

Chapter I

Introduction

1.1. Introduction

Young married women are considered to be crucial for all matters related to their reproductive health. Since they are the ones who bear children and are typically the primary caregivers in households, their role is critical for improving maternal and child health as well as achieving desired demographic goals. Empowerment of women to influence their and children's health has been an essential issue in public debates and is interpreted in various ways. In order to translate empowerment from a broad concept to easily understandable practices and events, various studies have looked at different aspects of empowerment. The broad angles through which their empowerment is viewed are: (1) women's autonomy, (2) their mobility, (3) their decision-making and (4) their relationship with their husbands. Nevertheless, gender roles and responsibilities remain the focal point in all stages of women's empowerment.

1.2. Outlining concepts of Gender

The concept of gender and its related terms have always remained debatable because of ideological differences. Ann Oakley (1972) defines gender as a matter of culture which refers to social classification of men and women into masculine and feminine. Bhasin (2000) views gender as the socio-cultural definition of man and woman, the way societies distinguish the two and assign them social roles. However, gender is man-made and is variable which changes from time to time, culture to culture and even from family to family. Similarly Burnette (2006) defines gender roles as those social behaviours, lifestyles and personality characteristics that women and men are expected to exhibit and people adhere closely to these roles. However, based on the views of gender experts and definitions outlined in different writings, people have conceptualized gender terminologies systematically. Some of these terminologies as highlighted in the Gender Manual, Department for International Development (2002); Gender training module, Ministry of Gender and Family Promotion, Rwanda (2011); Interagency Gender Working Group, (2004); and HIV/AIDS and Gender Training Tool Kit, National AIDS Control Council, Kenya (2004) are described below.

Unlike a biological designation, gender is defined as social construction, the differentiation and institutionalization of expected characteristics, norms and behaviours associated with being female or male in a given social context. It is the socially constructed relationships between men and women, boys and girls. It is also the socially assigned roles, responsibilities and power relationship of men and women, boys and girls in specific cultural settings.

Gender roles define the ways in which women and men are expected to relate to one another. Gender roles are dictated by the society a person is living in and vary from culture to culture, generation to generation and over time due to societal changes. People's and communities' understanding of gender roles can and do change.

Gender norms are defined as the societal messages that dictate an appropriate or expected behaviour for males and females.

Gender discrimination is conceptualized as the systematic, unfavourable treatment of individuals on the basis of their gender which denies them rights, opportunities or resources.

Gender equality denotes women having the same opportunities in life as men, including the ability to participate in the public sphere, while gender equity denotes the equivalence in life outcomes for women and men, recognising their different needs and interests, and requiring a redistribution of power and resources.

Gender responsiveness is at the practical level when a person or programme translates theoretical thinking and perceptions of gender sensitivity into practice. This is where actions and/or activities are put in place to address the issues and concerns over unfair and discriminatory treatment. One has to be gender sensitive first (theory) before being gender responsive (practical).

Gender relations are the hierarchical relations of power between women and men that tend to disadvantage women. The term "power" is often used when describing gender differences. It is a broad concept that describes the ability or freedom of individuals to make decisions and behave as they choose. It can also describe a person's access to

resources and ability to control them. When the term "power" is associated with gender, it usually refers to inequities between men and women.

Gender violence is defined as any act or threat by men or male-dominated institutions which inflict physical, sexual or psychological harm to a woman or girl because of gender.

Women's empowerment is a 'bottom-up' process of transforming gender power relations, through individuals or groups developing awareness of women's subordination and building their capacity to challenge it.

1.3. Defining Reproductive and Infant health

Within the framework of World Health Organisation's (WHO) definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, 'reproductive health' addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capability to reproduce and also freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice; right of access to appropriate health care services that will enable women to safely go through pregnancy and childbirth; and, provide couples with the best chance of having healthy infants.

Additionally, the basic elements of reproductive health are: responsible reproductive/sexual behaviour, widely available family planning services, effective maternal care and safe motherhood, effective control of reproductive tract infections (including sexually transmitted diseases), prevention and management of infertility, elimination of unsafe abortion, and treatment of malignancies of reproductive organs. Furthermore, reproductive health affects and is affected by other aspects of health, particularly HIV infection/Acquired Immuno Deficiency Syndrome (AIDS), nutrition, infant and child health, adolescent health and sexuality, lifestyle and environmental factors. Pervading and affecting all aspects of reproductive health are various social and cultural factors, especially the status of women in society. Such a definition ignores the

reproductive health of women who do not wish to 'accomplish reproduction'. It also makes fertility regulation mandatory as a part of health.

Similarly, infant health denotes a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity among the children of 0-1 year.

Generally the discussion on women's health gets much more attention in the context of illness and death during pregnancy, childbirth and to some extent issues related to contraceptive use. Reproductive health of women is often influenced by factors such as education, nutrition, sexual behaviour, hygiene practices and socio-economic environment. Similarly, discussion on child health gets much more attention during the first one year of birth. During this period, a child's health is often influenced by factors such as education of couple, nutrition intake of mother, breast feeding, hygiene practices and socio-economic environment. Health needs of women and infants are either not served or are underserved which results in suffering from several problems.

1.4. Rationale

Gender-based discrimination cuts across social relations such as age, race, caste, ethnicity, sexuality, class and religion. It is also mediated by these social relations. Much work needs to be done to build gender-inclusive and democratic urban centres and municipalities in industrialized, emerging and developing countries. The commitment of local governments and local communities can bring this closer.

Since the importance of "Gender" in Reproductive and Child Health (RCH) is realized, there has been a continuous focus on addressing gender issues in many ways in the RCH programmes. Of course some improvement in reproductive and child health is visualized after addressing gender issues, but still we have a long way to go to see remarkable progress. However, various organizations including international agencies, government and non-government organizations (NGOs) have been putting rigorous efforts to bring significant improvements in reproductive and child health. Even essential public health services are provided virtually at every rural doorstep in the country free of cost through primary health centres (PHCs), Sub-centres (SCs) and Integrated Child Development Schemes (ICDS). But still, morbidity and mortality among women and children continue to be issues of concern. This requires more attention when the health-seeking behaviour of

women and children is determined by gender roles, social norms, traditional practices and power relations between men and women.

Despite various awareness generation programmes, sensitization on rights issues, availability of health services, etc., a good proportion of women face complicated reproductive health problems and infants suffer from serious illnesses. If we look at the rural scenario, the socially defined roles and status of women and men in society, and their relative power play an important role in determining the reproductive health of the two. Socio-cultural factors like poverty, low literacy and lack of awareness among women are also determinants of poor reproductive and child health. They lead to morbidity and mortality among mothers, infants and children.

The Platform for Action, which was adopted by 189 delegations at the Beijing Women's Conference (1995), reaffirms the definition of reproductive health and advances of women's wider interests as adopted by the Cairo Programme. Paragraph 96 of the platform for action states: *"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences."* (Fourth World Conference on Women, 1995).

The policy briefing on Gender Inequalities and Health Sector Reform states that the unequal social relations between women and men may produce inequalities in health outcomes and access to or utilization of health services. It also highlights that though women and girls have specific health needs, they are often neglected.

1.5. Need for the study

Studies show that there are clear connections among gender, power relation and health outcomes. This stresses gender equality and women's empowerment as means of achieving the goals of sustainable development, which is also emphasized by International Conference on Population and Development (ICPD). Despite more than fifty years of Independence and rapid expansion of health care system in the country, India still faces a

formidable challenge in universalizing health care. The realization of Millennium Development Goals (MDGs) by the year 2015 still seems distant. Mammoth efforts are being made to improve the reproductive and child service. They will succeed only if the underlying reasons for the use of poor health care are addressed. There is greater evidence now to suggest that merely increasing access and economic capacity of people to use such services is not adequate to improve service use. In many cases where awareness is high and people have the economic capacity to use such services, but their utilization does not necessarily result in it. There is greater recognition now that gender relationships between couples and the unequal power relationships between men and women are important determinants in health care use. This is particularly so in the case of women's reproductive health services.

If government's efforts to improve service delivery are not matched with efforts to address the unequal power relationships between men and women, it can safely be argued that health indicators, especially for reproductive health, will continue to show skewed results. Gender and social norms that govern relationships between men and women in their daily lives also govern decisions on whether and when to use services. If these norms are not altered concurrently with improvements in access and service delivery, health results will only be partially met. This is even more critical when women are young and married. In most of the rural settings where social expectations and norms are high, soon after marriage women are expected to bear child irrespective of her age. Subsequently, women are left with no choice except rearing and caring of the newborn. In this scenario, health of the young mother and newborn becomes crucial. Unless this is recognized and norms are changed, it will remain a never ending challenge to translate principles into practice. Considering these aspects of reproductive and child health, the current study focuses on young married women of 15 to 24 years and tries to explore how they determine their reproductive and infant health.

1.6. Objectives of the Study

Specific objectives of the study are,

- To understand the knowledge and practices regarding reproductive and infant health care among young married women.
- To examine the gender responsiveness towards young married women's reproductive and infant health care practices.
- To identify the factors determining young married women's decision making on reproductive and infant health care seeking behaviour.
- To study the association between socio-demographic factors including gender role and reproductive and infant health care among young married women.

1.7. Hypotheses of the study

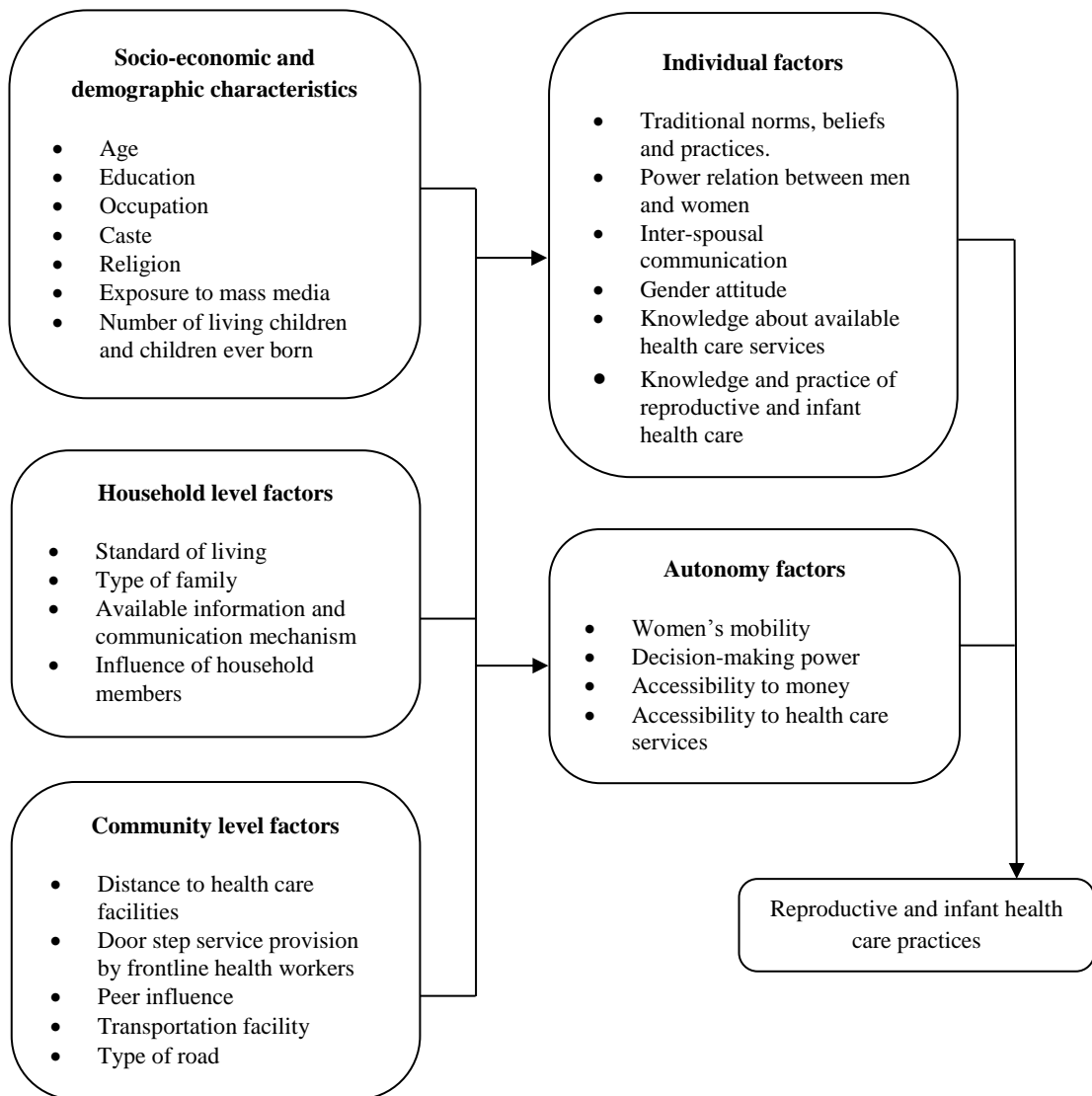
They are mentioned below,

- Awareness of reproductive and infant health care behaviour does not often translate into practice in the same magnitude.
- Treatment seeking of the reproductive and infant health problem is more among women with higher autonomy.
- Men play an important, often dominant role in decisions crucial to women's reproductive and infant health.
- Women of higher age and having more children are better care takers of their reproductive and infant health.

1.8. Conceptual framework

The study tries to understand young married women's reproductive health and their infant health care practices. It also explores whether it is connected with their autonomy. Briefly, it examines how socio-economic factors and gender issues determine health care behaviour of women in the rural setting. The linkages among these factors are presented in a framework below.

Figure 1.8.1: Conceptual framework



1.9. Organization of the thesis

The present thesis is organized into eight chapters as specified below.

Chapter I: Introduction

This chapter portrays different concepts of gender, reproductive and infant health. In addition, it explains the study rationale, objectives, hypotheses and conceptual framework along with organization of the thesis.

Chapter II: Review of Literature

This chapter reviews existing literature on dimensions of gender with various aspects of reproductive and infant health. It tries to synthesize the knowledge, practices, treatment seeking behaviour, role of gender and their association with health outcomes in a systematic way. Based on the review of literature, existing gaps in knowledge of the subject are identified to formulate the current study.

Chapter III: Methods and Materials

This chapter explains the methodological approach and materials used in the current study. More specifically, it discusses about the study area, study design, tools of data collection, ethical considerations, fieldwork experience and plan of analysis.

Chapter IV: Background of Study Population

This chapter describes socio-economic and demographic profile of young married women. Subsequently it provides brief profile of the women involved in the focus group discussions.

Chapter V: Knowledge and Practice of Reproductive Health

This chapter furnishes young women's knowledge and practices about different reproductive health components like Antenatal care, Delivery care, Post-natal care, Family planning and RTI/STI. Here detailed analysis has been carried out for each component to understand its prevalence and association with different socio-demographic variables.

Chapter VI: Knowledge and Practice of Newborn and Infant Health

This chapter describes young women's knowledge and practices about newborn and infant health, specifically with respect to breast feeding, immunization, complementary feeding

and treatment seeking behaviour for health problems faced during infancy. Subsequently, analysis has been carried out for each of the sub-components to understand its relationship with different socio-demographic variables.

Chapter VII: Decision-making and Domestic Violence

This chapter presents involvement of women in decision-making on different domestic and health issues as well as violence faced by them. Most of the subjects in this chapter are discussed from a gender perspective and analyzed with selected socio-demographic characteristics of young women. In addition, analysis also highlights women's consensus on their marriage and fertility.

Chapter VIII: Summary, Conclusion and Policy Implications

This chapter provides summary, conclusion and policy implications based on the findings of the present research work. It highlights background of the study, research area and objectives, profile of the respondents, knowledge and practices related to reproductive and infant health, women's autonomy, decision-making power, gender role and domestic violence. It also presents some of the policy implications on young women's reproductive and infant health, limitations of the study and scope for future research.

The thesis contains, inter alia, questionnaires used for data collection for the study and ends with a bibliography of sources consulted.