ABSTRACT OF THE THESIS TITLED SOCIETY, CULTURE AND REPRODUCTIVE HEALTH: A COMPARATIVE STUDY OF HINDU AND MUSLIM WOMEN IN DIBAI, DISTT. BULANDSHAHAR

This abstract presents the abstract of the thesis entitled “Society, Culture And Reproductive Health: A Comparative Study Of Hindu And Muslim Women In Dibai, Distt. Bulandshahar submitted for the award of Ph.D. degree.

The abstract gives brief and concise information about the thesis, thesis presentation, objectives of the research study, major findings of the study, and future directions of research.

Introduction

Women have been around since ‘Eve’. But there was little recognition, documentation or even concern about the roles women play in social and economic development, nor of the relationship between these roles and women’s health and status until the International Women’s year Conference in 1975 at Mexico city which launched the Women’s Decade in 1975-1985. Many studies were then instituted all over the world, including India, which revealed gross discrimination against women in all spheres of their lives. It is only last two decades also, since the time of ‘eve’, that women and their status have evolved interest.

Many factors influence woman’s health. The genetic constitution, exposure to disease producing organisms, imbalanced or inadequate nutrition, and low resistance to infection etc. In addition, social, cultural, economic, political and environmental factors, as well as the availability of health services, greatly influence the health of individuals. Attitudes towards marriage, age at marriage, value attached to fertility, and sex of the child, the pattern of family organization and the ideal role demanded of women by social conventions-are all cultural norms that affect the woman’s health.
The reproductive role of women all through the processes of gestation, birth, breast-feeding and child-bearing, places additional demands on her. Though many diseases place a heavy burden of morbidity and mortality on both men and women in developing countries, women are more seriously affected due to the synergistic interaction and effects of infection, malnutrition and uncontrolled fertility. Maternal mortality accounts for the largest or near largest proportion of deaths among women in developing countries and it is estimated that where the problem is most acute, the maternal mortality rate is as much as 200 times higher than the lowest rates of industrialized countries.

Violence affects the lives of millions of women worldwide, in all socio-economic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in society. Violence against women takes a dismaying variety of forms, from domestic abuse and rape, to child marriages and ‘female foeticide’. In 1993 the United National General Assembly adopted a declaration, which for the first time offers an official United Nations (UN) definition of gender-based abuse

**Thesis Presentation**

The thesis comprises of six main chapters followed by bibliography and appendices.

*First chapter* deals with definition of reproductive health, variables, proximate determinants, strategies for the improvement of Reproductive health, and role of NGOs in improving the health of the women. It also presents the objectives, methodology, and limitations of the present study. It explains the rationale for carrying out the present study. *Second chapter* highlights historical background, geography and socio-economic conditions of Dibai Town. The third chapter presents the literature review. Relevant findings and excerpts of the literature reviewed are classified and presented with the aim of identifying the research gap. The analysis of the surveyed data, interpretation, and discussion are presented in chapter fourth and fifth.
The fourth chapter deals with the impact of society and culture on reproductive health. Chapter five deals with the problems of reproductive health and use of various method of fertility control in Dibai town. The six chapter draws results and conclusions of the study.

The thesis ends with the bibliography followed by the appendices.

**Research Methodology**

**Scope of the study**

The scope of the study defined in terms of subject coverage, area coverage, period coverage-

**Subject coverage**

In terms of subject coverage, the present study is related to an inquiry into the broad area of society, culture and reproductive health. In doing so the study is concerned with the issues related to- historical and geographical aspects of the town with economic, trade, education, emphasis on religion, culture and caste system of the study area. So far as the reproductive health of women is concerned, the study attempts to explore the to social attitudes towards reproductive health dimensions of fertility, problems of reproductive health and use of contraceptive etc.

**Area coverage**

The area of study, the Dibai town of the district Bulandshahr was concerned. No such study has ever been conducted in this area. Significant aspects of reproductive health of women to both Hindu and Muslim communities of this belonging.

**Research Design**

In order to achieve the objectives of the study, exploratory research design was used as it provides a wide scope to understand the problem in depth. The present research consisted of structured and unstructured interview interviewed schedule was prepared in advance and some modifications were
made after few interviews and participant observation). The field work was performed between April 2004-2005. The information gathered through interviews was used to prepare case studies. Hundred cases have been included in chapter four and five. The technique of in-depth qualitative interview was used to solicit detailed information. Each respondent was visited more than once.

Convenience sample technique was used to conduct interviews. The target was to conduct more than 150 interviews equally divided between Hindu and Muslim women. It was further divided into upper and lower caste families. Upper caste Muslim families have the lowest proportion in the total population of Dibai, therefore, only a few cases could be covered. Interviews with respondents women and sometimes their families were conducted in their houses, doctor’s nursing homes and government hospitals. These interviews were recorded with notes on the spot. I also interviewed a range of medical practitioners, including doctors, nurses hospital & local midwifes (Dai). In addition to discussing child birth in homes and hospital, I also had the opportunity to observe postpartum rituals and bathing & dietary practices in variety of setting.

Design and content of interview schedule

In order to get the necessary primary data, interview schedule was prepared through identifying issues related to research topic. After a few interviews, some additions were also made in the schedule.

Data analysis technique

The collected primary data have been processed and developed into case studies. The case studies were analyzed, on the basis of content analysis of data. One the basis of the information, major themes were categorized and discussed.
Objectives of the study

The general objective of the study is to analyze reproductive health of Hindu and Muslim women in relation to society and culture in Dibai.

The Present research work is split up in the following specific objectives.

1. To identify the socio-economic conditions of Dibai town affecting reproductive health of women.

2. To determine the extent to which formal and informal education is helpful in reducing the fertility rate, and to take pre-natal, post-natal and post-abortion care.

3. To understand the role and attitude of society and the family members of a woman in determining fertility rate.

4. To assess the role of NGOs and government health workers in improving the reproductive health of women.

Major Findings

Demographic and Socio - Economic Profile of the Respondents

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. The upper caste Muslims (10% of Muslim population) are grouped in two sects, namely Sunni and Shia.

- Hindus are a majority in Dibai. Sample for the study was represented by Brahmins (the priests) upper caste, represented by Sharma, Upadhaya and Bansal, Baniyas (the business class), that is Gupta, Aggarwal, Jaiswal, and Maheshware, Lodha (lower caste) backward class and Harijan (sweepers) low caste.
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.

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 place for them to gossip and for time pass.

Age at Marriage and Number of Children

Most of the lower caste Hindu girls marry at the age of seventeen. The upper caste Hindu girls marry at the average age of twenty. In some cases it was twenty-five years, though it was not out of choice but out of circumstances.

The average age of marriage in the lower caste Muslim is sixteen years. Contrary to this, the upper caste Muslim women the average age at the time of marriage are nineteen years.

Fertility among the Muslim women is high in comparison to the Hindu women in this area. Most of the respondents had six or seven children. Some of them had four.

Their Hindu counterparts have lower fertility rate. Few Hindu women have five or more children. Average number of children turn 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 Muslim caste 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.
Educational Profile and Literacy rate

- Sample survey revealed that only two respondents among muslims had reached post graduation level and some had done up to graduation. A few had education till primary level and madarsa (Muslim religious school) education.

- Upper caste Muslims respondents are mostly literate.

- Most of the lower caste Hindu respondents had gone to school for at least two to three years.

- Nearly all of the upper caste Hindu women have done intermediate or graduation.

Employment Profile and Income

- 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.

- The income opportunities for low caste Hindu families are also not very bright; still they are in a better position than their counterparts.

- 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.

Access to Infrastructure and Facilities

- Access to trained health persons and institutions for child birth is very poor for low caste Muslims, only little better than the Harijans.

- Among the Hindus, a small section of the respondents, mostly Harijans, have low access to government facilities.
Social Vices and their Impact on Reproductive Health of Women

- The use of alcohol has been found to be rampant among the men folk of Hindu respondents.

- The majority of the lower caste Hindu women faced problems of wife beating.

- This problem is not found in the upper caste Muslim society in Dibai.

- A few cases are found in the lower caste community of Muslims.

- The problem of drug addiction was also mentioned by some women, especially low caste Hindus and Muslims.

- Many of the lower caste Muslim women admitted that their husbands are involved in gambling.

- Gambling is a part of Hindu social society also.

- Almost all the respondents of lower caste Hindus as well as Muslim women disclosed that they are victims of domestic violence from wife beating to marital rape.

Societal Attitudes and Reproductive Behavior

- The reproductive behavior 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 of their husbands and in-laws.

Education and its Impact on Reproductive Health

- Hindu and Muslim women both who went to school were more vocal and knew that keeping a good reproductive health is in the interest of their family.
• They are aware of the consequences of ill health and its negative impact on the children and family.

• They had better knowledge of the facilities provided by government and NGO’s with respect to family planning measures.

The Impact of Rites and Rituals on Reproductive Health

• In the lower caste Muslims, sweet rice is made on the occasion of godhbharai and fatiha is said on it and distributed among the relatives and friends.

• Immediately after the birth, when the baby after been given the bath is brought to the mother, aazan in the right ear and takbeer in the left ear is said out loudly of the new born.

• Chati is held after 4-6 days of birth, bath is taken by the mother and this is called chati.

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

• Aqiqah is generally held on the seventh, fourteenth, twenty eighth or thirty fifth day after birth. For male baby two goats or sheep are sacrificed. In case of female babies only one goat sheep is sacrificed.

Rites and Rituals of Hindus

• Godhbharai- At the commencement of the seventh month of pregnancy, the girl is dressed in the cloths presented by her parents. Neighbours and relatives assemble to sing song.

• Generally, the girl returns to her parent’s house for her first confinement.

• On the fifth day after delivery, satiyas (cakes made of cow dugs), are kept in the four corners of the room to woe off evil, for seven to eleven days after which they immersed in the well or in the river Ganges.
On the tenth day, the ritual of *Kuan Pujan* (well worship) is held.

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.

A pundit, 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).

The period of purity or its duration is eleven days among Brahmans and thirteen among Kshatrias and eleven or thirteen for all castes.

**Reproductive Behavior and the Role of Women**

It is found that husband’s family expect that she would become pregnant as soon as possible and bear a child, preferably a male child. The desire for the first child as son is explicitly expressed.

Procreation is considered to be the most important aspect of a married women’s life and efforts are made to rectify the problem if she is unable to do so during first few years of her married life.

**Pre-natal and Ante-natal Care**

Disparity in prenatal and antenatal care, at an alarming rate is evident in different categories during the discussion with respondents.

Upper caste Hindu women prefer the services of gynecologists.

Upper caste Muslim women go for medical check up to the private doctors, hospitals or to paramedics. Though all are not very regular.

Lower caste Hindu women also occasionally go to these doctors and hospitals. Many of them go for paramedics also.

In most of the cases it is found that highest level of care was taken during first pregnancy.
• Majority of low caste women (Hindu and Muslim) contacted *dai* as well as *hakeem* and *vaidh*. They get herbal medicines for any vaginal infections.

• Sonography (in some cases) is being done to opt for the sex of the child.

**Attitude and Behavior of others towards Pregnant Women**

• In Dibai, the common practice followed by Muslims is that, the first delivery must take place at *sasuraal* (husband’s or in-laws house).

• In the case of Hindu women financial burden was generally born by their parent’s side.

**Practices and Methods during Childbirth**

• The trend to utilize modern facilities with respect to childbirth is increasing in Dibai.

• In Dibai area I found that Hindu women are more progressive to adopt the modern facilities about delivery in comparison to Muslims.

• Upper caste Muslims call hospital trained midwives (not local *dai*) nowadays to perform deliveries but prefer it to be within the house.

• Lower caste Muslims prefer local *dais*.

**Practices and Methods during Deliveries**

• The way, in which childbirth is managed in two religions and in different castes is distinctive, each having special features.

• Births taking place at hospitals have common medical procedure followed by gynecologists.

• Variations are found among those cases where childbirth takes place at homes and conducted by ‘Dai’.

• Irrespective of the caste or class and education, Muslim families prefer to deliver birth at home.
Attitude related to Breast Feeding

- All respondents agreed that they breastfed their child and there is no hesitation regarding this.
- Breast milk is the only food and drink an infant needs for first six months.
- Regarding the duration of breastfeed to male and female child, Muslim women had perception that boys should be breastfed for two years and girls for quarter to two years.
- There is no such restriction in Hindu religion and women feed their children up to three years also.

Family Planning and Need for Contraceptives

- Nearly all the women are aware of presence of different ways to terminate pregnancies.
- Mostly all, excluding the newly married women (of lower castes and uneducated) and few others, were able to mention at least one method of family planning.
- The use of modern methods namely, voluntary sterilization, oral contraceptives, intrauterine devices, condoms is more in comparison to the use of traditional methods.
- Oral contraceptives are the leading modern method among the Hindu.
- The unwillingness to exercise family planning among majority of low caste Muslim women in Dibai area is in the line of belief prevailing in Muslim population across different countries.
- Upper caste women in both Hindus and Muslims follow family planning more than low caste women.
- The use of contraceptives for family planning is lowest among young women.
• The use of contraception increases with the number of children a woman has up to the third to fourth child.

• Upper caste women are more likely to use contraception specially the modern methods than lower caste women.

• Sterilization is the method about which the women of even lower castes are aware, but not about other modern methods of contraception.

• The methods which are generally followed include a good deal of abstinence, practice of coitus interruptus and induced abortions.