the past 16 years or so of living in this city I have interacted with Khasi men and women on a day-to-day basis consciously as well as unconsciously, and come to know of them from close quarters. In a certain sense I might even qualify as an insider. Several Khasi friends and colleagues share their personal and family problems with me and I do mine with them. We share our

¹ I am thankful to the participants in the ASA Conference on Anthropological Perspectives on Rights, Claims and Entitlements held at the University of Sussex, March 30-April 2, 2001 for their comments and to Dr Jeanette Edwards of Manchester University, Dr. B. G. Karlsson of Uppsala University, and to my Khasi colleagues Professor Romendro Khongsdier and Ms. Valentina Pakyntein for giving valuable suggestions on the draft of this paper.

resources to overcome some of our crises together as much as we share our moments of joy and sorrow that come to everyone's life.

The Khasi Matriliney

Meghalaya, bordering on Bangladesh on the south and west, and Assam on the north and east, is home to three matrilineal tribes called Garo, Khasi, and the Jaintia. Regarding the identity of the Jaintias, there is however no complete unanimity as some scholars consider them to be one of the five Khasi sub-tribes, the other four being Khyntiam, War, Bhoi and Lyngam. However, there are today innumerable organisations bearing the word "Jaintia", not to speak of the Jaintia Hills Autonomous District Council, and the fact that the Khasis themselves refer to the Jaintias as Jaintias. The Jaintias often refer to themselves as "Pnar" whereas the Khasis earlier referred to them, rather derogatorily, as Syntengs. The Khasis admittedly do not understand the Jaintia dialect but the Jaintias understand and speak the Khyntiam dialect, which has assumed the status of the Khasi language and is taught as the first or second language in the Jaintia Hills District as well.

The Khasi matriliney has been constructed as a system that privileges the youngest daughter, called in the local language *ka khadduh*, as the "custodian" — and not the "owner" — of the ancestral property. The youngest daughter is not the "owner" in the sense that she does not have the right to sell the ancestral property inherited by her nor is she supposed to do that according to Khasi customs and traditions. Nongbri sees in this system a strategy of the men to have control over her ancestral property (2003). But the youngest daughter does make full use of the property in the way she likes, which makes her more than a mere custodian. But more importantly, this is a stereotyped version of the system of inheritance of property, which in reality has significant variations among the various sub-tribes in Meghalaya and even within each sub-tribe. Both Gurdon (1907/1990) and Dasgupta (1984) have brought out this variation, which I will briefly present below.

P. R. T. Gurdon (1907/1990: 82-85) writes that the Khyntiam (called "Khasi" by Gurdon), Lyngam, and Pnar laws of inheritance are "practically the same", the War Khasis differ "greatly" from the (Khyntiam) Khasis, and the Bhois are "totally different" from the same. Among the Khyntiam Khasis, the largest share of the property, the jewelry, and the family house go to the youngest daughter due to her responsibility towards old parents and family rituals or ceremonies. Regarding the system of inheritance among the War Khasis, he writes: "In the War country the children inherit both ancestral and acquired property in equal shares, both males and females, with the exception that the youngest daughter is given

something in addition to her share, although not such a large share of the property as amongst the Khasis" (p. 85). And about the Bhois he writes: "...males succeed to all property, whether ancestral or acquired. Thus, if a man dies, leaving son, mother, wife, and daughters, the son takes all. If there are several sons, they divide. If there are no sons, the property goes to the nearest male heir..." (p. 85). The above statement indicates that the Bhoi area probably had very few Khasis during the end of the nineteenth and beginning of the twentieth centuries, when Gurdon was touring the area, and was mostly inhabited by patrilineal tribes like the Karbi and Kachari.

What Gurdon has said in the beginning of twentieth century about the War Khasis is also corroborated by Dasgupta's study on this sub-tribe carried out towards the end of the same century (1984). Dasgupta shows that children inherit parental property equally although the ancestral house goes to the youngest daughter and jewelry is shared equally among daughters. He further shows that step-children and children born of extra-marital relationship may also inherit the property of their parents. In Shella area, which borders Bangladesh, the system of inheritance is again different. If a man from outside the village marries with someone from the village his right to the property in the village is limited to his lifetime only and if their children leave the village, they lose the right over the property in the village (Dasgupta 1984:111-114).

The variations in Khasi matriliney are actually quite unlimited but for the sake of brevity they may be grouped under the following four categories:

Families in which the children trace the descent from mother's side and both daughters and sons inherit the ancestral property more or less equally.

Families in which the children trace the descent from mother's side but the sons do not inherit any ancestral property.

Families in which the children trace the descent from mother's side but only the sons inherit the property of the parents.

Families in which the children trace the descent from mother's side but the youngest daughter inherits the lion's share of ancestral property and rest of the property goes to other daughters.

Regarding inheritance of property, it should be added here that property in Khasi society is broadly divided into ancestral and self-acquired, although the distinction between the two is often blurred. The matrilineal system of inheritance, wherever prevalent, is strictly applicable only to ancestral property. As regards self-acquired property the parents have the freedom to decide whom to give how much, and it is valid only for the particular generation which has earned such property. It turns into ancestral property in the next generation.

With regard to descent too it is well known that some Khasis trace their lineage from their father and not from their mother, as is the Khasi tradition. Taking patri-lineage is seen especially when the father has a high status in the society or where the mother is a non-Khasi. However, such cases are quite few and do not yet qualify to be considered as a separate category altogether. Further, such cases are reported mainly from urban areas due to prevalence of mixed marriages there but are rare in the rural areas. In mixed families, where the father belongs to a non-Khasi community the children qualify to be members of the Khasi community in their own generation whereas those who are born of Khasi father and non-Khasi mother are customarily not accepted as Khasis in the very first generation, albeit it is quite common for such children to adopt their father's clan name as their surname and enjoy all the state-given privileges. Adopting the clan name of the mother or father depends on who is a Khasi because the children become eligible for constitutional benefits and it gives them a sense of security and power in Meghalaya if they bear a Khasi surname. And anyone who bears a Khasi surname and can speak the language is generally accepted as such both by Khasis and non-Khasis.

Analysing the merits and demerits of matriliney, Patricia Mukhim, one of the most prominent and influential Khasi women in Meghalaya, writes that this system gives women the right of lineage but also makes her bear the heavy burden of her family. This system does not protect her or her children from the consequences of a divorce, as the wife has to take care of her children if such a contingency arises. Commenting on the inheritance of ancestral property, she points out that only a few clans have large properties, which means, for most Khasis this right derived from the right to lineage is actually of little significance (Mukhim 2000).

It is true that in the event of a divorce, which is considered to be quite high among the Khasis, it is the mother who has to take the primary responsibility of bringing up the children. But one should not forget that her clan members come to her rescue as far as possible. Therefore, I do not think that Choudhury is correct when he writes: "Khasi social organisation is a unique example of the 'functional automization' which reduces the importance of the clan merely to regulating selection of spouses and defining the matrilineal identity of a person" (Choudhury 1978: 138). The clan is not only a vibrant but also a highly visible group. To limit its role only to what has been pointed out here is to ignore its obligatory role of providing both economic and social security to its members, especially *kur* (matri-clan) members. Even the *kha* (patri-clan) members are generally not ignored if they live nearby.

The other point that Choudhury seems to have missed out is matriliney's extremely important role of granting legitimacy to the

children. Matrilineage protects the children from the possibility of ever being called “illegitimate”, which is a serious social stigma in patrilineal societies. Since the children take the surnames of their mothers, who their fathers are is not important from the point of view of legitimacy, although for emotional and economic reasons the presence of a father might be equally important. No one can appreciate the importance of this in Khasi society better than the illegitimate children from patrilineal societies. However, it is unfortunate that Khasis are recently using words that stigmatise children of unknown fathers.

Gender Bias in Khasi Society

Nauriyal’s study (1999) on reproductive decision-making among the Bhotias found gender preference as a factor influencing fertility decisions. At least theoretically, one expects a preference for female children in Khasi society the way male children are generally preferred in patrilineal societies. It is not so surprising in a patrilineal society for a husband marrying one (or two) more women in order to have a son, who will carry on the lineage of the father. It is also common for a wife in such societies, who could not give birth to a son, to tolerate her husband’s second or third wife, who might be her own younger or classificatory sister.

On the gender preference in Khasi society, it is generally believed that they both men and women welcome daughters more than sons; although such a preference is not reflected in the way they treat their sons and daughters. An anthropological study in Shillong city based on a sample of 225 married Khasi women and 195 men shows that wives and husbands do have a preference for female children, but the reason for this was neither continuation of lineage nor inheritance of property but old age security (Pakyntein 1999: 171-182). The study however found that in case of a single child there was an overwhelming preference of both male and female respondents for a female child. The Khasi tradition demands that the youngest daughter stay with her parents in the ancestral house and look after them in their old age (Gurdon 1975: 76). The parents are however not forced to stay with their youngest daughter if they do not feel like so. She is also custom-bound to look after other members of the family if they need any help provided she is in a position to do so. Although there are deviations from this rule, the youngest daughter still has very important role to play in Khasi society; thus the institution of *ka khadduh* has survived despite Christian proselytisation.

The findings of the study referred to above could partially be the function of a methodology based on interviews of Khasi men and women by a Khasi woman. It is quite difficult to get a true picture of gender bias through interviews of urban, educated Khasi persons by a Khasi woman.

Matters of cognition can be highly concocted in auto-ethnography because too much is likely to be assumed by the researcher about the researched and vice versa. We should remember that the respondents engage in the act of impression management as much as the researcher might be engaged in the same. A more appropriate methodology would perhaps be to study the sequencing of children, and observing how the sons and daughters are brought up, socialized, and to study the behaviour of sons and daughters as they grow and relate to each other. For instance, if a family has a daughter after four or five sons, and another has just one or two sons after a daughter, both indicate a gender preference in favour of girls to boys. By counting the sequencing of the male and female children it should be possible to understand, at least to some extent, the gender bias in Khasi society. There is no denying that a multi-pronged approach should be taken before generalizing anything on a complicated and sensitive subject like sex preference.

Now the state-level data on sex preference, which is also relevant for the Khasi society, may be briefly presented. The *NFHS Survey of 1998-99* shows that the percentage of who want at least one daughter is not the highest in matrilineal Meghalaya (93.6) but in patrilineal Mizoram (97.1). And the percentage of who want at least one son is lower in Meghalaya (94.7) only to Manipur (96.2) and Mizoram (97.6). Similarly the percentage of those who want more daughters than sons is also not the highest in Meghalaya (16.9) but in Mizoram (19.0). Finally, the percentage of who want more sons than daughters is higher in Meghalaya (20.9) than in patrilineal states like Goa (17.0), Andhra Pradesh (19.8), Karnataka (13.0), Kerala (14.6) and Tamil Nadu (9.6). All this does not indicate that Meghalaya has any perceptible sex preference for girl child, as one would theoretically expect from a matrilineal state, as Pakyntein's study referred to above showed. Therefore, preference for girl child in Meghalaya in general and Khasi society in particular still remains tentative.

Reproductive Beliefs

Despite the fact that a majority of the Khasis have embraced Christianity there are a number of reproductive beliefs that are widely known and presumably have some influence on the reproductive behaviour of Christian Khasis as well. Hence, they may be briefly considered here.

H.O. Mawrie's *The Khasi Milieu* (1981) is the only publication that I know of which deals with the subject although under a chapter titled "Children" (Chapter X). According to Mawrie, there is a belief that the father of a child who is still in the mother's womb should not heat a piece of iron red or use it. If he does so it is believed that there may be a red or purple birthmark on the body of the child when he is born. If the would-be father

is an ironsmith he has to plead with the yet unborn child to move away from the place of work. The father should not kill a snake or go for hunting, or complete the weaving of basket. If he does this knowingly the child in the womb may be endangered. Mawrie narrates two stories in this context. The first incident is believed to have actually taken place at Mawlong, a place 20 kilometres from Cherrapunjee. In this case, the father of an unborn child went hunting in spite of his friends advising him otherwise and he even shot and killed a tiger. The tiger was hit on the mouth and its upper lip was torn. When his daughter was born she too had her upper lip torn. The next incident is believed to have taken place at Nongsteng in the East Khasi Hills District of Meghalaya, where a would-be father killed a snake by hitting it on the waist with a stick despite the villagers asking him not to do so. When his daughter was born she could not move due to waist-bone deformity. Mawrie also narrates how the labour complication is believed to be due to infidelity on the part of the husband or the wife and how the woman in labour as well as her husband are asked to confess if either of them had any illicit sexual act outside marriage. It is believed that if only both the parents confess their crime the child comes to this world peacefully.

The non-Christian Khasis (better known as Niam or Niamtre Khasis) perform a ritual for the benefit of the expecting mother and the child-to-be-born. This ritual is called *ka tap kpoh* (literally, consecration of the mother's womb). Each such house keeps a dry gourd for this ritual and it is called *klong lawbei* or ancestress gourd. This is kept carefully so that it does not break or get damaged. This ritual involves sacrifice of a hen with the help of a sacred specialist. Should any death occur during delivery, they have another purificatory ritual called *mait tyrut* (literally, word of evil spirit) so that similar death is not repeated in the family. The unmarried women and pregnant mothers are not allowed to witness or participate in this ritual.

Such myths have some influence even on the Christian Khasis. Although they do not perform any ritual mentioned above they try and conform to such beliefs as far as possible for if they do not do so they believe that they are always haunted by the fear that something may go wrong at the time of delivery. All this indicates at the least that delivery complications and delivery deaths occurred in their lives.

Status of Reproductive Health in Khasi society

Reproductive health, which means healthy physical, psychological and emotional condition of women to bear and rear children, is vital to the future of any society. It is generally believed among public health workers that if the women who bear children are themselves unhealthy and unhappy they cannot raise healthy and happy children, for the children's physical as well as mental health depends to a large extent on the health

of the mothers who give them birth. Hence it is extremely important to assess the status of reproductive health in any society. This assumes special importance in Khasi society because the available data indicate a deplorable status of the reproductive health of Khasi women. For instance, the *National Family Health Survey 1998-99* shows the following about reproductive health of the women in Meghalaya:

- Percentage of women aged 15-49 with any reproductive health problem :
66.9 (highest in the country).
- Percentage with any abnormal vaginal discharge :
64.2 (highest in the country)
- Percentage with symptoms of a urinary tract infection :
24.5 (lower only than Bihar and Manipur)
- Infant mortality : 89 per 1000 live births (highest in the country)
- Women who received at least one ante-natal check-up :
53.6 percent (the lowest in Northeast India, higher only than Bihar and Uttar Pradesh)
- Women aged 15-49 who have heard of AIDS :
44.2 percent (one of the 10 states with low percentage)
- Under-nourished women with BMI below 18.5 kg/m² :
25.8 percent (second highest in Northeast India, the highest being 27.1 percent in Assam)
- Mean age at marriage for females aged 15-49 years = 19.1 years.

The above data indicate that women in Meghalaya have one of the lowest status of reproductive health in the country. Let us now examine the available data in respect of certain limited parameters but with specific reference to the matrilineal Khasis. The data here relate to prenatal and postnatal mortality among the War Khasis (see Khongsdier 1995). The total sample size is 366 households taken from the following five villages: Nongkenbah, Mawsiangei, Nongla, Wahumlein and Lapalang. The study was conducted during November 1990. The results of the study show that infant mortality rate to the mothers of all ages is higher among the non-Christians than among the Christians, whereas the juvenile mortality rate is more or less equal between both the religious groups. Among the mothers of 45+ age group both infant and juvenile mortality rates are higher for both the religious groups. The figures are higher than for many other patrilineal societies of Assam though they are lower for certain other patrilineal societies. It is further observed that the reproductive wastage is higher among the non-Christian War Khasis than among the Christian War Khasis but the figures for both the religious groups are higher than for some other patrilineal societies of the region. The difference between the Christian and non-Christian War Khasis is,

however, found to be statistically insignificant. In any case, in respect of both infant mortality rate and reproductive wastage the study shows a pitiable condition of the matrilineal Khasis vis-à-vis some patrilineal societies of the region.

Let us now take up a study on the Jaintias. This study is based on 68 households of Sutnga and Moopala villages of the Jaintia hills. The data were collected during January-February 1989. Some important reproductive traits of the Jaintias are as follows (Khongsdier 1992: 492):

Mean age at first marriage: 19.64 ± 0.23 years

Mean age at first child birth: 21.37 ± 0.32 years

Child-woman ratio (No. of children aged 0-4 per 100 women): 86:96

Mean number of live births per ever married woman: 6.04 ± 0.28

Mean number of surviving children per ever-married woman: 4.84

Infant (-1 yr of age) mortality rate: 11.92%

Juvenile (-15 yrs of age) mortality rate: 8.00%

Spontaneous abortion rate: 1.37%

Stillbirth rate: 2.39%

Frequency of reproductive waste (both abortion and still-birth): 3.93%

The few studies considered above clearly indicate that the status of reproductive health among the Khasi women is one of the lowest in the country. This is difficult to accept in view of the matrilineal social milieu, which is supposed to be more empowering for women than a patrilineal social milieu is. With both descent and inheritance of property being in favour of women they are theoretically expected to have a better status with regard to reproductive health than that of their counterparts in patrilineal societies. That it is not so compels us to see if at all the explanation for their poor reproductive health lies in their being matrilineal. Or, one may wonder, if the matrilineal system actually privileges the men by enabling them to have monopoly over the inheritance of power both in the public and domestic domains.

While reading matrilineality in Khasi society, one often looks at the rights the women enjoy and ignore the huge responsibilities that befall on their shoulders especially after marriage. If they have children, are separated from their husbands, and have poor or no source of income their condition is deplorable even if they are helped by their matri-kin members. The women in patrilineal societies are free from some of the responsibilities that Khasi women shoulder. They are partly relieved of the economic and psychological burden of supporting the family, which is mainly the responsibility of men in such societies.

Should the Khasis then switch over to patriliney as demanded by certain sections of their society from time to time? This is for the Khasi society to decide. However, in the event of such a transition taking actual shape the Khasi women will certainly be deprived of whatever little empowerment the tradition has gifted to them. Actually, there are men in both patrilineal and matrilineal societies who are highly devoted to their families and have a high sense of responsibility towards their wives and children. Without a comparative study of such societies it is difficult to arrive at a conclusion about which men – patrilineal or matrilineal – are more responsible towards their family or are less adulterous. A lot of writings in this regard are unfortunately based on personal observations or ideologies and not data collected from a scientific research. Hence, the conclusions they have arrived at are liable to be less reliable than the ones based on a comparative study.

Let me close this section with an interesting account published in *Tbeh Jingshai*, the newsletter of North East Network (a women's NGO), in its Fall Issue of 1999, which opens an entirely different window to understanding why the reproductive health status in Meghalaya is one of the worst.

All the traditional birth attendants in the Syntein (Jaintia) villages of Mawsynram, East Khasi Hills District of Meghalaya are men. These men either work in the fields or are involved in the basket weaving tradition of these villages for their livelihoods and attend to the women when the need arises. One of them, Hamlet Kynter of village Mawkaphan came into this quite accidentally. The TBA (Traditional Birth Attendant) of the village was out in the fields when his sister-in-law went into labour. Hamlet told us that he could not simply stand by and watch her suffer so he helped her to deliver and since then has been aiding the women of the village. Hamlet in the meantime has perfected the skill and in addition has also learnt the technique of traditional Khasi massages to correct breach positions of the foetus. He is a constant source of advice and support for the women on matters related to reproductive health and held in great affection by the women of Mawkaphan. In the Garo hills the husband holds the wife by the shoulders and assists her in delivery. The rest of the men folk of the clan sit out in the courtyard to run errands or carry the woman on a stretcher for medical help should the occasion arise (*Tbeh Jingshai* 1999:2).

The above information about men assisting women in labour is quite unusual, as birth attendants are usually women everywhere in the world, but the above report shows that men birth attendants are possible.

Reproductive Rights

There is no disputing the fact that reproductive rights are quite a new concept even among some of the highly educated women in Shillong. I talked to several highly educated women friends about the present article and solicited their help but most would ask: "What exactly do you mean by reproductive rights?" If some reproductive rights activists in the West talk about cloning rights and embryonic rights some women in Khasi society are not yet aware of their basic reproductive rights.

The North East Network mentioned above has been one of the most important actors in the field of reproductive rights in Meghalaya. Roshmi Goswami, formerly of this NGO, conducted a study on reproductive rights in Meghalaya as a MacArthur Fellow for Population Innovations 1996-1998. The relevant portion of her findings, based on 519 women and men respondents belonging to all the three matrilineal tribes of this state and to both indigenous and Christian religions, may be reproduced below:

As there was very little understanding of child bearing... there was no question about (sic) choice of number of children and who decides the numbers. In most cases it just happened and unlike patriarchal (sic) societies because there is no pressure for a male heir the women did not feel oppressed in that kind of way. In these societies girls are highly welcome and precious but nowhere did we find any bias against the male child either. Moreover the need for a girl/heir is felt more by the woman than by the man for obvious reasons. In fact as pointed out earlier while there may not be individual coercion the burden of carrying on the lineage and increasing the strength of the clan is a heavy burden and it sits squarely on (the) woman's shoulders!

While sexual relationships are less rigid, evidence of control over sexuality especially of girls from the royal families is evident in the importance placed on virginity for performance of ritual dances for girls. In the annual Nongkrem Dance which is also associated with fertility rituals and is one of the most sacred and revered ritual(s) of the Khasis, only virgin girls dance (Goswami 1996-98).

Let me now briefly present the essential ideas about reproductive rights and try and relate them to the Khasi women. The concept of "reproductive rights" being very recent even globally no UN body has adopted them although they are broadly considered under human rights. Effort is still on to both define these rights more clearly and to press the various national and international agencies to give a formal recognition to them. There has been some acceleration in these activities after the International Conference on Population and Development held in Cairo (1994), followed by the Fourth World Conference on Women held in Beijing (1995).

The literature on reproductive rights has grown phenomenally during the past one decade or so although it is still confusing to many as to what

exactly constitutes reproductive rights. Are they same as sexual rights or rights to sound reproductive health? Do they or do they not conflict with men's reproductive rights? Do they not conflict with the child's right as P. van Esterik (1989) points out? Do they conflict with their culture? With the culture to which the child belongs? And what if they do? A lot of such questions are not yet settled, at least to the best satisfaction of all concerned.

I discuss now four key reproductive rights, following Turmen (2000 35) and others like Karkal (1996), Nafis Sadik (2000), and Rosalind Petchesky (2000) on the basis of my Khasi ethnography.

1. The right to found a family. The right of Khasi women to found a family has never been contested and they are doing this since time immemorial. What has been always a challenge to some of them is to give stability to the families founded by them due to frequent incidence of domestic violence and breaking down of families, which in my observation, has greatly reduced among the educated middle class Khasis but continues to occur among the lesser educated and lower class Khasis.

2. The right to decide freely and responsibly the number and spacing of one's children. If an educated woman wants to have just two children and wants to space them by three years she is in a position to do so at least in a city like Shillong where various birth control measures are available. Even abortion is not at all a big deal in this city. There are a number of doctors who conduct abortions by dozens in a single day. So if they fail in having the desired spacing and number of children it is mainly their ignorance about it. The number of children in Khasi families is usually six if the children belong to both sexes. It is larger normally only when the children born are all male and/or the parents are educationally and economically backward. The number may also go up when a woman engages in serial monogamy but such cases are few and far between. The relatively larger number of children in Khasi families could also be attributed to a high rate of infant and child mortality, as indicated above, although it is not very uncommon to treat conception as God's gift and abortion a sin, particularly among the Roman Catholics.

3. The right to have access to family planning information and education. Like in most other developing societies talking about family planning is not easy and the women in particular do not open up even to women researchers until a good deal of rapport and trust is built. There are some sources of family planning information and education like the radio, television, and magazines but the illiterate and semi-literate women often have no access to such modern and reliable sources. Such programmes on radio or television are at times too subtle for such women to get the message through. They are rarely customised to benefit such women. The government's responsibility is deemed to be over by making

such programmes free or by printing such information in the newspapers once in a while. The NGOs usually do not have either manpower or the resources to undertake such programmes at the level of the masses. The educational institutions are bound by their own routines. In such a situation, who will educate the women about their reproductive rights? And who will educate the men about theirs?

It is also a fact that men require such information as much as women do. The beliefs that vasectomy will damage their image of a “man”, as someone who should be able to copulate, whose virility should not decline as long as he is alive and healthy, and who should not be the reason for their wives to “wonder about”, etc. have done a lot of damage to many societies around the world and Khasi society is no exception.

4. The right to have access to family planning methods and services. Some scholars have particularly emphasized on quality service in this regard. For instance, Nafis Sadik writes: “Central to ensuring reproductive rights is universal access to high-quality services” (2000: 8). No one contests the view that there should be no compromise on the quality of services provided in respect of reproductive health. But with quality comes cost and most developing societies compromise on quality because of the cost factor, although at places quality is not available even though someone is prepared to pay the extra cost. It is not unusual to hear in India about leaky condoms or about conceptions after vasectomy, leading to avoidable consequences on conjugal life. Although vasectomy and tubectomy are minor surgical operations utmost care should be taken in respect of hygiene in operation room and after operation in order to avoid infection. Infection in the operated area is quite common due to lack of hygiene. As regards the use of contraceptives the ones sold in the market are good but expensive whereas those distributed freely at primary health centres are of poor quality. Hence, most men tend to insist on sex without condoms and the women oblige fearing that their men might go to some other women if they refuse. The result is unwanted conception, which is not always detected early because many women do not have regular periods due to poor reproductive health. When pregnancy is confirmed it is often too late for abortion.

Due to various reasons, many married couples in Meghalaya use traditional methods of family planning, including the use of certain vegetables like rice-gourd and papaya or some herbs to avoid conception or to cause abortion. Though such means are not always successful the people in remote villages have little choice. For many women the choice is between buying cooking oil and condom and for the men between buying cigarettes or alcohol and condom. Further, while the women may occasionally buy cigarettes or alcohol from shops they can never buy contraceptives from any shop, which can be done only by men. While

preparing this article, I asked several shopkeepers in Shillong city whether they ever remember any woman buying any contraceptives from them. The reply from them was invariably a clear no.

Conclusion

It is true that Khasi matriliney has begun to be contested by some Khasi men. However, many among them still consider matriliney as the true foundation and symbol of Khasi identity. We have seen above that all Khasi sub-groups neither practise the same rules of inheritance nor follow matrilineal descent, at least in Shillong. In fact, there is considerable variation in the way matriliney is followed even within the Kynriam or Upland Khasis in Shillong.

The data considered in this article undoubtedly show that reproductive health of matrilineal Khasi women is worse than that of patrilineal women. The poor reproductive health of Khasi women, as the limited data in this paper indicates, raises a number of questions which have no easy answers. Does it, for instance, mean that patrilineage has a positive role to play in reproductive health? How does one explain the wide variation in the status of reproductive health of women among the patrilineal societies available in the NFHS report mentioned above? How does one account for the possible role of education, occupation, class, environment, religion, media, gender bias, etc. in this regard? Has any research ruled out the role of such factors in reproductive health?

In closing I must also state that while evaluating the status of reproductive health and rights in the matrilineal Khasi society, we unconsciously make the mistake of having the patrilineal societies as the reference point or tend to evaluate the matrilineal societies on the basis of patrilineal parameters. We tend to see these two systems of kinship as contrastive rather than overlapping or complementary ones. Are not both matrilineal and patrilineal societies after all patriarchal? Are not both matrilineal and patrilineal families headed by men? Are not the role of women in family and kinship very similar in both patrilineal and matrilineal societies? Ignoring the presence of some such common characteristics by the apparently two different systems is a mistake most researchers on matrilineal societies commit, making them arrive at conclusions that would otherwise not have arrived at.

References

- Choudhury, J.N. 1978. *The Khasi Canvas*. Shillong: Shrimat Jaya Choudhury.
- Dasgupta, P.K. 1984. *Life and Culture of Matrilineal Tribe of Meghalaya*. New Delhi: Inter-India Publications.
- Goswami, Roshmi. 1996-98. *Insights: Documentation of Health Perspectives within Matrilineal Value Systems and Strategies for Action in the State of Meghalaya*. Report submitted as MacArthur Fellow for Population Innovations 1996-98.
- Government of Meghalaya. 1998. *Pocket Statistical Handbook Meghalaya*. Shillong: Directorate of Economics & Statistics.
- Gurdon, P.R.T. Rpt. 1990. *The Khasis*. Delhi: Low Price Publications.
- Jose, E. M. 2000. "Domestic violence against women on rise in the state". *The Shillong Times* Dec. 19.
- Karkal, M. 1996. "Reproductive health and women: A review of literature". *Radical Journal & Health* 2 (1): 54-67.
- Khongsdier, R. 1992. "Some demographic traits among the Pnar of Sutnga and Moopala in Jaintia Hills District of Meghalaya". *Man in India* 72 (4): 491-495.
- Khongsdier, R. 1995. "Prenatal and postnatal mortality in the War Khasi of Meghalaya". *Journal of Human Ecology* 6 (3): 201-204.
- Mawrie, H.O. 1981. *The Khasi Milieu*. New Delhi: Concept Publishing Company.
- Mukhim, P. 2000. "Giving matriliney a bad name". *The Shillong Times* Sep. 29.
- National Family Health Survey 1998-99. Bombay: International Institute for Population Sciences.
- Nauriyal, D.K. 1999. "Reproductive decision making among the Bhotia". *The Eastern Anthropologist* 52 (4): 331-358.
- Nongbri, T. 2000. "Khasi Women and Matriliney: Transformations in Gender Relations". *Gender, Technology and Development* 4 (3):359-395.
- Nongbri, T. 2003. "Matrilineal Puzzle Reexamined: Dialectics of Kinship and Gender among the Tribes of North East India". In *The Practice of Sociology*, edited by M. Choudhury. Delhi: Orient Longman.
- Pakyntein, V. 1999. "Gender preference in Khasi society". In *Wonder That Is Culture*, edited by T. B. Subba, pp. 171-182. New Delhi: Mittal Publications.
- Passah, P.M. 1992. "Status of women in Jaintia society and culture". In *Women in Meghalaya* edited by S. Sen, 46-55. Delhi: Daya Publishing House.
- Petchesky, R. 2000. "Rights and Needs: Reconnecting the connections in debates over reproductive and sexual rights". *Health and Human Rights* 4 (2): 17-30.

- Sadik, N. 2000. "Progress in protecting reproductive rights and promoting reproductive health: Five years since Cairo". *Health and Human Rights* 4 (2): 7-16.
- Tbeh Jingshai*. 1999. Fall 1999, 1.
- Turmen, Tomris. 2000. "Reproductive rights: How to move forward?" *Health and Human Rights* 4 (2): 31-37.
- Van Esterik, P. 1989. *Beyond the Breast-feeding Bottle-feeding controversy*. New Brunswick: Rutgers Univ. Press.