Chapter 4

Social Attitudes of Reproductive Health
To achieve the objectives of the study, I prepared an interview schedule, which was used to obtain information from the respondents. The information elicited during the interview, was used to prepare case studies. In the present chapter I have done the content analysis of the qualitative data. Due to the exploratory nature of the study and to get insight of the problems, in-depth interviews are considered the right method. The nature of the study and the use of qualitative data imply that the data can not be subjected to the rigours of the statistical analysis. Hence a formal and subjective yet rational and logical method of analysis has been adopted, more so because the study calls for the understanding of the social problems arising out of attitude and beliefs.

On the basis of the data collected during the interviews and observation; cases were prepared. Analysis of the case studies is divided into two categories. Analysis done along social attitude has been presented in this chapter. A discussion has also been carried out along with the analysis as to gain insight of the problems and issues.

The procedure of analysis included listing of various responses. Often the respondents used different words to express essentially the same feelings. The researcher uses her subjective assessment to club such responses together and put them under broad category. Name of the respondents are given in bold letters throughout the analysis and words used by local population have been italicised. English translation of local words is provided at the beginning of the thesis.
4.1 Demographic and Socio - Economic Profile of the Respondents

4.1.1 Caste structure of the respondents

Muslims constitute about 12 percent of the total population in Dibai town, out of these approximately 90 percent belong to OBC and lower caste. This community is concentrated in the interior of the town. (13.4% of the total Indian population & 18-19% in U.P.; Sacchar Committee). The upper caste Muslims (10% of Muslim population) are grouped in two sects, namely Sunni and Shia. Shia community has minority status, represented by 8-10 families only. Sheikhs and Qazis are upper caste Sunni Muslims. Of these, very few families of sheikhs are still living in Dibai town. Lower caste Muslims represented by Teli (oil extractors), Gaddi (milkmen/cattle gazers), Qasai (butchers), Bhatiyare (cooks), Dhobi (washermen), Nai (barbers), Kaunjhre (vegetable sellers), and Faqeer (beggars). Teli and Gaddi are in majority and are prosperous comparatively to the other lower castes. Both these castes try to dominate each other, and hence intercaste fights are very common amongst them. Sheikhs, Qazis and Shias enjoy the respect of the lower castes. They have a specific lifestyle, are mostly educated and progressive which is starkly different from that of the lower caste Muslims. Sheikh families though very few in number, commands the maximum respect. Their support and advice is sought in matters of disputes and crises. These families have very cordial and social relations with the high caste Hindu families of the town. In the lower caste Muslim women, the feeling of insecurity and discrimination is high and they do not consider themselves a part of mainstream.

Hindus are a majority in Dibai. Sample for the study was represented by the Brahmans (the priests) highest caste, represented by Sharma, Upadhaya and Bansal, the Baniyas (the business class), that is Gupta, Aggarwal, Jaiswal, and Maheshware, the Lodha (backward class) and the Harijan (sweepers) lowest caste. Out of the four major castes of the Hindus, the Khastriyas (the
warriors) could not be included in the sample as they are very few in number. The Punjabi Hindus are represented by Arora, Sahani and Khurana. Hindu upper caste women are very active and have formed many organisations. These organisations provide a platform for them to air their grievances and discuss their personal problems. It is also a way for them to get together and for some time pass. Ceremonies like keertan (religious hynms) and satsang (sermons) are organised routinely, which apart from being religious are also social gatherings. Kitty parties are the symbol of rich lifestyle of the Hindu upper caste women of the town. A majority of these Hindu women consider Muslims very backward and orthodox. One of the respondents could not believe that I am a Muslim. Having a very stereotype perception, she thought that Muslims are ganwar (uncivilised), and jahil (illiterate), and are usually dirty and do not put on clean cloths.

As the Muslims in this town are socially backward, Muslim women (lower caste) feel a sense of discrimination. Their social contact is almost nil with the Hindu women. They only come in contact with the Hindu ladies in the market place where they go for shopping. The local market being the only place for their outing. They shop here for themselves, for their children and household’s big and small needs. In the presence of these Hindu women, who also shop from the same local market, at times they become quarrelsome and misbehave. This is mainly due to insufficient interactions and misconceptions abound among them. These Hindu women are usually of the lower caste and are also at the receiving end of the social class. The upper and rich class, both Hindus and Muslims also visit the market for their basic day-to-day needs, but for major and big shopping purposes they visit close by cities of Bulandshahr or Aligarh and sometimes even to Delhi.

4.1.2 Age at marriage and number of children

During my field visits, I came across revelations regarding the age at marriage, which clearly came under the preview of violence against women. Wakeela a dai (midwife) told that she was married at the age of 12. Her eldest
son is 30 years of age and youngest daughter is 11 years. She has 8 children. According to her “it becomes very easy for a woman to deliver the child at the young age. After twenty five years of age the delivery becomes difficult and painful.” Nussbaum (2000) emphasised that adolescent pregnancy is identified as one of the root causes of maternal mortality in developing countries. Mahony (1996) argued that “almost 99% of maternal deaths occur in developing countries”. Wakeela is very proud to have eight children; three sons and five daughters. She treats her daughters well and does not discriminate between sons and daughters.

When girls are married off at an early age, they are denied their human rights, their rights to be children. Girls loose their freedom and they have to follow strict codes of conduct. Young girls (mothers) face serious health problems, and become prone to chronic illness. Sometimes they come to the verge of losing their lives due to pregnancies.

Adolescent girls die each year because of pregnancy-related problems, as it is ill timed and unwanted. Girls at such a young age are not physically and mentally prepared to bear the responsibility of giving birth to a new life. Pachauri (1998) has rightly said that their bodies are not mature enough to face the burden of pregnancies. Adolescents who give birth are three times as likely to die in childbirth, as are women aged 20-29 under similar circumstances. Over a period of years the trend has changed with respect to the age of Hindu girls at the time of marriage. Earlier the average age was sixteen but now it is eighteen. Most of the lower caste girls marry at the age of seventeen. The upper caste Hindu girls marry at the age of twenty. In some cases it was twenty-five years, though it was not out of choice but out of circumstances.

In other interviews also, I found that women who were married at twenty to twenty five years ago their age at that time was twelve to fourteen only. Very surprisingly women with less than five years of marriage life told that their age at the time of marriage was between fifteen and seventeen. We see a shift
in the age of marriage and the trend is to marry the daughter off at the age of around sixteen years in the lower castes. The average age of marriage in the lower caste Muslim is sixteen years. Contrary to this, according to upper caste Muslim women the average age at the time of marriage is nineteen years. Only a few are married before eighteen years of age. Most of the respondents were married after nineteen years. Najma and Afshan (both Sheikh) reported that they have done post graduation and married only after the completion of their education. Thus we see that awareness about the ill affect of the early marriage is increasing among the upper caste Muslim women. These families do not want to take any risk with the life of their children; therefore out of choice the decision to marry the daughter at the right age is taken. Farzana (Qazi), told that she was married at the age of twenty, but it was not a matter of choice, rather a suitable match was not found. Therefore her parents were anxious to marry her off as soon as possible. Some time due to circumstance also the marriage takes place at an advanced stage when ever the girl is not beautiful and her parents are unable to give jahez (dowry) as per demands, it becomes difficult to marry her off.

Fertility among the Muslim women is high in comparison to the Hindu women in this area. Most of the respondents told that they have six or seven children. Some of them had four. Majority of the upper caste women have only two or three children (reasons to be discussed in chap. 5). Muslim women get pregnant soon after their marriage and in most of the cases the first birth takes place within a year. Those respondents, who were married for one or two years only, also had one or more child. The other problem is of spacing between two deliveries. Thus the average fertility rate of Muslim women in Dibai is five. This is comparatively high than the national average of Muslim fertility rate. According to Sachar Committee report, total fertility rates (TFR) among Muslims from about 4.3 to 3.6 in 1990s, a reduction of about 2.9, a reduction of about 0.9 points. During the same period the fertility rates for the population declined from about 3.4 to 2.9, a reduction of nearly
0.5 points. The decline in fertility among Muslims was more than average. Fertility among Muslims varies with social characteristics and there are significant inter-caste variations.

Their Hindu counterparts have lower fertility rate. Few Hindu women have five or more children. Average number of children turns out to be four. Among Hindus also, the lower caste women have more number of children than the upper caste women but its rate is less than that of lower caste Muslim women. The upper caste Hindu women have two to three children. In this way there is no difference between them and the upper caste Muslim women. It can be attributed to the literacy and awareness among them and at the same time, a desire to be a part of the mainstream.

This aspect is substantiated by Cassen (1978), who argued that “The difference between the fertility of educated, well-off, urban Muslims and Hindus is relatively small, but the average socio-economic and educational status of the Muslims is lower than that of Hindus.”

Also Khan (1991), conducted survey in the rural area of Koil tehsil in Aligarh district of UP (area in the adjacent district to Dibai). He pointed out that the fertility differentials of schedule caste Hindus and Muslims can be understood almost entirely as the outcomes of the impacts of income, education, child mortality and the age of marriage.

The family size (number of children) in the present generation is much smaller than their parents’ generation. Experts perceive that such a change and decline in the number of children started some seven years before these interviews were conducted.

**4.1.3 Educational profile and literacy rate**

Literacy rate among the Muslim women is much lower than that of Hindu women in Dibai town. Sample survey revealed that only two samples had reached post graduation level and some had done graduation. A few had education till primary level and madarsa (Muslim religious school) education.
Though, presently ninety percent of the Muslim children are going to school. This shows that school enrolment rate has increased in the recent years. This is consistent with the perception that the community is increasingly looking at education as a means to improve their socio-economic status. Upper caste Muslims respondents are mostly literate. Hasan and Menon (2004) emphasised that apart from religion related factors, low socio-economic status contributes considerably to low education and work levels among Muslim women.

In contrast to this most of the lower caste Hindu respondents had gone to school for at least two to three years. Kamlesh (sarraf) had studied till high school. Somlata (lodha) has done intermediate. Nearly all of the upper caste Hindu women have done intermediate or graduation. Fertility decline has occurred in all the section of society, including the illiterate and the poor. Though the more educated have lower fertility than the less educated. The gap has narrowed and the lower – upper caste impact on fertility is also decreasing.

4.1.4 Employment profile and income

The economy of Dibai is trade and agriculture based. The Muslim women are concentrated more in self employed (home based) activities and their share in regular work, especially in the government, public sector and private sector is dismal. Family income of Muslim women in Dibai is based on the earning of their men folk who are engaged in mazdoori (labourers), durri pherywale (sales men of carpets and mats in other parts of the country), cheelum makers (a special pottery used for tobacco smoking in hukka) though declining rapidly, street vendors and hawkers. The conditions of work are precarious for Muslim workers and their earnings are low. Moreover, in comparison to Hindu workers, a much larger population of Muslim workers are engaged in street vending and are without any employee benefits and long term contracts (Basant, 2007). This applies to the Muslim of Dibai also. Due to this, income
opportunities are restricted. It has its impact on the fertility pattern also, as
told by Dilshad (a mother of nine children; seven daughters and two sons).
She said that as she delivered three daughters one after another, three
daughters her husband and mother- in- law asked her to bear more children in
the hope of a son, who can become an earning hand and their burahape ka
sahara (a support in old age). Low caste Muslims women also try to
contribute in the family income by doing some home based job, like needle
work (discussed later in detail). The upper caste Muslim male members are
either in services or have small businesses. Some of these respondents were in
the teaching profession. A detailed analysis of employment (Sachar
committee report) in different government departments also revealed that
Muslim representation is in very low-ends jobs. Moreover, the participation of
Muslims in government jobs which involved provision of public services like
healthcare (nursing), security (police), etc. is extremely low (Basant, 2007).
Sachar committee report reveals that more than half of the Muslim workers
are self- employed in household enterprises. They are concentrated in certain
industries, such as tobacco and textile products; retail and wholesale trade,
sale, repair and maintenance of motor vehicles and electrical machinery, and
apparatus manufacturing. As many as seventy three percent of the Muslims
are not employed by any written contract. Most of them are not eligible for
any social benefit and their earnings are low (Shah, 2007).

The income opportunities for low caste Hindu families are also not very
bright; still they are in a better position than their counterparts. Most of the
respondents told that they earn money by making handicraft items. They
operate from their homes and their male members are daily wagers,
mazdoors, vendors or hawkers. The upper caste Hindu women enjoy the
facilities of a modern life as their men folk earn enough to provide them with
the luxuries of life. Major businesses and trade of Dibai town are in the hands
of Hindus and husbands of a few respondents are even doctors and teachers.
Chapter-4 Social Attitude of Reproductive Health

Most of the Muslim respondents feel that the economic conditions have not improved in the recent years and have perhaps deteriorated. Wage earners are concerned about the rapid increase in the cost of living and the low rate of wages. Reason reported for the poor conditions includes high expenditure on illness, beyond capacity expenditure on marriage and other social ceremonies, loss of work and successive crop failure. Some families started petty business such as parchooni ki dukan (small grocery shops), atta chakki (micro flour mill), bicycle and scooter repairing etc. Khairunnissa says that due to large number of children, it is difficult to arrange a meal for two times a day. Her husband, a casual labourer is unable to fulfil their daily food requirement, so where does the question arise of spending on the janami bimari (reproductive health).

The impact of poor economic conditions is clearly visible on the ill health of the women and their woes are narrated very vividly. Naseerran (a mother of six children), laments that she is suffering from leurocoria. Abdominal and back pain but is unable to go for medical check-up. When the pain gets unbearable, she prepares a karha (herbal concoction) out of the jari-booty (herbs) picked from the nearby jungle. Her mother-in-law also suffers from the same problems.

4.1.5 Access to infrastructure and facilities

Overall access to infrastructure is poor for low caste Muslims and even to some high caste Muslims in Dibai town. Access to trained health persons and institutions for child birth is very poor for low caste Muslims, only little better than the Harijans. Muslims also have very poor access to tap water. Though analysis done at the national level reveals that Muslims have difficulty in getting admissions for their children in good schools, and claims about widespread discrimination in employment and housing markets etc. Wilkinson (2007), the access to schools is high among all the categories of respondents. Schools which provide scholarships (by the governments) are accessed by lower caste Muslims also. Among the Hindus, a small section of
the respondents, mostly Harijans, have low access to government facilities. But the trend has changed in the last four to five years and Harijans have also become aware of the facilities provided by the government and they want to avail such benefits. It may be noted that the Reserve Bank of India’s efforts at banking and credit facilities under the Prime Minister’s 15- point Programme for the welfare of the minorities, have mainly benefited other minorities, than the Muslims (Shah, 2007).

The 61st round data of the NSS show that 22.7 percent of India’s population was poor in 2004-05. The SC/ST (schedule class / schedule tribe) together is the most poor with the head count ratio (HCR) of 35 percent. Muslims stand second with 31 percent of the people living below the poverty line. The incidence of poverty among OBC (Other Backward Class) Muslims is close to that of SC/STs. Poverty among Muslims is the highest in urban areas with a HCR of 38.4 percent. Significantly, the fall in poverty among Muslims, accorded to data provided to the committee, has been “only modest during the decade 1993-94 to 2004-05 in urban areas, whereas the decline in rural areas has been substantial.”

A relatively high proportion of Muslim workers (11 percent) including those among the OBC strata are engaged in wholesale and retail trade as merchants and shopkeepers; and also as small manufacturers. This is significantly higher than not only among the SC/STs but also among the Hindu OBCs. One of the major problems that Muslim in general, and the entrepreneurs among them in particular, face in their business is the presence of inadequate credit facilities available, not only from private and public sector banks, but also from scheme and credit facilities under the prime Minister’s 15-point programme.

More than half of the Muslim workers are self employed in household enterprises. Under the neo liberal economic policy regime, employment in the formal sector has been gradually and systematically sinking in the past two decades.
4.2 Social Vices and their Impact on Reproductive Health of Women

In this section I have tried to explore the ills and abuses prevailing in the society and their impact on women’s physical, mental and reproductive health. The most common abuse against women is violence and the threat of violence is the first measurement of women’s capacity for survival and empowerment (Coomaraswamy, 2005). Violence against women is a universal reality but at the same time it is invisible. South Asia has been classified as the worst region in terms of indicators with the highest rates of different forms of violence against women (UNICEF, 2001).

4.2.1 Alcoholism and drug addiction

Mitra (1960) quotes WHO experts’ committee definition of drug addiction as a state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by repeated consumption of a drug, either natural or synthetic.

The use of alcohol has been found to be rampant among the men folk of Hindu respondents. Savita (married for 14 years), narrated that her husband at the time of marriage was not an alcoholic but later on due to bad company started drinking and now he has become an addict. Its impact has been very serious on her health. Some three to four years back when she was pregnant with her fifth child, her husband in a fit of anger, under the influence of alcohol kicked her at her abdomen and the pregnancy got aborted. Savita had to be hospitalised in a government hospital for more than ten days. After that miscarriage she could not conceive again.

The majority of the lower caste Hindu women narrated woes which they faced due to their men’s bad drinking habit. They face problems of wife beating but not to the extent as told by Savita. As far as the upper caste Hindu women are concerned, they also admitted that their husbands drink but up to the limits of decency. This problem is not found in the upper caste Muslim society in Dibai. A few cases are found in the lower caste community. But those
families are somewhat outcaste by their community as alcohol is forbidden in Islam. One respondent Dilshad told that her husband developed this bad habit during his visits to the western states of India, where he used to go to sell cotton mats (*durries*). Her husband died six – seven years ago due to tuberculoses. He used to beat her in a state of rage and anger.

The causes of drinking which emerged during the interviews are as: miseries of life, to reduce work tension, bad housing and lack of recreational facilities, ignorance, inherent nervous defect, for companionship and fun, to celebrate success or loss in business. Men generally start drinking for its beneficial effects but later on addicted to it, which has a detrimental affect (Madan, 1995).

The problem of drug addiction was also mentioned by some women, especially low caste Hindus and Muslims. Among Muslims some men who go to sell *durries*, among Hindus, men who are truck drivers and go on long routes, become victims of this abuse. But much information could not be elicited on this account, hence it is difficult to analyse its impact on the health of women.

4.2.2 Gambling

Gambling involve the unpleasing willing to profit by the misfortune of others and the same temptation to risk more than one can afford to loose (Hardy, 1934).

Many of the lower caste Muslim women admitted that their husbands are involved in this activity. The simple *patta* (game of cards) is the major gambling activity. *Satta* (betting) is also a popular gambling activity. Women also divulged that private houses serve as the playing place and are often referred to as *baithak* (sitting place). *Wakeela dai* disclosed that earlier her husband use to provide his house for this purpose but now she has started organising *baithaks* in her house and charges a minimal amount. At some places no amount is charged and the place is offered because the *makan malik*
(landlord) gets joy himself in gambling and it provides him company also. Gambling is a part of Hindu social society also; but none of the women recalled any incident which affected the reproductive health aspect of them.

**4.2.3 Domestic violence**

The violence among women in various forms is brought to the surface during the interviews and discussions. Almost all the samples of lower caste Hindus as well as Muslim women disclosed that they are victims of domestic violence from wife beating to marital rape. A survey of 1842 from women in Uttar Pradesh and Tamil Nadu in India presented a rate of forty per cent of women interviewed stating they were victims of wife beating. In Pakistan a survey of thousand women indicated that fifty five percent in urban areas and thirty five percent in the rural areas stated that they were victims of domestic violence (UNIFEM, 2004).

*Sarla* (lower caste Hindu woman) told that her husband forcibly compels her to have sex with him. And when she resists, her husband would beat and punish her. She does not have desire for sex (reason not told) but her husband says that “yeh uska adhikar hai” (this is his right) and threatens to divorce her, which she does not want for the sake of her children (a girl and 2 boys). In this case we find that she is unable to give any name to her husband’s act, but it is clearly a case of marital rape. When asked whether she has told this to her mother-in-law or someone in the family? she replied that everyone will take her husband’s side. She is not willing to bear any more children, though her husband and mother-in-law want more. She disclosed that she also bought secretly some herbal medicine for family planning measures; from her *maiyka* (parent’s home) which happens to be a nearby village, when she visited there once.

Thus we can say that violence against women also takes place at the most intimate of places.
4.3 Societal Attitudes and Reproductive Behavior

The reproductive behaviour of the women and the decision regarding number of children and the preference for specific gender rests with the in laws and their husbands. The women in most of the cases are a mute spectator or the follower of the decision. In the past their decision to adopt family planning had been invariably resisted by the husband (Misri and Tripathi, 1971).

The family planning policy of India has a special bearing on the lies of Indian Muslim women at the same time we cannot treat it as a problem of women in isolation from their men, kinship world and the wider social context (Chattoo, 2004).

4.3.1 Perceived role of women

The status and role of the women have to be understood within the total structure of the society. The basis of power has their roots in the total structure of the society. Dibai is a traditional society, where perception of women and their role is based on stereotype traditions.

By and large, the women participate in all domestic tasks, including house building and repair work. The women clearly have the longest working day in most homes, working from five in the morning until nine in the evening, with a number of prayer periods, meal and tea breaks in between. They start the day’s work before dawn by making breakfast for the men who are going to work or to seek work and then feed and milk the animals. It makes couples of hours to make dough and make bread, washing clothes and bathing babies and infants. Midday dinner is then prepared. After the evening meal and washing up, work continues on the handicrafts. The young women do the heavy housework. They also wash cloths and clean the compound and stable, and collect manure, which they dry in the sun and use for fuel. They also fetch water if they do not have children to do this for them. The division of labour by gender at the macro (societal) level reinforces that of the household. This
dynamics is an important source of women’s disadvantaged position and of the stability of the gender system (Moghadam, 2005). High fertility rates limit the women’s roles and perpetuate gender inequality.

In Dibai town purdha system is common among both Hindus as well as in Muslims. One thing which is also common is that only daughter-in-law observes complete purdha. Muslims married women’s wear burqua (veil) but girls only cover their heads. Men and elderly ladies ensure that women of childbearing age are hidden from the view of the male guests. If a women in purdah has to go to the health centre, her husbands escorts her or finds someone in the family to go with her. Low caste Muslim women in Dibai have more mobility than upper caste women. The Hindu women here are generally mobile. They go to purchase vegetables and fetch milk from dudhwala (milkman). They go to the shopping also and frequently go to the temple, but every time they cover their heads. The lower caste Hindu women take some ghoonght (sari lowered on face) in front of those male members who are elder from her husband. Lower caste women also go to the field and do work with their husband. But among upper caste, women going for outside job is not common, only teaching job is permissible in some families.

4.3.2 Male Female Inequality

Gender discrimination has its toll on the health of women. The survey has suggested that women are very prone to diseases. In majority of the cases, constant child bearing is the major problem. This makes them vulnerable to large number of diseases. From nutritional point of view, the women are tragic and weak. As mentioned by many women they are the last to take their food, after all the family members have taken their meals. Actually they survive on the left over foods. They have to bear the burden of such inequality. All these things affect their reproductive health also. Even during pregnancy, forget to say about iron rich diet they find it difficult to satisfy their hunger. Raeesa a respondent told that “I have five children, two daughters and three sons. But I didn’t use to get complete food at the time of
pregnancy. Many times I ate sookhi roti (dry bread). And after delivery also I never took ghee (refined butter) or any rich diet. The inequality is prevalent in all the cross-sections of society. But some women, particularly upper caste Muslim and some Hindu, denied any such discrimination. Assiya, Kamla and many others proudly said that they are treated equally as men by their in-laws and husbands. Though it is customary among Hindus that women serve food to husband, children and in-laws first, and when they finish, then she eats her meal, because chauka (kitchen) is her sole responsibility and she keeps the sanctity of it. But it does not affect the quality of food which she takes. In my opinion, quality and quantity of the food depends on the economic condition of the family rather than the attitude of the in-laws. Najma on the other hand told that she takes all her meals with her husband, children and in-laws, on the dining table (a feature which is missing from all the other cases). Only in a few upper castes Muslim household and in most of the upper caste household, dinning table is to be found like other furniture items. But the use of it is restricted to few occasions or when the guests arrive. Askari (a teli) told that they are quite well off and they have plenty to eat. But when the children leave food in the plates, her mother-in-law insists her to eat it. Earlier she resisted this discrimination but now she has become used to it. The reason behind this is that Allah does not like the wastage of food and every dana (a grain) if left, complaints to God and curses.

Gender inequality is also loudly observable in the conversation that takes place between males and females. Normally Hindu and low caste Muslims males (upper caste Muslim males are exception) in Dibai are not shy in using indecent language in the family. More often they address their wives with foul adjectives. And the wife never takes it seriously. It is a common scenario in the families, the males loudly bombarding foul words in their day to day conversation. But women tend to avoid foul language. Many women acknowledged that gaali-galoush (abuses) is very common. This inequality
appears within the family, and has become an integral part of their family lives and this is a type of oppression towards women.

Cultural inequality is also prevalent across all categories of the samples. The inequality is constructed through cultural and social factors. Both Hindu and Muslim women are not permitted to come to the graveyard or cremation ground. Among the women, widows do not enjoy even those privileges which are the rights of *suhagan* (married woman). Mostly in all the sections of Hindu society and in some cases among Muslims also, widows are not permitted to attend auspicious functions, especially related to marriages. *Kamalesh* a young widow told that she cannot use *bindi* (a dot wore on the forehead) and cosmetics, jewellery, glass bangles, bright and colourful dresses. In many marriage ceremonies the concept of *saat suhagan* (seven married women) plays an important role. During the *manjha* (a pre marriage custom); the would be brides sits on the *chawki* (stool), wearing yellow suit, and one beetle leaf is placed on her hand. At that time seven married women put *ubtan* (herbal-pack) on the hands of the bride. At this particular time the presence of widow is considered inauspicious. The discrimination is followed even when the ceremonies related to would be mothers are also performed. Much lesser restrictions are imposed on Muslim widows than Hindus. Women receive less maternal resources, social status, power and opportunities for self actualisation than the men. This inequality results from the organization of society and not from any significant biological and personality differences between male and female (Banu, 2004).

Though cultural inequality is not directly related to reproductive health, still in my opinion it has an impact on the health of the women. They think and feel as second class citizen and unimportant, and hence their health related problems are ignored. This mind set is prevalent in all the categories and somewhere down the line the health is affected.
The influence of social and cultural customs, habits and traditions among various categories is clearly visible on the reproductive health. These are influencing the fertility and family planning behaviour of the respondents.

4.4 Education and its Impact on Reproductive Health

It has been established that education is one of the strong correlates of fertility. Education that changes the life style, economic development and exposure to new ideas; affects the health of women in a significant way.

These combined produce, what Jafree calls “a heightened aspiration” that motivates couples to control their fertility (Jafree, 1959). Moreover education itself is a very complex variable. It is being used as a proxy measure of the housewife’s time (Leibenstein, 1975; Mincer, 1963); and it is also used as a proxy measure of modernization (Inkeles and Smith 1974). It may do so by

1. Providing opportunities for personal advancement and awareness of social mobility, new outlook, the freedom from tradition, the values and pattern of behaviour and developing rationalism. Education meets some of the basic psychological needs of women such as the needs for creativity, a desire to acquire knowledge, and a desire to obtain freedom from close familial control.

2. It increase the age at marriage and increases the probability of non-marriage.

3. It reduces the desired family size by fostering a higher standard of living for the couple and their children, and stimulates a woman’s interest and involvement with activities outside the home, particularly by employment.

4. It exposes women to knowledge, attitudes and practices favourable to birth control.

5. It allows greater female participation in family decision making.

6. It increases the chances for survival of infants.
In the present study it has been noted that education clearly affects the health of women in a positive manner. It changes the attitude of women and family and makes them aware about their rights and needs. In my study the samples (Hindu and Muslim both) who went to school were more vocal and knew that keeping a good reproductive health is in the interest of their family, therefore the responsibility to visit the doctor (as and when need arises) lies on them. They are aware of the consequences of ill health and its negative impact on the children and the family. They had better knowledge of the facilities provided by government and NGO’s with respect to family planning measures. Educated women in the sample told their desire of quality education for their children and for that they wanted to limit the family size.

Education with its social and economic co-relates, exposes a person to a wide range of general information, including attitudes favourable to birth control, knowledge and access to modern effective means of family planning (Chaudhery, 1982).

4.5 Value of Children and Reproductive Health

Children provide emotional, social, economic and psychological satisfaction to their parents; therefore, they are valuable to them. Value of children depends on the satisfaction or utility derived from them (a positive dimension) and the cost incurred on them (negative dimension), parents who desire a specific number of children of a given quality may be assumed to depend on their perception of these costs and values (Chaudhery, 1982). There are various kinds of costs values that children have for parents (Hoffman and Hoffman, 1963; Bareison, 1972).

Members in the lower income groups explicitly discuss the benefits accrued by large number of children and in the process they give a conspicuous thought to the cost incurred on them. Benefits cut the cost which goes in favour of the big family size and their large number of children especially male child. An interesting dimension emerged during the discussion with
some lower class Muslim women. In the present economic scenario, even girl child is also welcomed or there is more tolerance for her arrival. Girls after attaining the age of five are absorbed in the business of needle work (adde ka kaam). There is lot of demand of this work in fashion and film industry. A good hand can earn approximately in the range of Rs.100-200 per day. By the time a girl is 10-12 years old, she becomes perfect in the needle work. This contributes towards the economic well being of the family. The trend was evident from last 25 years. The craft started to flourish in late eighties and attain its peak during mid nineties. Recently a decline in the demand of the needle work has been felt. Now the artisans are unable to get what they earlier used to get. In the light of declining value of money over a period of time the pinch has been felt severely. Its after effects, and impact on preference for a particular gender can be explored after some time. According to Desai and Krishnaraj (1987), in many parts of north India, Muslim women manufactured silk strings, necklace and bracelets and did fine embroidery. Birdwood (1974) remarked that “every house in India is like a nursery of the beautiful”. Though the women in some of the cases earn and support their families still they have no control over their earnings. One of the respondent lamented that the earned money is not spent on her/their reproductive and other health related problems rather it used to fulfil the needs of the male members. This bias against women has been highlighted by Seal (1981), who had argued that ‘the high concentration of women in household industry accords them the status of family workers with no direct control over earnings, where patriarchal control is most closely exercised.

Chatto (2001) in her study illustrated that I was told that having sons does not bear any religious or ritual sanction in Islam. In fact, marrying off daughters brings sawab (blessings of Allah). Yet, sons are desired so that they can take care of parents in their old age and ill health, since daughters must be given away. Nevertheless daughters are often spoken by both the parents as a curse, since it is very difficult to bring them up. Sons can sleep in the street and be
clad in rags, but the virginity and sexuality of the daughters needs to be constantly guarded. A daughter is perceived as somebody else’s ‘property’. Moreover, marrying a daughter has become a very costly affair, even in the villages. She needs to be given a good dowry in order to secure a good match. However, the bias for son surfaces more starkly in past records of gruesome female infanticide (Biscoe 1922:181-182), as well as in the overt and covert neglect of female babies following birth and during illness. At the same time, we know that this bias is resolved as the daughters grow up and are married. Sometimes the husband’s wish for having more sons become so dominating that it adversely affects the health of the women and life is also lost. One of the respondents named Bano told that she and her elder sister were married to two brothers in the same family. Her elder sister was married 16 years ago and she married 9 years ago. She has two daughters and two sons. Their mother in law and sister’s husband wanted that she should bear more children in the hope of the sons. Her sister started having some reproductive problem after the birth of last girl child. But due to continuous prodding she got pregnant and during child birth she died. This incident has scared Bano and now she is very much afraid of bearing more children though her husband still demands for sons.

4.6 The Impact of Rites and Rituals on Reproductive Health

Rituals are practised in some form or the other, in almost all the Indian societies. These are an integral part of Indian culture and great importance is given to them by families and communities as it also mirrors their well-being and status. Hindus attach immense significance to rituals and according to Hindu mythology every person has to observe certain of rituals in his or her life time. From the time a child is conceived in the womb till his death, rituals are observed at each important juncture. And these rituals are basically a family oriented rather than community oriented.

Gannep (1960) interprets these events as transitions from one social status to another and he termed these rituals as Rites of Passage. According to him, the
rituals connected with this nature are composed of three consecutive elements: separation, transition and reintegration.

### 4.6.1 Rites and rituals of Muslims

In the lower caste Muslims, such as bhatyarey and baqargasai, zarda (yellowish or orange coloured sweet rice) is made on the occasion of godhbharai, fatiha (Quranic verses and prayers said for the elderly deceased) is said on it and distributed among the relatives friends, and the bradiri (caste brotherhood). Dresses are presented to the would be mother. Also, gifts like bangles, shoes, socks, handkerchiefs, menhdi (henna), missi (a local tooth powder), lak chuda (lac wristlet), chutila (artificial hair like woven/knotted cotton threads) etc. are given. Earlier all these items were gifted by the girl’s parents but now its been given by the boys family itself.

In gaddis, this ritual of godhbharai at some places is done by the girl’s family and at others by the boy’s parents. Two sets of dresses, makeup items, etc. are gifted to the girl. Korma (a spicy meat dish) and naan (fat fluffy bread) with zarda is usually the menu of the occasion. The nayaz (Quranic verses said on the food) is offered on the zarda.

On birth, immediately after the birth, when the child after been given the bath is brought to the mother, aazaan in the right ear and takbeer in the left ear is said out loudly of the new born. The aazaan is usually said by a mualwi and if a mualwi is not present any male may say it. This ritual symbolically welcomes the new born to the Islamic fold and also informs the same to the child by saying Allah’s praises in the ears. This is a very fundamental and simple ritual practised by all the Muslims.

In bhatyarey caste, dakhani mirch (white pepper), sonth (dry ginger) and bura (brown unrefined sugar powder) is mixed in curd and given to the new mother. Acheawani that is dried coconut, misri (a type of sugar in small cube shape), cashew nuts, almonds, ghee, and sugar is mixed together and halwa
(sweet dish) is made, which is fed to the mother for 15 to 16 days for strength. Gum, dried ginger and ghee are also fed at times.

**Chati** is held after 3 – 4 days of giving birth, bath is taken by the mother and this is called *chati*. At this time some hot food such as egg curry or *masoor ki daal* (pulse) or mutton is given with *roti* (bread). In the *bhatyareys*, on the *chati* day parents of the girl come, and bring with them *khichidi* (a dish made of rise and pulse), *gondh* (Gum), and many sets of dresses for the girl and gifts for the new born.

After 20 – 25 days *gondh ladoos* (gum sweet balls) are given to eat. All the dry fruits are fried in ghee, then *bhura* (sugar) is added and cooked in *gondh*. After which *laddoos* are given the shape.

After 40 days bath is taken by the mother for purification and *namaz* (prayer with action) is offered by her. Mutton and *roti* (bread) is made for food and *fatiha* is said on it.

In *gaddis*, *chati* is held after 5 days. Meat, pulses and biryani (rice and meat dish) is made and *niyaz* is offered. *Achaewani* is given till the *chati* day, after which proper diet, such as pulse or mutton with bread (*roti*), *halwa* etc. is taken by the mother. This is given till one and a quarter month.

After one and a quarter month family members girls side come and they bring along gift items for the new mother, for the new born and cloths for their in laws.

After birth till *chati*, *gudh* (jaggery) with ghee is given to eat to the mother in *telis*. On the *chati* day, *gosht* (meat), *naan* and *puri* (fried bread) with *aaloo ki sabzi* (potato dish) is made and *niyaz* is offered. Gifts are brought by the girls family for the new born, the mother and for the in laws.

**Aqiqah** – Its an orthodox rite, when child’s head is shaven for the first time (*mundan* as in Hindus). Alms is given away equal to the weight of shaven hairs in gold or silver. The hairs are put on the betel leaves and either thrown
in a river or a water body or buried in the earth. *Aqiqah* is generally held on the seventh, fourteenth, twenty eighth or thirty fifth day after birth. Two goats or sheeps for a boy and for girl only one goat or sheep is sacrificed, and is distributed uncooked among the brotherhood and poor, and a part of it is cooked for the feast. *Chochak* i.e. gifts from girl’s family for the baby (dresses, cot, toys etc.), dresses for parents and grandparents, dry fruits, sugar, sweets etc, are given. On this day child gets his name (*naamkaran* as in Hindus). This ritual is performed and celebrated across all the castes of Muslims.

4.6.2 Rites and rituals of Hindus

The effect of caste on fertility has been noted by a number of researchers. In a survey conducted in the rural areas of Banaras (1963) revealed that the upper caste Hindus had lowest fertility and lower caste Hindus had higher fertility. Saxena (1965) found that both the cumulative fertility and age specific fertility were higher for the low castes, lowest for the upper castes and intermediate for the intermediate castes. Gordin (1965) study found that in the rural Punjab, the predominantly agricultural *jats* have lower fertility compared to the lower proportion of *chamars* having higher fertility. Driver (1960) also observed average that the forward castes are having lowest standardised average children compared to the backward castes having higher average children and the scheduled castes and tribes having still higher average children.

However in the Etawah district of Uttar Pradesh, rural women of high castes and agriculturist preferred larger families (4 to 7 children) for security in old age, whereas those of the middle and lower caste non-agriculturists and labourers preferred smaller families (less than 4 children) because of economic burden in arranging marriage of their daughters, strife, adverse effects on health, etc.
A large number of studies conducted in various parts of India have shown significant caste differentials in attitudes towards family planning, knowledge of contraception and practice of family planning methods. It is inferred that caste dose not exert an influence in the acceptance of contraception. So the segmental divisions of society basing on religion, race, caste, class, religion, language and colour is influencing the fertility and family planning differentials particularly in the rural areas.

Godhbharai- At the commencement of the seventh month of pregnancy, the girl is dressed in the cloths presented by her parents. A coconut, dried dates and money, together with cloths for the in laws are also presented. The in laws on their part present new cloths to the girl. Neighbours and relatives assemble and sing songs. A coconut and dried dates are placed in her lap with grain and cakes made of grain flour fried in ghee. Similar eatables are distributed among brotherhood and congratulations are exchanged.

Just Before and on Birth- Generally, the girl returns to her parent’s house for her first confinement. Care is taken not to let fact that the pains of labour have begun be heard, lest publicity increases their severity, and if the pains are severe, a thali (tray) on which a charm is written is shown to the expecting mother in order to remove them.

Delivery is universally affected on the ground. But after the delivery the mother is seated on the mat. The umbilical cord is cut with a sharp knife and tied with the janeo (a pious thread bore by Hindu priests). If the child be a girl, the cord is tied with thread of a spinning wheel.

After the birth the midwife washes the child in a vessel into which silver has been thrown, before she gives the child to the mother.

On the fifth day after delivery, satiyas (cakes made of cow dugs), are kept in the four corners of the room, for seven to eleven days after which they are immersed in the well or in the river Ganges. These Satiyas are kept by sister-in-law. It is to be noted that these are kept only when a boy is born.
On the tenth day, the ritual of *Kuan Pujan* (well worship) is held. The mother of the new born goes to the well along with other women folk singing. She wears her father-in-law's shoes and keeps a *lutiya* (metal mug) filled with water and a *kataar* (Knife) in it, on her head. Hand marks of turmeric powder are put on the wall of the well. The *satiyas* are immersed in the well on this day and she returns with the *lutiya* on her head.

**Mundan** (tonsure) is the rite of shaving of hair of the child for the first time, and in this region preferably on the banks of the river Ganges. People of Dibai town go Rajghat, but if the mother has taken a vow prior to the birth of the child to observe the rite at a certain shrine or temple, then it is duly carried out there. The rite is performed between the ages of one year and a quarter and four years.

A pundit (priest), after considering all the astrological options, suggests first alphabet from which the name should start with. And hence a name is given to the child with the ceremonies of *naamkaran* (name keeping). *Chochak* from girl’s home is sent, clothes for the child, father and in-laws along with dry fruits and sweets. On these occasion *Brahmans* are fed.

Observances of afterbirth are less elaborated in case of a girl child, and the idea that the birth of a girl is a misfortune, re-acts injuriously on the mother, less care is bestowed upon her and every observances are hurried over. If the mother is that of a boy she is carefully tended to for forty days but the mother of a girl child is for twenty one days only.

The period of purity or its duration, in theory, is ten days among Brahmans, twelve among kshatrias, fifteen among Vaishyas and thirty among Sudras, thus varying inversely with the purity of caste. But in practice it is eleven days among Brahmans and Thirteen among Kshatrias or eleven or thirteen for all castes.

There are merits as well as demerits of the rites and rituals, practiced and adhered so strictly in the society. One must also ponder upon the reasons and
logic behind such practices. Though some of these customs may be purely symbolic and may not affect a woman’s or a child’s health – positively or adversely, directly or indirectly; but are observed mainly for social or religious purposes only. Such as the *kuan pujan*, *godhbharai* etc. in the Hindus and *aazaan* in the ears of the newly born in the Muslims.

It can also be the fear of the various evils and sprits, engraved in the psyche of the people since very old times, which must have given birth to such rites and rituals. This way they can take precautions in this form to avoid any mishap as such. The good luck charms, *taveez*, *knife* or *some iron object kept under pillow* etc, providing a kind of satisfaction that the pregnant women is being protected and looked after by some cosmic power.

One of the rituals, on the other hand, that definitely has a positive and healing effect directly on a woman is *chati* and its follow-up diet schedule. This ritual followed by both the Hindus and Muslims, provides the best possible food supplements required by a new mother. These homemade and indigenous recipes help her regain lost energies and strength fast.

Some practices such as not giving the first milk of the mother to the child, considering it unclean is a grave misconception. On the contrary, this milk provides great immunisation to the child. One other ritual of observances, especially among the Hindus, in which a mother who gives birth to a boy is tented to and looked after for forty days, whereas if she gives birth to a girl (as considered a misfortune), the observances lasts for only twenty one days. This shows a grave gender bias on one hand and on the other hand it puts the new mother to great health risk, just because she gave birth to a girl.