



## **The Reproductive Health of Rural Women in India – A Sociological Analysis**

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*The Historic Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was followed by Fourth World Conference in Beijing in 1995. Beijing Platform For Action (BPFA) was a commitment by nations towards the advancement of the cause of women's movement and also to eradicate all kinds of gender discrimination. India is also the 'Signatory to various international treaties and conventions, but for the equality of women, little has been done at the grass root level and especially rural women are deprived of this new vision.*

India is the seventh largest and the second most populous country in the world. India is village oriented and its economy is mainly dependent on agriculture. The rural women share the agricultural work but their role remains supplementary, they do not share the decision making process. Women have been ignored in plans for social human development. They are deprived of education, modernization and technological advancement. A survey recorded that out of 360 districts in India female literacy in the age group 15 – 35 is below 10% in 56 districts 10% to 20% in 132 districts and 10% to 40% in 51 districts.

The literacy rate has been improving over the year but women are still facing the problem of gender injustice in every sphere of life from home to crop field. Over 42% of married women are facing violence in rural areas. An assessment of female reproductive health in rural areas indicates that their reproductive health

awareness is very low. The social and cultural traditions results in discriminatory practices starting from early marriage to post-maternal health care. Many researches refer that the problem of women's health is not only biological but it depends upon psychological and sociological background. The society should eradicate any conflicts which may arise between the rights of women and the harmful effects of traditional practices, cultural prejudices and religious extremism.

The present paper aims to explore the reproductive health status in rural areas of Varanasi. I have selected five villages nearby Varanasi City and taken 100 women for my study. I have collected data through interview schedule as they are less educated.

Agrawal & Rao<sup>1</sup> in their study concludes that women empowerment is based on gender equality, reproductive

health and awareness.

Ahuja & Tiwari<sup>2</sup> insisted that adolescents should be aware of reproductive health as it is important for them to understand physical changes so that they will not be the victim of misinformation and myths.

Sheikh's<sup>3</sup> study based on Bangladesh found that rising of marriage age has positive effect on the health of mothers and children and the rate of population growth.

Abykoon<sup>4</sup> analyzed that fertility decline in marriage and contraceptive use.

Chaudhary<sup>5</sup> studied the social economic and reproductive health problems of adolescent girls in SAARC countries and referred that the problem of women's health is not only biological but it depends upon psychological and sociological background. Now the attitude towards reproductive health is changing due to modernization.

#### **Objectives:**

1. To analyze the attitude of rural women towards reproductive health such as marriage age pregnancy testing, forced abortions, family planning, maternal health care etc.
2. To assess the awareness of reproductive rights among rural women.
3. To assess the Government's development plan and the efforts of different agencies concerning reproductive rights.

In this paper I have analyzed the factors influencing reproductive health of rural women and their attitude.

**1. Age at Marriage:** Women are often compelled to marry against their will. This shows the unequal status of women in

society. The practice of early marriage is prevalent in villages, early marriage is linked with social and religious beliefs, and lack of education also leads to early marriage. We have not been successful in eradicating child marriage in existing early child bearing is also linked with early marriage that affects the health of rural women. Due to modernization and educational facilities, the attitude of the rural women has changed. 55% of respondents are in favour of marriage at the age of more than 18 years but 40% are of the view that the girls should marry before puberty, 5% are in favour of marriage after becoming economically independent.

#### **2. Pregnancy Testing and Forced**

**Abortion:** Pregnancy test is performed to know the sex of the fetus, but women are often forced to terminate their pregnancy against their will if the unborn child is girl child and the mother has one or more existing girl child. Now days rural women are also aware of the modern techniques and they come to the city and get the test done or abort the child if it is female fetus. My study shows that only 36% agree for pregnancy test, 20% feel that they should accept the wish of the God and remaining cannot afford to go to city for testing and abortion. The result is they take the services of unskilled nurses or maids. It is very harmful for their health.

#### **3 . F e r t i l i t y   a n d**

**Contraception:** India has fertility rate of about 3 in urban areas. There has been

decline of fertility rate due to education, rise in marriage age, use of contraceptive methods. The decline is also due to family planning programme and involvement of NGOs, in rural area. Fertility level of rural women is higher than the urban women mostly average of one child. Rural women give son preference even if they have more than 2 or 3 girl child. They suffer due to more children bearing and less medical facilities. Rural women are also facing the problem of inadequate medical facilities and unavailability of contraceptives. 60% women say they are aware of the use but primary health centers do not provide proper services.

**4. Maternal Mortality:** The number of deaths in pregnancy and childbirth shows the status of reproductive health. India's maternal mortality ratio – 407 per 1,00,000 live births<sup>6</sup> is fifty times higher than many developed countries. High maternal mortality rate in rural areas is due to the delivery performed by unskilled maids and lack of medical facilities. 67% respondents told that they did not think of going regular checkup 33% could not afford to have medical checkup. My study reveals that awareness towards health care during pregnancy and childbirth is necessary so that many deaths during pregnancy could be avoided.

**5. Maternal Health Care:** Maternal health includes complications and health problems during pregnancy and childbirth. In India maternity related health complications are leading cause of death and disability. WHO and UNICEF estimated that women face 01 in 37 risk of dying from pregnancy or childbirth

when in developed countries this risk is one in 1400 women; In my study I found that 65% families take care of nutritious food for the pregnant women, but only 30% husbands take care of their pregnant wife as they do not show concern for the wife before their parents. My study points out that education play an important role. 50% rural women are also aware of their health including family planning, pre-natal and post-natal care as some of the villages have educational facilities or the girls go to nearby cities. My study also reveals that most of the respondents still feel that male child is essential for their religious, social and financial necessities.

My study concludes that education plays an important role in the awareness of reproductive health among rural women, it is suggested that government should provide adequate educational facilities in villages. The government, social activists and NGOs should organize awareness camps for rural women time to time. Mobile hospitals should be arranged for the villages.

Safe motherhood can be ensured only by regular checkup and presence of skilled midwife at the time of delivery.

Primary health care center should include in their system, family planning counseling, educate for parental care, safe delivery, abortion, pre-natal and post-natal care information etc. In most of the PHCs doctors are often not available. The problem of shortage of doctors should be solved by the government.

The National Population Policy, 2000 suggested that village self help

service should be organized to give proper services for women's reproductive health. The service will include registration of births, marriage, pregnancies, deaths etc. This service will provide children health care also. The implementation of this service is essential for rural women. Reproductive rights and reproductive health are the further step for women empowerment and equality and dignity of women.

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