The Status of Women and Social Obstetrics in Rural Area: A Socio-Demographic Study

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The status of women based on health, education and employment in society is the backbone of national development, still they in rural areas have remained by and large socially and politically neglected. Even economic development has not necessarily changed their social attitudes regarding enhancement of position to be equal to men. It is evident that in India, women between the age of 15 to 49 years, called the child bearing age, age from puberty to menopause, reproductive period, forming 22 percent of the total population are the key elements relating to the health of the community for controlling the population growth. In this context, social obstetrics following the international objectives of health for all by 2000 A.D. as the social goal of all government of the world and enshrined in their respective constitutions, leading to a new awakening given to social justice and equity, that is, an equal health status for people and countries, ensured by an equitable distribution of health resources, through the application of primary health programmes forming part of the larger concept of Human Resources and Development, for upliftment of women is an important issue in the plane of modern era.

The Study Area and Methodology

This is very modest case study.It used prestructured shedule,observation and focused group discussion in collection of material for the analysis presented.This study was conducted in the rural areas of Lucknow district covering three villages, namely,Jamalapur, mahura Khurd, Baruwa coming under the preview of Gosaiganj (Community development block and primary health centre) to analyse the status of women by interviewing the 150 married women by simple random sampling method. The choice of selecting the Lucknow district was due to all facilities available at the time of need. Three villages were selected due to heterogeneous population relating to typical socio-economic and demographic characteristics, having the criteria of 50 households in each of the three selected villages and one married woman from each of the selected 150 housholds. It was carried out a period May 2017 to July 2017.

Principal Findings

The study reveals that women by and large belong to a tradition-directed society. Their occupations mainly are that of a housewife, labourer or part-time domestic service. The rateof literacy (30%) as compared with the pre-Independent India is on increase. The way of life is typically that of a rural dweller, circumscribed by age-old traditions and customs. Despite all this the women studied showed a receptivity for modern health care avenues and facilities. Their level of social consciousness was not high but they showed a yearning for improving their ways for upbringing the children and meet the requirements of other family needs. The event of illness being nothing new had taught them forberance and patience. They did express their faith in the measures adopted by the Government to improve their health status.

The infra-structure needed sufficient improvement in order to maintain the vital needs of a healthy living. The women interviewed expressed an awareness of the present needs regarding health and family welfare requirements. They opined for things in the area of health which were beyond their control but were willing to accept change and extend their might to

see themselves and their family healthy and happy. Being a part of the male dominated rural society their voice expressed submission and dutifulness with faith in divinity.

The occupational role indicates that the majority of women, i.e., 84 percent are housewives and they lag behind in the field of business and Government service. This shows that their attitudes towards different types of occupations seem to be neutral. It has been also found that though the women are connected with the families with a average income of Rs. 706.50 per month, even then about 32 percent women are suffering from malnutrition. This means that they do not want to spend money on themselves for health care.

As far as the literacy level of women is concerned it has been found that the percentage of illiteracy is 60 percent among women. The lowest education upto eighth class among them was found, where as the highest education found among them is above B. A. standard. That is why majority of women are still believing the religious practises for curing the disease and have faith in supernatural powers for driving out evil spirits from the human body by withcraft and magic. It is also evident that due to illiteracy the newspapers were used only by a small proportion of women, mobile and television was most popular than other mass-media agencies.

Regarding the family structure of women, it has been found that about 47 percent women belong to nuclear families, or in the other word, are in favour of nuclear families, showing families to start having some structural change like converting from joint family system to nuclear family system. This proves the structural change in the family system in India, which has been detected by other sociological studies.

Concerning the prevalence of illness, it has been found that 21 percent of the women were affected by the major diseases such as diarrhoea, dysentery, fever, malaria, bronchitis, respiratory disease, conjunctivitis, tuberculosis, arthritis, asthma and mental illness. It has been also found that only about 20 percent women were availing of the Government hospital health facilities due to having free treatment. This indicates that inadequate medical and health services persist.

About 32 percent women were utilising the different family planning methods. This means that the conservative thinking towards the practising of contaceptives to be act against religion is still present. That is why a large proportion of women had the birth interval of 2-3 years between two consecutive births. It has been also found that the average number of children per woman is about 3 out of which the average number of male and female children are about 2 and 1 respectively. This means that the small family size norm is being followed. But the tendency of having the preference for son is still playing a strong role among women.

61 percent women having a positive opinion about marriage were found to be in a state of sound health because they were experiencing marital happiness, whereas 39 percent women having negative opinion about marriage were found to be in poor state of health due to experiencing mental tension. This creates the discrimination against women in form of violence.

In my opinion there are some strategies by which obstacles may be removed for raising the status of women in society are in the following :

- Provision of Iron and folic acid tablets: For preventing the nutritional anaemia deficiency among women the MCH (Maternal and Child Health) care services should be made strong by distributing the iron and folic acid tablets because majority of the women, pregnant, lactation, menstruating and having child-bearing age and the repeated pregnancies, are suffering from iron deficiency due to malnutrition creating malaria and gastro-intestinal diseases. As a result, women, giving birth to weak and unhealthy infants, having the risk of maternal and foetal mortality and morbidity and problems of nursing infants properly, loose their working capacity

and are unable to perform activities outside the door, thereby decreasing their economic and occupational status. So now what happens is a tendency of creating preferences for males important for looking after the old parents and asset in families economic conditions, and neglecting the female children. That is why repeated pregnancy is done to have a desire for sons in the presence of only daughters born. Now it is clear that malnutrition creates greater conception-capacity, supporting the Doubleday's and Castro's Theory of Diet and Protein and these above process through cyclical order. So for correcting this order the Government should take some steps seriously to improve the MCH care services which are very essential from the physical growth point of view.

- Provision of Packets of Oral Rehydration Mixture: For preventing the diarrhoeal diseases there should be provision of distributing the packets of oral rehydration mixture available freely to women and a demonstration of dissolving the mixture in one litre of drinking water which should be prepared daily, not having been boiled.
- Provision of Piped Water Supply: To lessen the chances of water born diseases entering the drinking water, the provision of piped water supply should be made.

To sum up, the most important method is that the health education based on the importance of hand washing with soap after stooling, and before eating, hot foods, safe water, hygiene practices and proper place for excreata disposal is essential. Similarly, by giving the knowledge on the maternity cycle having the stages of fertilization, prenatal care, intranatal care, postnatal care and inter-conceptional period the maternal education having the aim of life long health may be useful for promoting the physical and psychological growth of the child within the family and improving the nutritional status of women, thus reducing the maternal, perinatal, infant and childhood mortality which are the serious drawbacks to the development of the nation.

- Job-oriented Education: It is very essential to remove the barriers comprising early marriage performed due to the fear of sexual harassment of women, discharge of parental duties, cohabitation in early age meaning teenage pregnancy and maternal exhaustion responsible for unconscious personal growth and distributing the women's inclination towards education meaning denial of educational facilities by giving job-oriented education according to their abilities and talents to them after primary level passed economic sphere and developing self-sufficiency in the socio-economic sphere and developing self-decision making tendency resulting in raising the age at marriage, reducing their drudgerous, monotous and ardous life at home and outside and breaking the voice on violence against women such as dowry and bridegroom price system leading to bride-burning and torture by in-laws, rape, social restriction on widow-remarriage, female infanticide and wife beating, thereby gaining the equal status with men beating, thereby gaining the equal status with men in every field of activity. Therefore, I think that this suggestion may develop confidence in women, showing the importance of late marriage by which childbearing span is lesser due to most reproductive age i.e., 15 to24 years being passed in their achieving education. This means the lesser number of children and it is true that employed women do not want to have more children due to not paying proper attention to their children. That is why according to A. Dumont's theory the employed women like lesser children due to social prestige issue. In this way, I may say from my analysis that raising the socio-economic status consisting of education, occupation, income, etc. means removing the gender discrimination against women in form of having man for the field and home for the women, improving the personality of women through inclination going from joint family system to nuclear family system and also reducing the fertility of women.

Therefore my suggestions disprove the Manu's theory for not giving the economic and political right to women and also the August Comtian Theory for discouraging the women not to enter the public activities.

It was found that the age-old customs and traditions allowed men to remarry after the death of their husbands. Even today in the villages, it was seem that when men married widows they were boycotted for the participation in the social functions. This meant that they were hated by the society. The question arose why this type of act was supported. .

- Easily Approachable Government Health Services: It is very necessary to utilize the government health facilitates maximally provided to women. Firstly, health services should be easily available to them without long time consuming at the health centres within their reach. Secondly, medicines should be available according to their aspiration suitable to good treatment and doctor's behavioral treatment with the women should be polite so that may describe clearly about their difficulties related to a particular disease without having hesitation. I think sweet human relations based on kindness, friendliness and sympathies may help the doctors in diagnosing the illness, which may help the doctors in diagnosing the illness, which may be also effective to prescribe the treatment and predict the prognosis, proving the concept of "Health for All by 2000 A.D."
- Health Education: Women should be encouraged to participates in the village level programme relating to health education on maternity care, hygiene and psychological problems, in which they may express their ideas freely and their doubts and misconceptions may be solved. This will develop confidence in them too understand their rights and status.

NOTES:

- On social obstetrics see Menon, M.K.K.;J.Obs. & Gynae. Of India, XXV, 113, 1975.
- The term status was defined by Linton, R.; The study of Man : An introduction, Appleton, New York, 1936, to emphasize a position in a social system and honour or prestige. See also, Lenski, G.E. ; 'Status Crystallization : a non-vertical dimension of social status', American Sociologist Review, Vol. 19, 1954, and Status of Women in South East Asia; UNESCO and Asian Relation Organization Publication, New Delhi, 1954.

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