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The concept of reproductive health and its relation to gender roles has been rarely studied from an anthropological perspective. Gender and reproductive health have assumed prominence ever since the 1994 Cairo conference on population and development. The Government of India in 1997 has recognized this paradigm shift which occurred in Cairo. There are very few anthropological studies in the Indian context that take into account the gender perspective while studying reproductive health. Reproductive health has been defined differently by different scholars. However, the present study tries to reconstruct the concept of reproductive health from a people's perspective. It is with this intention that the present study was conceived and planned and the following are the findings based on the field study conducted in a village of North Karnataka.

The village of Nigadi falls in an area which is referred to as malnad that receives heavy rainfall and therefore it is predominantly a paddy growing area. The rainfall in this area varies from 998.2-594.30mm. The people who have inhabited this area follow agriculture as main occupation. But, cultivation in this region is considered to be a tough job owing to the prevailing climatic and the physiographic conditions. The soil is hard and brittle which makes cultivation difficult. It is for this reason that both the men and women work hard in paddy fields all through out the year when compared to the other regions of North Karnataka, which they call belula. This is at the root of the gender relations followed in the village. The roles played by men and women are shaped by the nature of the work which they do on the agricultural fields. Most of their time during the day is spent on the agricultural fields wherein there is a
clear cut demarcation of jobs to be done by the men and women. The men and women belonging to this type of social organization play specific roles in the social life, as in agriculture the men do the work of ploughing, sowing while women are supposed to remove weeds and also get food for the men in the agricultural fields. In the same way the role of men and women are clearly defined during various life cycle rituals. The role of men during puberty rituals, pregnancy rituals is to arrange the money and material and it is the women who perform all the rituals like waving lamps, giving bath, purifying the household. Similarly both women and men have their particular roles when it comes to reproductive behaviour and reproductive decision making. The gender roles and the subsequent gender relations shape the way in which decisions relating to reproductive behaviour are made.

However, the people say that working for one whole year in the field they are not able to make both ends meet and therefore people have started shifting to non-traditional occupations like construction work, non-agricultural labour, and other government and non-governmental jobs. The village under study is a nucleated village and the villagers trace its history to three hundred years back that is to Peshwa period.

An agrarian society requires large extended families that can provide more number of hands and therefore the family size in this village is comparatively large especially among the cluster of castes which includes, Panchamsali, Hande Kurubaru, Kurubaru, Maratharu and Musalmanru who are collectively referred to as vokkaligaru or raitaru. This cluster exhibits a behavioural pattern. Similarly we have the group of castes which includes Ainaru and Badigeru who form the priestly order of the village and they are referred to as poojarigalu. Then we have the caste group of Holeyaru which includes castes like Madaru, Kali, Bhajantri, and Valmiki. The reproductive
health practices of the people of the village fall within the above mentioned behavioural patterns exhibited by the caste clusters.

The sex-ratio of the village is 981 and the sex-ratio of 0-6 population is 848 which give us an idea about the sex disparities in the village both at the adult and child levels. This disparity exists because of the preference for male child that have led to such state of affairs. The people of the village say that the present traditional occupations of agriculture, priesthood and artisanship do not help them in earning them a livelihood and therefore they want their children to go to school, get educated and take up non-traditional occupations.

The village is marked by an elaborate kin-based social organization that is basically agrarian in nature and bears a characteristic feature and unique in nature. Preferential forms of marriages as of kin-marriages are prevalent in the village, that includes marriage between mother's brother, father's sister's son and mother's brother's son with that of the female ego. The institution of marriage is marked by jati endogamy and manetana exogamy. The people of the village live in the households that follow patrilineal descent, virilocal residence and patriarchal authority. When it comes to the family structure, people refer to two types of family formations that is, koode irodu and byare irodu. Koode irodu, can be considered as extended family and byare irodu as nuclear family. In between these two there are number of variants. Even though more nuclear families are being formed the basic structure of an extended family as a cooperative unit has remained intact.

Traditional attire, settlement pattern and food habits all point towards the formation of a pattern of background characteristics which have their own implications on the people's reproductive health.
The village has one government health sub-centre, where there is one auxiliary nurse midwife and a male health worker who cater to the health needs of the people. There is one maddi davakhane (homeopathic hospital) in the village with a lady doctor and a compounder. The homeopathic hospital is part of the AYUSH programme of government of India. There are six khasagi davakhane (private clinics) in the village where the registered medical practitioners (RMPs) visit every day and provide health care facilities for the villagers. There are two anganwadi which provide immunization services, nutritious food for both mother and child, contraceptives, and it is they who identify the women and child to recommend their name for various schemes and incentives of the government. This kind of health system which the people embody ultimately determines their reproductive health status.

Puberty marks the beginning of girl's fertility. It symbolizes the transition from girl to womanhood. She is no more allowed to mingle with boys of her age nor is she allowed to go out alone. Once the woman reaches puberty the parents start looking for alliances and get her married as early as possible. The girls during this stage are given special care as they believe that only if a girl gets proper care during this stage that she will be able to give birth to the healthy child in later stage of her life and she will have the strength to bear the pain. The girls during this period are given special food which gives her strength, she is not allowed to do any kind of work which will make her feel week.

The people of the village perform special rituals on these occasion which is referred to as doddake ago kaarya. This period is considered as impure and therefore the girl is secluded for five days and later she is brought back to the daily life of the people through purifying rituals. Once the purifying rituals are over the parents
celebrate the occasion of their girl reaching puberty which is referred to as yebso kaarya. This ceremony is performed with lot of fanfare, bringing out importance of the concept of phala (fertility) among the people of the village. The people belonging to upper agrarian caste namely Panchamsail, Hande Kurubaru, Kurubaru and Maratru conduct the rituals and ceremonies on an elaborate scale asserting their position in the village. In the case of priestly castes like, Badigeru and Ainaru it is the rituals and the belief structure that play a dominant role in the above mentioned ceremonies. Among the caste groups of Holeyaru which comprises of Madaru, Valmiki, Kali, Bhajantrhi the rituals relating to puberty are virtually non existent as they are forbidden from celebrating or observing any kind of a ritual as per the rules of caste hierarchy.

People of the village attach lot of importance to the pregnancy of the women. The people start talking and blaming the women if they do not conceive within a year of marriage. They have to prove thier fertility as soon as possible after the marriage otherwise they will be branded as banje, barren. Therefore, lot of value is attached to the first pregnancy and subsequent pregnancies as the there is value attached to children who are considered as an asset by the people because it is they who continue the manetana (lineage) in the village.

During the first pregnancy the women are not able to confirm the conception on their own. It is the elders in the house or doctors who confirm the conception but for the subsequent pregnancies the women are able confirm the conception based on their own previous experiences. The conception is announced after three to four months as the people of the village say there are chances of miscarriages for three months and if after announcing the pregnancy it is not confirmed, both the husband and wife and their family will have to face embarrassment.
The symbolic value attached to pregnancy is reflected through various rituals that are performed. The ritual of bringing *bayake uta* is performed soon after the conception is announced, *sire karya* is performed in the sixth month of the pregnancy, and *kallu kubsa* which is a recent inclusion in the pregnancy rituals is performed in the fourth month of the pregnancy.

The people of the village follow food taboos during the pregnancy keeping in view the health and survival of the fetus. The elderly women ask the young pregnant women to do all kinds of work during pregnancy because they believe that it will keep the pregnant women healthy and child birth will occur without any complications. But for the pregnant women who belong to the lower sections of the village, it was a compulsion to do all the work both at the home and in the agricultural fields because there was no one to help them in their work.

According to the people, going to ante-natal check-ups is a recent phenomenon. Traditionally, the ANC care based in the bio-medical model is not helpful to the pregnant women. That does not mean all the younger women go for ANC care. The younger women who have not visited ante-natal check-ups think that the amount that the private hospitals charge are not affordable to them and the quality of care provided in public hospitals is not acceptable to them. It is the neighbours, exposure to the mass media and the awareness created by voluntary organizations, and the efforts of grass root level health workers that motivates the people of the village to go in for ante-natal check-ups. The women in the village are hesitant to consume iron and folic acid tablets as they believe that it increases the weight of the child which in turn makes the delivery difficult. But women in the village take TT injections.
The role of men during pregnancy is limited. Again during pregnancy it is the men who arrange money, and material for pregnancy rituals and ANC. The husband is made to sit along with wife while performing arati during the occasion of sire karya.

The castes which are referred to as raitaru or vokkaligaru are economically well off and are comprised of extended families where there is a support system for the pregnant women. But among the castes who belong to poojarigalu tradition the pregnant women reside in nuclear families and lack the economic support which acts to the disadvantage of the pregnant woman. And among the castes belonging to Holeyaru cluster where there is a dependency on the upper agrariam castes creates disabilities for the pregnant woman.

During the first delivery the woman first informs her mother when she feels the pain in her waist which later her mother will recognizes it as labour pains based on her experience. For the subsequent deliveries the women themselves are able to recognize the delivery pains. The people of the village have two options when it comes to the place of delivery that is home delivery and hospital deliveries. The people now-a-days prefer to go to hospitals for delivery as they do not want to take any kind risk of complications. But when it comes to hospital deliveries the health facility is not accessible to women especially during the night times when there are no transportation facilities. But even with all this they have a liking towards the home deliveries due to immediate care that a delivered woman gets at home is far more comfortable and useful compared to that of the care she gets in hospitals after delivery.. Even when the people of the village are aware of this fact they do not go to private hospitals as they are not able to afford to the charges.
The economically well off castes are in a better position to avail the services both when it comes to the institutional deliveries and home deliveries. When we compare to this the priestly castes we find that they prefer home deliveries over institutional deliveries. The Holeyaru castes who are deprived of the economic and educational empowerment find it difficult to avail the facilities provided to the women both inside and outside villages.

Due care is given to a woman in her post partum period keeping in mind the future pregnancies and her health in long run so that she can do both the household and agricultural work. Therefore the villagers do not allow the pregnant women to do any kind of hard work for about three-five months. They are given food which will give them energy and make them physically strong. Food restrictions are also followed keeping in mind the health of the child. The post partum women are not allowed to drink cold water as it will cause difficulty for the child to pass urine. Child birth is considered as impure for five days as there is discharge of blood from the body and therefore purifying rituals are done on the fifth day. There is a great value attached to child birth and child in the village and it is understood through the rituals and celebrations performed after child birth that is the naming ceremony, tonsure ceremony and ear piercing ceremony.

The women suffer from various health problems after delivery but many of the times women go to hospital until it becomes so severe that they cannot do their day-to-day work. According to them private hospitals are not affordable and in public hospitals they will have to wait in a big queue holding the baby. And therefore they do not go to public hospitals and in emergency conditions they go to private hospitals.
Children are considered as an asset for the family and therefore child rearing becomes an important part in the reproductive career of the couple. The beliefs and rituals that are practiced during this period explain this importance. All the practices are followed keeping in mind the good health of the child like the food taboos that the woman follow during this period, the ear piercing ceremony, celebrating the naming ceremony, the way the child is given bath and the way the child is protected from evil eye and also beliefs related to breast feeding.

The exposure to mass media and biomedical ways of treatments and the awareness programmes has brought in a change in the breast feeding practices of the women. Therefore the women now breast feed the child immediately after birth. And the number of women squeezing out the milk before they first breast feed is less when compared to older women. Majority of the women have taken their children to private hospital when they had health problems as they say it is only private hospital which give proper treatment. Majority of the children in the village are vaccinated. They got the information from the anganwadi teacher, ANM, the doctors and the nurses.

The existence of extended families acts as an advantage for the women belonging to Panchamsali, Hande Kurubaru, Kurubaru and Marathru castes as there is a support system which allows them to take care of themselves and the children. While this care and protection takes the form of elaborate rituals and varied food habits in the case of priestly castes like Badigeru and Ainaru. And the Holeyaru castes who rely on the upper castes for support and wellbeing find it difficult to provide better health care for the postpartum women.

People are aware of the modern methods of contraception, and permanent methods contraception are accepted by people but when it comes to spacing methods it
has stigma attached to it. Therefore spacing methods are used if it is prescribed by the
doctors due to health concerns. Women in the village naturally conceived after two-
three years because of the longer duration of breast feeding and therefore did not have
to use any other method. Among the people who used spacing method the most
commonly used methods are pills and IUD.

It is usually the women who decide to take the contraception and in many cases
men are not even consulted before using the some methods. But the use of spacing
methods is very less among the villagers and the reason for not using also follows a
pattern. When it comes to using permanent method of contraception the women have to
take consent from the husband, the head of the household, mother-in-law. Tubectomy
is most commonly used method by the villagers as they say laproscopic operation make
the women weak and lose energy. Vasectomy is not even considered as a sterilization
method because they say their men will become weak and they will not be able to do
dhard work in the agricultural field. The people of the village use public hospital in
Dharwad or the hospitals run by Family Planning Association of India for undergoing
tubectomy operation as they can afford the fees charged by these hospitals. Private
hospitals are not considered as an option for sterilization as the cost is very high.

The factors which influence the decision making process as to how many
children a couple should have depends on the woman herself, her husband, her atte
(mother-in-law), mava (father-in-law), woman's avva and appa (mother and father),
doctors, nurse, ANM, neighbours and friends. These are the people who matter when it
comes to influencing the decision about when to terminate the pregnancy. It is the
husband and the father-in-law, mother-in-law who play the decisive role in deciding
number of children that a couple should have. After the woman is married she is part of
husband's family and the child she gives birth belongs to her husband's family. And therefore the children she gives birth, belong to her husband's lineage therefore they say they have the right to decide the number of number of children the couple should have. Majority of the women in the village were not able to limit the family size when they wanted as it was not the women and her husband who decided the number of children that they should have. So the social organization plays a pivotal role in the process of the reproductive decision making of the people. She is supposed to listen to elders in the house. It is clear from the above explanation that reproductive behaviour of a woman is not just an outcome of individual factors but depends on of various social cultural factors. The decisions on various aspects of reproductive health like, which hospital to go for ANC, when to go to natal home for delivery, who accompanies the women to hospital during pregnancy and delivery, how to breastfeed the children, for how long to breast feed is neither decided by the woman nor by the husband and wife alone decide it. It is decision taken at the family level which includes husband and the parents-in-law. The influence of the neighbours and friends cannot be ruled out.

The functioning of various social institutions like family structure, marriage, kinship organization, economy, and health care facilities have their own impact on the reproductive behaviour of the people. For example, the daughter-in-laws relation with the mother-in-law determines her care during pregnancy and post-natal period. The age at marriage of a girl is dependent on her age at menarche. The nature of the work a pregnant woman is supposed to depends on the family structure in which she finds herself. The economic condition of the family determines which health facility the women visit for ante-natal check-ups and delivery. The type of the marriage, the inter-spousal communication, accessibility and affordability of the health care facilities, the
influence of voluntary organizations, exposure to mass media and the mobility and autonomy of men and women have their impact on the reproductive behaviour as a whole.

It is clear from the above discussion that there is a pattern in the behaviour which can be seen the form caste clusters that that mould the reproductive behaviour of the people at different stages like puberty, pregnancy, delivery, postpartum, child care in relation to their education, type of family they live in, economic condition, and influence of significant others like family, neighbours and health workers. We can see the general pattern with relation to rituals related to pregnancy, food taboos followed at different stages of reproductive career, beliefs related to delivery, pregnancy, child care, post partum, family planning, rituals that are observed during these stages of reproductive career.