CHAPTER 6
SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

In Chapter 4, the development context of the state of Maharashtra has been laid out which confirms that Maharashtra is a better developed state as compared to many other states in the country. The same chapter also points out that the districts chosen in this study are well developed in terms of availability of health services and the indicators also substantiate higher utilisation of health services in this area. After detailing out the broad development and health system context of the study area, this present chapter gives the brief background information about the blocks and villages that were covered in the study and elaborates the socio-demographic characteristics of the respondents who participated in the research.

6.1 Age of the Respondents at the Time of Interview

Out of the 44 respondents, at the time of interview maximum number (19) of respondents were in the age group 41 to 45 years. 10 respondents were in the age group of 31 to 35 years and 14 respondents were in the age group of 36 to 40 years. Lowest age of respondent was 30 years and highest age at the interview was 45 years, which was the cut off age for the selection of the participants. Median age of the respondents was 40 years.

6.2 Age of the Respondents at the Time of Surgery

Majority of the respondents (17) got operated between 36 to 40 years of age. Another 16 respondents were operated in the age group of 31 to 35 years. Two respondents were operated after 40 years. Lowest age at which surgery was performed was 22 years. Median age of surgery was 35 years. To see if there is any change in the age at the surgery, the respondents were further divided into two categories, where the first category was of the respondents who were in the age group 30 to 37 years at the time
of interview and the second category was of the respondents who were in the age
group of 38 to 45 years at the time of interview.

In the first category, there were 16 respondents. Out of these 16 respondents, majority of the respondents (8) got operated before the age of 30 years. In the second category, there were 28 respondents. Out of them, majority (15) of the respondents were operated in the age group of 36 to 40 years.

**Figure 6.1- Distribution of Respondents According to Age at Surgery and Age at Interview**

Source: Calculated from field data

**6.3 Duration between Surgery and Interview**

There were seven respondents who were operated in the last one year. For 21 respondents, time lapsed after surgery was more than one year but less than five years, whereas in case of 16 respondents, more than five years had passed after surgery. In the interviews, longest duration after surgery is 15 years and shortest duration was 8 days, hence the study has captured short term as well as long term effect of surgery on women’s lives.
6.4 Marital Status of the Respondents

41 respondents were married at the time of interview, two were widow and one was separated from husband.

6.5 Educational Status of the Respondents

Out of 44 respondents, one fourth had never been to school, seven had studied up to 4th standard. Half of the respondents (23) had studied between 5th to 10th standard whereas three had attended college. There was some geographical area wise variation seen in the levels of education. In Velhe block, out of 12 respondents six had never been to school whereas in Wai block out of 14 respondents, 11 respondents had studied between 5th to 10th standard. Out of 11 respondents who had never been to school, seven respondents were in the age group of 38 to 45 years whereas four were in the age group of 30 to 37 years.

6.6 Educational Status of the Husband of the Respondents

The purpose of seeking this information was to see the influence of husband’s educational status on the decision regarding surgery, hence this information was sought only from the respondents who were married and living with the husband at the time of interview. Out of 41 respondents, three respondents reported that their husband has never been to school, three had studied up to 4th standard. In case of more than half (28) of the respondents, husband was educated up to 10th standard and six had studied beyond 10th standard. In case of two respondents, both husband and wife had never been to school.

6.7 Family Structure

Majority of the respondents (23) lived in a nuclear family, nine were from extended family and seven were from joint families. In the study, those families where mother in law or father in law or both were residing in the same household with the respondent were termed as extended families, whereas the families where along with mother in law and father in law, if other relatives such as brother in law was also residing in the same household, then the family was categorised as joint family.
6.8 Occupation of the Respondent

Out of 44 respondents, more than two third (30) of the respondents were engaged in agricultural work. Out of these 30 respondents, four respondents were working in their own fields as well as working as labourer in others’ field and one of the respondents was working only as an agricultural labourer. Four respondents were working as Aanganwadi helper and one was working as ASHA. Six respondents were homemakers. Two were doing tailoring work and one was working as a class IV worker in bank.

Brief analysis of the respondents who reported that they were home makers reveals that majority of them (5) were from Wai block whereas one was from Velhe block. All of them were between 38 to 45 years age group. All were educated and belonged to families of marginal farmers. In two cases, husband was doing government job, whereas in other cases husband was a cultivator. Since most of these women are married off before the age of 18 years, by the age around 40 years, their children also start earning and that could be one reason for more home makers in this age group.

6.9 Occupation of the Husband

As mentioned previously, information regarding husband’s occupation was only sought from the respondents who were married and living with the husband at the time of interview. Out of 41 such respondents, in case of 18 respondents, husband was doing agricultural work. In case of 10 respondents, husband was self employed. The nature of employment was like building contractor, carpenter, colouring contractor, conducting tuitions, furniture polishing, mason and tailor. Five of them were currently in Government jobs such as ST conductor, helper in Tehsildar office, peon in irrigation department and police patil. One had retired from Mathadi board. Two of them owned shops like chicken shop and a small hotel. One of them worked as a cobbler, another one as driver. One of the respondents told that her husband was raring goats and in case of one of the respondents, husband was not engaged in any economical activity. In case of 12 respondents, husband and wife both were engaged in agricultural activities. In case of 17 respondents, the respondent was doing agricultural work whereas husband was self-employed i.e. the entire responsibility of the agricultural work was entrusted solely with these respondents.
6.10 Caste and Religion of the Respondents

Out of the 44 respondents, majority of the respondents (29) were Hindu Maratha which is a dominant caste in this region. Eight respondents belonged to OBC category and five of them were from scheduled castes. Information regarding caste was not available for two respondents. Out of 44 respondents, 38 were Hindu, 3 were Neo-buddhist and one was Muslim.

6.11 Land Holding

In the sample, 14 families were land less or owned very small piece of land and information about size of land held was not available for seven respondents. Most of the respondents (16) belonged to the category of marginal farmers\(^1\). Only seven respondents reported to have land more than one hectare.

From the above description, it is clear that acceptance of hysterectomies was not restricted in particular groups. In fact, as shown above women with higher education as well women who have no education, both have accessed hysterectomy. Similarly in terms of occupation, there are women who are home makers as well women who work as agricultural labourers who have undergone hysterectomy. In fact, health care functionaries like ASHAs who have received information about reproductive health problems and their treatment during their training have also accepted hysterectomy. The distribution of sample according to land holding size is similar to overall distribution of land holding in the state of Maharashtra which reveals that majority of the farmers in Maharashtra are marginal farmers. In terms of caste distribution also one can see that there are \textit{dalit} women as well as upper caste women who have accepted hysterectomy. Education of husband also shows that a woman whose husband has no education has also undergone hysterectomy as well as a woman whose husband has studied beyond matriculation has also had hysterectomy. The Census (2011) data for the selected villages was analysed to see the overall caste, literacy indicators for these villages. This analysis showed that socio-demographic profile of the respondents is similar to the overall socio-demographic profile of the

\(^1\) Marginal Farmers are those who hold land less than or equal to 1 hectare.
area. About the family structure, there is no information available about exact proportion of nuclear households in these villages. Hence it is difficult to say whether women from nuclear families have higher chances of accepting hysterectomy. There are studies which have shown that the family structure affected the degree to which women felt they controlled their lives. In the nuclear families women have more say in family matters and more control over family finances however it is also true that women need to do more work in a nuclear family as there are no other women to share domestic chores. However, nuclear family also provides more opportunity to strengthen the bond between husband and wife. (Chorghade et al. 2006) The present study has been successful in capturing the experiences of hysterectomy for women from different social locations. For e.g. the study has captured the experience of hysterectomy for women who are married as well as for women who are widow and deserted. Thus the study throws light on the decision making for those women in absence of husband. Similarly, on one hand the study includes experience of landless, dalit, uneducated woman who is on the lowest rung of the social structure, on the other hand the study includes woman who belonged to the family of the head of the village, capturing both ends of spectrum. In terms of age also, the study includes women who are young as well as women who have graduated to hierarchical position in the family that is they are now mother in law. Also, the study includes women who have undergone surgery just eight days before the interview as well as women who had surgery more than fifteen years ago thus capturing experiences of long term as well as short term implications of hysterectomy. The subsequent chapters would now unfold the experiences of these respondents who are from varied social locations.