CHAPTER-II

REVIEW OF LITERATURE
a small family often compel couples then to resort to amniocentesis. Some couples propose to go for sex determination test before giving birth to their next child. Thus, the transition has been achieved only with regard to the desired family size, and a very strong desire for sons continues to push couples to resort to methods of sex determination and abortion.

Kaur and Harvinder (2003) had attempted to “analyze the impact of income and education of fertility behaviour of 405 ever-married women in the age group, 15-45 years”. This study revealed that an inverse relationship between the level of education and fertility has emerged, but there seems to be no such strong inverse relationship between the level of income and fertility. As such, education helps in controlling the growth of population. This study concludes that the level of literacy is more effective in controlling the family size than the level of income.

Nanda (2005) conducted a study on “Causal relationship between the women’s behavioral factors and fertility in a more or less non-industrial rural population”. For this study, data were collected from the ‘Angul’ District of Orissa. A total of about 600 women - 300 each from Schedule Castes and Scheduled Tribes were interviewed in the sample survey. It analyses the women’s behavioral factors with regard to impact on fertility. The behavioral factors of women defined family size and longer perceived ideal birth interval has been consistently associated with lower fertility. For SC population, the association of women correct knowledge about probable days of conception within menstrual cycle, with lower fertility gives impression that this knowledge may provide chance to the women or couple to go for some kind of fertility control mechanism. The verbatim and incidents studied give impression that at one hand the child survival is at demand and on the other these seem to have a need for access to controlled and intended fertility.

Dabral and Malik (2005) conducted a research on” Demographic study of Gujjars of Delhi: Factors affecting fertility, infant mortality and use of BCM association between various bio-social factors that affect fertility, infant mortality and use of birth control methods were examined among Gujjars of Delhi. The data were collected from 558 households on ever-married women in the age group of 15-49 years. Among Gujjars, women’s age has the most significant effect on fertility and family planning acceptance; stepwise multivariate analysis reflects that older
women tend to have higher fertility, followed by higher ideal number of children. Also fertility further increases with higher infant mortality (that is the next factor affecting it). It is expected that lowering of infant mortality may help in reducing fertility. Among older women, infant mortality is higher. Usage of family planning methods among older women is lower as compared to women who were younger at the time of field survey. There is a decline in usage of BCM (birth control methods) with the increase in surviving children, however if the women has higher desire for sons and higher ideal number of children then their acceptance and use decline further.

Pande and Malhotra (2006) conducted a study on “Son Preference and Daughter Neglect in India: What happens to living girls?” in New Delhi. Son preference in India is a well-documented phenomena, and its implications for skewed sex ratios, female foeticide and higher child mortality rates for girls have drawn research and policy attention. The present study was done to understand the gender discrimination and gender preference of mothers and families. A rural sample of 50,136 ever married women were selected and data was collected by interviewing them during the course of the National Family Health Survey, India 1992-93. It was found that 45.9% women preferred more boys than girls, 51.5% had no preference and only 2.6% stated that they preferred more girls than boys. The study showed that literate women were less likely to have son preference as compared to illiterate women who were less likely to have son preference as compared to illiterate women. Women who belonged to wealthier families would be less likely to exhibit son preference. Greater exposure to various media sources was significantly associated with weaker son preference. Analysis showed that during early childhood, girls suffered health and nutritional discrimination. By the age of five, 6% more girls than boys were severely stunted, and 13% more girls than boys were not vaccinated. If parents already have sons, they were more likely to nurture a daughter. But if a family had a daughter they were less likely to nurture a second daughter. Girls with 2 or more elder sisters were the most neglected. The study suggests that while the specific focus of the policy on girl child is girl child survival, importance should also be given to what is happening to surviving girls. It is also important to address the nutritional and health needs of all surviving girls, in fact all
children. Special attention should be given to nutrition and immunization programmes.

Nasir and Kalla (2006) illustrates that differences in kinship system between north (by and large patrilineal) and south (by and large matrilineal) of India is an important factor to bring about regional disparities in sex preference of children by the Hindu parents but not by the Muslim parents in whom Kinship system is traditionally unique as it shares similarity with Dravidian system in marriage pattern and inheritance from paternal side and similarity in kinship terminology with Indo Aryan system of the north while among the Hindus it is traditionally based on patrilineal inheritance, not withstanding the Hindu succession Act of 1956. Though dowry and sex selective abortion are the determinants of status of women among the Hindus, they are generally not practiced among the Muslims. However, the lower education status, economic status and social status (due to patriarchy and religious ideologies) respectively and together produce circumstances leading to son being seen as the best socio-economic insurance by the Muslim women. This review of studies conducted on the above topic shows that high fertility among the Muslim women are also a consequence of son preference arising out of socio-economic compulsion in the traditional absence (due to strict religious prohibition) of sex selective abortions.

Sum up

Son preference in India is a well documented fact and its implications on skewed sex ratios. For over a century India has shown marked gap in the numbers is boys vs. girls born each year. The studies on fertility and fertility preferences highlighted on transition of preferred sex combination of children, women behavioural factors influence on fertility and also impact of income and education of fertility behaviour etc.

2.6. STUDIES RELATED TO HIV / AIDS

Padmavathi and Vijayalakshmi Ram Mohan (1999) undertook a study to assess the level of comprehension of AIDS among the University Women students in Tirupati, Chittoor District, in Andhra Pradesh. A cross-sectional survey with a
sample of 180 students was purposively selected from the Padminavathi Mahila University. The study revealed that 42.0 percent of the respondents gave a fully correct response, and also had good awareness of AIDS and its meaning. On identification of likely victims there was some ambiguity, because 34.0 percent of the respondents stated that both men and women were potential victims, where as 52.0 percent of the respondents were of the opinion that men were likely to be the potential victims. While the common models of transmission were correctly identified by 35.0 percent of the respondents, 57.0 percent gave only partially correct responses. Regarding modes of transmission, their awareness levels needed to be improved. Further, a high percentage (66%) of the response had little or no understanding about the control of AIDS. Again 72.0 percent of the respondents stated that AIDS was preventable but appeared to be unaware of the preventive measures. It is to be noted that 43.0% of the respondents were able to indicate that the Elisa test can be used to diagnose the victims of AIDS. Thus, the item analysis clearly established urgent need to have holistic approach to the programme on AIDS which would generate AIDS awareness and create public consciousness about this fatal disease so as to curb its menacing spread.

Andaman & Nicobar State AIDS Control Society (2002) examined the Communication Need Assessment for IEC activities for AIDS Campaign in Andaman and Nicobar Islands. The study through both qualitative and quantitative methods assessed the awareness level, the exposure to several IEC initiatives, the communication gaps, present and preferred sources for communication, barriers in communication and the KAP related to HIV/AIDS/STD among the specific target groups. It also reviewed the organizational structure and operational linkages, the existing human resources, skills etc, the available IEC materials and infrastructure for developing IEC materials. The respondents were the sexually active male female, adolescent school going and dropouts, teachers, opinion leaders, doctors, porters, prisoners' truck drivers, and sex workers. The study also suggested a step-by-step formulation of IEC strategy for the Island. Total sample size for the study was around 500, spread across various islands of A&N.

Gaash et al., (2003) report on” Awareness on HIV/AIDS among adolescent female secondary school students“ Srinagar district, Kashmir, was assessed through
a study of their knowledge, attitude and belief about the disease. It was interesting to note that approximately one fourth of the respondents have never heard of the disease. From those who were aware, 49.12 percent had no idea of the causative agent. Though the main source of information dissemination was electronic followed by print media, about 26 percent of the respondents had the perception that the disease is yet to reach the State. Ignorance of various risk groups within the society was also very much wide spread. A majority of the respondents (87.56 %) believed that the presence and spread of HIV/AIDS in the society were due to degradation of moral values among people. Many had expressed their reservations of discussing HIV/AIDS related issues with their parents. Hospitalization was preferred as a better way of managing AIDS patients by 48.44 percent of those interviewed. The above findings, in general, indicate a poor awareness of HIV/AIDS among educated adolescents in the capital city, which indirectly reflects a much worse scenario of the illiterate rural counterparts who form bulk of the State’s population.

Jayachandran (2003) Submitted a report (in Population Association of America 2003 Annual Meeting) on “Women’s reproductive health, socio-cultural context and AIDS knowledge” among a sample of women in the reproductive age group. Two low HIV prevalence states - Madhya Pradesh and Uttar Pradesh show that only two fifths of women had AIDS awareness knowledge associated socio cultural factors in Madhya Pradesh were education and watching television, findings very similar to those in UP (Uttar Pradesh). The type and combination of media were strongly associated with the pattern of knowledge of whether or not AIDS can be avoided, which varied between the states. The impact of contact with Family Planning services on knowledge that AIDS can be avoided was non-significant. Implications for public health policy are that single media educational approaches are not likely to be effective in promoting AIDS knowledge, that there is under utilized potential for the dissemination of AIDS awareness. Via FP services and that state specific characteristics of women need to be taken into account in designing interventions.
Mahajan and Sharma (2005) observed a study to determine the knowledge level of adolescents towards HIV / AIDS. This study has been conducted on 400 adolescent girls (200) from urban areas of Jammu. Random sample technique was used to select the sample. For data collection, questionnaire was used in which there were questions, regarding HIV / AIDS. Chi – square values reveal that there is a significant difference in the knowledge level of adolescent girls of urban and rural areas of Jammu, regarding there issues. But, urban adolescents need to be taught about these body functions since ignorance perpetuates myths and mis-belief. School teachers play a key role in bringing about this desirable change and socially acceptable approaches to sex education such as letterbox approach may be used for providing scientific knowledge about sex and related issues.

Kore (2005) conducted a study on “Attitude, Knowledge, Beliefs about HIV/AIDS in College Going Adolescents” with the objective of assessing knowledge about AIDS / HIV and to know attitude and beliefs regarding this disease, among adolescent college going students. 400 students from the different colleges of science and commerce were given pre-tested questionnaire to inquire about HIV and AIDS and need for sex education and AIDS awareness programme. The study revealed that 55% males and 68.98% female students knew the HIV virus. 54% knew about heterosexual transmission and 40% of students were aware about the test for detection of HIV. The study Concluded that Knowledge and awareness about HIV/AIDS is grossly inadequate. There is immense need to conduct awareness programme about AIDS / HIV at School, Colleges and Community Level.

Pradhan et al., (2006) conducted a study on “Socio-economic impact of HIV and AIDS in India” India, with an estimated 5.206 million people living with HIV in 2005, accounts for nearly 69% of the HIV infections in the South and South-East Asian Region. The present study was done to assess the impact of HIV and AIDS on households in six high prevalence states, namely Andhra Pradesh, Karnataka, Maharashtra, Tamilnadu, Manipur and Nagaland. Data was collected through surveys, which covered 2,068 HIV households, and 6,224 non-HIV households spread over the rural and urban areas of the six HIV high prevalence
The households covered had low income and educational levels, though the non-HIV households were better educated and also had a marginally higher average annual income. Most heads of HIV households (60%) and non-HIV households (53%) were in the age group of 20-50 years. It was found that saving in HIV households was low as compared to non-HIV households, in both rural and urban areas, due to the increased expenditure on medical treatment. In the households surveyed, 502 cases of AIDS deaths were observed. Regarding knowledge about HIV / AIDS, everyone had heard about HIV / AIDS but not all of them had knowledge about details. The survey of general population indicated that there was a gender gap in knowledge and attitudes towards PLWHA. The most common misconception seemed to be that sharing razors (more than 75%) and mosquito bites (about 36%) could spread AIDS. The survey found that around 5.5% female PLWHA have been asked to leave home, compared to 1.9% of the male PLWHA. Some HIV positive samples were those of widows and their conditions was worse off as compared to others, as they had to face discrimination on 3 counts, for being a women, for being HIV positive, and finally for being a widow. Mostly all the widows were fairly young in the age group 20-30 years, and their households were economically and socially worse off than other households. Urgent policy formulation and action are needed to mitigate the negative impact generated by HIV and AIDS. National poverty reduction strategies should be scaled up and special social protection programmes are required to support people, households and communities that are hardest hit by the AIDS epidemic.

Sum up

HIV (Human Immunodeficiency Virus) causes acquired immuno-deficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life threatening. Most young adults have heard of HIV / AIDS, by few have heard of any other sexually transmitted infection. Very few have a good understanding of how HIV/ AIDS is transmitted. The related review of HIV / AIDS is on attitude, Knowledge, beliefs about HIV / AIDS and socio-economic impact of HIV / AIDS in India.
A reconnoitering survey of the literature on reproductive health and related issues revealed that there are a number of studies on reproductive health. However, comparative studies focusing on various religious groups are less. Among these studies, very few studies are available in Andhra Pradesh. Hence, the present study attempted to investigate the reproductive health concerns of women in Hindu and Muslim communities. The above review of literature indicates that there are no studies directly related to young adult women of Hindu and Muslim community and hence the present is a modest attempt in this direction.