P: ISSN NO.: 2394-0344 RNI No.UPBIL/2016/67980 VOL-3* ISSUE-11*(Part-1) February 2019
E: ISSN NO.: 2455-0817 *Remarking An Analisation*

Women's Empowerment and Reproductive Health Behavior in Rural Area

Neetu Siddhartha
Research Scholar,
Dept. of Sociology,
C.C.S University,
Campus Meerut, Meerut,
U.P., India

Alok Kumar
Professor & Head,
Dept. of Sociology,
C.C.S University,
Campus Meerut, Meerut,
U.P., India

Abstract

Women's health is an issue which has been taken up by many feminists, especially where reproductive health is concerned. Reproductive health of women is the backbone of every family, society and nation.Reproductive health is the integral part of women's general health, despite the fact, its need extra care and precaution during specific time and situation. Empowerment is multi-faceted approach. Empowerment gives women the capacity to influences decision making process, planning implementation and evaluation. Without empowerment of women in every field no one can think about all around development of the society. This paper is an attempt to analyze the women's reproductive health and how it correlates to women's empowerment.

Keywords: Women Health, Reproductive Health, Empowerment, Rural Area.

Introduction

Reproductive health is posed as an ideal, a dream to move towards: it obviously required different strategies specific to the varying social contexts prevailing in different parts of the globe. But this is possible only through recognizing the interdependence of reproductive health, general health, and socio-economic conditions. Since the mid-1980s, the term empowerment has become popular in the field of development, especially in reference to women. Empowerment is held to be a panacea for social ills, high population growth rates, environmental degradation, and the low status of women among others. It was during the 1994 international conference on population and development that the issue of women condition for population stabilization.Women empowerment is an important factor when determining reproductive health outcomes such as fertility. Decision making in the household is an important aspect to consider in reproductive health behavior. Women especially from the rural area constitute the largest marginalized section of India and their marginalized should be a matter of deep concern for all.

Objectives of the Study

1. To assess the reproductive health of women in India.
2. To explore the correlation between reproductive health and women empowerment.

Methodology

This prepared paper is a descriptive study in nature. The secondary data and information have been analyzed for preparing the paper extensively. The secondary information have been collected from different articles published in different journals, we have used the method of content analysis for collection of secondary data.

Review of Literature

Sunday, K. Alonge and Adebayo, O. Ajala (2013) explored Fertility Behaviour and Women's Empowerment in Oyo state. This paper exmines the relationship women empowerment and fertility by using random sampling technique. The paper found out that women's empowerment affects their fertility; fifty-one percent of respondents are not using any family planning method, while majority of them have formal education of at least primary school education. It was also found that discussion of the number of child to have significantly affects women's fertility

Abdul Wahab and ManizaKhatun (2015) assessed A Sociological study on empowerment of Muslim women in Darrang District of Assam by using primary and secondary data. Findings reveals that Illiteracy, communication gap, male dominant society, less political participation in

decision making process, traditional norms, culture, social negligence, unorganized economic participations are some of the problems of women empowerment.

Vidya Rani…..et al. (2016) examined reproductive morbidity profile among even married women of rural Etawah. They investigate the prevalence of reproductive morbidity among married women and find out associated factors. Study found out that among 370 married women, 173 (46.76%) women had one or more symptoms of reproductive morbidity per women average symptoms of reproductive morbiditywas found to be1.6. Most common symptoms of reproductive morbiditywere vaginal discharge, lower abdominal pain and menstrual problem.

Luciana Luz and Victor Agadjanian (2015) investigated women's decision making autonomy and children's schooling in rural Mozambique. The result shows a positive association of women's decision making autonomy with the probability of being enrolled in primary school for daughter but not for sons.

ChinnaAshappa (2015) observed Fertility Behavior and Family Planning: A Sociological Study of Rural Women in Yadgir District by using primary and secondary data. It is suggested that there is need for health education including fertility and family planning practices at schools and colleges so as to control population growth.

Bola LukamanSolanki (2016:1-9) has provided Marriage Age Fertility Behaviour and Women's Empowerment in Nigeria. This study examines the relationship between age at first marriage and women's empowerment. Data were extracted from the 2013 Nigeria Demographic and Health Survey. The Poisson regression and multinomial logistic regression were applied using Stata version 12. Results show that the incident rate of children ever born for women aged 15-19 years is less than the incident rate of children ever born for women aged 14 years or less and that the relative risk of being in high empowerment category instead of moderate category will increase by a factor of 2.0988 for those aged 15-19 years at first marriage compared with those aged 14 years or less. Age at first marriage is significantly related to women's fertility behavior and empowerment.

Nizamuddin Khan and Usha Ram (2014:1-41) have investigated Women's Perception of their own Autonomy enable to generate change in their Reproductive Behaviour. This study explores the three dimensions by defining different measures of women's autonomy: Movement autonomy, access to economic resources (economic autonomy) and decision-making autonomy, sample of 418 young married couples in Ratlam district of Madhya Pradesh, India. Findings reveals that all the three dimensions of women's autonomy are strongly encouraged by both the spouses in their opinion and experiences and multivariate regression suggest that results are not constantly significant from all the three dimensions of all three dimensions is positive with socio-economic and demographic factors, linked to low fertility and contraceptive use after controlling the covariates. Involving husbands and encouraging couples joint decisions-making in reproductive behavior may provide an important strategy in achieving women's autonomy.

Dev. R. Acharya, Jacqueline S. Bell…et al. (2010:7-15) have identified Women's Autonomy in Household Decision making on health care including purchasing goods and visiting family and relatives are very poorly studied in Nepal. This study main aims to explore the links between women's household position and their autonomy in decision-making. Nepal Demographic Health Survey (NDHS) 2006, which provided data on ever married women aged 15-49 yrs. The data consists of women's four types of household decision- making; own health, making major household needs and visits to her family and relatives. The study shows that women's autonomy in decision making is positively associated with their age, employment and numbers of living children. Women from rural area and Terai have less autonomy in decision making in all four types of outcome measures. There is a mixed variation in women's autonomy in the development region across all outcome measures. Western women are more likely to make decisions in own health care, while they are less likely to purchase daily household needs.

Lopamudra Ray Saraswati and Pratap Mukherjee (2015:1-21) have assessed Women's Autonomy and current use of Contraception among married women of three eastern states, viz. Bihar, Orissa and West Bengal. The study was mainly based on the data from National Family Health Survey-2. In this present paper (study), the different measure of autonomy and uptake of contraception, which provides evidence of empowerment, is examined. For the present study bivariate and multi –variate analysis have been carried out. Although the majority of women participate in household decision; far fewer are final decision makers. The link of women's education and mass media exposure with contraceptive use is found to be strong. Among direct indicators of autonomy, women with greater control over resources. The study findings point to the important of gender inequality being more broadly defined in determining fertility control behavior.

GebremariamWoldemicheal (2007:1-27) have observed Do Women with Higher Autonomy seek more Maternal and Child Health Care in this study different dimensions of women's decision-making autonomy and their relationship to maternal and child health care utilization are investigated using data from the Demographic and Health Survey of Ethiopia and Eritrea. The study shows that most autonomy indicators are important predictors of maternal and child health-care utilization outcome and country, and in some cases significance is lost when socio-economic indicators are held constant. The strong positive effect of women's role decision-making in visiting family or relatives on use of antenatal care and child immunization is particularly impressive. The results show that most socio-economic indicators have strong influence on both women's decision-

making autonomy and on maternal and child health care utilization.

Reproductive Health in India

It is well recognized that in patriarchal settings such as India, hierarchical gender relations and unequal gender relations and unequal norms impact women's sexual and reproductive health and choice and act as significant obstacles to access services and facilities. Equally the achievement of good sexual and reproductive health may be inhibited by such structural factor as:

1. Poverty and malnutrition
2. Early marriage
3. Inadequate educational and health system

Although there are regional variations with women in south India facing somewhat fewer constraint that those in the north, undoubtedly women in both regions are far lesser empowered that men to have a say in their own lives. Lack of awareness, lock of spousal intimacy and communication on sexual matters and widerspreadgender based violence compound women's ability to negotiate safe sex, seek appropriate health care of experience a healthy pregnancy. Finally gender roles that perpetuate the culture of silence' inhibit women from communicating a health problem or seeking prompt treatment unless it inhibits them from carrying out their daily chores. This 'Culture of silence' is even more pronounced far gynecological and reproductive morbidity that are so closely linked with sexuality.

Women's Empowerment and Reproductive Health

Reproductive health is basically a concept that involves health and population issues. Reproductive health involves the process of making sure that people have satisfying and safer sex. Moreover, both men and women should be in a position to reproduce and have the ability to decide when, if and how to do so.Social and cultural assumptions are held to influence our perceptions of the body, including that of the male body as the standard for medical training, the assignment of less socially desirable, physical and emotional traits to women and the way in which women's illnesses are socially constructed.Women empowerment is a significant factor in development, poverty alleviation and the general improvement of standards of living gender based power inequalities restrict open communication between partners about reproductive health decisionsas well as women's access to reproductive health services.

In Indian society women has secondary role, especially from the rural area constituted the largest marginalized section of India, Most of the women do not have control on the resources, decision making power and control on her body. They do not have right to take decision related to child bearing. The lack of maternal health contributes to future economic disparities for mothers and their children. Poor maternal health often affects a child's health in adverse ways and also decreases a woman's ability to participate in economic activities. Therefore, national health programs such as the National Rural Health Mission (NRHM) and the family welfare program have been created to address the maternal health care needs of women across India. Although India has witnessed dramatic growth over the last two decades maternal mortality remains stubbornly high in comparison to many developing nations.

National Rural HealthMission

The Government of India, Ministry of Health and Family Welfare, launched National Rural Health Mission (NRHM) in 2005. It recognizes the importance of health as contributor of social by economic development and adopts the synergistic approach by relating health determinants of good health. It seeks to provide effective health care to rural population with special focus on 18 states, which have weak public health indicators. The core strategies are (a) to train and enhance capacity of Panchayati Raj Institutions (PPIs) in order to own, control and manage public health services; (b) promote health plan for each village female health activist (ASHA); (c) health plan for each village through village Health Committee of the Panchayat; (d) strengthening sub-centres through unified fund; and (f) implementation of an inter-sectoral District Health Plan. The supplementary strategies include (a) to regulate private sector including the information rural practitioners; (b) to ensure availability of quality services to citizens at reasonable; (d) promotion of public-private partnerships (PPPs); (e) mainstreaming AYUSH; (f) reorienting medical education to support rural health; and (g) pooling and social health insurance to provide health security.

Recommendations / Suggestions

Due to lack of knowledge, awareness and shy nature women's are not conscious to their rights and duties well as position and power. In India, mostly rural women's suffer from ill health associated with child bearing. Every women should be allowed to practice their different aspects of culture according to choose. Ensure proper nutrition and proper hospitality to the every mother and new born child to control unprecedented birth.

Conclusion

Men play a dominating role in every social aspect, keeping women with a very autonomy and a low indeed self-esteem.From time immemorial society i patriarchal. This implies that the culture of India is highly gender stratified. The low status of women in the household indicates that health seeking behavior of women in such as traditional society greatly depends on the decision of the partner or other elder household members, ever the child rearing and caring practices also reflect the male supremacy.

References

Akram, M. (2014). Sociology of Health. Jaipur: Rawat Publications.

Acharya, Dev. R. (2010).'Women's Autonomy in Household Decision-Making: A Demographic Study in Nepal', Reproductive Health, pp: 7-15.

Alonge, Sunday, K. and Ajala, Adebayo, O. (2013). 'Fertility Behaviour and Women's Empowerment in Oyo state', Journal of Economic and Sustainable Developmen, 4 (18):33-41.

Ashappa, Chinna. (2015): Fertility Behavior and family Planning: A Sociological study of Rural Women in Yadgir District', International journal of Humanities and Social Science Invention,4 (7): 1-4.

Cockerham, William, C. (1998). Medical Sociology, New Jersy: Prentice Hall.

Khan Nizamuddin and Ram Usha. (2014). 'Can Women's Perception of their own Autonomy enable them to Generate Changes in their Reproductive Behavio', International Institute for Population Sciences, pp: 1-41.

Luz, Luciana. And Agadjanian, Victor. (2015). 'Women's Decision- Making Autonomy and children's School in Rural Mozambique', Demographic Research, 32 (25): 775-796.

Paul, Lopamudra and Chellan, Ramesh (2007). 'Post Delivery Complication and Treatment-SeekingBehavior: Scenario among Women in Indi', Social Change, Vol.37, No.1, pp: 31-49.

Rani, Vidya….et al. (2016). 'Reproductive Morbidity Profile Among Ever Married Women (15-44) Years of Rural Etawah District, (UP); A cross- sectional study', National Journal of Community Medicine, 7 (1): 35-40.

Sakhuja, Swarn, Lata. (2018). The Medical And Health Care of Women. New Delhi: Gyan Publishing House.

Solanke, Bala, Luckman. (2015). 'Marriage Age, Fertility Behavior and women's Empowerment in Nigeria', Sage Open, 1-9.

Sunder, I. (2012).Principles of Medical Sociology, New Delhi Sarup Book Publishers.

Wahab, Abdul. And Khatun, Maniza. (2015). 'A Sociological Study on Empowerment of Muslim Women in DarrangDistrict of Assam', Journal of Humanities and Social Science, 210 (1): 19-24.

Woldemicael, Gebremariam. (2007). 'Do Women with Higher Autonomy seek more Maternal and Child Health-Car', Stockholm Research Reports in Demography, pp: 1-27.