Chapter-1

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a. Gender and Health

Gender refers to a social phenomenon which is a relative aspect of women’s and men’s position in a society. The women’s position is determined vis-a-vis men’s position in a society (Pan American Health Organization 1997). In any given society, gender divisions are not just based on biology of an individual but constitute a wider social division of labour and this in turn is rooted in the conditions of production and reproduction reinforced by cultural norms and values prevailing in that society. While sex refers to biologically inherited differences between female and male, gender on the other hand, refers to the roles that male and female play and the relations that arise out of these roles. These gender roles are socially constructed and not biologically determined, that is, they refer to different behaviours, expectations, obligations and responsibilities that women and men learn during the course of their upbringing (ibid). Just as every society is different, it develops and changes its norms and values over a period of the time, similarly gender roles and subsequent gender relations are also not fixed and are not universal.

Gender forms an integral part of social organization in any given society. While culture refers to shared pool of knowledge of a society (Kluchkhohn 1950), it is very important to realize that each person’s perception regarding this shared pool of knowledge is not the same. It is this pool of knowledge that shapes the perceptions of males and female. The notion of gender stems from the fact that women give birth but men do not, and there are obvious differences between male and female anatomy. And
what culture actually does, through this pool of knowledge is that it gives meaning to these biological differences by explaining them and specifying what to do with them (Haviland 1996). Thus every culture determines the way in which these two categories of people should relate to one another and to the world at large. Since each culture does this in its own way there are wide ranging variations from one society to another, anthropologists use the term gender to refer to the cultural elaborations and meanings assigned to the biological differentiation between the sexes (ibid). Although it is very easy to make such a binary division within the mankind, but it is difficult to explain the differences between these two divisions because the individual differences in attributes, beliefs and behaviours within these categories keep on varying (Mead 1963, Helman 1990).

Therefore we can enlist the following characteristic features of gender roles from the ongoing discussion (Liverpool of School of Tropical Medicine 1998).

- Gender roles are socially constructed. For example, the idea that women’s place is in home while men should be bread-winners is common in most of the societies. While it is often contended that in this context that is natural for women to carry out domestic work such as cooking, cleaning and looking after children, and for men to carry out waged work or produce goods to sell outside the home. These are not fixed sex roles but are gender roles that are produced by the society from which they emerge.

- Gender roles and gender relations are supposed to follow an ideology, that is, follow certain beliefs and practices about how one should behave in a society.
For instance boys are expected to be tough and are discouraged from crying while girls are expected to be soft, that is more emotional.

- Gender roles are always relative. Gender roles do not exist in isolation but are always defined in relation to one another through a relationship between man and woman.

- Gender roles and gender relations are unequal and hierarchical. As already stated every society has its own set of gender roles along with the rules and obligations, which are rarely symmetrical. Men and women do not always have equal access to resources such as wealth, information, power, influence or any other form of resource. For instance, in modern westernized societies most of the powerful figures heading the major institutions are men. Heads of political institutions, economic concerns, and health organizations are more likely to be men than women. Domestic work is equated with women’s work which is not seen as economically productive both inside and outside their homes. Thus gender forms one of the main sources of inequalities in these societies.

- Gender roles and gender relations are institutional because gender itself forms a social system which is supported by values, rules, routine activities, communities, markets and health care systems. For example, culturally sanctioned institutional rules include laws that strictly prohibit sexual activity outside the institution of marriage for women but the same rules are not so stringent in the case of men. The other example is that in some societies women are traditionally not allowed to inherit the property while men can both own and inherit property.
Thus these inequalities created between men and women are an outcome of differences in their rules and obligations, which in turn create inequalities when it comes to access to the resources for the livelihood, information sharing, and resource allocation. This state of affairs has far reaching implications on the health and well being of both men and women in terms of their vulnerability to illness, health status, access to preventive and curative care, burdens of ill health and quality of care.

Health refers to that condition of man’s life, which is a critical constituent of his or her capabilities and which is valuable for more reasons than one (Sen 2002). Health and physical well being have always been an integral part of man’s existence on earth and therefore have a significant bearing on his social life (Wagstaff and Cleason 2004). It is the lack of health that causes the burden of death and disease and has different outcomes for different kinds of people, both in terms of their standard of living and in terms of their gender. A large body of evidence has demonstrated the relationship between socio-economic status and disease (Black et. al. 1980, Whitehead 1992, Fienstln 1993, Kreiger et. al. 1993, Davey Smith et. al. 1994, Acheson 1998), but the gap between the health status of rich and poor is still becoming wider. What does this situation entail? Logically, it compels us to think that we have fallen short of taking into consideration certain critical aspects of health of those disadvantaged and marginalized sections of the society, namely the women and their reproductive health. It’s only by giving special consideration to these areas of health research and due attention to these sections of the society that we will be fulfilling our ethical imperatives of “equity” with “distributive justice”, which will finally lead us to the
goal of better public health for all (Oliver and Peersman 2001). The following are some of the statistics which bring to the fore the importance of the above stated explanation.

- In 1995, 515,000 women died during pregnancy or during childbirth, out of these only 1000 were in high-income countries and rest were in the developing world (UNICEF 2001). 5.6 lakh women die every year during pregnancy and childbirth of which 1.17 lakh are from India (Sule 2009).

- In 2006, 9.7 million children in the world died before their fifth birthday. Less than one percent of these occurred in high-income countries, compared to 42% in Sub-Saharan Africa and 35% in South Asia. (UNICEF 2006).

- Infant Mortality Rate for India is 68 which is much greater than other South Asian countries like Sri Lanka, Malaysia, Nepal and Bangladesh. (UN 2005 and NFHS III)

- Of the 3.1 million people who died from HIV and AIDS in 2003, almost 99% were from the developing world (UNAIDS 2004).

These figures stated above are indicative of the underlying gender disparities that get manifested in an unfavourable reproductive health indicators for the people living in developing countries. This further entails that there exists a close inter relationship between reproductive health, population dynamics, and gender. However, these linkages are specific to the historical and the wider social cultural contexts where these indicators show up. Therefore it becomes imperative on our part to first of all understand the role played by gender in population dynamics at the macro level.
Population and Gender

In her article on Population and Gender, Susan Cotts Watkins (2000) while dealing with the relationship of gender in population studies, makes an attempt to understand the fertility transitions in various societies along with the reasons which bring out these transitions, giving a micro-level explanation of the transitions. The explanations for change in the reproductive behaviour of the people both in developed as well as developing countries often draw on the understanding of social as well as biological differences between man and woman. In 19th century and early 20th century, the students of population studies were of the opinion that the change in the reproductive behaviour observed were due to the conscious effort of the women often looked upon as over educated and selfish engaged in activities other than child bearing and child rearing. The other explanations for the fertility change that have taken place in the recent decades are linked to the process of economic development as a consequence of which there was a change in gender sexual behaviour of the people which was never the less affected by gender differences. When we talk about change in reproductive behaviour in Europe and countries of European settlement, it has been observed that the change was accomplished not as an outcome of modern techniques of family planning but were more shaped by existing social cultural and other institutional set-ups in the form of family, religion, politics and the medical establishment, while in the case of developing countries which have now become a part of the globalized community, this change was brought about through the ties of trade and commerce, migration, communication and media as well as through the institutional ties with the colonial and later with the international agencies engaged in population development.
The movement which began in 1950s and 1960s in order to address the question of population crisis brewing in developing countries, international and western funding agencies put a great deal of effort to persuade the governments of developing countries to adopt policies to reduce population growth by altering the reproductive behaviour. Therefore they expended a great deal of money to support the family planning programmes of these countries, but the problem with these programmes was that they were clearly influenced by the western conceptions of gender (Watkins 2000).

“Population Crisis” in the Developing World

The pattern of fertility change in developing countries is similar in some respects when compared to the developed countries (Watkins 1987). There was a lot of concern about the “population bomb” and the “population crisis” in developing countries. Mortality had fallen substantially but fertility had not come down leading to growth rates that implied rapid doubling of these populations. These developments were thought to pose a serious threat to the political security of the globe, for famine and perhaps most importantly for the prospects that poor developing countries would not develop economically. But the fertility tended to decline in developing countries between early 1960s to late 1980s. There was a rapid decline in Asia and Latin America but less rapid and still substantial in Middle East and North Africa (ibid).

In her article Watkins (2000) speaks about the alarm about the population crisis, the developments of survey techniques and high speed computing which were used to analyze surveys which further led to substantial and often quite well funded efforts to measure fertility and contraceptive use in developing countries. When the surveys were
conducted in this region in 1950s and 1960s very few respondents reported of doing anything to control their reproductive behaviour. They reported that they were not using either traditional or modern methods of family planning. But as per the latest rounds of survey done in 1980s and 1990s this situation has clearly changed, not only did very high proportions of respondents in the developing countries know about the modern contraceptive methods but substantial proportions in many countries were using them. The historical fertility declines and contemporary fertility decline that has been explained so far not only describes reproductive behaviour of the people but also brings to the fore the circumstances under which they exhibited this type of behaviour.

"Egg and the Sperm"

In the recent theories related to gender explaining reproductive behaviour it is very much evident that neither men nor women are evident in the microscope of the scientist. What we are able to see are sperms and eggs. Emily Martin (1991) in her article “Egg and the Sperm” says that gender stereotypes which existed earlier influenced the explanation of very process of fertilization in which sperms are depicted to be highly mobile and aggressive, but Martin later goes on to tell that recent research has been revised where in the egg is given more active role. The sperm is presented to be less competent than had been thought. The larger point that Emily Martin is trying to make is that the various understandings of gender roles appear to be so profound and deep rooted that they even influence what we see in the microscope. Changes, in the reproductive behaviour are brought about by actual men and women as members of societies and not by biological entities like eggs and sperms who were described as if they were men and women. The point is, in order to explain the reproductive behaviour
we need to draw on what we know about the men and women in the world around
us, their experiences and motivations which has not been given due consideration.
Therefore there is a lack of knowledge regarding the way women, men or couples have
produced fertility changes in the past. Martin says, the contemporary studies record the
facts of birth rate, but they do not take into account what motivates them to take
reproductive decisions in given context. The ignorance regarding the way in which
men and women bring about change in their reproductive behaviour is due to the
preference of many contemporary theorists for a particular mode of scientific analysis
or a methodology, in which they formulate the theories that are expected to have
universal applicability and then test them against a given data.

The Indian Scenario

The situation in India is different when compared to the global scenario. The
issue of ‘population explosion’ or ‘population crises’ has always been a point of debate
in both the academic as well as the public domains. This debate has been going on from
the colonial times. The Census operations in India, from 1870 onwards were centrally
administered activity. They were also centrally coordinated which gave the western
scientists and observers ample scope to comment on the big question on whether India
is overpopulated and whether India’s poverty is an outcome of its large population or of
its rapid population growth (Jaffery and Jaffery 1997). India’s population is estimated
at staggering one crore as per the 2001 census. It is the second largest in the world and
is likely to exceed China before 2050 (Visaria and Visaria 1994). The Neo-Malthusians
are of the view that, the rapid growth of population in the developing countries is a
major stumbling block for the progress of the world. It is for this reason they argue that
population control programmes should be implemented on a large scale without any concessions being given to any section of society. The international funding agencies, World Bank in particular and the Government of India have all accepted these lines of argument of the top-down approach (Jaffery and Jaffery 1997). The family planning approach which was introduced as a National Programme by Government of India in 1952 reached rural masses only after 1964. Until then it was operative through a network of urban clinics offering little more than advice on rhythm method, condoms, and spermicidal foam tablets. Very few sterilization operations were carried out during this period. It was only after mid 1964 that sterilizations and IUDs became major methods of contraception offered by the programme (Ravindran 1993). The 1961 census showed that the India’s population was growing at a much faster rate than two percent an year than was previously believed. This resulted in a sense of urgency on the part of the programme implementers who started offering monetary and other incentives and to persuade the people to have fewer children. The programme staff was given “targets” for “motivating” cases rather than encouraging them to find out ways of meeting the needs of the clients (Kocher 1980). The National Family Planning Programme lacked a gender sensitive approach towards the clients, keeping only the objective of population control in mind.

Approaches for Gender Studies

This kind of a practice by the Family Planning Programme implementers seem to be influenced by a school of thought called as “New Household Economics” which was associated with the work of Gary Becker (1960). But the problem with this school of thought was that it did not take into account the possibility of gender and age based
marriage her status is considered as even higher (Dyson and Moore 1983). The problem with this approach is that it treats the individual characteristics of women as the basic cause for the differences between men and women in the society ignoring the wider social context of inequality in institutions and social processes which affect all women in the society. Thus this approach tends to get reductionist while ascertaining the status of women. For example, it is assumed that progress achieved through higher levels of schooling, greater participation in workforce and improved husband-wife communication are presumed to be the characteristic of urban societies and not of the majority of women who reside in rural areas in India. Therefore, when we arrive at generalizations about the status of woman we need to take into account the whole picture of social cultural context within which the gender relations are found to be operating.

Female Autonomy

The work of Dyson and Moore (1983) assumes special significance because they introduced a new concept of “autonomy” along with the indicators and went beyond just using indicators as the means of assessing status of women in India. This additional analytical tool which Dyson and Moore adopted was from the field of kinship studies. Female autonomy was defined as the capacity of a woman to manipulate her own personal environment (ibid). Dyson and Moore explain the difference between the Northern and Southern regimes of kinship organization by showing how North Indian women are materially disadvantaged by the type of situation they find themselves in. As a result of this, there arises a situation wherein women are put under restrictions like veiling, avoidance and control over their sexuality through
arranged marriages to strangers. The other types of constraints and disabilities that women's suffer under these circumstances are that they are not allowed to go out of their homes and earn their own livelihood. Apart from this they are also devoid of property rights. Therefore it can be said that when we consider the concept of female autonomy the women in North India are comparatively disadvantaged than their counter parts in the South India considering the broader contexts of kinship organization in which they can be located. However there have been examples where in female literacy and proportion of women engaged in paid work as well as non-paid work has been taken as indicators of women’s autonomy while explaining the rapid fertility decline in the case of Kerala by some authors like Sen (1995). In another example, suppose we ask a woman whether she has visited a near by town on her own or whether she has chosen a saree on her own, the answer that we get may not be a good indicator for autonomy because we still do not know what these actions mean to the women herself. It may be seen as a positive marker or as an unwanted obligation which involves loss of prestige which could have been avoided if her in-laws were more caring or she herself were in a better economic position. Another rare study conducted by Carol Vlassoff (1996) reveals that as girls schooling became more prevalent in a village of Maharashtra their autonomy seemed to comedown.

The Agency Approach

The third analytical tool used by Jaferry and Jaffery (1997) is the “Agency”. Even though in the patriarchal society, men may be politically dominant but alternative discourses exist for women in which they create some spaces for themselves and for their own action and challenge the dominant meanings through various forms of
expression like songs and speech. Agency therefore, in a sense, emerges not only from the actions or challenges to the *status quo* but through resistance, negotiated and partial that is potentially available to all women whether autonomous or not. Men may be dominant but their dominance is not complete and although the women may be victims they should not be seen as passive in the face of wider social processes. They may resist and find strategies which can mitigate the effect of the system that oppresses them and even if they seem quiet, powerless and lacking in autonomy according to the accepted indicators. Therefore in order to have an overall assessment of women’s position and her condition in a given social cultural set-up, we need to use all these three analytical tools in tandem.

**b. Evolution of Population Conferences and the emergence of Reproductive Health Approach**

In order to address the issues discussed so far, that is, population development, gender and health, the United Nations, both at the national as well as international level, has conducted several international conferences to resolve the issues that are confronting the world today in the field of population studies.

There were three main conferences held under the aegis of United Nations, that is Bucharest in 1974, Mexico City in 1984 and Cairo in 1994 out of these three conferences, the first two were held just as a routine where in nothing significant emerged out of the deliberations held at the conference. They were mostly inconsequential when it came to the resolution of the problems related to the population of the world. Before that came the establishment of the International Union for Scientific Study of Population (IUSSP) which came up with two International
Conferences one in Rome 1954 and other in Belgrade in 1965 in collaboration with United Nations (Finkle and McIntosh 2002). By 1970 United Nations was convinced that the problem had arisen due to over population and this was coming in the way of developmental process of various countries. Therefore it was for this reason during this period various types of contraceptive technologies came to be used by the people. The United States of America also started sponsoring population projects and instituted United Nations Fund for Population Activities now called as United Nations Population Fund (UNFPA) in 1967 to assist the countries in achieving their population related goals. During the 1990s there was a movement where in more and more NGOs started participating in the United Nations conferences held on the issues of population development. The irony of the international conferences held so far is that, while in Rome and Belgrade only individual experts who could afford attended the conference where as in the Cairo the women’s representatives, NGOs, Government Officials participated in large numbers The Bucharest was held in 1974 as an outcome of increased unrest against the ill-effects caused by the rapid population growth there by hampering the development process in many countries. During this conference the developed nations asserted that “development” was not possible without controlling the population growth by the developing countries. Therefore they said they were ready to provide family planning assistance to the developing countries but the developing countries countered this argument saying that development is the “best contraceptive” (Gittelson et. al. 1994).

The second conference held in Mexico City in 1984 ten years after Bucharest can be best described in one word, confusion. Many participants in the Bucharest
debate had switched sides. The developing countries had now started favouring an increased supply of family planning technology and services instead of their earlier stand of development. Another reason for the confusion during the conference was unanimous agreement that abortion was not a family planning method. There was consensus on this statement across the board as no county had ever proposed that abortion should be a family planning method although some countries were practicing abortion services as they were not able to provide contraceptives. Broadly speaking Bucharest and Mexico City emphasized one common point that population problem can be solved by lowering the fertility rate in contrast to the declaration of International Conference on Population and Development held in Cairo 1994 which brought to the fore a paradigm shift from a concern for population growth towards a broader concern for sexual and reproductive health. The programme of action at the Cairo conference focused more on the accomplishment of needs of the men and women as individuals rather than just demographic targets. It also concentrated on women’s empowerment by providing them with more choices for their needs by expanding access to education and health care services. This conference advocated universal availability of family planning services and promoting skill development and employment as the key features of this approach which came to be known as Reproductive Health Approach.

What is Reproductive health?

Reproductive health as an approach encompasses a range of health concerns that are indicated in the consensus definition that had emerged in ICPD 1994. Specifically reproductive health can be defined as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to
reproductive system and to its functions and processes” (UN 1994 in Ramasubban and Jejeebhoy 2000:15). The ICPD envisaged on a broad reproductive health strategy which incorporated both men and women in which they had equal access not only to safe and reliable contraceptives but at the same time to sexual education and health care. According Huda Zurayek (1994:14) reproductive health is defined as “the ability of women and men to pass through reproductive years and beyond with reproductive choice, dignity and successful child bearing and to be free of gynecological disease and risk.” These definitions stress the following aspects of reproductive health.

- A satisfying and safe sex life free from fear of disease and free from coercion and violence.
- The capability to reproduce, and the freedom to decide if, when and often to do so, that women and men have the right to be informed and have the access to effective, affordable and acceptable methods of family planning of their choice.
- The ability to go safely through pregnancy and childbirth and have the best chance of having a healthy infant, and the right of access to appropriate health care services
- Focus on informed choice and dignity. A need-based bottom-up approach where people’s perception play a pivotal role.
- Focus on all aspects of health, social, psychological and physiological.

It is implied that although reproductive health issues, per se, are rooted in the biomedical sphere, their origins often lie in human behaviour that is embedded in
socially and culturally constructed patterns of gender relations. These are in turn influenced by economic and political factors.

Finkle and McIntosh (1995) explain about three sets of actors who are basically responsible for bringing about this change from family planning to a broader view of sexual and reproductive health. The first is the global society at large that provided a strong background for the increasing democratization, characterised as a strengthening of civil society. This was manifested in the form of non-governmental organization that was far more affective. These NGOs were significantly energized by women who wanted to shed their traditional roles and take up new roles in their communities. The second group of people who were responsible for bringing about this kind of a shift are the health and the population professionals who have challenged the bio-medical model of health in general and justified the independent existence of reproductive health as an approach in its self. The third set of actors, who are probably the most instrumental in bringing about this change are the women’s organization which enjoyed grass root support and inspiration which is still flourishing around the world. These women’s movements were significantly influenced by feminist thinking that challenged the traditional value and structures existing in various parts of the world (Finkle and McIntosh 1995).

According to Ruth Dixon Mueller and Adrienne Germain (2000), the paradigm shift which took place in Cairo can be seen in the field of sexuality and gender. The sex, gender nexus lies at the heart of the demographic transition and reproductive behaviour in all societies. The ICPD (1994) concentrates on the manipulation of the environments in which the decisions are made, as it concerns the individual’s decision
to contracept with in the broader social cultural conditions. It should not only be guided by demographic targets and objectives but by the primacy of health empowerment and rights. By doing so the Cairo Programme of Action moves beyond the family planning and even beyond demography to encompass broader range of political development and ethical concerns. The surveys tell us very little about social context of reproductive decision making or women’s empowerment, therefore one needs more than statistical correlation to understand these contexts. One needs to be in a position to locate the individual with in the larger context of individuals, couples, kins, households, peer groups and communities—all of whose influence come to bear on their own reproductive decisions—and in social structures marked by hierarchies of prestige, power and wealth. This does not mean that individual behaviour is a mere reflection of the setting for there is often substantial room for innovation or defiance. A simple framework consisting of three components each of which influences the individual’s sexual and reproductive preferences and his or her capacity to realize them. Each, too, could be altered directly or indirectly through policies and programmes (at least hypothetically). At the center of this arrangement is the individual actor male or female adolescent or adult who has certain “agency” a capacity to act according to his or her own self interest whether or not such self interest is congruent with the interests of the larger social unit. These demographic actors can be thought of goal oriented strategisers in an environment of risk and uncertainty (Schnaiberg and Reed 1974, Cain 1981) or put slightly differently in an environment of opportunities and constraints. The first component of the environment to be considered is the locus of decision making power or the influence vis-a-vis the individual and behaviour in question. An individual may be relatively powerless or powerful in general depending on his or her “situational advantage” with
in the couple, the family, the larger kin or peer group and the community (Caldwell 1982). The second component refers to the structure of opportunity as determined by the distribution of material and social resources across and within household and communities according to age, sex, lineage, caste, class, ethnicity, place of residence and other differentiating factors that form the basis of social inequality. The third element of decision environment is its ideational content which refers to those clusters of norms, values, beliefs and practices that form the ideational or what might be called as the cultural texture of everyday life.

Placing reproductive health and women’s empowerment at the center means displacing although not completely cornering the concern with fertility reduction in the society at large. It means considering equity and social justice as well as survival; sex and gender as well as marriage and child bearing. It means exercising demographic imagination to develop a conceptual language that can deal analytically with sex/gender systems and empowerment as they relate to reproductive ideas and behaviour in complex environments (Mueller and Germain 2000).

From the above discussion it is clear that gender roles are asymmetrical, relative and hierarchical. There exists a close relationship between gender and ill-health. The surveys which are conducted do not take into account these interlinkages. In these studies, the perceptions of female and male are not taken as two separate entities. And fertility is calculated without understanding the motivational factors behind it.

c. Anthropology and Reproductive health

All the societies of the world have their own way of shaping the reproductive behaviour of an individual. And therefore human reproduction is not entirely a
biological phenomenon. It is constructed by the beliefs and practices surrounding it. These beliefs and practices denote the cultural embeddedness of the phenomena of reproduction and the various phases of reproductive health which includes a sequence of stages namely puberty, menstruation, pregnancy, pre-natal, post-natal that a woman undergoes during her life span.

Anthropologists began focusing explicitly on studies relating to reproduction and reproductive health within the framework of cross-cultural analysis around the middle of 20th century and established a tenet of the anthropology of reproduction (Sargent and Johnson 1996). Biological reproduction is the production of human beings, it is a necessary condition for the perpetuation of the society. Biological reproduction is inevitably a social activity, determined by changing material conditions and social relations (Petchesky 1984). Reproduction and the management of reproductive processes which we refer to as reproductive health are not simply biological in nature, they are always culturally constructed in unique ways in diverse historical contexts. But earlier when goal of the anthropologists was primarily ethnographic research, studies on reproduction also took an ethnographic cast, and therefore data collected on reproduction was contained in comprehensive ethnographies rather than in works devoted exclusively to the subject of reproductive health.

Prior to 1970, comparative surveys of the world ethnographic literature on reproduction appeared (Engelman 1883, Ford and Lord 1945, Lorimer 1954, Mead and Newton 1967, Nag 1966, Spencer 1949). They ranged in quality from carefully detailed efforts by Ford and Nag that demonstrate broad theoretical principles to superficial accounts like Spencer’s that primarily provide a laundry list of reproductive customs
around the world. And the more recent works of Newton and Newton (1972) and Oakley (1977) employed cross-cultural comparative approach and explained how an insight into reproductive behaviour in pre-industrial societies might contribute to the solution to maternity care problems in the industrialized world. It is clear that culture plays an important role in transmitting the knowledge required from one generation to another and therefore cultural studies on reproduction are important.

d. Culture Theory and Cognitive Paradigm

The earliest cognitive formulations of culture focused on knowledge. It was Goodenough's definition of culture which stated that “a society's culture consists of whatever it is one has to know or believe in order to operate in a manner acceptable to its members” (Goodenough 1957). In this framework, knowledge typically consists of rules - rules by which one decides where to live, how kin are to be classified, how differences are to be expressed and so on. Although this conception of culture as consisting of shared knowledge of individual minds marked a clear advance over earlier theories of culture, problems soon arose by 1970s. Three major problems became apparent, first many things one would want to call cultural are not completely or even generally shared, second, culture consists of more than just knowledge, and third, it is not clear whether cultural systems are to be found inside or outside the minds of the individuals. Out of these three, the latter two were neatly caught in the Geertz's example of Beethoven's quartet (1973; 11-12).

“If ...we take, say, Beethoven's quartet as an, admittedly rather special but for these purposes, nicely illustrative sample of culture no one would, I think, identify it with its score, with skills and knowledge needed to play it, with the understanding of it
possessed by its performers or auditors, nor...with a particular performance of it or
with some mysterious entity transcending material existence. The “no one” is perhaps
too strong here for there are always incorrigibles. But that a Beethoven's quartet is a
temporally developed tonal structure, a coherent sequence of modeled sound, in a word,
music- not anybody's knowledge of or belief about anything, including how to play it,
is a proposition to which most people are, upon reflection, likely to assent".

In order to answer the first question D'Andrade gives the example of American
marriage wherein he says that even though marriage is a part of American culture but
marriage is not the same thing as knowing how to marry people or knowing how to get
married or understanding what it is used to be married. So there is more to marriage
than just knowing what it is. In that case if marriage is not the same thing as knowing
about the marriage then what is it? According to John Searle marriage is a special kind
of fact. For instance, in any newspaper records we can find instances like Mr. Smith
married Ms. Jones. It is only given the institution of marriage that certain forms of
behaviour constitute Mr. Smith’s marrying Ms. Jones therefore marriage is a part of
American culture in that there is constitutive system of rules that individuals know
which are inter subjectively shared and adhered to.

Cultural Meaning System

D’Andrade is of the opinion that how one thinks of meanings depends on what
one thinks meanings do. Meanings in general and cultural meaning system in particular
do at least four different things based on which cultural meaning system can be defined.
Meanings represent the world. Create cultural entities. Direct one to do certain things
and evoke certain feelings. These four functions of meanings-the representational, the
constructive, the directive, and the evocative—are differently elaborated in particular cultural meaning systems but are always present to some degree in any system.

One of the oldest terminological debates going on in anthropology is over the term of culture. Some of the problems that seem to arise are from the fact that the term culture carries both a sense of process that is something which is passed on of what has been learned before and transmitted to the succeeding generations, and as a particular class of things that is shared. In such a definition culture would be whatever it is that is passed on through learning to succeeding generations. The difficulty with this point of view is that there are many things passed on, not all of which most anthropologists would want to consider culture. For example, oedipal complexes are learnt and shared widely (even in Trobriand Islands; Spiro 1982) but would not usually be considered to be culture by most anthropologists as such complexes are indirect, unintended and unrecognized consequence of learning of other things.

At present there are at least three major views about nature of culture. One is a notion of culture as knowledge, as the accumulation of information. According to this view culture can accumulate and does not need to be shared if the distribution of knowledge is such that proper “linking understandings” are maintained. Amount of information in the total cultural pool of knowledge is very large. Even for simple societies there may be a lot of information in the total pool. Further in this view culture is not highly integrated. For example, the knowledge concerning what do about illness has no particular connection or relation to the knowledge needed to build houses.

Second view of culture consists of “conceptual structures” that create central reality of the people, so that they “inhabit the world they imagine” (Geertz 1983).
According to Schneider culture consists of elements which are defined and differentiated in a particular society as representing reality—not simply social reality but the total reality of life, within which human beings live and die. According to this view culture is not just shared it is intersubjectively lived so that everyone assumes that others see the same things they see.

A third view of nature of culture falls between nature of knowledge and culture as constructed reality positions. It treats culture and society as almost the same thing—something made up of institutions, such as family, the market, the farm, the church, the home, and so on that is systems or clusters of norms defining the roles attached to various sets of statuses. For Nadel for example, these clusters of norms, if analyzed from the “who does what to whom” perspective constitute social structure. If analyzed from “how one activity relates to another activity” perspective they constitute culture. (Nadel 1951)

Therefore we can say that culture consists of learned systems of meanings, communicated by means of natural language and other symbol systems, having representational, directive, evocative functions and capable of creating cultural entities and particular senses of reality. Culture meaning systems therefore can be treated as very large diversified pools of knowledge or partially shared clusters of norms or as intersubjectively shared symbolically created realities. On the individual level, however, the actual meanings and messages that people learn, encounter, produce are typically not divided into separate classes that can be labeled knowledge, norm or reality but rather form multifunctional complexes of constructs, organized in
interlocking hierarchical structures which are simultaneously constructive, representative, evocative and directive.

Of all these functions of culture it is the directive function which is of special significance for present research. The reason for this is it is the directive function which shows us the way and lets us to know why people behave the way they behave. It is significant to understand what motivates the human action especially when it comes to human reproductive behaviour. It is only when we understand the motives behind this kind of behaviour that we are able to understand human nature in a more detailed and precise way. Thus it becomes imperative on our part to understand the linkages between culture and human motivation.

Culture and Motivation

Claudia Strauss (1995) is of the opinion human motivation can be seen as a product of interaction between events and things in the social world and interpretations of these in the human psyche. Motivation depends on cultural messages and is realized in social interaction, but at the same time motivation is not automatically acquired when cultural messages have been imparted knowing the traditional point of view of any society in terms of its values, norms, and symbols. It is only the beginning and there remains the hard work of understanding why these traditional norms, values and symbols become compelling to the social actors while others are only hollow shell of morality that may be repeated in official pronouncements but may be ignored in private lives. The key question is therefore, how do cultural messages get under people's skin? This question of motivation becomes pertinent because the present anthropological descriptions of culture are changing. In earlier times it was conventional to think that
culture as an integrated stable set of beliefs and practices, unproblematically reproduced through socialized actors. In the present context the anthropologists are trying to balance both the ideal as well as actual understandings of culture systems.

**Role of Schemas in Determining Cultural Action**

D’Andrade (1995) in the article Schemas and Motivation states that, in current anthropological theory there is no clear relation between culture and action. This gap is especially apparent when one tries to understand why people in a particular culture put much effort into doing some things rather than other things without an account of relation between culture and motivation. We may have no explanation of this. Therefore there is need of motivational analysis in the study of culture. The point of motivation is necessary to perform cultural roles.

Motivation is an experience of a desire or a wish to be followed by a feeling of satisfaction if the desire is fulfilled, or a sense of frustration if it is not.

A different approach to the study of motivation begins by defining motives not with reference to internal stimuli but with reference to goals. By definition a goal to be called as a motive should have some degree of autonomy. For example, if somebody strives to establish friendly relationship not because they want friends but because they want to sell cars. Their friendship strivings would not be considered as real motives. However to the extent that somebody strives to establish friendly relationship just for the sake of having friends, to that extent friendship goal can be treated as being autonomous to instigate action and to that extent can be considered as a motive.

To answer the question as to what really motivates people to take up a particular course of action we need to understand concepts and methods which make it possible to
identify motivational goals need. It is therefore relevant that recent work in cognitive anthropology and cognitive psychology indicates techniques used to identify cognitive schemas can be used to identify motivational goals (Gallistel 1985, Mandler 1984). The basic idea is that some cognitive schemas function as goals and therefore have motivational force.

The concept of schema is of central importance in much work in cognitive anthropology (Casson 1983, Holland and Quinn 1987), cognitive psychology (Mandler 1984, Rumelhart et al 1986) and cognitive linguistics (Lakoff 1987, Langacker 1987). A schema is a conceptual structure which makes possible the identification of objects and events. A schema is procedure by which objects or events that can be identified on the basis of simplified pattern recognition. These schemas have potential to instigate action that is they can function as goals. For example, consider schema for achievement. For many Americans such schema is more than just a recognition process by which an achievement can be identified when it occurs, it has also the potential of instigating action that is for some people it is a goal. There are a large number of differences among schemas in degree to which they function as autonomous goals. Some schemas are partial goals in that they become goals only if other goal schemas are also activated.

Another property of the schemas is that they are hierarchical in nature, which becomes important in understanding motivation. The interpretations provided by one schema are passed on to the higher level schemas in order to make more and more general interpretations. One recognizes some chair as a part of the “finding a seat” schema, which is a part of the “attending lecture schema” which is part of the “finding
out what is going on schema", which may be for some people a part of "doing
anthropology" schema or perhaps a "meeting friends schema" or whatever. There are
other hierarchical principles, for example, there is a part whole relation wherein one
recognizes the major cord as a part of musical phrase which in turn is a part of an
identifiable movement of particular symphony.

One can divide schemas into three groups on the basis of their position in the
hierarchy. At the top of the interpretative system are those schemas which function as
person’s most general goal. These might be called as master motives-for things like
love and work which instigate action with no more ultimate goal in sight. Further down
the hierarchy are schemas for things like marriage, my job, surfing which one might
call as middle level motives. Such schemas generally require the presence of other goal
schemas to instigate action but may on certain occasions instigate action on their own.
At the bottom of hierarchy there are certain schemas for things like memos, birthdays,
and water glasses. These are the schemas that instigate almost no actions except when
higher level ones interact with them.

Therefore we can say that to understand people one needs to understand what
leads them to act as they do, and to understand what leads them to act as they do one
needs to know their goals and to understand their goals one must understand their
overall interpretative system part of which constitutes and interrelates these goals, and
to understand these interpretative system that is their schemas one must understand
something about the hierarchical relations among these schemas.

A large number of schemas that human beings learn are cultural that is they are
subset of culture. These schemas range from highly concrete and specific constructs for
things like spoons and left turns and high level schemas for things like love, success, authority, pollution and the like.

The general argument is that motivation forms an important link between culture and action. When we simply say that action is culturally constituted it becomes wrong for certain reasons. At first it postulates the causal link without specifying any kind of a mechanism or process by which ‘x’ and ‘y’ might be connected. Secondly it ignores the salient fact that not all of any culture is internalized in anybody. Much of the culture remains at the cliché level-sometimes called ideal culture and does not influence the actual action. Thirdly, different individuals internalize different parts of the same culture in different ways and therefore the statement action is ‘culturally constituted’ is deeply misrepresented, and does not take into consideration individual and group variation within culture. And fourthly when anthropologists recognize action, the self, the emotion etc are influenced by many things other than culture-the way the human body is constructed, the way the brain works, social factor of many kinds, economic considerations, individual interests etc. Therefore to trace the process by which culture influences action requires a theoretical multi causal vocabulary which can encompass variation and similarity; and of which cognitive and motivational concepts form an important part of such a vocabulary.

Thus, it is only after understanding what role does motivation play whenever people decide on a particular issue under study that we are able to connect their needs with their goals. This ultimately drives home the fact that human motives play an important role in determining the type of decision that an individual takes.
e. Decision Making

“Decision making is a process by which a person, group, or organization identifies a choice or judgment to be made, gathers and evaluates information about alternatives and selects from among their alternatives” (Carroll and Johnson 1990;3).

We can infer the following key points from the above given definition,

1. Identification and comprehension of decision situations and objectives.

2. Ascertaining alternatives or acts among which a choice must be made.

3. Identification of possible event or state of nature that may influence the outcome of the decision.

4. Decision maker’s mental judgments on the chances of occurrence of possible events that are of state of nature that may influence the outcome of decision.

5. Decision maker’s mental judgments on the chances of occurrence of possible events, that is, probabilities of uncertain events and

6. Choosing the best alternatives and ensuing consequence or pay off in net value terms (Carroll and Johnson 1990; Ohhlmer et al 1993; Clemen 1996).

The likelihood of an alternative to be chosen by a decision maker is markedly influenced by its inherent characteristics (Train 1990). Each alternative however receives different choice responses from various decision makers owing to the differing values they attach to each characteristic. And it is accepted that the decision maker chooses the alternative from which he draws the greatest relative happiness or utility.
Generally two broad study approaches can be distinguished in investigating the rationale behind individual decision makings (Gladwin 1980, Johnson 1980, Kahnman and Tversky 1984, Huijsman 1986, Senkondo 2000). Literature available on the decision making presents three distinct orientations among these approaches.

**Normative or Prescriptive Approach**

This approach also referred to as utility/decision making approach is mainly adopted by economists and mathematical psychologists. It is based on the monumental works of von Neumann and Morgenstern (1947) in which a normative decision rule called expected utility rule prescribes the way for the decision maker to choose between the alternatives. This model is derived from a theorem, a set of axioms that predetermine individual behaviour.

According to Nippa (2001) this approach does not actually the question as to how human beings take decisions. What researchers do under this approach is to patch together imaginative behavioural assumption about economic rationality of individual decision making. Alternative models are then generated in mathematical deductive forms (Johnson 1980) to test the validity of the underlying assumptions. According to Gladwin 1979, 1980, 1983 this approach attempts to examine the conformity of the observed behaviour to the researcher's hypothesis about adopted decision rules. Most of the studies within this approach also fail to test the predictability of their models as they do not take into account the actual decision making process.

**Positive or Descriptive Approach**

This approach is also known as behavioural decision theory focuses on actual decision making strategies. It means a close observation of decision making process in
order to understand the nature of process and the situation under which individuals take
their decisions. It tries to identify the decision criteria which are employed under
varying situations and assess the degree of importance that different actors with
different nature ascribe to the alternatives before them. A theoretical model will be then
developed on the basis of full understanding of the real life decision making processes.
Most of the social scientists have emphatically claimed that this approach helps in not
only constructing descriptive decision models but also developing and prescribing
effective innovations and policy strategies to address decision making constraints.
According to Johnson (1980), anthropologists and the psychologists who employ this
approach have essentially focused on elaborating ethnographic description of individual
cases that is overwhelmed by loosely phrased theoretical interpretations. Such models
often undermine the effectiveness and rigour of the former models in reinforcing our
reasoning and may in practice overemphasize the chaos and mystery of human
economic behaviour.

**Ethnographic Decision Tree Models**

Gladwin (1989) presents a strong case against both the research approaches
mentioned above and developed a variant of behavioural decision theory. She discards
the normative model developed by collecting information about people to test highly
hypothetical models and complex mathematical derivatives. According to her, both
these models suffer from a heavy influence of researchers own ethnocentricity while
eliciting the decision criteria. Indepth reviews, analysis of ethnographic records and
iterative ethnographic procedures will help in not only formulating better questions to
ask but also grasping the world view of the people.
Through this approach the social scientist wants to know why people in a certain group do what they do. They need to know how these people make a real world decisions and they need to know the specific decision criteria used by group in question in case they can intervene in the decision making process with a new policy designed to make things better. They are interested in theorizing about choice process itself or even knowing how a particular individual makes a decision but are concerned with group rather individual behaviour yet they realise decision making is most frequently an individualized enterprise, although groups of people in meetings and individuals on their own both take decisions. They want a social scientist to tell them why most of the individuals in the group make the choices they do (Gladwin 1989).

**Anthropological Approaches to Reproductive Decision Making**

Peggy F. Barlett (1980) has put forward following views about the existing anthropological theories relating to reproductive decisions. Anthropologists have studied reproductive behaviour from a variety of point of view. The biological anthropologists studied reproduction as one behavioral and biological component varying widely within one species (Alland 1967, Birdsell 1953, Stott 1969). Other anthropologist have studied from the perspective of cultural evolution and are interested in the role of population pressure in the development of agriculture, the state, social stratification and other cultural patterns (Dumond 1965, Harner 1970, Polgar 1975, Spooner 1972). There is another third group of anthropologists who are interested in population studies though their concern for current issues in economic development and rapid population growth are aimed at the developing world (Marshall 1972, Nag 1968, Polgar 1971, 1975, White 1973). From all these points of view anthropologists have
studied reproductive behaviour by stressing primarily on cultural patterns. Therefore recognition of diversity in cultural patterns has lead to the individual level study of the choice processes. In the following discussions three different orientations namely ecological anthropology, cognitive studies, statistical aggregate approach will be discussed. All these three show concern for broad spectrum of relevant variables and holistic environment of reproductive decision making but vary in their attention to individual choice processes and in their methodologies.

**Ecological Approach**

Ecological anthropology provides an analysis of cultural adaptation from a Darwinian point of view. Behavioural patterns are seen as response to environment which includes social and political environment as well as natural environment (Sahlins 1964). These behavioural units and patterns can be selected for in the evolutionary sense, society’s experience, advantages and disadvantages from specific organizational forms. This perspective tends to assume that somehow adaptive patterns transmitted to individual and rarely studies the choice process itself. It is not assumed that individuals are necessarily conscious of adaptive value of their behaviour.

**Cognitive Approach**

Some anthropologists are of the opinion that macro-level understanding should be linked to individual level decisions and behaviour outcomes of which they are made of (Barlett 1976, Blomberg 1975, Britan and Denich 1976, Burch and Gendell 1971, Durham 1976, Pelto and Pelto 1975, Vayda and McCay 1975). Particularly critical of the studies which link external constraints and conditions to behaviour without discussing the choice process are the cognitive anthropologists who stress the

Quinn has indicated that the cognitive method provides more insights when studying choices that are highly constrained and whose outcomes are a forgone conclusion. Once we know certain general facts about these actors at the other extreme, some decisions have so little pay off that choices can be made by ‘whims’ and ‘moods’ and in these cases the internal psychological patterns are paramount. Most of the reproductive decisions fall between these two poles and Quinn admits that therefore anthropologists approach has only limited applicability at this point of time in describing and explaining the cognitive decision process.

Bonnie Nardi (1983) in her essay on reproductive decision making states that one of the important goals in cognitive anthropology is to achieve a general theory of everyday understanding to account for the organization and management of a variety of cultural knowledge including beliefs, goals, values expectations and world view. However it would be said that there are problems with the classification of knowledge regarding the process of decision making as narrowly bounded discrete problems solving tasks rather than studying them from a holistic point of view. These classification tasks which were formally thought to be circumscribed problems with solutions expressed in few well demarcated dimensions, are now seen as highly context-sensitive problems requiring many forms of knowledge and several processing functions. In the same way decision making is also treated as though it were confined to ordering and specification of few well defined criteria, when in fact it involves complex
conflict within the household. There was a complete dearth of theories that could recognize and operationalise the men’s and women’s views and action to be different, and identify that they are affected by structural inequalities of the time (Cain et.al.1979). One of the earliest exponents of the status of women and the role played by women in the understanding of demographic change in India was Asok Mitra (1978), who for the first time stressed status of women played a dominant role within the household ultimately affecting the economic as well demographic outcome of that family. Since then institutional demography (following the work of Karen Mason 1984) includes variables on women’s status in the model making. In spite of these efforts to study the status of women by the above stated theorists, many problems afflicting the life ways of women still remained unexplained (Greenalgh 1995). Roger Jeffery and Patricia Jeffery (1997) have adopted three kinds of perspectives or analytical tools to understand and study women. One is concerned with the indicators of women’s role or status; the second one takes into account the key issues of women’s autonomy and the third is concerned with the aspects of women’s agency.

The Indicator Approach

The literature on status or role of women assumes that the “position of women” can be summed up by a set of given variables (Cleland and Hobcraft 1985). Woman’s schooling, her economic status, her position in the household are all considered to be powerful indicators irrespective of the fact whether she is free from the control of the other male or female members of the family and is economically dependent on them (Anker et.al.1982, Mason 1984). If a woman marries at a later age she is supposed to have higher status and if her age at marriage is close to that of her husband’s age of
strategies drawing on variegated representations of knowledge and several ways of utilizing them in decision making process.

While in this study of discrete cognitive tasks, cognitive anthropology has nicely lent itself to formalism and prediction, however its approach has sacrificed a great deal in terms of generality, the discovery of new knowledge structures and attention to substantive areas of keen interest to both informants and anthropologists.

**Statistical Aggregate Approach**

The third anthropological orientation to decision making begins with an individual level focus. This approach stresses what people do and not what they say they do. Within this method, an anthropologist observes behaviour, records outcomes and then analyses them to construct a statistical profile of the people who choose different options (Chibnik 1980, Cancian 1972, Gladwin 1976). This approach therefore shows the individual level focus of the cognitivists and the awareness of unconscious patterns of the ecologists. It differs from the cognitivists primarily in its emphasis on the measurement and recording behaviour and from the ecologists in its attention to variability at the individual level. Statistical approach develops statistical profiles of the individuals who select different options from a given choice (Cancian 1972, Barlett 1976, Chibnik 1980). In this approach the attention is focused on decision makers’ evaluation of criteria that are external to him. For example, for agricultural decisions factors such as weather conditions, labour supply, and land holdings are considered. A list of such external factors is presented as definitive and exhaustive set of criteria used to reach a decision. What is lacking are the factors internal to the decision maker, such as his values, beliefs, aspirations and ambitions. These subjective
internal factors that influence the decision process have not been examined in most of the decision research to date. In this approach the decision maker's prime task is to evaluate factors that are subject to change from time to time. This focus on immediate present tends to deflect attention from the more stable enduring factors in decision making process, the decision makers internal attitudes, beliefs and world view. The decision maker reaches a decision based purely on his examination of the external conditions facing him in one moment in time. Decisions are based not only on the decisions makers evaluation of mutable external factors but also on the relatively stable and subjective internal factors that guide him as he formulates a decision.

Thus the researcher intends to incorporate the following aspects from the various approaches relating to the anthropological study of reproductive decision making.

1. Anthropologists have traditionally discussed the central tendency of culture and have only recently begun to measure behaviour carefully with attention to diversity in the behavioural choices. Parallel to this emphasis on behaviour, there are also explorations in the field of cognition and decision-making process.

2. The range of influences on the decision making process is very broad, which includes natural environment, the social, political and economic environment, household and individual processes and needs, and psychological experience, perspectives and processes.
3. Some behaviour have aggregate patterns and consequences for the larger group that individual actors are unaware of. There by requiring a wider focus of research than just studying individual attributes and statements.

4. While statistical aggregate analysis can yield considerable insight into behaviour, anthropological research is now concerned to link macro-level patterns to individual decision processes.

When we consider the reproductive behaviour of the people engaged in taking decisions we find that these decisions are not made in vacuum, they are highly context sensitive phenomena wherein culture plays a dominant role in determining the nature of the decisions taken. The individual decision is affected by the schemas vis-a-vis the human motivation which is in turn determined by the social cultural context of decision making process as a whole.

**f. Methodology**

The prime focus of anthropological research has always centered on indigenous beliefs and practices. It is only when we get to know these beliefs and practices relating to various aspects of social cultural life of the people, that we are able to understand their culture as a whole. The inter linkages that exist at the local level can be studied in depth only through the qualitative methodology. These inter linkages which involve various social institutions form an integral as well as self sustaining part of a rural community. The influence of each of these institutions on each other and on the topic of study goes well with the anthropological approach followed during the study. It is the peasant based agrarian form of social organization that constitutes the core of Indian society. A researcher, who intends to study any particular aspect of the social life of the
people in any part of the Indian society, will have to take into account its social
organization which is critical to its perpetuation and survival in both its time and space
continuums. Village communities in India embody a culture which needs to be
deciphered threadbare if we are to come out with clear cut and actionable conclusions.
It has been established through different empirical studies that Indian society has
exhibited several cultural traits which are of peasant-agrarian in nature. Major chunk of
Indian population resides in rural areas and any study with any kind of a focus should
take into account the intricacies of rural life if it has to be relevant to the current issues.
Rural north Karnataka is based on the basic principle of Indian society which primarily
centers around a kin-based agrarian social system which pervades all aspects of the
social cultural life of the people under its purview. Taking this into consideration a
village from North Karnataka was selected for the present study.

The present study is undertaken in a village of North Karnataka with major
focus on Gender and Reproductive Health. The major intention of the researcher in this
regard is to study the reproductive health status of the men and women and their
reproductive health and the role played by gender in limiting their family size and other
reproductive health aspects. This research has tried to capture reproductive experience
of the men and women which will ultimately helps us to understand reproductive
behaviour of the people of the village as a whole.

Research statement

A study on the role played by gender in reproductive behaviour of the people
belonging to different social cultural background in rural north Karnataka.
Objectives

- To study the social cultural background of the people of the village.
- To understand people's concept of reproductive health and their beliefs and practices related to reproductive health.
- To have an in-depth understanding of factors affecting reproductive behaviour of the people.
- To understand the role played by gender in reproductive decision making.

The process of selecting a village for field work was started on fifth of November 2007. For this purpose the researcher visited Family Planning Association of India, a voluntary organization in Dharwad engaged in providing reproductive health services and awareness to the people in and around Dharwad, where the researcher intended to conduct his fieldwork. Family Planning Association of India is one such organization in Dharwad which has years of experience working in this field and has well documented information on reproductive health status of people belonging to different villages of the district. The researcher felt that this organization will be helpful in having a basic understanding of different villages in the region in terms of reproductive health and therefore help selecting a suitable village for the present study.

It was observed that very few studies have undertaken on the topic of gender and reproductive health in the region of north Karnataka. The intention was to provide a new dimension to the existing knowledge on reproductive health by following a qualitative and people centric approach. The basic criteria for choosing the village for fieldwork was the population and the number of household units in the village which constitute a homogenous society. The researcher has to then select a village keeping in
mind the constraints of time and resources at his disposal. The authorities of the Family Planning Association of India gave the researcher a briefing about the different villages around Dharwad and suggested names of few villages that were located around Dharwad. Accordingly the researcher visited five villages namely Devarahubli, Nigadi, Bada, Benakanakatti, and Salakinakoppa. After visiting these villages the researcher decided that Nigadi would be a suitable village for fieldwork keeping in view the criteria already mentioned in the beginning. Apart from this the other reason for selecting this village was because among all the five villages Nigadi was one of the oldest settlements in that stretch of villages. This village also forms the central place for all the other villages in terms of banking, the activities of Gram Panchayat, transport and communication and other social cultural activities. Thus it was both the convenience as well as the cultural homogeneity of the village that enabled the researcher to choose the village for fieldwork. Inspite of being so near to the city of Dharwad, Nigadi was able to maintain its characteristic features intact. The researcher visited the village of Nigadi for second time along with Mr. Ningappa Madiwalar, who is working as a field supervisor for Family Planning Association of India, Dharwad (FPAI). It was he who introduced the researcher to the all the elders of the village, members of Panchayat and also to the field workers who were working for FPAI and were based in Nigadi. This helped the researcher in approaching all the people of the village and explaining them the reason for his coming to the village. The researcher explained the objective behind his coming to the village that is for the studying the social life of the people with a focus on gender and reproductive health.
Once it was decided that the fieldwork was to be conducted in this village the researcher started with the basic household survey. For this purpose the researcher had devised a preliminary household schedule. This schedule aimed at getting information on socio-demographic factors like age, sex, marital status, education, occupation, and also information on type of marriage, type of family, house structure, public amenities, caste, religion, kinship, income, land holdings and health seeking behaviour. The researcher took the help of fieldworkers who were from the village and therefore could help the researcher in establishing a rapport and trust with the people while conducting the preliminary household survey. The researcher was conversant with the native language of the village which facilitated the process of conducting the fieldwork. He could discuss and talk to them on all aspects of social life of the people of the village.

The information relating to most of the questions of the schedule was gathered without much difficulty, however, information on certain aspects like income and age was difficult to come by. The villagers when asked about their income would tell the amount that was mentioned in their ration cards but most of the times this information would turn out to be incorrect on further investigation. Even the information gathered by the researcher on total land holdings of each household did not match with the information given in the ration card. When asked about age, most of the villagers would say “they have not gone to school and therefore they were not in a position to calculate their age”. The income for agriculture dependent families was calculated in the following way - one acre of land yields twenty bags of paddy and one bag of paddy costs Rs.750/-. And for the non-agricultural households who were dependent on crafts and trades, that is, carpenters and daily wagers, the income was calculated based on
their daily earnings. Age was calculated based on the earlier events of life like, age at puberty, age at marriage, number of years of schooling, number of children, to which they could easily relate.

The villagers were already exposed to surveys being conducted by many governmental and non-governmental organizations in the past. But the consistent stay of the researcher in the village and being in constant contact with them made the researcher build a good rapport with the villagers. The villagers soon started to acknowledge the fact that the researcher had come to collect information on all aspects of their life and not just to conduct a one-time survey of the village. The researcher felt that sometimes the information collected in the beginning of the survey was incomplete and not reliable, therefore he had to revisit such houses once good rapport was established and collect valid information. The household information had to be gathered in the morning before 11:00 am as most of the members of the family went to their agricultural fields by that time. The latter part of the day was spent talking to elderly women and men, and also with the people who remained back home. It took three months to complete basic household survey of the whole village which comprised of 339 households.

This process of enumeration helped in collecting basic information about each household as well as on the village as a whole. It was a kind of entry into the village, a process of getting to know people, understanding their lifestyle and their daily routines. The process of enumeration also helped in getting to know the people and the village in all aspects namely, social, economic, political and religious. The villagers were most of the time willing to share the information that was required for the researcher. It was very
much evident from the discussions that they were interested in topics like poverty, politics, religion, agriculture and basic amenities in the village. They also shared their problems relating to household matters, health and illness, property issues, quarrels within the households and also their relation with their kin and neighbours. The information gathered through these conversations proved to be useful in having an indepth and holistic understanding of the different facets of their life. Sometimes a one to one discussion would turn in to a group discussion wherein many men and women would come together and explain the issue under discussion to the researcher. The elderly men in the village would discuss about agriculture, poverty about rain and also their childhood and youth days and compare it with the present situation. The younger men would discuss and compare life in city with that of a village. The women folk of the village gave information on their daily routine, beliefs and practices, ornamentation, food habits and dress pattern.

During the course of the field stay the researcher participated in the various festivals, feasts, fairs, rituals and ceremonies in different houses and different streets of the village. The researcher routinely visited agricultural fields with people of the village to understand their agricultural practices. He participated in the betrothal ceremonies, marriages, pregnancy rituals, *koorgi pooja*—the worshipping of agricultural implement-*koorgi* once the sowing season was over, bore well *pooja*, and various festivals like *Mannethina amavasye, kaarhunnime, and ugadi*. The researcher also attended the car festival of Lord *Madivaleshwara*, wherein there was a fair in the village. The researcher observed the role of both men and women in their day-to-day activities which helped in understanding people’s perspective on gender. Apart from this, the villagers every now
and then used to invite the researcher to their houses for a cup of tea and would discuss many aspects relating to their life in the village which ultimately proved to be critical in understanding the topic under study, that is, gender and reproductive health.

Once the preliminary household survey was over, the next step was to gather information relating to various aspects of reproductive health of the women who have reached their family size and then prepare a reproductive health profile of these women. The study was limited to only those women who had reached family size (15-49) because one of the objectives of this research is to understand the decision-making process of the women which is possible only when they have reached their family size. This included gathering information on their subjective perceptions relating to puberty, pregnancy, delivery, post-natal care, child-care, awareness and use of different methods of family planning, when the couples decide to limit their family size. Since the information on reproductive health was to be statistically analyzed, a separate interview schedule for women was prepared and random sampling technique was used to select the women. Out of 248 women who had reached their family size, 125 women were selected using simple random sampling method. These 125 women were selected for the proper management of data and were statistically representative of the total 248 women.

The interview schedule which was prepared was shown to the elderly women of the village who suggested changes that were incorporated in the schedule. For example, they recommended indigenous terms like muttu agodu in the place of rutumati which was more of a textual term used to denote menarche. As the information to be gathered was sensitive, the researcher took the help of a female field
worker who was from the same village. This female field worker already had experience in the area of reproductive health and therefore it was easy to make her understand the basic objectives of the study and direct her to ask questions. This does not mean that the researcher was not present when the questions were being asked. The women were ready to answer in the presence of the researcher. Keeping in view the time constraints of women of the village and their privacy the researcher used to inform the women in advance before taking their interview.

Sometimes it is used to so happen that the women would start narrating their experiences, problems and hardships that they went through during the process of their pregnancy, child-birth, postpartum and during the time they decided to undergo sterilization operations in detail. But it was not the case always. Adolescents and newly wed women were not ready to share the information considering it to be very personal and therefore not to be shared with everybody. For example, one of the young women stopped talking all of a sudden saying that this information was not be shared everybody as it was a taboo to discuss such things in public. Later the researcher had to select the next woman from the list of 248 women. The data collected through interview schedules included information on the last delivery, the place of delivery, immunization details and ANC as it is important to gather information on current status of women.

In the next phase of the field work, the researcher was engaged in conducting the in-depth interviews of the women who have reached their family size and who are in the reproductive age group of 15-49. In-depth interview was conducted in order to understand women's reproductive health practices. The intension was to bring to the
fore their experiences of the various stages of their reproductive life cycle. In-depth interviews proved to be the corner stone of the whole research methodology that gave critical insights into the reproductive lives of the women. Seventy in depth interviews were conducted covering all major caste groups. The basic criteria for selecting the women was the caste to which they belong, as caste groups form the main source of social stratification in the village. The researcher interviewed ten women, as it was the maximum available number in each caste group, thus making it amenable to both intra-castes an inter-caste comparison.

An in-depth interview guide was prepared for this purpose which was later on discussed with the elder women of the village. After conducting five to six interviews the researcher realized that women were willing to give information even if it was the researcher was asking questions, however the presence of a female field worker during the course of interview was necessary. The women did not mind who was asking the questions. But this in no way meant that women were willing to answer the question if the researcher went to them alone. The reason for this is the sensitivity of the topic of reproductive health that made the researcher to ask the questions that were difficult to answer. Since these in-depth interviews involved longer durations of time and privacy was to be maintained, the researcher had to take prior appointment of the women to be interviewed. There were certain aspects of reproductive health like menstruation and spacing methods of family planning which required lot of efforts to gather information. Women felt shy to discuss about menstruation and information relating to the same was not readily disclosed. The information was collected from the women who had reached their family size as they will have undergone the whole gamut of experience of
pregnancy, delivery, postpartum and child care and family planning. At times, men, other family members and neighbours became a part of it during the process.

Apart from this, the filed work included interviewing the key informants who were not necessarily within the reproductive period. These key informants included the elderly women and men, Auxiliary Nurse Midwife (ANM), Male Health Workers and the Anganwadi teachers. The key informants were taken from all the major caste groups of the village. Apart from reproductive health, beliefs and practices related to it, information on life cycle rituals, agricultural cycle, festivals, food habits, flora and fauna, health services available in the village were also collected from these key informants.

The field work can be classified into two phases, one the preliminary household survey and the two the collection of data on reproductive health, the specific topic of study. During the second stage of the field work collection of both quantitative and qualitative data went hand in hand. Observation as a method was employed all through out the field work. Once the researcher got the information on all aspects of reproductive health from the people of the village as a whole, and information reached the saturation, the field work was concluded on 2\(^{nd}\) of August 2008.

**Ethical Considerations**

Consent was taken from all the villagers who gave the information to the researcher. Before entering the village oral consent was taken from the Village Panchyat, elders belonging to different caste groups by explaining them the objectives of the study. Research tools were given to them to read which consisted of consent form before interviewing the individuals. For the people who could not read and write
the consent form was read out to them and the objective behind the research was also explained. In case of interviewing women consent was taken from the women, head of the household and if women needed permission was taken from the husband. They were not forced in any way to give information and if they were unwilling to part with the information they were free to opt out of the interview. Confidentiality of the information gathered shall be maintained and the information gathered will not be discussed in any form with others and will be used only for academic purpose. Even in the study real names shall not be used.