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Health and Awareness: A Study of Select Modern Bodo Short Stories

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Abstract:

The book *Modern Bodo Short Stories* is a collection of short stories by a group of modern Bodo short story writers. Here, the stories uncover the socio-cultural reality of the Bodo society. Bodos are one of the most important tribes in the Northeastern part of India. They identify themselves with their rich cultural heritage, traditional dainty and prosperous social setting. The stories mainly focus on patriarchy and domination, woman and subordination and individual and society. This paper attempts to situate the consequences of incognizant medicinal factors. Ishan Mushahari's "Abari" and Janil Kumar Brahma's "Orge" decipher the simplicity of rural life and situational urgency. The thematic framework of the stories centers round the concept of individual, gender and society. The central characters namely Abari and Orge supplement to the catastrophe of appropriate medical care and attention. Both the writers emphasize on the prospect of health and care that helps in the sustainable development of an individual and a society. The phenomenon of health care lies at the center of the stories whereas pain, dilemma, doubt, protest and confusion act as its repercussion. Both short stories explicate an idea of insufficient medical perception that bestows both physical and mental suffering and disaster in the lives of the protagonists. This paper aims to underline the panoramic importance of health and care that contributes to the making of a healthy self and cultured society. The main objective of this paper is to raise awareness among people about the psychological experiences of being diseased. The plot revolves around medical issues and healthcare potential.

Keywords: disability, individual, society, woman, health.

The Bodo society is patriarchal. The individual always plays a crucial role in maintaining a balance between good health and structured life. The modern Bodo writers

pacify the prevalence of an unequal, diverse and distinguished society. The evolution of Bodo writers occupies a special place in the area of regional literature. The Bodos are one of the most prominent ethnic groups from the Northeastern part of India. They identify with their culture, tradition and language. The present paper focuses on the genre of short stories that situates a particular correspondence between life and living.

Ishan Mushahari and Janil Kumar Brahma have made a remarkable place in the history of Bodo literature. They appear not only as writers but also as awareness markers. Both seem to associate the stakeholders to gear up for a reformative mindset. Both call for setting a motion for disabled women of society. Their writings reimburse a feeling of equity and inclusion provided with proper health care and careful consideration. The present paper intends to deal with Ishan Mushahari's short story "Abari" and Janil Kumar Brahma's short story "Orge". The text *Modern Bodo Short Stories* appears a blend of tradition and modernity, values and ideals and morality and rationalism. "Abari" is the first ever printed Bodo short story. The paper intends to unpack how in the present day context health and care seem to be of least concern. The two stories attempt to foreground how humans and the environment justify the trajectory of health and awareness. Sophie Mitra, quotes Marmot, who writes that human development appears to be "growing evidence on the socio-economic determinants of health from social epidemiology" (Marmot, 12).

The writers portray the need for aesthetic reconsideration on the part of society towards people like Abari and Orge. Though they are not lethargic and lazy, society still procures a badge of inadequacy and negativity to them. The main concern of the plots lies in dismantling this badge and refilling it with innovative and rational facilities. They aim to unlock the wardrobe of social compulsion, familial straps and gender restraints. The stories talk about the estate of a woman in context with the health resources. When a woman faces improper care in a society, she becomes claustrophobic. Here, being a woman suggests ways of facing dominance, power, control and repulsion. The writers aim to figure out remedies and panaceas to retain a respectable status for women in general and for disabled women in particular.

The main characters from these stories appear, to be Abari and Orge to which the title also refers. Both appear to be harmless and noble characters. They think more about others and less about themselves. Their physical deficit becomes a matter of accepted reality for Orge and a tool for Abari. Mitra quotes Goodley, who defines the medical model of disability. It leads to "paternalism, pathologization and benevolence" (Goodley, 20). He says, "In the medical model, disability refers to impairment, health condition or an ability to

perform an activity in a normal way” (Mitra). He sees the social model as: “a social creation” (Mitra). Social disadvantage, discrimination and exclusion are the watchwords for disability. Whether it is inborn or not, they subscribe to the element of societal laxity and familial freight.

Both the writers adhere to the maintenance of health and proper bestowment of care to the disabled women. Stable health and pertinent care become the parole for these two narratives. The stories intensify the additional weightage of medical care and precision. The discourse of health pacifies the underlying framework of the stories. Health and hygiene have been of utmost importance in the life of human beings since time immemorial. In the story “Abari”, Abari’s disabled body seems to result from neglect and insufficient care. The boil on her leg happens to turn into an infection. Thus, she suffers. Her family appears to be irresponsible to take care of her injured leg. They seem least bothered to take her to a doctor and get her clinically tested. Her consequential transformation from an ordinary girl to a disabled girl changes the panoramic dictum of her life. Her childhood gets no mention in the story. She appears only at the age of eighteen. Mushahary, attempts to cast the condition of her health and its consequences.

The element of health is central here in the story. The character of Abari contributes to a large extent to the overall health motif of women in a particular society. In the Introduction, Sophie Mitra, writes: “The human development model highlights, in relation to wellbeing, the roles of resources, conversion functions, and agency. It was capabilities (practical opportunities) and /or functionings (achievements) as the metric for wellbeing” (Mitra, 4-5). Here, Mitra emphasizes Sen’s idea of the capability approach. The discourse of disability provides a response given by society and the family. Sen’s capability approach acts as a framework to analyse the standard of living.

Ishan Mushahary’s “Abari” creates a feeling of wonder and curiosity in configuring the importance of health and its potential. He insists on providing medicated help and support to human beings in general and women in particular. He caters to the politics of identity for disabled women. The story delves deep into the stratification of social order and economic paucity. The story begins with Abari, a beautiful young girl about to get married. His cast of characters, namely Abari’s mother, Abari’s elder brother, Ule and her younger sister, Maifri, contribute to the underlying familial dominance and social obscurity. The image of Abari symbolizes weakness, subordination, dilemma and duality. The story begins with her as a conscious being. Her physical detriment becomes a matter of shame for her. Mushahary writes: “But Abari had no peace of mind, her mind was restless, unable to decide what to do”

(Mushahary, 30). He casts her as a juxtaposition of a submissive and independent heroine. Her coyness at the story's beginning seems to be the result of her paraplegic self. She seems to be constrained by thoughts and speculation. She ruminates over the liability of her life and questions the prosperity of her living.

The story projects the binary between life and living, existence and survival, reality and fantasy, victim and victimizer. She prefers to hide from society. She ponders over living an isolated life. Her disability came to her when she was an infant. Her disability was not by birth. The root cause of her being disabled seems to be inadequate therapeutic cognition. Mitra defines disability as "a deprivation in terms of functioning(s)" (Mitra, 13). The varied structural factors also contribute to the understanding of the term disability. The physical and economic environment, social laws and policies and personal factors exemplify the life and living of an impaired individual. Her inner psyche shows the fragmented psychological self. The line reads: "During the last three days, Abari was in a fix" (Mushahary, 30). The mind of Abari keeps rolling over just one thought: "How might be the man who was to come to see her, and what might be his complexion" (Mushahary, 30). The unpredictable future seems to be a matter of much concern for her. As she starts to grow, both in her body and mind, she seems to understand the importance of health maintenance in life. She appears to blame God for her suffering. Mushahary, insists on elucidating that disability is not a weakness for Abari but a mental compulsion. She speaks to God in utter dismay: "Oh God, it is you who have given me birth as a hobbling girl, not as sound as others are. Today, you have found it difficult even to find a life companion for me" (Mushahary, 31). The 'I' in Abari speaks and emphasizes not her physical health but her mental wellbeing. Her disability affects her mind, senses and intellect. Her physical disorder makes her suffer from inside. Mushahary projects herself in extreme mental condition. In an instance, she says to herself: "Maybe, one of my legs is crippled, but ... I am not so ignorant or incapacitated as to do nothing. How shall I be, happy marrying a person whom I cannot accept with all my heart? Am I unable to stand on my own feet" (Mushahary, 31).

This monologue casts her as a physically strong and mentally delicate figure. The element of marrying a defective boy who was lame and hunchbacked creates desolation and confusion in her mind. Mushahary writes: "Infact, Abari was not so crippled" (Mushahary, 31). It was entirely due to bewilderment that her legs turned disabled. However, in no way her physical decadence was inconvenient for her. She excels in every kind of household activity and extra-curricular venture. Because of her disabled leg, she withdraws from every kind of collective enjoyment and pleasure. She never seems to consider herself an exception.

Her disability is just a disease for her and not a defect. Except for her leg, she was completely healthy. The writer here insists on maintaining good health and mind. Her mental imbalance is the outcome of social inequality and heritable mistrust.

In the second part of the story, Mushahary captures the growth of Abari's mind. The quietness in Abari symbolizes her psychological transgression to move ahead in life. She never seems to be in the mood to categorize her for a prejudiced life. She confides to be 'the eldest girl in the house' (Mushahary, 32). Her character presupposes the binary between hope and despair and indignation and satisfaction. The writer here uncovers the helplessness of a mother whose daughter is physically disabled. When Maifri's marriage was fixed, Abari was utterly ignorant about this. In such an instance, the mother says: "It has been quite an injustice to accept the bracelet for the younger sister while her elder sister is yet to be married... Really, she should get married first" (Mushahary 33). Roybeyn says persons with health deprivations are "placed at the centre" of the human development model.

The third part of the story emphasizes the amount of pain and displeasure that Abari faces in her life. The conspiracy done by her mother, makes Abari categorize herself as a submissive soul. She generalizes the concept of woman and motherhood. Mushahary begins the part with: "Why is it that Abari is getting so emaciated?" (Mushahary, 33). The villagers begin to speak at her back. The line reads: "The earlier beauty and glow of her face, infact, faded" (Mushahary, 33-35). She starts avoiding all kinds of entertainment. She intends to live in her specific way. The rebuke and rebuff that she gets from the village and society make her mentally solid and stable. At first, she feels abused by her family and society. The abusive behaviour fills her mind with despair and predicament. Her endowment to preserve the serenity of her home makes her more laudable. The word 'home' for her symbolises unity, equality, love and understanding. Her love for her mother binds her not to leave the home. Gradually, Abari realizes how she was discriminated in her house by her mother. This embarrassment trolls her to move a step further. The aspect of conjugality raises a vehement noise in her mind. She now relieves herself of all kinds of torments and persecution. The story ends on a positive note, where Mushahary reflects Abari's attainment of triumph and satisfaction. The concluding lines read as: "She had only a necklace on her neck, a bracelet in her hand and an *imthi* (ring) in the nose. Yet she was filled with joy and happiness" (Mushahary, 36). She realizes the necessity of being absolute and self-reliable. She persists in locating her identity as a disabled woman.

Janil Kumar Brahma's short story "Orge" deals with pain, disability, health and care. He unconventionally introduces Orge. The story revolves around the character of Orge and

her life. The way she survives caters to the socio-cultural reality of the Bodo society. She seems to withdraw from the conventional codes of society. The introduction of her character claims her to be an ugly and aged woman. She is called 'the damsel of Bangrapara' (Mushahary, 1). The story introduces her as " ... she was hunch-backed with protruding teeth, goitre throat and fingers resembling the head of earthworms" (Mushahary, 1). She seems to work as a labourer since her childhood. She becomes a butt of joke for everyone in the village. The story dwells with a set of characters, namely Orge, her brother, Thobra, Basiram Mahajan, his wife Laishree and the servant Bugoba. As the story opens, Orge, already begins to work as a transplantation labourer in Mahajan's place. The uncaring nature of her parents arouses certain evil habits within her like 'smoking bidis', wetting the bed, 'eating meat or fish while cooking', etc. She appears to be a non-challenged female. She seems to be innocent and unaware of her impolite and unmannerly nature. The village people call her a 'urine discharger' (Mushahary, 4). The other servant in Mahajan's house exalts Orge, even in the slightest instances. In one such instance, Brahma refers to the arrival of the guests in Mahajan's place for a feast. Nevertheless, before the guest arrives, Orge fills a plate with chicken for Bugoba and herself. She likes to grasp everything. She prefers to blame others. Her physical condition becomes an existential reality for her. She starts living with it. It becomes a part of her life. Deneulin and Alkire, write that a person without agency is 'forced, oppressed or passive'.

The story "Orge" is divided into three segments. In the first segment, Orge appears as an obstinate girl. The writer casts her as an immature and a juvenile. Her world seems to be filled with wishes and aspirations. The second segment of the story explores her way of looking at things that do not belong to her. She here craves to get love and care from a character, named Bargo. The third and final segment corresponds to the amount of her realization and epiphany. She seems sandwiched between her role as a girl and her existential self that defines her inner psychological being.

Orge's disability seems to be a burden on her. She carries along her disabled figure. The phenomenon of disability is a constant benchmark. It presupposes an element of hardship, pain and anxiety in a particular individual. Her life revolves around abuses and whips. Her figure seems to be an amalgamation of discourtesy and illiteracy. The monologue in the story creates confusion and crisis in her mind about whether Bugoba loves her. Martha Nussbaum emphasises the aspect of demands that society makes from utterly disabled people. Mitra refers to Sen, Burchardt and Terzi who define disability "as capability" (Mitra, 11).

Further, Mitra writes: “An impairment is a feature of the mind. That may or may not lead to a disability” (Mitar, 12). In the context of the story, the terms associated with disability seem to be ability, functioning and environment. Further, the words like ‘I’, ‘me’, and ‘us’ correspond to the truth of leading a disabled life. For her, disability seems to be a reflection of herself. The line reads as: “Who will accept us, unlettered, uneducated girls” (Brahma, 8). The shift of her stay from the kitchen house to a hen court portrays the lack of medical sincerity and assistance. It happens mainly because of her ill habit of urinating on the bed. This kind of shift is an instance of imperfect care and inappropriate health services. The story unveils Orge’s callousness, ignorance and untidiness. The writer casts her as a victim of neglect and humiliation. The story’s plot locates her identity by situating the rural social setup, traditional norms, beliefs and gendered roles.

The story ends on a pessimistic note, where Orge appears to be exerted and strained. She understands the apparition of being physically unfit. Brahma writes: “She could see her real self today. She inclined to hate her own features” (Brahma, 8). Both stories focus on ageing, health conditions and social participation. Both Abari and Orge can function and perform in their respective ways. The stories underscore the importance and need for social inclusion, familial unity and integrated resources.

The image of Abari and Orge facilitates the ongoing struggle of every woman who either is disabled or ordinary. These two characters usually refer to the vast range of discredit and disrepute on the part of family and society. The retainment of this attitude towards woman’s health seems to be of decisive concern. They convene to see and feel a change and a variation in their perception of a woman and their health. It is not only physical health that they talk about rather, it is happiness and contentment and, on the other hand, prosperity and protection that they indeed deal with. The entire wellbeing of any woman in a healthy society and in a family depends on healthy environment and favoured milieu.

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