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**“Socio-Cultural Study of Female’s  
Reproductive Health”**

**(A case study of ‘Burhan’ Village)**

A Thesis submitted to Quaid-e-Azam University,  
Islamabad in Partial fulfillment of the Requirements  
of the degree of Masters of Science in Anthropology.

**ANEELA SULTANA**

**Department of Anthropology  
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Dated: 07.11.2001

FINAL APPROVAL OF THESIS

This is to certify that we have read the thesis submitted by MS. ANEELA SULTANA. It is our judgement that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of Degree of Science in Anthropology.

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*Dedicated  
To  
My Loving Parents  
Who Blessed Me With  
Spirit, Sincerity And Truth.*



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*CHAPTER NO.1*

*“INTRODUCTION”*

## **INTRODUCTION**

Reproductive health (RH) is a recent phenomena forwards the end of 1980's staff of FORD FOUNDATION, the IWHC (International women's health condition) the Population Council and WHO (World Health Organization) conceptualized a "Reproductive Health" approach.

WHO defines reproductive health as,

"A condition in which the reproductive process is accomplished in a state of complete physical, mental & social well being".

It is a condition in which woman can go through pregnancy & childbearing safely and that reproduction is carried to a successful outcome, i.e. infants survive and grow up healthy. It further implies that people are able to regulate their fertility without risks to their health and that they are safe in having sex.

The global picture shows the efforts of denying the reproductive rights that 585,000 women in one every minute die from pregnancy related causes. One hundred twenty to one hundred forty million women who want to limit or space their pregnancies are still without the means to do so. At least 75 million pregnancies each year are unwanted; they result in 45 million abortions and over 30 million live births. All these women lack what is increasingly being considered a basic human right; reproductive health. (UNFPA, 1995)

Nature has made the human female the biologically stronger.  
However, in societies where equality is not the rule, the social advantage of

being female can nullify and even reverse the biological disadvantage. In EUROPE, USA & JAPAN there are 95-97 males for every 100 females reflecting the higher survival of females while in Asia there are 105 males for 100 females.

Reproductive health is a very broad category and it is not limited to the health of people in relation to the begetting of children. Reproductive health relates to all aspects of people's sexual and reproductive lives. Just as everyone should have the possibility of achieving their reproductive intentions in terms of the number and timing of their children.

Reproductive health includes men and women but I have concentrated only on the reproductive health of females because abortion, pregnancy care and safe delivery all have more direct effects on women's health than on men's although men's views and behavior effect these aspects of reproductive health. Infertility is a problem for which both partners share responsibility. Burden related to the management of infertility is much more on the women. Contraceptive use would wide is three times greater among women than men and cause more potential health hazards. Reproductive health is a broad category and ICPD states on the components of Reproductive health care,

"Reproductive health care in the context of primary health care should, inter alia, include family planning counseling information, education, communication and services, services of prenatal care, safe delivery and post-natal care especially breast feeding and infant and women's health care, prevention and appropriate treatment of infertility ----- prevention of abortion and the management of

the consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions and information, education and counseling as appropriate on human sexuality, reproductive health and responsible parenthood".

(ICPD Programme of Action, pg 7.6)

Women are beginning to realize they must speak up for themselves. Women's demand for more control over their own lives is becoming stronger as they become involved in preparations for the 1994 United Nations International Conference on Population and Development (ICPD). Reproductive health is becoming a central issue on the agendas of health and development agencies around the world. They have begun to recognize that women's reproductive health begins even before a girl's birth. It starts with proper nutrition and health care for mothers, valuing infant girls, education for young girls, comprehensive health care including safe contraception. It depends on proper nutrition at all stages of a women's life, and general improvement in the economic and social status of women in all societies that's why I have conducted research on this issue in village 'Burhan'.

### **1.1. THE PROBLEM**

Women are regarded solely as wives and the bearers of children and they carry a burden of poor health related to reproduction and sexuality. The study focuses on the issue that how the low status of women effects their reproductive health and how they are subordinated by their husbands

through the control of their sexuality and domination in decision-making regarding fertility regulation.

## **1.2.STATEMENT OF THE PROBLEM**

The present study will deal with the phenomena of 'Reproductive Health' from socio-cultural point of view, as culture plays an important role in a individual's behaviour. It is through their culture that they learn about the society and behaviour pattern.

According to Harris,

"The culture concepts come down to behaviour patterns associated with particular groups of people to a people's way of life". (Harris, 1983)

All societies perceive complications according to their own culture and knowledge. The health-seeking behaviour is influenced by the beliefs and practices disseminated and followed in a particular culture. These beliefs and practices may not be religious but also to a great extent socio-cultural. In a male dominant society the low social and economic status of girls and women relatively impacts on all areas of their human rights, equality and development but it's negative effects on their health is particularly prominent.

Reproductive health is a broad category. An attempt is made to cover all it's aspects e.g. maternal health (including pre-natal and post-natal care, safe deliveries and abortions), family planning and knowledge of contraception, female's role in decision-making and their access to reproductive health care services.

International Conference on Population and Development states on the concept of safe motherhood,

"Services based on the concept of informed choice, should include education in safe motherhood, prenatal care, maternal nutrition, adequate delivery assistance, referral services for pregnancy, child birth and abortions complications, post-natal care and family planning. All births should be assisted by trained persons". (ICPD, pg 8.21 - 8. 22)

Birth is a key point in the social life of a woman because it raises her social status. The number of children she has determines her status. But poor women who lack adequate food, basic health care or modern contraception suffer grave consequences. A woman who is malnourished and in poor health runs much greater risks in sexual contacts and childbearing and she is usually forced to suffer from illness and complications of pregnancy without proper treatment. So an attempt is made to see the process of childbearing in its socio-cultural context apart from its natural precept.

"All human societies have patterned sets of beliefs and practices concerning pregnancy, delivery and the puerperium"

(Anderson / Foster,1978)

Secondly the study will deal with the female's participation in decision-making regarding their own health which is a nightmare in the village.

Nafis Sadik, Executive Director of UNFPA, explains that,

"For too many women, choice and opportunity are largely unknown experiences. They are consigned to a life determined by tradition, by fate, and by decisions made by others, most of whom are men".

Furthermore, the study will explain the reasons that why women seek self-induced abortion and what are the methods used for it.

"There are women in every society who are wealthy enough to afford an abortion performed by medical personnel in safe and clean condition. The great majority of women who opt for an unsafe, self-induced abortion are of low socio-economic status and more than a few of them live in situation of extreme poverty." (Gonzalez, 1990, pg. 225)

The study will also deal with female's knowledge about different contraception and their attitude towards planned motherhood.

"Family planning contribute to reproductive health in two main ways, by allowing women and men to exercise the freedom to decide it,

when and how often to have children and by reducing the number of times that a woman is exposed to the risk of unsafe pregnancy and delivery."

(ICPD, 1994: Seat 9.1)

Generally it seems that couples still lack basic information about family planning methods and the necessary services. The use of method of withdrawal is major contributing factor to unwanted pregnancy and subsequently to increasing abortion rate.

The role of traditional birth attendant (TBA) in handling deliveries is also a part of research. She assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants.

"The function most universally associated with the TBA is assistance of the mother and family at the time of birth. This usually includes delivery of the baby, cutting and care of the cord, the disposal of the placenta. It may also involve infant and maternal care, including bathing and massage, domestic chores and provision of advice during the pregnancy and the post-natal period. Many TBA's consulted as advice on family planning, abortion and infertility."

(WHO:1992)

In short, the study will deal with all those aspects which are linked with female's reproductive health.



### **1.3.OBJECTIVES**

The main objectives of the study were: -

- (1) To find out local beliefs and practices related to reproductive health, which makes it a socio-cultural phenomenon.
- (2) To document women's knowledge about their reproductive rights.
- (3) To examine the cultural and psychological factors particularly husband's behaviour and attitude that influence a woman's decision regarding fertility regulation.
- (4) To explore the knowledge and practice of family planning methods including abortion among women.
- (5) To examine the health status of females in their childbearing age and how they cope with the problems faced in the process of childbearing (Pregnancy, Delivery and Confinement) with the help of home remedies.
- (6) To see how the local practices effect the dietary preferences of females.

## **1.4. RESEARCH METHODOLOGY**

Research methods are a critical part of any research. The quality of data depends by the type of techniques employed by any researcher. During fieldwork following methods were used:-

### **(1) RAPPORT - ESTABLISHMENT**

This is usually the first and crucial step in the conduction of fieldwork. It is the way in which the researcher enters the community and develops rapport and gets recognition like a member of the community. The outcome of research rests on this step. Unless the community members accept the researcher they will not co-operate and convey their true responses.

As the topic was very much personal and sensitive, so I have to establish very close relations with them to gain their trust. By establishing a very good rapport and friendly atmosphere my respondents felt comfortable to answer the questions.

### **(2) PARTICIPANT OBSERVATION**

Participant observation is pivotal to anthropological research. It distinguishes anthropological research from the same conducted within other social sciences.

" It involves establishing rapport in a new community, learning to act so that people go about their business as usual when researcher show up and removing the self everyday from cultural inumersion so researcher can

intellectualize what he has learned, put it in to perspective and write about it." (Russel, 1988: 137)

By residing in a community I have participated in their daily and other social activities. I have tried my best to adopt native's identity. It also allowed me to cross check information obtained through other techniques like interviews etc.

### **(3) SOCIO - ECONOMIC SURVEY**

Base-line data about the population of the village was collected through socio - economic survey forms. It has given useful information about different ethnic groups, level of education, economic condition, occupation, ratio of males / females and their marital status etc.

### **(4) MAPPING**

To get acquainted with a village I did internal mapping of the village to get useful information about village settlements.

### **(5) SAMPLING**

"Sampling are used to estimate the true values, or parameters or statistics in a population and to do so with a calculable possibility of error."

(Bernard, H.Russel, 1998)

Sampling is done on the basis of information collected from the socio-economic census forms. First I have done stratified sampling and it broke

down the community into three stratas of upper, middle and lower class. Then I did judgement sampling to choose a sample relevant to my research topic. So I intentionally included the pregnant women and those who were in the period of confinement and also those who tried to seek abortion and the rest were also in their childbearing age.

### **(6) KEY INFORMANT TECHNIQUE**

Key informant is a person who is very close to community and proves to be a useful source to extract information from the local people. They are also helpful in cross-checking the data. So they are very important for research and can be more than one. They should be selected carefully according to the nature of study.

I had four key informants. Two of them were house wives and were willing to talk to the community and the other two were lady health workers who knew better about the maternal health problems. Without their co-operation I could not be able to get information about their private matters.

### **(7) GROUP DISCUSSIONS**

These are like social gatherings and are very useful in appreciating numerous viewpoints and perceptions.

Two focus group discussions were arranged with the key informants and LHV's on the issue of family planning and contraceptive use in the community. It has provided me tremendous amount of information about the side effects of contraceptives and other reasons for the non-adoption of family planning methods.

## **(8) INTERVIEWS**

Formal and informal interviews were taken for data collection. I have to deal with the health problems of females and a woman can tell herself better about the problems she is suffering from.

"This is a written list of questions and topics that need to be covered in a particular order. The interviewer still maintains directions to follow leads but interview guide is a set of clear instruction." (Russel, 1988: 89)

I have formed a detailed questionnaire dealing with all aspects of reproductive health. At the start of interview I used to have informal discussion which was indirectly related to my topic and helped me to establish rapport and gain their confidence. Then I used to fill questionnaire in a systematic way.

## **(9) PHOTOGRAPHY**

This technique of field research was also used because it not only gives the sketch of village in the form of photographs but it also serves as a proof of research in a particular site. I had to wait for a long period of time to make photographs because the community observed strict purdah.

### **1.5. SIGNIFICANCE OF THE STUDY**

Reproduction is an essential part of human life and, therefore, requires special attention. Reproductive health concerns everyone. It is an integral part of normal human growth, development and maturation.

This topic is important because the adolescent of yesterday is the married woman of today and the young mother of tomorrow. The reproductive health approach offers opportunity to improve not only the health of childbearing women but also the next generation.

Women's health, childbirth and pregnancy are subjects that concern us all. Being a female I wish those women should know how to stay in good health and to prevent illness that could be avoided with some care and attention. Men who are our life partners, our husbands, our children and our fathers, have the responsibility to watch over the health of their mothers, wives, daughters and sisters. So this phenomena of reproductive rights should be recognized at national and international level. This thesis can be a small contribution towards improving women's health.

Secondly, improving the health and productive potential of Pakistani women will play a vital role in all aspects of the country's development, including its potential for economic growth. Meeting people's need for reproductive health care and family planning has helped to reduce fertility rates and slow population growth around the world. It confers great benefits on the economic and the social life of community and further of the planet.

Global and national needs coincide with personal rights and interests in this case. Given the choice, most women and men have smaller families. Lowering the disease and mortality burden, lowering the revenges of hunger and improving the education and opportunities of people are just some of the benefits that occur. In fact, the most practical and effective way to improve a national prospect is to give the power of reproductive choice in the people.

In short, it is important to learn about the local beliefs and practices of the people to understand and comprehend their actions. This is useful in introducing new changes and development in the modern medical system according to the requirements of the people.

### **1.6. PROBLEMS FACED DURING FIELD WORK**

Before going to research it looks very exciting but I was confronted with many problems while staying in the field. It was my first experience to live in the village, which was far away from my house for a long period of time. It was difficult for me to adjust in a totally new culture.

In the beginning I had some problem to communicate people in 'hindko' language but after some time this problem was resolved.

Second problem I faced during fieldwork that I could not move alone until accompanied by somebody. Because in the village mobility of girls is very restricted and such girls are not considered virtuous.

Another problem I faced during survey was the doubts of villagers because they thought that I was a representative of government. So I assured them that their personal matters would neither be disclosed nor exploited rather will be kept secret.

Another difficulty during research was that poor people expect material help from me but when I told them that I could not do anything. Then they did not provide much information and some of them said that if I could not help them then I had no right to waste their time.

As my topic was dealing with reproductive health of childbearing women that's why some of them also criticized me that an unmarried girl should not discuss their marital problems. It's a matter of shame for a girl to discuss issues related to sexuality.

Some women also thought that I am a doctor especially childless women requested me to suggest some medicine. At that time I felt quite helpless and tried my best to explain them that I am just a student and writing a book on female's health problems.

### **1.7. REVIEW OF LITERATURE**

All of this literature has helped to construct the foundations of research and to better understand the phenomena of reproductive health.

Traditionally, health aspects of human reproduction have been dealt with through the public health approach of "Maternal and Child health" (MCH). But now women are claiming their right to have their health needs addressed as women and not merely as mothers.

In response to the changed global situation, a new, broader concept of "Reproductive Health" has emerged which offers a more comprehensive and integrated approach to the current health needs of all in human reproduction.

Reproductive and sexual health is a right for both men and women.

"Health is a human right but health cannot be granted. Health should be pursued. The individual



should be helped, and should not be hindered, by the society in this pursuit." (United Nations,1999)

International Conference for Population and Development (ICPD) defines reproductive health as,

"Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of their choice for the regulation of fertility which are not against the law, the right of access to appropriate health care services that enable women to go safely through pregnancy and child birth and provide couple with the best chance of having a healthy infant..It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases." (ICPD, 1994)

These various aspects of reproductive health are strongly inter-related and improvement of one can facilitate the improvement of others.

A woman's status in society and her reproductive health are related in two ways. Over all reproductive health, but in particular the ability to regulate and control fertility, has impact on the status of woman. The reverse is also true, i.e.; the status of a woman has an impact on her reproductive health. In societies where a woman's value is based on the number of children she has, her ability to regulate and control fertility will be limited.

In our society a married woman is expected to become pregnant soon after marriage to justify her existence and secure her marriage. Her status raises high when she becomes mother.

"The ability to reproduce is a basic element to reproductive health. Infertility in itself may not threaten physical health but it can certainly have a serious impact on the mental and social well being of infertile couple's. In many societies a stigma of infertility often leads to mental disharmony or divorce."

Due to its social and cultural value I want to know the local perception of reproductive health of females in their childbearing age. Maternal health is greatly affected by the beliefs held by a particular culture.

Hunter defines beliefs as,

"Thoughts that are based on the inherited truths or correctness of the cognitive categories of one's culture."

(Hunter and Whitter, 1976)

In every society there is a local medical system. These home remedies and tips prove very useful to the enhancement of health. The perception and cure of health problems depends upon the beliefs and practices of a given culture.

Denton says about home remedies.

"Home remedies not necessarily correct empirically may be perceived as working by those who use them, and belief in them are thereby strengthened. This perception of home remedy effectiveness is supported in two ways, first persons recover naturally from the majority of illness that plague a population; therefore, the chance that use of any home remedy will be co-related with recovery is very high. Secondly, home remedies may influence recovery through the psychological dynamics of seeing in their effectiveness, however, it seems that a positive attitude towards the treatment being used, whether folk medicine or mainstream medicine, is an important factor in healing." (Denton,1978)

The local system of health care transfers from generation to generation.

"A mother-in-law's role is to instruct and guide the pregnant woman. She is not merely handing down family or local traditions. Her function is wider and for more significant in terms of social continuity. She acts as the ritual agent between past, present and future."

(Kitzinger,1978,pg 65)

A woman who has no control over her fertility can't make independent marital decisions and very few choices open to her. The attitude of the family especially husband has great impact on the reproductive health of females.

Florence Manguyu, President of the medical women's International Association in Kenya has elaborated on this point,

"No man has going to die of cancer of cervix, no man will die from pregnancy, and no man faces the risks of an illegal abortion. We, as women, have a monopoly on that; and isn't it unfortunate that one of the beauties of being a woman too often means tragedy."

It shows that women face additional risks due to their reproductive biology and they have no right to decide for themselves, a woman control over her own body has been called,



"The freedom from which other's freedom flow."

That's why women are not given their basic right so that they remain submissive sex having no independent thinking.

ICPD states on the rights to reproductive health services,

"Services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs----- (c). Countries should where appropriate remove legal regulatory and social barriers to reproductive health information." (ICPD,pg7.45)

Freedom of thought should be given to both genders on the basis of non-discrimination.

Procreation is a part of the process of human life and particularly of married life. The bearing of children is essential for the continuation of human life in general and genealogy in particular. The responsibility of reproduction lies on the shoulders of women.

The United Nations Population Fund, the World Health Organization (WHO) and the International Planned Parenthood (IPPC) make the protection of reproductive and sexual rights a central focus of their work. Everyone should have right to marry and found a family and should attain highest standard of health. But ironically for most women childbearing has been over-estimated and under-supported.

Pregnancy brings a mark change in the life of a woman. Happiness and security mean more during pregnancy than at any other time of life. But in many societies pregnancy and childbirth are attached with illness. An estimated 585,000 women die each year from pregnancy related causes. (WHO & UNICEF)

"Such estimates have raised awareness of the fact that women still die in what is perceived by the most to be a healthy process."

(Rosenfield and Maine, 1985)

One in forty eight women in developing countries die of complications of pregnancy, delivery and puerperium or abortion compared with only 1 in 1,800 in developed countries. Millions more women suffer associated illnesses that aggravated by pregnancy - anemia, malaria, cardial disease, hepatitis, tuberculosis or diabetes - that can indirectly cause death or further disability for the women or newborn.

WHO estimates conservatively,

"Twelve million women each year are affected by the illnesses aggravated by their pregnancies.

(WHO, 1993)

In developing countries maternal mortality is a leading cause of death for women of reproductive age. Obstructed labor, hemorrhage and post-partum infection are the chief threats to the health of poor mothers.

The health of the mother depends on her nutritional status. Mostly in villages girls and women are last in line for food. Malnutrition

contributes more than any other single factor to disease and injury worldwide. Anemia, one consequence of malnutrition is the third leading cause of disease among women in developing countries.

"Approximately 50% of pregnant women through out the world are estimated to be anemic."

(United Nations, 1991)

It has bad consequences for infants.

"The impact of maternal anemia on the outcome of pregnancy, prematurity, still birth, spontaneous abortion, perinatal and neonatal mortality is well documented."

(Levis et all, 1993)

The health of the newborn is direct outcome of the health of the mother. But these facts are often ignored in village and problems are associated with parchawan, saya, evil eye etc.

"The impact of women's reproductive health on the fetus or newborn is immediate and dramatic. An estimated 7.6 million still births and first week births occur each year in developing countries. These perinatal deaths are associated to a large extent with their mother's health and nutritional status prior to and during pregnancy, the management of labor and delivery and the same maternal complications that can cause women's health."

(WHO, 1996)

Native customs and beliefs effect the intake of food during pregnancy and confinement. They have to follow certain restrictions and customs. Some rituals are also performed at these stages.

"Pregnancy is a period of prohibition for most of the women. Certain foods are tabooed for fear of damaging fetus. Native deliveries are a cause of sepsis or tetanus." (Kumar ; 1990)

They cure their illnesses by performing some totka's and through the careful selection of food. The older females of the house play important role in this selection.

According to the reference found in medical anthropology.

"Even in pregnancy and post-partum period, foods are selected carefully not because of their positive health giving qualities, but because they will not hurt the mother or the child (through the mother's milk)." (Harley / Grolig ; 1976)

Most pregnant women received no antenatal care. In Pakistan mothers receive anti-natal care in only 30% of births. Complications during pregnancy and childbirth are ranked as a leading cause of death for women aged between 15 and 19 in developing countries. The one's who survived may suffer from physical ill effects for the rest of their lives. Before the age of 15 maternal mortality is 60% higher and they are 3.5 times more likely to die from toxemia. If pregnancy takes place before pelvis has reached it's mature size causing difficulties in labor and delivery, as it happens in villages. There are increased chances of baby having neurological defects.



Risks are also greater for children born to women under the age of 20 or over the age of 40 and for children with 6 or more siblings. (UNESCO,1992)

As far as delivery is concerned it is mostly conducted at home in unhygienic condition by TBA's. In Pakistan over half of the deliveries are assisted by TBA's, 17% by trained birth attendants and 1% by a doctor or nurse. Deliveries are often considered.

"A women concern and a natural event."

After first pregnancy a mother's body needs some time to regain it's lost energy. But in villages child spacing is often ignored by leaving it at God's will. A short interval of less than 2 years, more than double's an infant's risk of dying when compared with birth intervals of 2 or 3 years. But only 6% of rural women currently use contraception, compared with 31% of women living in major cities. The average women in the large city will have one child less than the rural counterpart. (4.7 versus 5.6) Education of women counts a lot in the adoption of family planning. All those women who are not using contraception, 71 don't intend to use a family planning method in future. Particularly for young women for more children (43%), religious concern (13%), and lack of knowledge about family planning (11%).

(Pakistan Demographic and Health Survey, 1992)

The United Nations International Conference on Population in 1984 urged all governments to support family planning as a health measure in maternal and child health. Pregnancy as a way of reducing birth occurring too early, too late in the mother's life, of increasing the interval between births and of diminishing higher birth orders.

ICPD states on the reproductive health and rights.

"Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health-----. All the couples and the individual have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

(ICPD program of action, Chap.2)

A large proportion of women think that men influence and at times even dominate decisions about fertility regulations. Couple lack information about modern methods of contraception and most of the information is inaccurate and, therefore, often of little value when they need to contribute to make critical decisions about fertility regulation. Women lack decision making power and fertility regulation. The use of less reliable method (withdrawal) is a major contributing factor to unwanted pregnancy and abortions.

"One hundred seventy five million women live in developing countries where abortion is usually illegal. Where abortion is legal number of women have little access to safe services." (WHO, 1988)

A woman dies after every 7 minutes due to unsafe abortion and a much larger number suffer from infection, injury and trauma. Rural women seek abortion by using dangerous methods like insertion of sticks pasted with cow-dung or herbal mixture into the uterus and by consuming chemical powders, anti-warm medicines, oral pills and so on. The reason women seek abortion is not their preference for abortion over contraception but the poor

quality and accessibility of suitable contraceptive method and services and also the spousal disapproval of using contraceptive.

Unsafe abortion is one of the great neglected problems of health care in developing countries and a serious concern to women during their reproductive lives. Contrary to women, most women seeking abortion are married or living in stable unions and already have several children.

ICPD in 1984 urged governments to take appropriate steps to help women avoid abortion.

"In no case abortion be permitted as a method of family planning. Prevention of unwanted pregnancy should be given the highest priority and every attempt should be made to eliminate the need for abortion. Woman who has unwanted pregnancy should have ready access to reliable information and compassionate counseling, post-abortion counseling education and family planning services should be offered promptly which will also help to avoid repeat abortion. (ICPD, 8.25)

In other words, the context within which induced abortion is sought and obtained is defined by particular sets of circumstances e.g. poor women commonly induce on abortion themselves using primitive techniques or seek cheap, poorly performed services. They suffer problems such as excessive bleeding, weakness, headache, back pain, chest pain followed by lower abdominal pain during menses, menstrual irregularity and other more dangerous risks; such as secondary infertility, repeat abortion or miscarriage.

Reproductive and sexual health includes security and freedom from sexual violence and coercion. Violence exists in culture of silence.

"Women are thought to accept physical and emotional mistreatment as a normal part of married routine."

Relationship between men and women are imbalance in terms of power. They depend on husbands not only financially but also emotionally. They can't dare to refuse sexual relations within union even in poor health. Gender based violence is defined as,

"Gender based violence is violence involving men and women in which female is usually the victim and which is derived from the unequal power relationship between men and women. It limited to physical, sexual and psychological harm (including intimidation, sufferings, coercion, or deprivation of liberty within the family."

(UNFPA, Gender Theme Group, 1998)

Women develop low self-esteem when they can't participate in decisions related to their own reproductive health. This psychological trauma is often manifested in physical problems such as pelvic pain, headache, asthma and gynecological problems. The unequal relationship between husband and wife is also the product of culture, which never allows women to have control over their own bodies.

Being a Pakistani girl I am interested to get knowledge of women reproductive rights. Because in our society a woman can't live alone and she has to marry and join as a pair for her survival. Reproduction starts soon after marriage and theoretically a woman can produce 30 to 35 kids in her childbearing age. She should have awareness how to regulate her fertility to live a healthy and peaceful life. Otherwise there will be bad consequences for women and as a result for the whole society.

"Health consequences of the neglect of women's reproductive rights are unwanted pregnancy, gynecological problems, STDs, HIVs, miscarriages, pelvic inflammatory disease, chronic pelvic pain, headache, permanent disabilities, maternal and child mortality, depression and anxiety etc."

(UNFPA; 1998)

*CHAPTER NO.2*

*VILLAGE PROFILE*

## **VILLAGE PROFILE**

### **2.1. THE BACKGROUND**

The locale where research was conducted is village 'Burhan' in district Attock , tehsil Hassan Abdal and province of punjab.

District Attock is different from other districts of Punjab in quite a few ways. Firstly it's strategic location on the river Indus along the N.W.F.P. Secondly one-third of the total production of oil in the country is produced here. Another feature is the beauty of fascinating variety of its landscape, comprising rugged ranges, stony plateau, rolling plains and dissected uplands.

Attock district owes its name from famous Attock Fort situated on the left bank of the river Indus. The name to Fort was accorded by Emperor Akber. The district is inhabited by different tribes and races; namely Awan, Pathan, Khattar, Gheba, Jodrha, Gujar, Maliyar, Rajput, Sayyad, Mughal, Sheikh, etc. Most of these tribes claim to be descendents of the invaders who came from central Asia and Afghanistan. The tribal and ethnic affiliation is still very strong.

The district has a total area of 5 sub-divisions namely Attock, Pindigheb, Fatehjang, Jand and Hassan Abdal. It is bounded on the north by the Sawabi and Haripur districts of N.W.F.P, on the east by Rawalpindi, on the southwest by Nowshera district of N.W.F.P. There are 349 villages, 7 towns/ cities and three cantonments in the district. (District Census Report of Attock,1998)

# TEHSIL HASSAN ABDAL

## DISTRICT ATTOCK



**LEGEND**

|  |                             |
|--|-----------------------------|
|  | TEHSIL BOUNDARY             |
|  | GARUNGO HALQA (GH) BOUNDARY |
|  | PATWAR CIRCLE (PC) BOUNDARY |
|  | ROAD METALLED               |
|  | RAILWAY LINE                |
|  | HALA                        |
|  | NAME OF PATWAR CIRCLE       |
|  | HISAR KOHLIA                |



# TEHSIL ATTOCK DISTRICT ATTOCK



**LEGEND**

- TEHSIL BOUNDARY
- GAONWAD HALQA (GH) BOUNDARY
- PATWAR CIRCLE (PC) BOUNDARY
- ROAD METALLED
- RAILWAY LINE
- RIVER
- CANAL
- HAUCE OF PATWAR CIRCLE
- TEHSIL HEADWATERS
- TEHSIL WARD

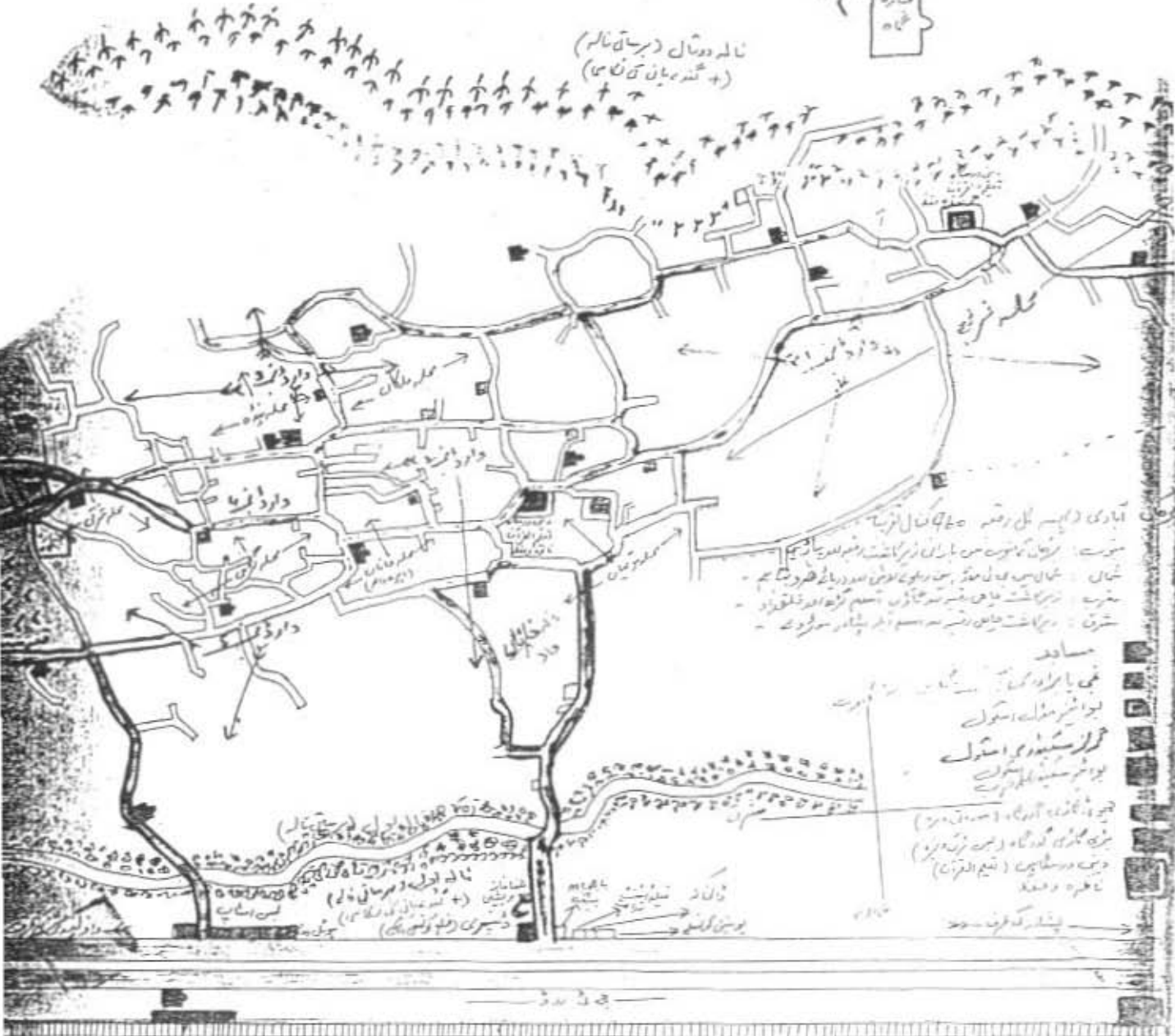
SOURCE: TEHSIL MAP SUPPLIED BY DEPUTY COMMISSIONER

# نقشه برهان

تحویل حسن البلاله فلاح ائمه

شهرستان  
شماره

نامه دو سال (در سال نامه)  
(+ گفته بانی آنجا می)



آبادی در این شهر ۵۰۰۰ نفر است  
شهرستان که مشرف است بر این شهر است  
شهرستان که مشرف است بر این شهر است  
شهرستان که مشرف است بر این شهر است  
شهرستان که مشرف است بر این شهر است

مساجد  
مدرسه پهلوی  
مدرسه پارس  
مدرسه فارسی  
مدرسه عربی  
مدرسه انگلیسی  
مدرسه فرانسه  
مدرسه آلمانی  
مدرسه روسی  
مدرسه یونانی  
مدرسه ایتالیایی  
مدرسه اسپانیایی  
مدرسه پرتغالی  
مدرسه ترکی  
مدرسه ارمنی  
مدرسه گرجی  
مدرسه قزاقی  
مدرسه تاجیک  
مدرسه ازبک  
مدرسه بلوچ  
مدرسه سندھی  
مدرسه کشمیری  
مدرسه بنگالی  
مدرسه پاکستانی  
مدرسه افغانستانی  
مدرسه عراقی  
مدرسه عربی  
مدرسه ایرانی  
مدرسه اروپایی  
مدرسه آسیایی  
مدرسه آفریقایی  
مدرسه اقیانوسیه  
مدرسه جهانی

میدان پهلوی  
میدان پارس  
میدان فارسی  
میدان عربی  
میدان انگلیسی  
میدان فرانسه  
میدان آلمانی  
میدان روسی  
میدان یونانی  
میدان ایتالیایی  
میدان اسپانیایی  
میدان پرتغالی  
میدان ترکی  
میدان ارمنی  
میدان گرجی  
میدان قزاقی  
میدان تاجیک  
میدان ازبک  
میدان بلوچ  
میدان سندھی  
میدان کشمیری  
میدان بنگالی  
میدان پاکستانی  
میدان افغانستانی  
میدان عراقی  
میدان عربی  
میدان ایرانی  
میدان اروپایی  
میدان آسیایی  
میدان آفریقایی  
میدان اقیانوسیه  
میدان جهانی

## **2.2. LOCALE OF THE STUDY**

Burhan comes under the administration of Hassan Abdal tehsil located in north of district Attock and it is at a distance of approximately 8 kilometers from the village.

The total area of the village is 49690 Kanals. G.T road and railway station is at the distance of approximately one-kilometer in the direction of north from the village and linked through a metallic road. There are four main ways used for entrance in the village.

- Phatak Wala Rasta.
- Boola Wala Rasta.
- Hospital Wala Rasta.
- Dhok Wala Rasta.

## **2.3. VILLAGE NAME & ITS HISTORICAL BACKGROUND.**

I could not find written history of the village. There was no source except to consult the aged people and to believe them. I was told that the village is thousand years old and one man whose name was "Burhan Khan" came from Kandhar. He had three sons 1. Akbar Khan 2. Moosa Khan 3. Yousaf Khan and then came Ibrahim Khan. These siblings has divided the village into four tribes of Pathans, namely:

- Akazai
- Moosazai
- Yousafzai
- Alazai

These are four dominating castes in the village because they trace their origin from one ancestor. They were earlier inhabitants of this area and with the passage of time people of other Quoms came here and started living.

#### **2.4. PHYSICAL LAYOUT OF THE VILLAGE.**

Village "Burhan" is consist of fourteen mohallahs and each one is divisible from each other on the basis of mosque it posses. There names are:

- Gharbi Mohallah
- Oonchi Masjid wala Mohallah
- Akazai Mohallah
- Malikon Wala Mohallah
- Deray Wala Mohallah
- Pinday Wala Mohallah
- Sultanabad
- Rakar Wala Mohallah
- Garri Mohallah
- Musalliyo wala Mohallah
- Ziarat Wala Mohallah
- Dhok Wala Mohallah
- Kussi Wala Mohallah
- Khano Wala Mohallah

Villagers like to live in the neighborhood of their own biraderi members. Their numerical strength shows their power, strength & integrity.



VIEW OF VILLAGE BURHAN

## **2.5. POPULATION**

The total population of the village according to the census in 1998 is about 8004 persons living in approximately 1240 households. "Burhan" is a big village & due to the limitations of time socio-economic survey was conducted from 80 households only and the population of the selected households is 616 persons according to the census forms. Sex wise division of population is presented in the table:

**TABLE NO:2.1**  
**SEX WISE POPULATION OF THE VILLAGE**

| <b>S.NO.</b> | <b>GENDER</b> | <b>NUMBER</b> | <b>%</b>   |
|--------------|---------------|---------------|------------|
| 1            | Male          | 281           | 46         |
| 2            | Female        | 335           | 54         |
|              | <b>Total</b>  | <b>616</b>    | <b>100</b> |

The table shows that the female population out numbers the male population by 9%. In the next table population is shown according to different age groups.

**TABLE 2.2****AGE WISE POPULATION OF THE VILLAGE**

| <b>S.NO.</b> | <b>AGE GROUP</b> | <b>NUMBER</b> | <b>%</b>               |
|--------------|------------------|---------------|------------------------|
| 1            | 0-10             | 129           | 21                     |
| 2            | 11-20            | 151           | 25                     |
| 3            | 21-30            | 103           | 16                     |
| 4            | 31-40            | 99            | 16                     |
| 5            | 41-50            | 59            | 10                     |
| 6            | 51-60            | 39            | 6                      |
| 7            | 61-70            | 24            | 4                      |
| 8            | 71-80            | 12            | 2                      |
|              | <b>TOTAL</b>     | <b>616</b>    | <b>APPROX.100</b><br>% |

It is evident from the table that the population is highest among the age group 11-20 i.e. 150 persons and it shows the ratio of dependents (Children & Teenagers). The average number of persons in one house is approximately eight.

**2.6. CLIMATE**

Climate is extremely hot in summer and severely cold in winter. Summer period is longer than winter. Summer extends from April to October, where as winter starts from November and ends in February. In summer season, temperature maximum rises above 45 centigrade and in winter temperature falls down to 21 centigrade. In summer afternoon is hottest period of the day. ' "Bhora" (A hollow beneath the earth's surface) is a very cool place in summer. During the day those people who own 'Bhora'



spend their free time inside it. At night the male members of the house sleep outside the rooms.

## **2.7. SOCIO-CULTURAL PERSPECTIVE OF THE VILLAGE**

The people of the community are socially well organized because a man is known as social animal and can't live alone. It is very true in the case of village "Burhan" because people are related not only with blood ties but also more strongly with social ties. They interact with each other as the member of one family, neighborhood or the members of a particular social, economic and religious group.

### **2.7.1. FAMILY STRUCTURE**

In the social organization of the village family structure is the most important and basic social and economic unit in which interaction between members is very close and strong because they are dependent on each other emotionally and financially.

Murdock describes the family as:

"Family is a social group characterized by common residence, economic co-operation and reproduction, it includes adults of both sexes, at least two of whom maintain a socially approved relationship and one or more of their children of their own or adopted by the sexually cohabiting adults". (Murdock, 1949:1)

The family structure in the village is characterized by patriarchal. In which newly married bride goes to live in the household of the groom's



family. This is vivilocal residence. Family provides legal sanction to a woman to have sexual relationship with a man and produce kids. Family performs many other functions e.g. emotional security, economic support, formal and informal education etc.

### **2.7.2.FAMILY TYPES**

Following types of families were present in the village.

- 1) Nuclear family
- 2) Joint family
- 3) Extended family

Types of family with respect to number of households are given in the table:

**TABLE NO.2.3**

#### **FAMILY TYPES**

| <b>S.No</b> | <b>Family Type</b> | <b>No. of House holds</b> | <b>%</b>   |
|-------------|--------------------|---------------------------|------------|
| 1           | Nuclear family     | 39                        | 49         |
| 2           | Joint family       | 28                        | 35         |
| 3           | Extended family    | 13                        | 16         |
|             | <b>Total</b>       | <b>80</b>                 | <b>100</b> |

## **1. NUCLEAR FAMILY TYPE**

Nuclear family is small social unit consisting of a husband and wife and their un-married children. It is defined as:

"Nuclear family is a family consisting of a husband and wife and their children"

(Swartz & Jorden, 1980:177)

Nuclear family is an independent social and economic unit in which two adults of opposite sexes are living together in a socially approved sex relationship with their own or adopted children.

Nuclear families in the village are the broken parts of the extended families. The nuclear family is established mostly after some years when their children grow up or they got their own independent house or after the death of parents. Limited accommodation facility also contributes to nuclear families. Another reason for the rapid increase of nuclear families in village is to avoid disputes and disagreements within a family; especially daughters-in-law don't want to live under the restrictions of their in-laws and feel more satisfaction in their independent house free from conflicts.

## **2. JOINT FAMILY TYPE**

Joint family type is also prevalent in village "Burhan" and it is defined as:

"A group of people who generally live under one roof, who eat food cooked in one kitchen and are related to one another and some particular type of kindred".

(Karve, 1968:8)

Joint family type comes into being when the married brothers live together with their legally approved spouses and children in the same house. They share the same kitchen as the separate kitchen consumes a lot of money. Sometimes in the joint families households may be separated from each other but economic cooperation is necessary.

Joint family type is given more prestige and appreciation in the village because it provides manpower and economic security. If someone is jobless or sick for the time being then his family don't have to face crisis like hunger, helplessness and loneliness etc. because other family members support them. It's also play important role in the socialization of children. They get more love and affection. Sometimes due to living together misunderstandings also occur e.g. if some member is earning more than the other, then poor one may feel inferior.

### **3. EXTENDED FAMILY TYPE**

It is the old family system, which is not very common in the village now a day. It is defined as:

"A composite family that includes two or more nuclear families linked by consanguine bonds through three or more generations."(Murdock,1949)

It is prevalent where there is enough place in house so that their married children can easily be adjusted. There is more integrity and strong family ties in this system because authority is exercised by the eldest person of the family who maintains discipline. Earnings of all the family members are pooled with him and after it he is responsible for the well being of all his

family. He is also responsible for the upbringing of his children and grandchildren.

### **2.7.3. POWER AND AUTHORITY IN THE FAMILY**

Power and authority system is for the maintenance or establishment of social order within a small domestic group i.e. house or within a large group i.e. society.

"Power is a social process it refers to the ability or the process by which such ability is implemented by one individual or group to control the behaviour of others or produce a desired reaction in them".  
(Encyclopedia of anthropology,1976:p 314)

In the village male persons have the ultimate authority for making final decision within a family whether organized jointly or on nuclear basis. In the family everyone has his or her own status and roles, though some have inferior and some have superior depending upon sex and age. In the family authority is mostly exercised by the father. He makes the decision in economic sphere, in making marriage decision and in other domestic problems.

Right from the childhood discrimination starts. In the village there is a sharp distinction between female and male children. Female status is very inferior throughout her life cycle, no matter she is a daughter, wife or mother. Boys are always treated in a better way in all respects. Parents attitude is more liberal with boys than girls. While there are many restrictions in the life of a girl which are imposed by parents. They are

cialized or trained in such a way that they don't feel any insult at this behaviour. Their status is just like a laborer who works for her family and cannot say a word against injustice. Women are not allowed to speak loudly inside the house. It is considered very bad to laugh in front of father.

The relationship between husband and wife and sisters and brothers is unequal. In short, authority lies in the hands of father, brother and husband. Family atmosphere is designed in a way that it keeps women submissive and promotes the authority of male.

#### **2.7.4. HOUSE TYPES**

There are three types of houses in "Burhan".

- 1) Katcha houses
- 2) Semi-Pakka houses
- 3) Pakka houses

The following table represents the types of houses found in "Burhan".

**TABLE 2.4**  
**TYPES OF HOUSE**

| <b>S.NO.</b> | <b>HOUSE TYPE</b>  | <b>%</b>   |
|--------------|--------------------|------------|
| 1            | Katcha Houses      | 36         |
| 2            | Semi Katcha Houses | 38         |
| 3            | Pakka Houses       | 26         |
|              | <b>Total</b>       | <b>100</b> |

Poor people live in katcha houses. Katcha houses are built with mud and constructed in the shape of a big hall. Semi-pakka houses are built with cement, mud, wood and stones and have 2 to 4 rooms. Most of the houses have an open courtyard in the front, surrounded by boundary wall. Such open courtyard is necessary for daily activities like cooking and washing and also sitting. Even animals are kept in one part of the courtyard.

Pakka houses are made with bricks and cement and have 3 to 6 rooms. These are mostly owned by Alazai pathans.

In past there was no concept of lavatories, so the people used to go out in the fields to fabricate. This trend is now changing and many houses have latrines with proper sewerage system. "Baithak" or Guests room is also built where mostly male guests sit and they are served separately.

Women try to keep their houses clean & decorate shelves of their bedrooms with crockery. Women plaster mud walls and floor with a mixture of clay, dung & straw. Male members only help in mixing the material and the rest of the work is done only by females during night.

### **2.7.5. ETHNIC GROUP**

The village shows a great variety of ethnic groups or Quoms. It is defined as,

"A group with a common cultural traditions and sense of identity which exists as a subgroup of a larger society. The members of an ethnic group differ with regard to certain cultural characteristics from the other members of their

society. They may have their own language and religion as well as certain distinctive customs, probably most important is their feeling of identification as a traditionally distinct group."

(Theoderson and Theoderson,1997)

The following table represents the number of households with respect to different ethnic groups.

**TABLE NO.2.5**  
**ETHNIC COMPOSITION OF THE VILLAGE**

| <b>S.No.</b> | <b>Ethnic Group</b> | <b>No. of Household</b> | <b>%</b>   |
|--------------|---------------------|-------------------------|------------|
| 1.           | Alazai              | 11                      | 14         |
| 2.           | Yousafzai           | 10                      | 12         |
| 3.           | Maliyar             | 8                       | 10         |
| 4.           | Quraishe            | 8                       | 10         |
| 5.           | Moosazai            | 7                       | 9          |
| 6.           | Sayyad              | 7                       | 9          |
| 7.           | Awan                | 7                       | 9          |
| 8.           | Nai (Barber)        | 5                       | 6          |
| 9.           | Mochi<br>(Cobbler)  | 4                       | 5          |
| 10.          | Carpenters          | 3                       | 4          |
| 11.          | Patheyari           | 2                       | 2          |
| 12.          | Musalli             | 2                       | 2          |
| 13.          | Mughal              | 2                       | 2          |
|              | <b>Total</b>        | <b>80</b>               | <b>100</b> |

There were other Quoms living in the village e.g. Akazai and Gujars and also many other occupational Quoms like washerman, blacksmith, weavers and pot-makers but these were not included in my universe.

The ethnic stratification of a village is indicative of the social relations of the people with each other. There is unequal relationship in terms of honour and prestige. In terms of social hierarchy Pathans come on the top. Among the Pathans the most prestigious and dominating Quom is Alazai. Yousafzai are commonly known as "Mansoori" and Alazai are known as "Kazai" and Moosazai are known as "Malik". Pathans are more rigid and hostile.

Sayyads are also given prestige because of their relationship with Holy Prophet (P.B.U.H). Awan claim themselves Arabic immigrants and trace their descent from Ali bin Abu Talib. In the ethnic hierarchy they are a bit lower to sayyads. Then comes Maliyar who are basically Agriculturist and they have made significant progress in terms of education and agriculture. While the occupational Quoms like Nai, Mussali, Mochi etc. come at the bottom. They are known as Kammi. They are given lower status in the village even if they are economically well off due to their low nature of job. The nai is ranked at the top among kammies. Social relations between Kammis and high Quoms are not very strong.

#### **2.7.6. VERTAN BHANJI**

"In Punjabi, the verb *vertna* means "to deal" and its derivative *vertan* means "dealing". *Bhanji* means "sweets" and it is also used with the meaning of "relationship". *Vertan Bhanji* involves an exchange of sweets, fruits, food, money and yard goods for cloths, extending beyond material



things, it includes the exchange of favours, services, like treatments, entertainment, and participation in ceremonial events".

(Zekiya Eglar, 1960: 105)

It is system of mutual exchange among the members of biraderi. Mostly gifts are given on ceremonies like marriage, childbirth, Eid, death etc. These gifts are always given in reciprocity. That is they are to be returned on certain occasions. This exchange of gifts is not that they are returned in the same amount but they are usually more than they have received. If they are returned in the same amount then it indicates the end of relationship. In this activity the whole of the biraderi participates and they are called "Sharika". This activity in other words is economic support, like giving and taking on marriages, dowry of the girls. This exchange is not existing within the biraderi but also outside the biraderi members.

### **2.7.7. FOOD HABITS**

Mostly people take three meals a day cooked by the women. Breakfast is taken early in the morning at about 6 o'clock and it usually includes tea and "Parratha" (fried flour bread). Lunch is taken near 12 p.m. usually includes roti and some vegetables or pulses. At this time mostly men are not at home so they often serve their children with curry left over from previous night. Dinner is taken after sun set comprising "roti" with some vegetables or dal.

Women cooked rotis in "tandoor" and they are thick in size. Spicy food is liked with lots of chillies & oil. Rice is also used usually twice a week. During summer they mostly eat Saag (leafy vegetable) & "Makki ki roti" (corn bread) with "lussi". Guests are served with chicken and meat. Because of their poor economic condition they cannot include it in their daily food.

Another additional item in their food is 'tea' which they take in the morning and then in the afternoon. Use of tea is increased in winter and is served to guests in every season but in summer lussi, lemon juice called 'shakanjabe' and limewater (rooh-afza) is served to the guests.

On special occasion like wedding special food is prepared locally known as 'mas karahi' and 'makhadi halwa' and is served to the entire village.

### **2.7.8 DRESS PATTERN**

Men & women wear "shalwar kamiz". Young boys now also wear shirts and trousers. During summer lighter and cooler material are used for making dress while in winter, clothing is done in warmer stuff.

Women strictly observe purdah because it's a symbol of their modesty and honour. When they go outside the house all women wear a big green chaddar with red dots traditionally known as 'chail'. They don't only cover their head and body but face also. But now it is just limited to old generation and the new generation covers their head with any big chaddar. The females start observing purdah from a very young age. Even little girls above the age of seven years should cover their head when they go outside.

The women maintain purdah from men not belonging to the family. But on special occasion women don't observe purdah and wear cloths of bright and sharp colours. Married women are supposed to wear gold jewellery. Mostly they wear bangles and ear rings all the time because it shows the financial position of their husbands.

### **2.7.9 LANGUAGE**

"Hindko" is most commonly spoken in the village. Urdu is also easily understood and spoken by the local people. Younger generation have command on both languages where as old generation can understand Urdu but have difficulty in comprehension.

In Government and private schools Urdu & English are mediums of instruction.

### **2.7.10. RELIGION**

The people of the village are Muslim by faith. All of them belong to the Sunni Sect. Religious education is compulsory for male and female. Most of them say prayer five times a day and recite Quran after Morning Prayer and start their day with the name of God.

### **2.7.11 MOSQUES**

There are fourteen mosques in "Burhan". In seven mosques there is facility of 'Nazra' and 'Qari' teaches the childrens how to read Holly Quran. While in other seven mosques only prayer is said. Imam plays important role and leads five times prayers i.e. he is given respectful place in the community. He also guides the people in different problems and gives them solutions according to the teachings of Islam.

### **2.7.12. SHRINE**

The word 'Shrine' is derived from the Latin word 'Scrinum' meaning containers of sacred meaning & power.

All the rural population believes in Islam but on the other hand belief in shrines and saints is considered a source of Supernatural power. It is estimated that in the village all the people believe in system of Piri-Muridi. They think it necessary to have mediator who can convey their messages to God. Villagers are generally affiliated with any shrine or Pir. They are known as 'Barailvis' and those who don't believe on mediation are known as 'Deobandis'.

There are four shrines in the village. Namely as:

- 1) Saeen Wali Ziarat.
- 2) Afaji Baba Wali Ziarat.
- 3) Wai Baba Wali Ziarat.
- 4) Asim Kasim Baba Wali Ziarat.

But the most famous is the first one. It is 250 years old and has two portions. One is used as madrassa and the other one is used as 'Mazar' of Pir where people come for 'Salam' and 'Mannats'. An 'Urs' is also held on every 9th & 10th Moharram and not only the villagers but also others from far off places come to participate in it.

Generally they refer all their problems, which they cannot handle to Pirs and request them to have them solved by the help of Supernatural power. These problems include social & family problems, economic problems and health problems also. They have strong belief on spiritual healing and they take taveez and 'Dam wala pani' from the pir to cure their health problems.

## **2.8. BASIC FACILITIES**

Most of the basic facilities are available in the village but these are inadequate according to the demands of the people. These facilities are given below:

### **2.8.1. ELECTRICITY**

It's a great need of time and life without it becomes very hard. Now almost all the households of 'Burhan' have got the facility of electricity.

Due to the presence of this facility now the villagers can use the electronic instruments like electric fan, heaters, T.V, refrigerators, grinders, cassettes player, radio etc. Electronic media is a source of entertainment for them.

### **2.8.2 GAS FACILITY**

Gas was not available in the village. Wood, dried cakes of cow-dung were used as fuel by the villagers. Kerosene oil was also in use. Very few people use gas cylinders because of financial constraints.

But in December 2001, over half of the village has got this facility.

### **2.8.3 WATER FACILITY**

In the village mostly women fetch water from the wells and even during pregnancy they have to do this work which may lead to miscarriages.

Most of the houses have their own wells and rich people have fixed electric motors on the wells, which allows water to reach the taps in their homes. Hand pumps are also found in many houses.

#### **2.8.4 TRANSPORT**

There is no problem of transportation for the people of the village. Even those who don't have their own transport can easily access the private transport. G.T road is just one kilometer away from the village and from where they get busses and wagons and it takes only fifteen minutes to reach the adda of Hassan Abdal from 'Burhan'. Here buses are available all the time for Peshawar, Attock etc.

#### **2.8.5. SHOPS**

There is no market facility in the village and people go to Hassan Abdal for shopping. But the small shops are present in almost every Mohallah that supply the basic items of every day use such as sugar, rice, dalls, vegetables, cigarettes and seasonal fruits etc.

One woman sells cloths and crockery in her house at very high price and those women who are not given permission from their husbands to go to bazar come here for shopping.

#### **2.8.6 TELEPHONE FACILITY**

Families belong to upper class have their own telephone connection in their houses. The people, who don't have telephone facility, managed to

have their calls from the houses of those having that facility. There is also one PCO, in the village.

### **2.8.7 MASS MEDIA**

Mass media (Radio, T.V, and Newspapers) are available in the village. Most of the houses are equipped with T.V sets. Now a day's Radio Station F.M 100 is very popular among the village women. All the day during their work they enjoy listening music.

T.V drama has popularity both in males and females. Males are more interested in "News" and "Sports". Due to low literacy rate very few people read daily newspaper and Magazine. Thus Mass Media is playing a very important role by giving useful information to villagers which help them to make more progress in their lives.

### **2.8.8. POST OFFICE, BANK AND UNION COUNCIL**

All these three facilities are available in the village and people are making use of them.

### **2.8.9 EDUCATION FACILITY**

There are two Middle Schools for Boys and Girls in the village. Boy's School was formed in 1903 and Girls School was formed in 1940. There are also three private English Medium Primary Schools in the village. Higher education is not available in the village. Literacy rate of the villagers is shown in the table.

**TABLE 2.6**  
**LEVEL OF LITERACY ABOVE THE AGE OF 5**

| S.No. | Education Overall | Total | Males |    | Female |    |
|-------|-------------------|-------|-------|----|--------|----|
|       |                   |       | No.   | %  | No.    | %  |
| 1.    | No Schooling      | 197   | 91    | 46 | 106    | 54 |
| 2     | Primary (1-5)     | 174   | 79    | 45 | 95     | 55 |
| 3     | Middle (6-8)      | 96    | 57    | 59 | 39     | 41 |
| 4     | Matric (9-10)     | 76    | 49    | 64 | 27     | 36 |
| 5     | F.A (11-12)       | 14    | 11    | 78 | 3      | 22 |
| 6     | B.A (13-14)       | 1     | 1     |    | X      |    |

The table shows that literacy at primary level is high in females as compare to males. While at the level of middle, matric and intermediate male literacy rate is high than females.

The female's has strong desire to get higher education but family members due to financial constraints, transport problems and purdah restrictions, do not give them permission. The girl's education is considered wastage of time and money. They think that after getting higher education girls may become more liberal and try to violate their family rules and traditions. That's why education for girls is not encouraged beyond primary level, so the girls after finishing their primary education get engaged in domestic affairs.



On the other hand boys show less interest in studies but the family encourages them because they have to earn in future. The indifference to education can be attributed to the fact that most of the people in village are drivers, so most of the children are influenced by their elders, and instead of getting education they want to become drivers. To obtain higher education they travel to Hassan Abdal by public transport but the parents don't permit this for girls.

### **2.8.10 MEDICAL FACILITY**

In village 'Burhan' health services are inadequate. There is one RHC or Rural Dispensary. A male doctor sits here from 9.00 A.M to 2.00 P.M and provides free checkup. Villagers can consult the Doctor without paying any fee but they are not given medicines. Doctor is paid 9000 by the government still he exploits the villagers by taking 20 rupees per injection. The general trend of the people is to get injected. Injections are considered to provide rapid relief and not having a hot effect like tablets. They also think that 'Drip' locally known, as 'Botle' is the solution of every health problem.

There is also one Dai to attend females but she complains that very few female patients consult her and tell their gynecological problems directly to doctor. She is given 3000 rupees by the government. Females also do not consult her for the assistance of delivery. The facilities of operations like tubligation or caesarian are not available in the dispensary.

There is one private clinic in which a doctor sits from 5.00 P.M to 9.00 P.M. He takes 50 rupees for a checkup. There is also one quack in the village. For minor problems they consult the doctors inside the village but for serious health problems they go to the Hassan Abdal or Attock.



EXTERNAL VIEW OF FAMILY PLANNING CENTRE



RURAL DISPENSARY

There is one family planning centre where four LHV's are working. They have to visit 10 households daily to give information about family planning methods. They also keep record of the health problems of female and also provide contraceptives. They must have to sale oral pills of 200 rupees and have to convince 10 women for Coper T and two women for tubligation in one month.

One LHW sits in the centre form 9.00 A.M to 3.00 P.M. She also inserts Coper T and provides her assistance during delivery and DNC. In case of any complication she does not take responsibility and simply asks to take patient to the hospital. She exploits the females by taking 50 rupees per injection and she also sale contraceptives on double price. Females have many complains against her that she does not pay proper attention to them when they visit the centre and she has mishandled many cases of delivery.

There are two Dai's in the village for the assistance of deliveries. They are not trained birth attendants but they have experience in their field and prove to be a great support in such difficult times because due to financial and social constraints it is not possible for most of them to go to the hospital.

Except from medical system they have their local system of home remedies. The older women have a great knowledge about handi tips and herbal treatment.

They also have strong belief on spiritual healing. So they also rely on Dam Darood and Taveez like parchawan, which is a major cause of miscarriage, can only be cured through spiritual healing. Thus people are resort to local as well as modern medical system.

### **2.8.11. GRAVEYARD**

There are total four graveyards. While passing from here people show special respect and don't talk loudly.

Most of the graves are un-cemented & nameplates are mostly fixed on the graves of males & names of women are not written on the graves. As woman's name is also in purdah i.e. instead of writing her name they write "Zoja" or "Dukhtar" of so and so.

### **2.9. VILLAGE ECONOMY:**

An Anthropologist Bohannon defines economic organization as,

"The way in which resources, technology and work are combined to satisfy the material requirements of human beings and of social groups."

(Social Anthropology, 1968, p.211)

All human beings must satisfy certain basic needs in order to stay alive. In the village economy is not predominately based on agriculture and most of the people earn their livelihood by working on daily wages.

On the basis of income the population is divided into three economic stratas which are given below,

**TABLE No.2.7**  
**ECONOMIC DISTRIBUTION OF POPULATION**

| S.No. | Class                                       | No .of<br>H.H | %    |
|-------|---|---------------|------|
| 1     | Upper class<br>(above the income of<br>6000 | 16            | 20   |
| 2     | Middle class<br>(3000 to 6000)              | 26            | 33   |
| 3     | Lower class below<br>3000                   | 38            | 47   |
|       | Total                                       | 80            | 100% |

### **2.9.1. OCCUPATION**

A great variety of occupations are visible in the village. The following table illustrates the percentage of people related to different occupations in Burhan.

**Table 2.8**  
**PERSON PER OCCUATION**

| S.No.  | Occupation     | No. persons | %                     |
|--------|----------------|-------------|-----------------------|
| 1      | Drivers        | 33          | 30                    |
| 2      | Wage labor     | 15          | 14                    |
| 3      | Mason          | 13          | 12                    |
| 4      | Agriculture    | 12          | 11                    |
| 5      | Govt. servants | 8           | 7                     |
| 6.     | Shopkeepers    | 4           | 3                     |
| 7.     | Mill workers   | 4           | 3                     |
| 8.     | Business       | 4           | 3                     |
| 9      | Compounder     | 3           | 3                     |
| 10     | Electrician    | 3           | 3                     |
| 11     | Others         | 12          | 11                    |
| Total. |                | 111         | Approximately<br>100% |

### **1. DRIVERS**

Drivers make up a major portion. For this purpose they go to Hassan Abdal and engaged wagons by the contract with owner and by this they able to earn 3000 to 5000 rupees per month.

### **2. WAGE LABORER**

Most of the people having no land or not be able to sustain on the meager income from the land. They work as wage laborers "Mazdoor" outside the village. These laborers work on daily basis i.e. "Dehari" and earn varying amounts of cash, which ranges from 50-100 rupees per day.

Their job is very unpredictable and when a laborer gets out of his house in the morning he does not know whether he would be bringing back any money for his family or not. He is never sure of his position as both his job and his income are subject to fluctuation. In skilled laborers there are people working as masons, electrician's etc.

### **3. AGRICULTURE**

The local term used for agriculture in the village is 'Zamindara' and it is considered a respectful occupation. Macmillan dictionary of anthropology defines the term agriculture as under,

"This term is often used generally to refer to all systems of cultivation of plants for food, but refer to large scale cultivation of fields using the plough and draught animals."

The common occupation in the village is not agriculture because with the passage of time there is increase in the demands and land has divided into small portions over generations that's why very few people earn their entire living from agriculture. Very few of them who own land work themselves. They hire tenants and it is called Tuk or Theka system. In this system if someone don't want to cultivate himself. He gives his land to someone else and in return he shares half of the output of land.

Now in the village modern innovations are gradually replacing the traditional methods of cultivation. Tractors are used by most of the people. Those who can't afford can rent it out from others on cash payment. So machines have become important part in agriculture.



#### **4. SHOPKEEPERS**

Poor people work on shops for their living. Two of them have their own vegetable shops in the village and the other two are working as Sales Man outside the village.

#### **5. OTHERS**

In other occupations there are mauvies, nais, sweepers, tailors, cobblers, milkman etc who are performing their traditional jobs and it passes from generation to generation. Only two persons are working in foreign countries.

#### **2.9.2. TYPES OF LAND AND CROPS**

The village covers an area of about 64000 kanals, out of which 27 kanals have been acquired by Pakistan Ordinance factory. The production of crops in "chahi zameen" is 5 Mann per acre. Chahi is the best type of land. There are 8 kanals in an acre.

In the village Pathans and Maliyars own most of the land. Different types of land is given in the table;

**TABLE 2.9**  
**TYPES OF LAND**

| <b>S.No.</b> | <b>Type of Land</b> | <b>Amount of Land</b> |
|--------------|---------------------|-----------------------|
| 1            | Chahi               | 3134 Kanals           |
| 2            | Nul Chahi           | 490-4 Kanals          |
| 3            | Maira               | 1380 Kanals           |
| 4            | Rakar               | 511-19 Kanals         |
| 5.           | Lus                 | 403-5 Kanals          |

Source: Record from Union Council Burhan.



## **CROPS**

Most of the crop is grown for household consumption. Generally there are two crops season called "Rabi" and "Kharif". "Rabi" crops are winter crops. The main crops of "Rabi" are Wheat, Mustard, Barley, Chickpeas and Tara mera etc. "Kharif" crops are grown in summer season. The main crops of "Kharif" are Maize, Bajra (Bulrush millet), Jawar (Great millet), Mong, Moth etc.

### **2.9.3 LIVE STOCK**

In the village live stock is considered an asset and an important symbol of wealth and food. They keep animals so that "lussi", "ghee", milk, butter should available all the time. Poultry are also kept by most of the households because it is not very much expensive and its eggs and flesh may be easily available in time of need.

But live stock is not very much helpful in agricultural activities and mostly oxen are used for moving Persian wheel. Donkeys are there to bring things from one place to another. They are loaded with soil, grain, fodder etc.

There is no Sui gas in the village so the dung is used as a source of fuel.

#### **2.9.4. WOMEN ECONOMIC ACTIVITIES:**

Women are also actively participating in their home economy. They have no formal education and skill and even those who have studied up to matric have to sit at home. So they earn from the informal skill which is embroidery and crocheting.

The working women are disliked. They only perform domestic chores and look after their children. They criticized LHV's because they go door to door to convince females to use contraceptives. They considered their job as "Ganda Kam" and blame them for having illicit relations with other persons. But the schoolteachers are given respect in the village.

In the selection of occupation very few options are open to females. But most of the women especially those who belong to lower class want to indulge in income-generating activities. They don't waste their spare time and do embroidery and crocheting on very low wages. They are just given 5 rupees for one Dupatta, which they complete in two days and 50 rupees for the stitching of one dress.

They are the first one's to rise and the last to sleep. After completing their domestic chores they don't take rest and start doing embroidery, stitching etc. which is a major cause of fatigue and weak eyesight. In this way they not only help their husbands but also contribute to collect dowry for their daughters.

*CHAPTER NO.3*

*REPRODUCTIVE  
RIGHTS*

## **REPRODUCTIVE RIGHTS OF FEMALES**

Reproduction is not just a biological process but it has a strong socio-cultural context because culture and society defines the reproductive rights of females. The women are socialized in such a way that they are not fully aware of their rights rather they perceive their rights as their duties.

Reproductive rights include reproductive decision making, including choice in marriage, family formation, determination of the number and timing and spacing of one's children and the right to the information and the means to exercise these choices.

But in a male-dominant society these rights are not given to women. In this chapter I would like to present cultural interpretation of reproductive rights with special reference to women's opinion in spouse selection and the social pressure a newly married bride faces to give birth to child as soon as possible. Furthermore it will also deal with the female's participation in decision-making and the methods used for family planning etc.

### **3.1 MARRIAGE**

Marriage is defined as,

"Marriage is a socially approved sexual and economic union between a man and woman. It is presumed both by the couple and by others, to be more or less permanent and it subsumes reciprocal rights and obligations between the spouses and their future children". (Ember and Ember, 1997)

Marriage is an important event in an individual's life. It is not only a union of two individuals but it also establishes relationship between different families and binds members of same biraderi and village

Everybody should be given the right to marry with his/her own choice. But in village "Burhan" marriages are solely arranged by parents. The personal preferences of children's are never taken into consideration. The individuals who are getting married are simply informed of the decision. Even in some cases parents decide it before the birth of their children.

Girls have no right to say "No". Such girls are not considered modest and faithful. The decisions are imposed on them against their will, and there is no other way except to submit the authority of parents.

The following table shows the ratio of respondents with respect to their opinion in spouse selection.

**TABLE No. 3.1**  
**OPINION IN SPOUSE SELECTION**

| <b>S.No.</b> | <b>Response</b>       | <b>No. of Respondents</b> | <b>%</b>   |
|--------------|-----------------------|---------------------------|------------|
| 1.           | Opinion was taken     | 6                         | 14         |
| 2.           | Opinion was not taken | 37                        | 86         |
|              | <b>Total</b>          | <b>43</b>                 | <b>100</b> |

As shown from the table that the opinion of only 14% respondents was taken in spouse selection and 86% respondents were not asked at the time

of marriage because it is against their tradition. Mostly bride meets her husband on her wedding day unless he is a relative.

Parents do not consult their children in the selection of life partners because marriage is not regarded just an affair concerning the bride and the groom rather it is the involvement of two families and bondage with the community they belong to.

Kin endogamy is preferred form of marriage in the village. As Zakiya Eglar has described in her book:

"Marriage within group is most preferred form of marriage. In connection with marriage people would say, " a half from one's own home is better than a whole from outside in other words it is better to marry one's sons and daughters to relative than to bring in outsiders".

In Pakistan 60% girls are married to their first or second cousin. In the village kins are preferred over non-kins. If the proposal is rejected by the bride's family then all the biraderi members pressurize them and groom's family disconnects their relations with the bride's family

The following table shows the ratio of endogamy and marriage outside brideri.

**TABLE No. 3.2**  
**TYPE OF MARRIAGE**

| S.No. | Type of Marriage          | No. of Respondents | %    |
|-------|---------------------------|--------------------|------|
| 1.    | Marriage within biraderi  | 35                 | 81   |
| 2.    | Marriage outside biraderi | 8                  | 19   |
|       | Total                     | 43                 | 100% |

It is evident from the table that majority of respondents (81%) were married within their own biraderi. They said that daughter-in-law who comes from outside biraderi is not given much respect in the village. Endogamy is also preferred because it ensures that all members have common blood and it increases their manpower. The biraderi members also help each other economically by lending money and offering services in time of need.

### **3.1.1. AGE AT MARRIAGE**

According to the norms of the village girls are supposed to marry early and bear the child early and continue this process throughout their reproductive years.

"With the first menstrual blood every Muslim girl becomes a temple of hers family's honour. She must remain chaste until marriage and faithful to her husband there-after . Otherwise she not only shames herself but also destroy entire family honour for ages."  
(Naiela Minai ,1981)

Girls are considered economic and moral burden and parents are hurried to get rid of this burden especially in case of more than five daughters and poor economic condition. But now the situation has changed and the average age at marriage has raised high. Now the girls are engaged early but married later because the in-laws do not accept girls without dowry. That's why a mother starts collecting different items of dowry from the childhood of daughters and it may take a long period of time due to unstable economic condition.

The following table illustrates the views of respondents about the suitable age of girls at marriage.

**TABLE NO. 3.3**  
**GIRL'S SUITABLE AGE AT MARRIAGE**

| <b>S. No.</b> | <b>Responses</b>  | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|---|---------------------------|------------|
| 1.            | Should be married soon after puberty                                    | 2                         | 5          |
| 2.            | No Idea/It is upto God's will   | 5                         | 11         |
| 3.            | Should be married after 20 when they are physically and mentally mature | 36                        | 84         |
|               | <b>Total</b>  | <b>43</b>                 | <b>100</b> |

Women in the village start menstruating at the average age of 13 and complete their menstrual cycle at an average age of 45 years. Only 2 respondents said that from religious point of view a girl should be married



soon after puberty and from social point of view early marriage is also conducive to a good adjustment because if the bride had no time to develop her own personality then she will be more adjustable and submissive. Five respondents said that marriages are solely decided by God. While the majority of respondents said that they do not want to marry their daughters too early because teenage mothers face more risks during childbearing. From social point of view it is also difficult for them to reach the expectations of husband and in-laws.

The following table shows the age of respondents at the time of marriage:

**TABLE NO. 3.4**  
**AGE OF RESPONDENTS AT THE TIME OF MARRIAGE**

| <b>S.No.</b> | <b>Age Group</b> | <b>No. of Respondents</b> | <b>%</b>   |
|--------------|------------------|---------------------------|------------|
| 1.           | Below 15         | 7                         | 16         |
| 2.           | 16-20            | 26                        | 61         |
| 3.           | 21-25            | 8                         | 19         |
| 4            | 26-30            | 1                         | 2          |
| 5.           | 31-35            | 1                         | 2          |
|              | <b>Total</b>     | <b>43</b>                 | <b>100</b> |

The table shows that 7 respondents were married too early and 2 were married later. Most of them were married between the age group of 16-20, which is considered a most suitable age for the marriage of a girl.

Another important marriage consideration is the gap between the age of husband and wife. According to the village norms wife should be younger than the groom. If girl is young then she can produce as many children as couple wishes. She is also more adjustable and easily submits the authority of elders. Thus the gap between the age of spouses reflects social expectations and effect marital and other social relationships. Larger age differences between husband and wife reinforce stereotype of wifely dependency and powerlessness.

Following table illustrates the age gap between husband and wife.

**TABLE NO. 3.5**  
**SPOUSAL AGE GAP**

| <b>S. No.</b> | <b>Age gap<br/>(in years)</b> | <b>No. of<br/>Respondents</b> | <b>%</b>    |
|---------------|-------------------------------|-------------------------------|-------------|
| 1.            | No gap                        | 2                             | 5           |
| 2.            | 1-3                           | 2                             | 5           |
| 3.            | 4-6                           | 8                             | 2           |
| 4.            | 7-9                           | 18                            | 42          |
| 5.            | 10-12                         | 9                             | 21          |
| 6.            | 13-15                         | 1                             | 2           |
| 7.            | 16-18                         | 1                             | 2           |
|               | <b>Total</b>                  | <b>43</b>                     | <b>100%</b> |

The table shows that 42 percent women are 7 to 9 years younger than their husbands and the second largest age difference of 10 to 12 years is found in 21 percent females. The existence of larger age difference is not surprising in the village because they believe that after marriage women become disfigured and heavy and start looking older than their real age.

Secondly young females are sexually more attractive to them and larger age gap facilitate them to have full control over their sexuality.

### **3.2 CONCEPTION**

The main purpose of marriage is the begetting of children and to continue the name of family. This is a clear notion in the minds of the villagers. Marriage performs multiple roles as Gupta says:

"To the villagers the institution of marriage fulfills 4 functions, first it is a religious performance without which individual is incomplete. Second marriage implies children who will carry the name of father. Third children also necessary to assure a happy after life of the parents. The fourth function of marriage is to satisfy sexual desires of a partner in a socially acceptable manner."

Marriages can be secured by quick pregnancy or wrecked by the lack of one. Soon after marriage every one asks the question from the bride, "any news yet." In case of no conception it is believed that there is some sort of deficiency in girl.

Thirdly couples feel strong pressure from their families to begin childbearing immediately that's why a newly bride wants to conceive as soon as possible because she has to reach the expectations of her in-laws. To be pregnant is both honourable and auspicious. Women have little status until they have a child.

The following table illustrates the view of respondents about first conception.

**TABLE NO. 3.6**  
**HOW SOON SHOULD THE FIRST CONCEPTION TAKE PLACE**

| <b>S. No.</b> | <b>Responses</b>    | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|---------------------|---------------------------|------------|
| 1.            | As soon as possible | 30                        | 70         |
| 2.            | After two years     | 7                         | 16         |
| 3.            | At God's will       | 6                         | 14         |
|               | <b>Total</b>        | <b>43</b>                 | <b>100</b> |

Statistics show that 70 percent women have strong desire to conceive as soon as possible. Only 16 percent said that it should be after some time so that female can get enough time to adjust in the new family atmosphere. Fourteen percent said that it can not be planned and it is better to leave it at God's will.

Human attitude is always shaped towards certain event by a number of factors, which promote or hinder the response to certain stimulus. The family in which she is living also effects the female attitude. If a woman could not give birth to any child within two years after marriage, people start talking about her why she is not having children. Following table shows the reaction of family and reasons, which made her, agree on this.

**TABLE NO. 3.7**  
**REASONS FOR CONCEPTION**

| <b>S. No.</b> | <b>Responses</b>            | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|-----------------------------|---------------------------|------------|
| 1.            | Pressure from the husband   | 16                        | 37         |
| 2.            | Pressure from in-laws       | 12                        | 28         |
| 3.            | Sexual obligation of female | 12                        | 28         |
| 4.            | Economic reasons            | 3                         | 7          |
|               | <b>Total</b>                | <b>43</b>                 | <b>100</b> |

It is evident from the responses that majority of respondents were pressurized by their husbands because they have to prove their maleness. Not only the husband but also the entire family waits for the newcomer. Twenty eight percent respondents said that the in-laws also pressurized them. Twenty eight percent respondents said that reproduction is the sexual obligation of a woman, which she must, has to fulfill. While the small portion 7 percent said that they need a "waris" who can inherit their property. They need a person who can help in economic affairs.

### **3.3. FEMALE'S ROLE IN DECISION-MAKING**

Reproductive rights include reproductive decision-making. But unfortunately female have no authority and males take all their decisions. They are submissive sex. Starting from the childhood they are socialized in a way to be subordinate by the father and brother before marriage and husband after marriage.

In village "Burhan" girls are socialized in a way that they never protest against their husbands because their mothers and their mothers have also suffered this kind of attitude from their husbands. The form of relationship between a husband and wife, which established after marriage, is the basis for the formation of family. The nature of this relationship is neither obligatory nor reciprocal; it is relationship of masters and slaves.

According to the norms of the village an ideal wife is one who obey all the right and wrong orders of her husband and never protest against the terrible behavior of her husband. The social control of female sexuality ensures out of a different sex-role socialization that encourages men to be aggressive in the name of "masculinity" and women to be victims in the name of "femininity".

Female sexuality refers to the culturally defined modes of control, regulation and use of the sexual potential of female. Female satisfies sexual desires of husbands and reproduces number of children's. Having 6 or 7 children is a matter of honour for them no matter they would be able to rear them properly.

Women face risks of unwanted pregnancies so they should have the right to decide the number and timing of children.

The following table shows who takes the decision that how many children's to have.

**TABLE NO. 3.8****DECISION-MAKING**

| <b>S. No.</b> | <b>Decisions made by</b>                    | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|---|---------------------------|------------|
| 1.            | Husband                                     | 38                        | 88         |
| 2.            | Wife  | 1                         | 2          |
| 3.            | Joint decision by husband and wife          | 2                         | 5          |
| 4.            | Mother in-law                               |                           |            |
| 5.            | Joint decision by husband and mother-in-law | 2                         | 5          |
| 6.            | Father-in-law                               | X                         | X          |
| 7.            | Entire family                               | X                         | X          |
|               | <b>Total</b>                                | <b>43</b>                 | <b>100</b> |

The findings show clearly that husband always hold decision-making power. There are various reasons for the dominating attitude of husband.

1. Society is male dominant so it encourages male dominance in every sphere of life.
2. Marriage is secured with large family.
3. Husbands are only concerned with their own sexual lust and do not feel a co-relation between health of wife and number of children. The recreational facilities are not available in the village and it is the only way to release their fatigue.

4. Not only culture but religion also supports this because child bearing is not only female's sexual obligation but also religious obligation. Women have no right to refuse sexual relations within a union. She should make her husband happy at any cost.
5. Another reason is that female is economically dependent on her husband. It is the duty of husband to earn and support his family. So wife should not worry about family size. Those husbands who were unemployed, belonging to lower class give the justification that child bearing is natural and unplanned. They do not discuss about family size with their wives as they think children are God gifted.
6. Women also have low self-esteem and they always give more importance to their husbands desire and normally give the excuse that they are respected and loved by their husbands as they give birth to their children. Otherwise they have to face the threat of husband's second marriage.

One wife was independent in decision making. She was LHV and having one daughter and two sons. Her husband demanded for one more daughter but she has refused by saying that if he can't earn for three kids then he has no right to demand for more kids.

Joint family system is not very common that's why only two respondents said that mother-in-law and husband jointly take the decision of family size.



### **3.3.1.COMMUNICATIOIN BETWEEN HJUSBAND AND WIFE**

The female non-participation in decision making shows that the communication between husband and wife is not very effective.

According to the Pakistan demographic and health survey:

"More women approve of couples using family planning to avoid a pregnancy but only 1 in 4 had discussed the family planning with the husband."

Unfortunately couples seldom talk with each other about family planning or sexuality, so the desire to space or limit births may go unspoken or not to be acted upon. There is a big communication gap between husband and wife. Only 12 (28 percent) respondents said that after their first child they had discussed with their husbands while 31 (72 percent) had not discussed it. Those who do not discuss it want to complete their family as soon as possible and especially if a couple is married in late age and also in the case when only girls are born then a couple goes on producing kids till the male child is born. Even in the case of abortion and miscarriage women have no right to delay her next pregnancy.

The following table shows the ratio of couples who discuss on following issues.

**TABLE NO. 3.9**  
**SPOUSAL COMMUNICATION**

| S. No. | Discussion on              | No. of Respondents | %  |
|--------|----------------------------|--------------------|----|
| 1.     | Spacing between children   | 12                 | 28 |
| 2.     | Number of children to have | 8                  | 19 |
| 3.     | Maternal health            | 7                  | 16 |
| 4.     | Infant loss                | 2                  | 5  |

The table shows only 28 percent couples discuss spacing between children and only 19 percent said that they discuss about family size. The issues related to maternal health are also discussed by only 16 percent. Infant loss was discussed only by 5 percent respondents.

Husbands do not consider the opinion of their wives because they do not want to give them much importance. Due to low literacy rate they also think that such matters are decided by fate and human beings have no right to interfere in these matters. Even the wife of schoolmaster reproduced five kids in six years of her married life. Her last son was just two months old when she got pregnant again against her will because her child was weak and she wanted to breast feed him.

Not only in the matter of family size but also in other routine matters women are not given freedom as shown in the table.

**TABLE NO. 3.10**  
**PERMISSION GIVEN BY HUSBAND**

| <b>S. No.</b> | <b>Permission to</b>                              | <b>No. of Respondents</b> | <b>%</b> |
|---------------|---|---------------------------|----------|
| 1.            | Go out alone                                      | 6                         | 14       |
| 2.            | Argue with husband                                | X                         | X        |
| 3.            | Gossip with other women related to family affairs | 25                        | 58       |
| 4.            | Talk to family health worker's                    | 21                        | 49       |
| 5.            | Going alone to hospital                           | 4                         | 9        |
| 6.            | Informing your daughter about reproductive health | X                         | X        |

The table shows that very few respondents were allowed to go out alone from the house even if they had to visit hospital. Such women were blamed for having illicit relations with others. That is why women's mobility is very restricted in the village. Majority of respondents 58 percent was allowed to discuss family affairs with others because this activity takes place inside the house. Fourteen percent respondents were allowed to discuss their health problems with LHVs.

While no woman was allowed to argue with her husband because an obedient wife never disagree with her husband. Women do not like to inform their daughters about matrimonial relations and it's problems. Mothers feel hesitant to discuss their problems in front of their daughters. The information is given only one or two days before marriage.

### **3.4. FAMILY PLANNING**

It's the reproductive right of every female to plan her motherhood. She should have access to quality and danger free contraceptives to regulate her fertility and save herself from the risks of unwanted pregnancies.

Family planning is defined as:

"The conscious action by individual couples to regulate the number and spacing of their children in accordance with personal preferences." (Allman, 1978, p. 35)

A follow up meeting to the 1994 International Conference on Population and Development (ICPD) were told that Pakistan could soon suffer serious social and economic repercussions if steps are not taken to change traditional male and religious attitude towards women. According to WHO's information section:

"Family Planning is a basic rule to improve the health status of people, particularly in developing countries. If you could limit pregnancies to between the ages of 20 and 35-50 that teenagers did not become pregnant and women aged over 35 did not have children, if pregnancies were so spaced that there were two or three years between each birth's and if the number of children

could be limited to, let us say, a maximum of 5- if you get all these things together, you would immediately produce, in the developing countries, a spectacular decrease in mortality both of mother and child."

In the village females are not generally inclined towards family planning due to various reason.

### 1. **DISAGREEMENT OF HUSBAND**

Most of the women reported that they are in favour of family planning but can not use contraceptives because husbands do not allow them. Husbands think that the women are doing nothing new and it is the duty assigned to them by God.

A man having small family feels himself inferior in the company of those having large families. Men having more children are considered sexually strong and this is taken as a sign of pride in the village. Secondly a house looks more nice when full of children. Children are bonds of love between husband and wife.

Husbands also think marriage a legal and approved way to fulfill their sexual desires and with the use of contraceptives they can not enjoy sex fully that's why they have clear preference for the less reliable method "withdrawl" which leads to unwanted pregnancy.

Mostly women after completing their family want to be ligated from the hospital. A major factor husbands disallow their wives for tubligation or surgery is their apprehension that they would become ill and would be unable to take care of the home and children and also that they would not

be able to financially afford their regular treatment. The wives can not take this step without informing their husbands because the permission of husband is the main requirement at hospital and secondly after operation they have to refrain from intercourse for three months, which is only possible with the co-operation of husband.

## **2. THE OBJECTIONS OF MOTHER-IN-LAW**

A mother becomes authoritative and senior in the house when her son's get married. She plays important role in the house management.

Especially in case of joint family system she is very curious about the relationship of husband and wife. Sometimes she plays negative role by misguiding her son that child-bearing is nothing a new phenomena and it is included in women's routine work and they have gone through all these stages.

They think that children are source of pleasure for the parents and use of contraceptive reduces the fertility of females. Often female's request LHW not to inform their in-laws that they are using contraceptives and LHW told me that often mother-in-law comes and asks the reason why her daughter-in-law has visited the centre. LHW's also reported that mothers-in-law never let their daughters-in-law sit with them alone. Thus the mother-in-law discourages the family planning.

## **3. THE DOUBTS OF FEMALES**

When females do not get proper results due to lack of proper knowledge about contraceptives. May be improper use bring such results

then they start spreading rumours about the methods that it is not successful. Sometimes when the use of contraceptive is not bringing any side effects but as they are so much occupied with these rumours they do not believe in the benefits of contraceptives.

The females who are using contraceptives associate all subsequent health problems including obesity, body aches, weak eyesight etc to these contraceptives. This negatively influences other women and they become scared with these contraceptives.

Secondly, females think that if they insist their husbands against their will it may disturb their matrimonial relations.

Thirdly, culture attaches value to high fertility that's why they do not take steps to plan their pregnancies. Their attitude with LHV's is sometimes very hostile and unpleasant. One respondent with 10 living children was not convinced by the LHV for tubligation. She said that during operation she might go to death.

#### **4. AGAINST THE RELIGION**

Family planning is considered against the teachings of Islam. They believe that children's are born to this world according to God's will. So it is a sin to avoid their birth.

The people belong to poor class give the excuse that they don't need to worry about the "Rizk" of coming child because it is a great sin and children are blessings of God.

Some women also said that permanent surgery or tubligation is totally unislamic and it is called "Allah Nai Shareeka Karna" because you are



interrupting in the matters of God by producing change in female's reproductive biology.

## **5. NEED FOR SON'S**

Need for male child is the main obstacle in the adoption of family planning because son carries the name of family. Having one son mean only having one eye. Number of males shows the strength of the family. Their traditional belief is:

"There should be at least 4 sons to lift up 'Doli' and 'tabut'."

Daughters are not preferred as they are very costly and you have to collect the dowry since the time they have born. Parents have to protect them from dishonour. On the other hand boys are economic assets and the more you have boys the more you have earning members. Male children are assurance of the economic prosperity. That's why a couple goes on producing kids without spacing till the male child is born. One respondent took the risk of 10th pregnancy just because she has one son and one caesarian having 3 daughters was ready to take the risk just to have a male child otherwise her husband would marry again.

## **6. COUNSELING OF MALES**

Family planning can not be successful without the mutual understanding of husband and wife. There is no system for the counseling of males in the village. They are unaware about the pain and suffering a woman face during childbearing. They consider it shameful and against the religion and culture to discuss such matters with their wives. Some also consult their wives but did not act on their will.





## **7. CHILDREN ARE WEALTH**

People who belong to poor class consider their children 'wealth'. They do not spend much on the diet, education, health etc of their children. Their children start earning for them from a very young age.

The children of laborers and drivers learn the skill inspite of getting education so that they would help them later on in their life.

## **8. THE IMPORTANCE OF SPACING BETWEEN CHILDREN**

Couple does not know the importance of child spacing. Young couples are often ignored by saying that they have only one or 2 kids so they do not need to use any contraceptive. They realize it after producing more than 5 kids. Females also think that if a woman gets pregnant after the gap of 3 or 4 years, she will suffer more problems during pregnancy and delivery. It's also easy to rear the little kids together born without spacing. Women also doubt that use of contraceptive may cause infertility or deficiency inside the women's body.

## **9. LOW AGE AT MARRIAGE**

Three respondents were married and initiated sexually even they had not reached puberty, which is totally against women's reproductive rights.

The couples having more daughters and those who are more concerned with religion want to marry their daughters early. Due to improvement in nutrition girls reach at menarche at earlier age and due to very young age they have little knowledge about different contraceptive and their use. The body of the girl who conceives within 2 years of menarche is



A MOTHER WITH HER TWO KIDS



SIBLINGS

less able to produce a healthy infant because teenage mother is herself still growing.

### **10. SOCIAL NORMS AND TRADITIONS**

Social norms and traditions also create obstacles in the adoption of family planning. In the village there are also couples who are using contraceptives and taking advantage from them but they don't tell others about it due to shame and guilt. So a useful message which should be spread remains uncovered.

### **3.5. PRACTICE AND NON-PRACTICE OF FAMILY PLANNING**

Some couples were in favour of family planning and using different contraceptives and others were against family planning due to various reasons.

The following table shows the ratio of users and non-users of contraceptives.

**TABLE NO. 3.11**  
**USE OF CONTRACEPTIVES**

| <b>S.No</b> | <b>Category</b>             | <b>No. of Respondents</b> | <b>%</b>   |
|-------------|-----------------------------|---------------------------|------------|
| 1.          | Users of contraceptives     | <b>22</b>                 | <b>51</b>  |
| 2.          | Non-users of contraceptives | <b>21</b>                 | <b>49</b>  |
|             | <b>Total</b>                | <b>43</b>                 | <b>100</b> |

The table shows that 22 respondents are using contraceptives. These contraceptives are easily available in the family-planning centre of the village.

The following table shows different kinds of contraceptives and ratio of their users.

**TABLE NO. 3.12**  
**TYPE OF CONTRACEPTIVE**

| S. No. | Contraceptive | No. of Respondents | %          |
|--------|---------------|--------------------|------------|
| 1.     | Condoms       | 10                 | 45         |
| 2.     | Coper T.      | 6                  | 27         |
| 3.     | Injections    | 3                  | 14         |
| 4.     | Pills         | 3                  | 14         |
|        | <b>Total</b>  | <b>22</b>          | <b>100</b> |

The most commonly used contraceptive is "condom" because it has comparatively fewer side effects. It is mostly used by the females belong to upper class. Two respondents started using condoms after using Coper T, and one respondent started using condom after using oral pills and one after using injections due to side effects.

### **3.6. REASONS FOR USING CONTRACEPTIVES**

Different factors are responsible for the adoption of family planning methods. In the words of Nasra, M.Shah:

"The couple's desired family size, their attitude towards contraception, the family's as well as general community's attitude towards contraception are all significant factors that determine the level of contraceptive use in society."

The various reasons given by the respondents to use contraceptives are shown in the table,

**TABLE NO. 3.13**  
**REASONS, NUMBER AND PERCENTAGE OF WOMEN WHO**  
**USE CONTRACEPTIVES**

| <b>S. No.</b> | <b>Reasons</b>                   | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|----------------------------------|---------------------------|------------|
| 1.            | Preservation of women's health   | 9                         | 41         |
| 2.            | Exceeded the desired family size | 4                         | 18         |
| 3.            | Spacing between child birth      | 6                         | 27         |
| 4.            | Better life for children         | 3                         | 14         |
|               | <b>Total</b>                     | <b>22</b>                 | <b>100</b> |

The most common reason for the adoption of family planning is the preservation of mother's health. Because a woman becomes weak after giving birth to 5 or 6 children with little spacing. Her health deteriorates with repeated pregnancies and it becomes difficult for her to cope with the household work and to look after small children. The 2nd reason was spacing between two births. Another reason for using contraceptive was that women who have completed their family but do not want to be ligated and they are still in their reproductive age use contraceptives to avoid pregnancy.

Another reason mostly mentioned by educated females and also belong to upper class was that they want to provide all facilities to their children. They want to make their life more colourful and full of pleasures and it is only possible when they have fewer kids.

### **3.7. REASONS GIVEN BY THE NON-USERS**

Those females who were not using contraceptive have described various reasons, which are given in the table,

**TABLE NO. 3.14**

#### **REASONS GIVEN BY THE NON-USERS**

| <b>S.No.</b> | <b>Reasons</b>                | <b>No. of Respondents</b> | <b>%</b>   |
|--------------|-------------------------------|---------------------------|------------|
| 1.           | Can not afford method         | 1                         | 5          |
| 2.           | No fully convinced of methods | 2                         | 10         |
| 3.           | Afraid of side effects        | 6                         | 29         |
| 4.           | Spouse objects                | 3                         | 14         |
| 5.           | Fear family objections        | 1                         | 5          |
| 6.           | Need for sons                 | 4                         | 19         |
| 7.           | Against religion              | 3                         | 14         |
| 8.           | Natural spacing               | 1                         | 5          |
|              | <b>Total</b>                  | <b>21</b>                 | <b>100</b> |

The table shows that most of the respondents were afraid of side effects. The 2nd majority said that did not use contraceptives because they need sons. All these reasons have already discussed earlier. The views of respondents about different contraceptives are given below:

### **3.8. LOCAL PERCEPTION ABOUT DIFFERENT CONTRACEPTIVES**

Majority of the respondents especially those belong to lower class indicated that they become scared of contraception by talking to other women, those who have been users. Thus the adoption of any family planning method depends greatly upon its local perception.

#### **1. CONDOMS**

They are locally known as 'Ghubaray' or 'phaloos'. Condoms are used by males and one can be used only for one time. It also helps to prevent sexually transmitted diseases. But it has various disadvantages such as:

1. Husbands often complain that by using condoms they can not get complete sexual pleasure, which they want to get from it.
2. Condoms are expensive.
3. Condoms can also break.
4. It's regular and frequent use may lead to problems e.g. intra-uterine infections etc.

## **2. ORAL PILLS**

Oral pills also have bad effects, which are given below,

1. A woman feels nausea and vomiting in the morning just like she feels during pregnancy.
2. Stains of blood after menstruation and a woman remains impure throughout month.
3. Irregular bleeding.
4. High blood pressure.
5. Heavy breasts.
6. Weight gain.
7. Use of pills can cause disability in newborn.
8. They can cause cancer.
9. They can cause infertility.
10. Eye-sight becomes weak and pain in eyes.
11. Pills dry blood and cause anemia.



12. One pill should be taken daily and if a woman forget to take pill for two or three days she may become pregnant.
13. Oral pills are harmful during lactation and it results in less breast milk.
14. Pills are considered hot, so they should be taken with milk, juice etc. poor women who can not afford nutritional food and become weak.
15. Women also think that oral pills are harmful for stomach and creates problem in digestion

### **3. COPERT**

It is locally known as "challa" or "tube"

The misconceptions about Coper T are:

- 1) It causes irritation for husband during intercourse.
- 2) Pregnancy may occur with Coper T and then it gets stuck with the head of the child and the head does not grow with the time and it creates abnormality in the child.
- 3) It can come out by lifting weight.
- 4) Women may become infertile.
- 5) It may cause cancer.

- 6) It results in heavy menstrual flow.
- 7) It can go towards the side of stomach .
- 8) The body swells and woman becomes disfigure.

This method is widely used because it is effective for 3 months, 6 months to even ten years.

#### **4. INJECTIONS**

Injection is effective for three months. It also has side effects like:

1. They are expensive.
2. They are considered hot so they cause heavy bleeding.
3. They dry the blood.
4. It's not 100% reliable method and a woman gets pregnant inspite of the use.
5. Injections also cause weakness and dizziness.

#### **5. FEMALE STERILIZATION**

It is a permanent method and it is done free from the hospital of Hassan Abdal. The women after completing their family prefer this method

because they do not want to produce more kids and use contraceptives to avoid pregnancies. But this method also has disadvantages like:

1. Husbands often do not give permission to their wives because after getting ligated it's almost impossible to bear more children.
2. It is totally against the religion.
3. The body of the woman becomes shapeless.
4. After tubligation a woman often becomes heart patient.
5. Abdominal pain and gastric problems.
6. High blood pressure.
7. After tubligation weight increases rapidly and women start suffering from back pain.
8. Another problem is that after tubligation doctor advises not to do heavy physical work such as lifting heavy weight and fetching water etc. which is difficult for them because nobody else takes responsibility of their house and children.

## **6. MALE STERILIZATION**

Most of the females favour male tubligation but they think that it can not happen because husband never agree and they do not want to loose their sexual power.

Another doubt is that after tubligatioin a male will not be able to do physical work but he has to do hard work to support his family.

In short, above mentioned data shows that fears and rumours about the side effects of contraceptives act as justification of rejection of family planning methods. People also do not use contraceptives when they have fear that inspite of the use they could not bring expected results.

### **3.9. SOURCE OF INFORMATION**

Females in the village were well aware about the concept of family planning and they no more believe that children are only born with God's will. They knew that pregnancies can be planned. It is also included in women's reproductive rights to have access to proper means of information. The sources of information were available to them are given in the table ,

**TABLE NO. 3.15**  
**SOURCES OF INFORMATION**

| S. No. | Source                             | No. of Respondents | %   |
|--------|------------------------------------|--------------------|-----|
| 1.     | Spouse                             | 8                  | 19  |
| 2.     | Neighbours and friends             | 4                  | 9   |
| 3.     | Doctors                            | 5                  | 12  |
| 4.     | Health and family planning workers | 21                 | 48  |
| 5.     | Mass media                         | 5                  | 12  |
|        | Total                              | 22                 | 100 |

The table shows that the health and family planning workers informed most of the women. They convince the women that family planning does not mean the absence of children or just two children but it helps the women to live in better health by avoiding unwanted pregnancies and proper spacing between births.

The LHV's visit ten households daily and they greet the clients and tell clients about family planning methods and also explain how to use a method. They help the clients to choose appropriate method. They are very close to them and have strong interaction because they live in same mohallah. So women can discuss their problems frequently without feeling hesitation. Nineteen percent respondents heard about family planning from their husband. Those females who are recently married also getting useful information from TV. Advertisements of contraceptives are very common now a day. The females belong to upper class also consult doctor. Information also travels from friend to friend because females are used to discuss such matters with their friends and neighbours and it is the favourite issue of married women.

### **3.10. LOCAL ATTITUDE ABOUT SERVICES AVAILABLE AT THE CENTRE**

Local attitude about services available at the centre play very important role in the acceptance and rejection of family planning methods.

The attitude of LHV's is very humble and co-operating still most of the females do not visit the centre due to the bad behaviour of LHW. Mostly LHW is not present in the centre and she has six daughters and one son. How she can convince others when she herself is having large family.

Females also do not trust her because some females have requested her to keep their secrets and not tell others specially their in-laws, that they are using contraceptives. But she broke the promise and informed others about it. So females do not consider her a reliable and trustworthy woman.

Contraceptives are available at centre. The prices of the contraceptives are given below:

|                          |          |
|--------------------------|----------|
| Two condoms              | 1 rupee  |
| One packet of oral pills | 3 rupees |
| Injections               | 3 rupees |
| IUD                      | 3 rupees |

She exploits the woman by taking 1 rupee for one condom and 10 rupees for oral pills. For the insertion of IUD and for injection she takes 70 to 100 rupees. She considers it a dirty work, which nobody other can perform. For delivery she takes 2000 rupees and soon after delivery she comes back and doe's not stay with the mother.

Many women complained that they got pregnant inspite of inserting IUD and one woman who came for DNC and Mumtaz has not done it properly and she started bleeding and then she was taken to the hospital of Hassan Abdal. Injection also do not bring expected results

That's why females do not like to consult her because she is more concerned with her own material advantages not with the health of the clients and loyalty of her profession.

Women also complained that tubligation is done free from the hospital of Hassan Abdal and Government gives 5Kg ghee and 100 rupees to each

client but Mumtaz takes away the money and brings them back on local transport which causes abdominal pain.

### **3.11. TRADITIONAL METHODS OF FAMILY PLANNING**

Those females who are not using contraceptives rely on traditional or folk methods like breast-feeding, withdrawal and other home remedies.

#### **1. WITHDRAWAL**

The husband usually preferred to withdraw because in this way they can avoid pregnancy without using any contraceptive. It has no side effect but a husband can not get complete sexual pleasure. It is not a reliable method.

#### **2. BREAST-FEEDING**

This method is also used to delay the next pregnancy. But this method is not reliable and a woman may get pregnant during the period of lactation.

#### **3. HOME REMIDIES**

Several home remedies are also used for family planning such as:

1. Insertion of phitkari (Alum) inside the uterus.
2. Women make uterus greasy with oil before having intercourse.
3. Eating of 2 raw eggs soon after delivery keep women away of getting pregnant for 3 to 4 years.

4. Eating of 2 or 3 tablespoons surma (antimony ground to a fine power) makes woman infertile for always.
5. Eating of the two tablets of 'disprin' after the 18 days at the end of the menstruation keep woman away from getting pregnant.
6. Eating of cloves also helps women to avoid pregnancy because they are considered very hot.

### **3.12. PHYSICAL AND EMOTIONAL ABUSE**

In a male dominant culture female is subject to physical and emotional abuse at the hands of husband or in-laws. In the village relationship between husband and wife is considered a private issue that does not concern the public. Even the family members have no right to interfere in it. That's why males enjoy authority and supremacy over females in the village.

Women are expected to provide sexual services to the husband. The woman can not refuse because Islamic law grants the husband more rights. The husbands often give the reference of the Hadith,

"When a man invites his wife to his bed and she does not come, and he spends the night being angry with her, the angels curse her until morning." (SAHIH MUSLIM)

They think that God has given the husband complete sexual rights over his wife and she has to satisfy him at any time he wishes. A woman who protests, invites Allah's wrath and the blessings of God goes away from that house. That's why a husband can not be at fault and a wife who argues with her husband will provoke violence. There are various reasons for the



physical and emotional abuse of wives e.g. cultural norms legitimize wife's abuse, the family's socialization, gender inequality, poverty etc. Most of the women said that their husbands show aggression when they refuse to have sex with them and when they refuse to produce more kids due to poor economic condition and also when they force their husbands to use contraceptives or get permission for tubligation. The disagreement with husband leads to socially sanctioned violence.

In the village the woman who disobeys her husband and raises her voice is not considered a good wife. The wife should stay quiet. That's why women can not take steps against the will of their husbands. It is a norm in the village that once a girl marries only her dead body should leave her husband's house. So women do not consider it abuse but it is their destiny.

Twenty nine respondents (67percent) said that they were physically and emotionally abused and they got different types of harm which are mentioned in the table,

**TABLE NO. 3.16**  
**HARM CAUSED BY ABUSE**

| <b>S. No.</b> | <b>Harm</b>     | <b>% of Respondents</b> |
|---------------|-----------------|-------------------------|
| 1.            | Body ache       | 47                      |
| 2.            | Wounds/bleeding | 19                      |
| 3.            | Bone injury     | 9                       |
| 4.            | Stressed        | 51                      |
| 6.            | Anger           | 35                      |
| 7             | Headache        | 58                      |

Thus, females are compelled to work just like a reproductive machine and they are dominated through the control of their sexuality.

*CHAPTER NO.4*

*REPRODUCTIVE  
HEALTH*

## **REPRODUCTIVE HEALTH**

In the village childbearing is considered a part of routine life. Pregnancy which is a very critical period in the life of a woman is not given any special attention by most of the villagers rather it is treated as a casual and normal happening.

According to the reports of ICPD one woman in 38 dies during pregnancy or childbirth in Pakistan. Upto 13 percent of these deaths are the result of unsafe abortion. From 20-45 percent of all deaths among aged 15-49 in developing countries are from pregnancy related causes, in comparison with less than 1 percent in United States. Thus in developing countries like Pakistan a large proportion of maternal deaths could be prevented if women had access to care and information. That's why pregnancy should not be taken just as a natural phenomena.

I interviewed 43 married women, their ages ranging between 15 to 45 years. The sample included 11 pregnant women and the others were not pregnant but still in their reproductive age.

In this chapter I will discuss how the females go through the periods of pregnancy, delivery and confinement according to their belief system and cultural context. Abortions and miscarriage also have direct affect on the reproductive health that's why it will also be included in the chapter.

### **4.1.PREGNANCY**

Pregnancy for the first time is a very special occasion. They believe that if there is no deficiency in girl then she must conceive within 3 months after marriage. If newly wed woman fall sick for one reason or another, people would think she is expecting.

Women feel shy and at this time the older women of the house guide the pregnant woman. She is reluctant to tell other about this changed situation. It's mostly the husband who gets the news first and then this news is confined to the females of the family because of the fear of evil eye. When a woman stops menstruating she usually informs her mother-in-law and it is taken as a symbol of conception. Furthermore vomiting, nausea and dizziness are considered indicators of conception.

The following table shows the number and percentage of women who confirmed their pregnancy through urine test from hospital.

**TABLE NO. 4.1**

**CONFIRMATION OF PREGNANCY**

| S.No. | Confirmation of Pregnancy     | No. of Respondents | %   |
|-------|-------------------------------|--------------------|-----|
| 1.    | Urine test                    | 5                  | 12  |
| 2.    | Test only for first pregnancy | 9                  | 21  |
| 3.    | No test                       | 29                 | 67  |
|       | Total                         | 43                 | 100 |

Women who belong to upper class go to the hospital for urine test and the others who belong to the poor class take the advise of old and experienced ladies who have gone through all these stages very successfully. The pregnant woman hide herself with the big chadar in front of the male elders of the house. A pregnant woman is called 'Bemar' and she is not allowed to vomit in front of others and should behave like a normal woman.



A PREGNANT WOMAN

#### **4.1.1 FERTILITY PREFERENCES**

To get pregnant is a matter of honour for a woman because barren woman has very low status in the village and she is called 'shund' and 'khusri'.

Women have their own fertility preferences, which are influenced by the culture. All the respondents said that they wanted to have a boy first. The first baby is called 'palethii na bacha' and the women feel pressure to prove that they can bear sons.

The status of the mother of daughters is low as compared with the woman having more sons. A woman having only daughters called 'otri'. Husbands demand to have son while the women think that daughters are more obedient. They are more close to parents so they are more likely to share their sorrows and happiness.

#### **4.1.2 BELIEFS RELATED TO PREGNANCY**

Among all human societies vitality of religion and belief system can never be ignored as different social values, norms, customs, ideas and knowledge are sharply influenced by these institutions.

In village "Burhan" women have their beliefs in relation to pregnancy and it's outcomes. During pregnancy they have to follow certain restrictions e.g. pregnant women are forbidden to make pickle at home or to wear black clothes.

During solar and lunar eclipse a pregnant woman is not allowed to come out of the house and she should not do any household work especially with knife because it will cause disability in the coming child.

They also have superstitious beliefs related with diet e.g. a woman who eats fish during pregnancy will bear a kid having beautiful coloured eyes. Women eat coconut and drink its water to make the complexion of the unborn child fairer. The children of that woman are also pretty who is used to suck her fingers after eating.

Interesting beliefs are related with the gender of newborn e.g. in case of boy a woman wants to eat sweet things while in case of a girl she more likes to eat spicy food. If expected mother takes right leg before while walking then it is believed that she will produce a son, if she takes left step before then she will bear daughter. If expected mother feels pain in her right thigh during pregnancy then she will bear son, if in left then girl child will be born.

They have also beliefs related with the physical features of the unborn child e.g. the child resembles with a person whom the pregnant woman first sees after waking up in the morning. For this purpose newly wed couple place a poster of beautiful kid in their bed room. One respondent who belongs to upper class reported that she was cursed by her husband just because she had placed a poster of baby girl while her husband wanted to have a boy.

Thus these beliefs play an integral role with respect to pregnancy and health of the child.

#### **4.1.3 MISCARRIAGES**

The term designates a spontaneous delivery of the fetus before it has developed sufficiently to be able to survive in the outside world. Arbitrarily



miscarriage is defined as birth of the fetus before the 5th month of pregnancy. In local terminology miscarriage is called "bacha zaya hona".

It is also relevant with the reproductive health of a woman and the following table shows the number and percentage of women who miscarried their babies.

**TABLE NO. 4.2**

**MISCARRIAGES DURING CHILDBEARING PERIOD**

| <b>S.No.</b> | <b>Women who</b>     | <b>No.of Respondents</b> | <b>%</b>   |
|--------------|----------------------|--------------------------|------------|
| 1            | Suffered miscarriage | 28                       | 65         |
| 2.           | Had no miscarriage   | 15                       | 35         |
|              | <b>Total</b>         | <b>43</b>                | <b>100</b> |

The table shows that 65 percent women suffered miscarriage in comparison to 35 percent women who did not have any miscarriage. According to the views of respondents to miscarry one baby is equal to bear 10 healthy children.

Miscarriages cause weakness in the body. Women relate miscarriages with "parchawan". Parchawan is some kind of evil possession or evil eye. Young married women, pregnant women and unmarried girls are more prone to get a parchawan.



Young married girls if get parchawan then there will be problems in their marriage and if they get married then they must have problem in conception and if they conceive then only daughters will be born.

If a pregnant woman gets parchawan then she will start bleeding and abortion will take place. It may also cause pre-mature delivery and still birth. If she gives birth to a child, he or she will die within 40 days. She can not produce a normal and healthy child.

The following table shows the number and percentage of women who believe that parchawan causes miscarriage.

**TABLE NO. 4.3**  
**CO-RELATION BETWEEN PARCHAWAN AND MISCARRIAGE**

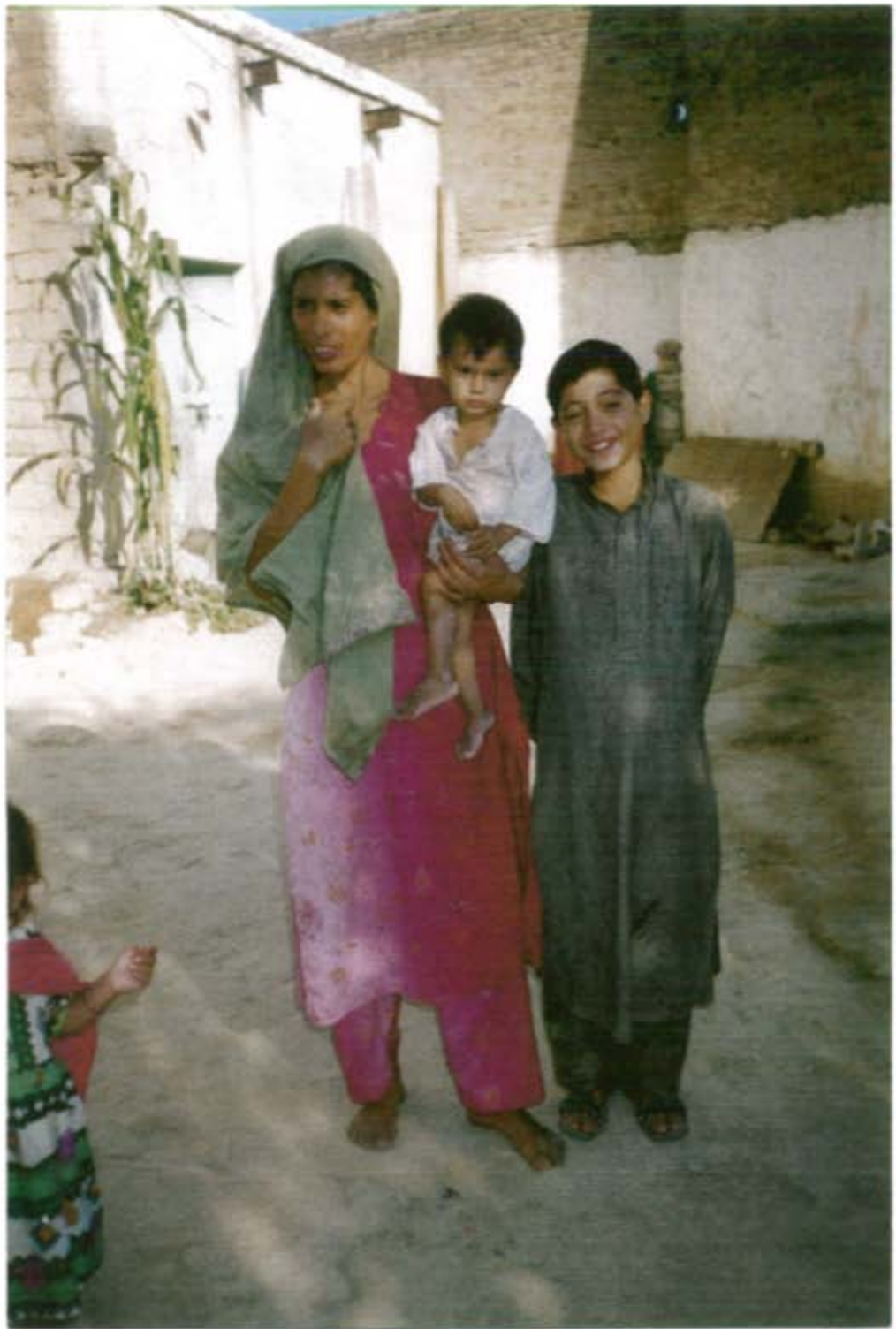
| <b>S.No</b> | <b>Responses</b>                              | <b>No. of Respondents</b> | <b>%</b>   |
|-------------|---|---------------------------|------------|
| 1.          | Miscarriage due to parchawan                  | 25                        | 58         |
| 2.          | Miscarriage may be due to any medical problem | 18                        | 42         |
|             | <b>Total</b>                                  | <b>43</b>                 | <b>100</b> |

Mostly women who are uneducated and due to poor economic condition they do not consult doctors and always think that they have miscarried because they were caught by the parchawan. While others who had no miscarriage and belong to upper class are better aware of medical science and have no belief on sources of parchawan.

According to the information of the respondents there were different sources of getting a parchawan.

1. Parchawan can be contracted from evil things like Jin, pari etc.
2. It may be contracted through animals and birds.
3. With contact of infertile woman.
4. With contact of woman who has miscarried.
5. Visiting the house where death has occurred. If a pregnant woman passes near the foot of dead body then there will be more chances of getting parchawan.
6. From the place where the dead body has given bath.
7. Parchawan can be inflicted intentionally with the help of "taveez" or "Phatak". It is believed that if a woman having parchawan wear "taveez" or "phatak" around her waist and meets another pregnant woman then this woman also gets parchawan and her baby dies as a result of miscarriage. It is known as "taveez larna".
8. The woman who had miscarriage washed her hair and threw the drops of water on another pregnant woman then she will get parchawan.

A woman when takes bath her parchawan gets disturbed (parchawan bigrya honda hay) so she should avoid meeting other women.



A WOMAN WHO MISCARRIED FIVE  
TIMES DUE TO PARCHAWAN

#### **4.1.4 Treatment of Parchawan**

Parchawan can't be treated through medicines, but it requires faith healing. Parchawan is treated through "Phatak" which is a kind of silver pearl and it is tied around the waist of pregnant woman for various purposes like:

- ◆ To give birth to a healthy child
- ◆ To avoid miscarriage
- ◆ To have male child

"Phatak" is used for curative, constructive as well as destructive purposes. It is taken from the shrine known as "Mullo" near Hazro village. Woman wearing 'phatak' is not allowed to visit the house of other pregnant woman because if phatak touches her body it will cause miscarriage.

If it touches the newborn he or she dies within 2 or 3 days. One respondent told me that her neighbour came who was wearing "phatak" and she took her child who was just three days old in her lap and when she went out her child turned blue and started crying and after two hours he died.

There may be other reasons for miscarriage but generally women say that it is not due to any defect in woman's body but due to parchawan. The women who miscarried believe that "phatak" may be harmful for others that's why taveez is better for the cure of parchawan. Women mostly get taveez or an amulet from the shrines of Golra Sharif and Sang Jani. They have to visit the shrine monthly and the taveez should be taken by the women during the 9 months of pregnancy. Taveez are ascribed to drink after

soaking in water or any other liquid daily. After childbirth taveez is then tied with the arm of the baby during the 40 days.

Thus a pregnant woman has to be very careful because in case of getting parchawan she can't produce a normal baby and it also causes health problems like weakness, bleeding, pain in the lower abdomen, backache etc.

#### **4.1.5 HERBAL TREATMENT OF MISCARRIAGE**

The women also use home remedies to avoid miscarriage. A thorny plant known as "Tamyra" which is mostly found in the graveyard. It is dried not directly under the sunlight. It is having a very bad taste but it is used during the whole period of pregnancy. It is grind and then soaked in water over night. Some women also paste this powder over their bodies.

Two respondents also told that they went to the "Mullo Wali Ziarat" and took bath and left their old clothes and all accessories like jewellery, hair clips, paranda etc at the shrine because these things may carry parchawan or evil shadow again. Then they must eat some sweet thing. Then they came back to house and conceived within a month. They were also given oil and husband and wife must have to massage their bodies before going to bed. Before taking bath they should not meet any person.

It is evident from the data that parchawan is a transferable shadow which is inflicted unintentionally as well as intentionally as a result of enemy or ill will.

#### **4.1.6 DIET DURING PREGNANCY**

The health of the infant depends upon the nutritional status of mother. Local beliefs and practices also affect the dietary pattern of pregnant women, which is discussed in detail.

#### **MAL- NOURISHMENT DURING PREGNANCY**

During pregnancy woman requires extra and nutritious food but unfortunately in the village most of the women are mal-nourished because they eat whatever is cooked at home for all the family members. No special change takes place in diet because nourishing food require special effort and extra money that's why everyone does not make use of them.

The behaviour of family members also counts a lot. In terms of food women are last in number and they are also given inferior part of food. Pregnancy is perceived as natural phenomena so the elder women of the house never let her cook separately. The said that they themselves have taken simple food. One respondent said that she does all the domestic work but cooking is done by her mother-in-law. She is not allowed to eat anything without getting her permission. Her mother-in-law says "Bacha gande khoon nul bunda hay khurraka nul kuj ne honda". For her good diet has no link with baby's growth.

The attitude of husband towards her pregnant wife is of no greater significance. In joint families especially they can't be so close to each other and a husband mostly does not bring anything special for his wife. Husbands often say:

"Zanian bachey ne bahane apna chaska poora karniyan."

Due to insufficient diet women are mostly weak, having pale complexion and rough skin. Due to loss of energy they feel restless and become exhaust and tired after doing light manual work.

### **ECONOMIC RESTRAINTS**

Although strength producing foods like desi ghee, milk, fruits, chicken etc are considered good during pregnancy but the women can't afford nourishing food due to poor economic condition.

The following table shows, which type of food, are consumed by the respondents.

**TABLE NO. 4.4**

### **DIET OF RESPONDENTS**

| <b>S. No.</b> | <b>Type of Food</b> | <b>No. of Respondents</b> | <b>%</b> |
|---------------|---------------------|---------------------------|----------|
| 1.            | Milk                | 6                         | 14       |
| 2.            | Eggs                | 15                        | 35       |
| 3.            | Desi ghee           | 18                        | 42       |
| 5.            | Fruits              | 12                        | 28       |
| 6.            | Vegetables          | 37                        | 86       |
| 7.            | Meat                | 8                         | 19       |

It is evident from the table that women mostly eat vegetables and pulses. While the rest of the things are too expensive and everyone can't afford them. Usually from the 8th month women take one glass hot milk and add 1 tablespoon desi ghee till the child's birth. It not only gives strength but also makes the delivery easier.



## **FOOD TABOOS**

Certain foods are preferred during pregnancy and also there are certain foods that are a taboo. In the village they have a complex system of hot and cold distinctions.

According to Redfield ,

"There is one important concept that enters into the idea of disease and it's treatment and constitutes a sort of physiological principal of the folk. This concept is the distinction between things "Cold" and things "Hot". (Redfield 1934: 161)

Good health can be achieved by creating a balance between hot and cold. During pregnancy a woman's body is extremely hot from the inside that's why women try to avoid hot foods like meat, eggs, fish, nuts, tea etc. and prefer cold food like yogurt, lussi, sikanjabeen and all types of vegetables and fruits.

They believe that intake of hot food induces miscarriage and also cause other problems like vaginal discharge, bleeding, burning urination, stomach ache etc.

Women are also advised to take simple food without adding much spices and oil. They also refrain from 'badi' or gas producing things' like cabbage, meat etc. because it causes acidity and heartburn.



## **FOOD CRAVINGS**

Seventy two percent respondents said that during pregnancy they have a strong desire for a certain kind of food or confection.

Mostly respondents said that they eat matti, gachi, koila, kachey chawal, kala nemak etc. They felt a very strong desire that they could not resist from eating. Things having sour taste like pickle, chatni, imlee are also liked. Three respondents said that during pregnancy they start smoking 'hukka' and it gives them relief from headache.

### **4.1.7 WORK LOAD DURING PREGNANCY**

Certain discomforts and limitations of activity can not be avoided during pregnancy. Especially during the first 3 months of pregnancy, it is normal to feel tired .During the last months with the enlargement of uterus a pregnant woman feels problem in sitting and walking, but in village she carries on her usual way of life. Nobody helps her in household work and child care and she is expected to perform her duties in the same manner, she used to perform before pregnancy.

Pregnant woman benefits by physical exercise that's why during pregnancy they perform all activities even fetching water and lifting weight and plastering the walls with mud. The poor women also do embroidery work for longer hours and eventually suffer from abdominal pain and backache.

The following table shows the ratio of women who reduce work load during pregnancy.

**TABLE NO. 4.5**

**WORK LOAD**

| <b>S. No.</b> | <b>Respondents who got</b> | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|----------------------------|---------------------------|------------|
| 1.            | Help in routine work       | 6                         | 14         |
| 2.            | No help                    | 37                        | 86         |
|               | <b>Total</b>               | <b>43</b>                 | <b>100</b> |

The attitude of mother-in-law is not very helping and they mostly say that work is good for the health of mother and they believe that the more a pregnant woman works the more easily she delivers a baby. According to one respondent when she miscarried 4 times and doctor advised her to take rest her mother-in-law said that:

"It was a will of God and you don't need to lie on the charpai".

Usually before 15 days of childbirth mother or sister come to help the pregnant woman especially at the time of first pregnancy. This happens only if she is married within biraderi. Many respondents said that only a mother can feel the pain and suffering of her daughter.

"Okhey tame mawan he kol khalniyan"

Due to heavy workload a woman may miscarry her baby. One respondent was miscarried by lifting bucket full of water. Another

respondent who miscarried in 8th month when her mother-in-law ordered her to bring wood from the roof and she went through ladder. After one hour she started bleeding and then taken to the hospital where she gave birth to a still born baby.

Husband and the other family member do not give her emotional support to bear the strains of pregnancy and only 5 respondents (12 percent) said that they were happy with the family atmosphere while 38 respondents (88 percent) said that other did not take care of them. Thus a woman in village do not really enjoy the experience of pregnancy and there is nothing new for them.

#### **4.1.8. DISCOMFORTS AND COMPLICATIONS DURING PREGNANCY**

In the village women mentioned different kinds of complications they faced during pregnancy.

The following table shows the percentage of respondents with respect to the problems they complained of.

**TABLE NO. 4.6**  
**COMPLICATIONS DURING PREGNANCY**

| S.No. | Complications     | No. of Respondents | %  |
|-------|-------------------|--------------------|----|
| 1.    | Weakness          | 37                 | 87 |
| 2.    | Anemia            | 34                 | 79 |
| 3.    | Backache          | 32                 | 74 |
| 4.    | Headache          | 28                 | 65 |
| 5.    | Vomiting          | 36                 | 60 |
| 6.    | Nausea            | 21                 | 49 |
| 7.    | Dizziness         | 20                 | 49 |
| 8.    | Blood Pressure    | 18                 | 42 |
| 9.    | Loss of Appetite  | 15                 | 34 |
| 10.   | Abdominal pain    | 13                 | 30 |
| 11.   | Vaginal discharge | 10                 | 23 |
| 12.   | Heart burn        | 10                 | 23 |
| 13.   | Suraishna         | 8                  | 19 |
| 14.   | Bleeding          | 6                  | 14 |
| 15.   | Constipation      | 3                  | 7  |

It is evident from the table that weakness is most common among the females. Multiple pregnancies do not let the body of women to recover and it worsens the health of the women. Frequent intercourse also cause weakness in their opinion.

The second most common reason was anemia. They eat deficient diet and can not get the required calories. They considered it normal and said that every month due to menstruation the level of blood decreases in the body.

Other problems like backache, headache are also attached with weakness. Vomiting, nausea and dizziness are also common in pregnancy. A certain amount of nausea and vomiting is considered normal during first three months and women said that sometimes this situation becomes extreme and they could not take food and lost their weight.

Women also had blood pressure but those who did not seek medical treatment always consider it low and drink water with addition of salt. Women also complaint of vaginal discharge or 'sufaid pani' which is a normal occurrence during pregnancy but caused weakness and backache. The women who had heartburn used cold things to get relief from it. The women who had bleeding during pregnancy were advised by the Dai to avoid constipation and straining when they pass stool.

Women also complaint of disease known as "suraishna." They get rash or danney known as "chalak" on the belly and vagina. It transfers from mother to child and the same chalak appears on the head and inside the mouth of the newborn. A woman may die if it becomes serious and it is treated through faith healing.

Women sought treatment from a Sayyadzadi in the village who made dam on ajwain (omum seeds) and were eaten by them. Another toona was to make dam on the threads of 7 colours and then tied with the waist of pregnant woman.

In other problems there were frequent urination, swelling of hands and feet etc. But they do not really get serious about these problems and considered them part of pregnancy.

#### **4.1.9 PRE-NATAL CARE**

Gynecological problems are known as "zanana Takleef" that range from serious problems such as miscarriage, infertility to minor problems such as backache, irregular menses etc. Women discuss these problems with each other but they feel shy to discuss them with doctor. They think that female's problems should be kept secret.

The following table shows the number and percentage of women who went for antenatal checkups during pregnancy.

**TABLE NO. 4.7**

#### **ANTE-NATAL CARE**

| <b>S. No.</b> | <b>Women</b>                   | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|--------------------------------|---------------------------|------------|
| 1.            | Having ante-natal checkups     | 15                        | 35         |
| 2.            | Not having ante-natal checkups | 28                        | 65         |
|               | <b>Total</b>                   | <b>43</b>                 | <b>100</b> |

The women who went to the hospital for checkups mentioned various reasons, which are given in the table.

**TABLE NO. 4.8**

**REASONS FOR HAVING CHECKUPS**

| <b>S. No.</b> | <b>Reasons</b>                           | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|--|---------------------------|------------|
| 1.            | Health problem                           | 9                         | 60         |
| 2.            | Better for the health of baby and mother | 4                         | 27         |
| 3.            | Recommended by doctor                    | 2                         | 13         |
|               | <b>Total</b>                             | <b>15</b>                 | <b>100</b> |

Women suffering with different kinds of health problems went to the hospitals of Hassan Abdal or Attock to seek medical treatment. One respondent who was suffering from severe abdominal pain went to the hospital and was told that baby is too heavy and she would not be able to deliver it normal. A doctor can tell better about the health of mother and child.

As mentioned earlier that most of the women were anemic but only 14 respondents (33 percent) took iron tablets during pregnancy from the hospital, and only 17 respondents (40 percent) got tetanus toxoid. It was the main cause of child and maternal mortality. After birth child cries and

turns blue and dies after sometime they called it "Ghota Parna" and relate it with 'parchawan' or 'evil eye'.

Most of the women had fatalistic view and said that problems come with the will of God and if suffering is written in one's fate then he or she must have to suffer. They had also mentioned other reasons for not having checkups, which are given in the table.

**TABLE NO. 4.9**

**REASONS FOR NOT HAVING CHECKUPS**

| <b>S. No.</b> | <b>Reasons</b>            | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|---------------------------|---------------------------|------------|
| 1.            | Not allowed               | 9                         | 32         |
| 2.            | Financial reasons         | 8                         | 29         |
| 3.            | Traditionally never went  | 6                         | 21         |
| 4.            | Too far/no transportation | 3                         | 11         |
| 5.            | No health facility nearby | 2                         | 7          |
|               | <b>Total</b>              | <b>28</b>                 | <b>100</b> |

Majority of the women said that they were not allowed by their husbands to go to the hospital because to uncover body in front of doctor is "Be Hayai". A woman should be confined to her home and it's shameful for husband when others come to know about his wife's pregnancy.



Second major reason was the poor economic condition. For them it is better to spend money on food rather to pay doctors fee. Third reason was that it is against their tradition or 'riwaj' to consult doctor during pregnancy. Their mothers and grandmothers have produced normal kids without any medical treatment.

Another reason was that there is no hospital in the village and they have to go on local transport and it is considered shameful when a pregnant woman goes outside her house especially in last months.

#### **4.1.10.ANTE-NATAL CARE AT HOSPITAL**

Women who could afford or who were suffering from serious problems went to the hospital. Some of them were not satisfied and gave reasons shown in the table .

**TABLE NO. 4.10**

#### **REASONS FOR NOT BEING SATISFIED**

| <b>S. No.</b> | <b>Reasons</b>         | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|------------------------|---------------------------|------------|
| 1.            | Too expensive          | 2                         | 40         |
| 2.            | Services were not good | 3                         | 60         |
|               | <b>Total</b>           | <b>5</b>                  | <b>100</b> |

They complained that doctor did not check them properly specially in government hospitals and the private hospitals are too expensive.

Majority of the women were satisfied with the treatment at hospital and given following reasons.

**TABLE NO. 4.11**

**REASONS FOR BEING SATISFIED**

| <b>S. No.</b> | <b>Reasons</b>                      | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|-------------------------------------|---------------------------|------------|
| 1.            | Resolved the problems               | 6                         | 60         |
| 2.            | Attention and facility was provided | 2                         | 20         |
| 3.            | Was given medicine                  | 2                         | 20         |
|               | <b>Total</b>                        | <b>10</b>                 | <b>100</b> |

According to their view if there is any defect in women's body doctor can resolve the problem e.g. one respondent said that she had high blood pressure during pregnancy and was hospitalized for last two months when her blood pressure was controlled with medicines and injections. They also said that dai can only check through her experience but can not prescribe medicines. Due to these reasons they were satisfied by the services available at hospital.

**4.2. DELIVERY**

Delivery is also very important component of reproductive health care and every woman should get access to safe deliveries.

But in Pakistan, over half of the deliveries are assisted by traditional birth attendant at home who are not adequately trained to deal with complications or maintaining hygiene standards to prevent infection.

(Pakistan Demographic and Health Survey)

The situation is same in the village "Burhan" where 76 percent deliveries took place at home and only 24 percent deliveries took place at hospital.

The following table shows who assisted in the delivery of the women.

**TABLE NO. 4.12**

**PERCENTAGE OF DELIVERIES ASSISTED**

| <b>S. No.</b> | <b>Who Assisted</b>      | <b>No. of Respondents</b> | <b>%</b>   |
|---------------|--------------------------|---------------------------|------------|
| 1.            | Dai                      | 23                        | 53         |
| 2.            | Older women of the house | 8                         | 19         |
| 3.            | Doctor                   | 10                        | 23         |
| 4.            | Unattended               | 2                         | 5          |
|               | <b>Total</b>             | <b>43</b>                 | <b>100</b> |

The table shows that dai's hold a central position among the rest of the birth attendants assisting 53 percent of the total deliveries.

**4.2.1 DECISION-MAKING REGARDING PLACE OF DELIVERY**

Mostly husbands take decisions and prefer delivery at home. Even in case of emergency they did not agree to take their wives to hospital. One respondent gave birth to a still baby at home and wasted blood equal to one

bucket when dai asked her husband to take her to hospital, he totally refused and then her brother came and took her to hospital.

The following table shows the percentage of persons deciding for the patient.

**TABLE NO. 4.13**

**DECISION-MAKING FOR PREGNANT WOMEN**

| S. No. | Category     | No. of Persons | %          |
|--------|--------------|----------------|------------|
| 1.     | Herself      | 2              | 5          |
| 2.     | Husband      | 26             | 60         |
| 3.     | Old Ladies   | 15             | 35         |
|        | <b>Total</b> | <b>43</b>      | <b>100</b> |

**4.2.2 REASONS FOR THE PREFERENCE OF DELIVERIES AT HOME**

Although husband decides the delivery place but women also showed their preference to deliver at home.

**TABLE NO. 4.14**

**PREFERENCE ORDER**

| S. No. | Preferences                                     | No. of Respondents | %          |
|--------|---|--------------------|------------|
| 1.     | Dai   | 21                 | 49         |
| 2.     | Doctors   | 12                 | 28         |
| 3.     | Dai but in case of complications go to hospital | 10                 | 23         |
|        | <b>Total</b>                                    | <b>43</b>          | <b>100</b> |

Due to following reasons women prefer dai and deliveries done at home instead of hospital.

### **1. HUSBAND'S CONSENT**

It's the old saying in the village that obedient wives have less pain during childbirth and God helps them. They could not go to hospital without getting their husband's permission. Husbands prefer to deliver at home because nobody sees his wife and they feel ashamed when others come to know that his wife is about to deliver and there is also no privacy at hospital.

### **2. TRADITION OR CUSTOM**

Women also prefer dai's because they consider it right and easy to follow the traditions set by their elders through generations.

### **3. PRESENCE OF FEMALE RELATIVES**

Usually mother and other senior females gather at the room where a woman in labour and it enables them to bear the pains with confidence. They also use desi totka's to lessen her pains while at hospital there are 4 to 6 women in labour room at one time and doctor's do not bother for their crying.

### **4. UNAFFORDIBILITY**

They can not afford the expenses of hospital because for normal delivery they take 2000 to 3000 rupees in advance and extra money is also needed to buy medicines while the remuneration of dai is quite less as

compare to doctor which is one of the main reasons for their preference for dais.

## **5. LACK OF TRANSPORT FACILITY**

Very few people in the village have their own transport. Public transport is not available at night and it is also dangerous to take a woman in labour by public transport.

## **6. FATALISM**

The fatalistic attitude of the women which sets fate responsible for every thing that happens to the people hence going to doctor or dai makes no difference.

According to one respondent "Allah Kunda Kholna hay".

Illiteracy, lack of awareness are other factors responsible for preferring dais to doctors.

## **4.2.3 RESONS FOR THE PREFERENCE OF DOCTOR**

Only 23 percent deliveries took place at hospital and the women who preferred doctors for attending deliveries gave following reason.

### **1. FINANCIAL POSITION**

Financially stable and educated females have more knowledge about modern medical system that's why women who could afford preferred doctors for attending deliveries.

## **2. MODERN FACILITIES**

Dai's are not capable of handling complicated deliveries and do not have any equipment. While at hospital modern facilities are available and doctors are competent enough to handle complicated deliveries.

## **3. ENTITLEMENT**

Three respondents preferred hospital because their husbands were government servants and they got entitlement, so all the treatment at hospital was free of cost.

### **4.2.4. ROLE OF TRADITIONAL BIRTH ATTENDANT OR DAI IN THE VILLAGE**

There are 2 prominent dai's in the village and one LHW also assists delivery. The following table shows the detailed information about their source of skills.

**TABLE NO. 4.15**  
**SOURCE OF SKILL**

| S. No. | Name    | Source of Skill                            |
|--------|---------|--|
| 1.     | "A" DAI | Skill gifted by pir                        |
| 2.     | "B" DAI | Self-trained                               |
| 3.     | LHW     | Got training from Government Health Centre |

Dai is usually a member of the community and women feel no hesitation in communicating with the dai. Some people also call dai's from the neighbouring village. They are generally wise and experienced women

who has been chosen by the women in their family or village for their practical approach and experience. But mostly they are illiterate and are not trained by professional standards. In terms of social hierarchy their status is low because they belong to lower caste.

In the village dai's are called because it is considered more safe and prestigious than a relative helping in delivery. Usually dai visits the pregnant woman during the last days of pregnancy. she can predict the approximate day or time of delivery. They are experienced in their field and can tell the position of the baby by placing a hand on the body of the pregnant woman. They can also tell whether the delivery can take place at home or that woman needs to be taken to hospital. They do risk assessment in the pre-natal period and if the position of the child is not normal which they call "Tareda Bacha" then they refer mothers to hospitals.

#### **4.2.5. REMUNERATION FOR ATTENDING BIRTH**

Dai is paid both in cash and kind. When dai breaks the news of childbirth, the father of the child gives her money known as "Zayra". The remuneration varies with the financial status and the extend to which the family wants to express their happiness. But at present the usual remuneration for dai is 300 to 600 rupees. They are also given flour, grain, sugar, sweet meat, suit piece etc. Even in case of still birth they are awarded for their services.

#### **4.2.6. DELIVERY EQUIPMENT**

In the village dai's do not have any sterilized equipment. They just go empty handed and take plastic sheet and useless clothes from the family. They cut the umbilical cord of the baby with kitchen knife or scissors, and



just wash it with tap water. Then cord is tied with common thread without using any antiseptic. So deliveries are usually handled without using sterilized equipment and maintaining hygiene.

#### **4.2.7. DELIVERY AT HOME**

Dai is called when labour pains start. It was reported by the dais that three hundred and seventy labour pains come before childbirth. There are two types of contractions. Small contractions are known as katchiya dardan. Big contractions are known as pakkiyan dardan.

Some women have difficult labour and contractions start 3 to 4 days prior to delivery. Dai checks the women from the inside by placing a finger dipped with oil inside the vagina and tells how much time is left.

At the start contractions come with the interval of one hour then this time starts decreasing gradually and contractions become intense and come rhythmically. When contractions start dai advises women to stand up and hold the corner of any window or door and keep mouth closed during labour pains and if she opens her mouth and make noise she would keep making noise in all her deliveries and it will prolong her labour pains.

Slow contractions are known as "Thundi dardan" and dai has several home remedies for augmenting the labour.

To speed up contractions half K.g hot milk with one teaspoon castor oil or desi ghee with hot milk is given to the woman. At this time hot milk into which 2 raw eggs are added has to be drunk by the women. Hot milk and Sundh and hot milk with almonds are also used for this purpose.

Desi ghee is warmed and haldi (turmeric) is mixed in it, a swab of cotton dipped into it and placed inside the vagina. It is considered very hot. Onions and cloves are also fried in desi ghee and placed inside the vagina in the same way. All these home remedies help to augment the labour.

They also use injections to make contractions quicker. Sometimes a woman is given an injection three times, which causes heavy bleeding and the baby may die because injections are too hot. A woman having less amniotic fluid has difficult labour. The membrane, which holds the amniotic fluid, is called 'Dugi' or 'bag of water'. It breaks and the baby slips with the pressure of water. All the above mentioned tips help to break the water and augment the labour. To break the membrane, dai also introduces her finger into the vagina, she rotates it against the membrane. Dai also uses a knitting needle to break the 'Dugi'. It saves the woman from difficult labour.

Delivery is done in a lying and squatting position. Healthy women deliver a baby while lying on a charpai. Weak women like to deliver in a squatting position while seated on two bricks.

When the child is born, dai takes the permission from the mother three times and then cuts the umbilical cord with a kitchen knife or scissor. This is called 'naro katna' and then it is tied with thread. Oil, antimony or desi ghee is applied in order to heal pain.

Until the placenta does not come out, dai does not tell the mother about the sex of the child. Some times dai tells a lie that a baby girl is born in order to come out placenta. Placenta which is known as 'oar' in local terminology should come out within 30 minutes and dai holds the top of the mother's abdomen and does not let her stand because placenta can go to heart and cause death. To take out placenta there are several tips e.g. dai

puts the mother's hair into her mouth, this makes her puke which exerts pressure on the uterus and the placenta comes out. Mother is also asked to vomit.

The husband throws the stone from the roof of the house and it helps to take out placenta. The thumb of the husband's foot or his 'Nara' (trouser string) is dipped in water and the mother drinks this water.

'Tawa' (An iron plate used for making roti) is kept under her back to hot compress it but if the placenta is not coming then dai hung scissor at the end of the cord, to prevent it from going back inside the mother and send her to hospital because placenta is full of poison and it causes death. If any piece of placenta is left inside, it causes many infections and diseases e.g. bleeding, abdominal pain, jaundice etc. Placenta is buried anywhere. One respondent who was Awan by caste said that it is their tradition to keep placenta inside the room for 7 days and then it is buried. Dai washes the baby and cleans all other things like floor and clothes. Several beliefs are held in relation to delivery. Women should keep away from cool air. Air should not enter into the vagina. It causes pain, which continues throughout her life. Soon after delivery mother is given haldi 'turmeric'. It is considered hot and it saves the mother from backache. For the first ten days after delivery dai visits the client twice a day for massage and washing clothes. She also suggests diet for mother.

#### **4.2.8. COMPLICATIONS DURING DELIVERY**

The following table shows the complications during delivery and percentage of respondents who complained of them.

**TABLE NO. 4.16**  
**COMPLICATIONS DURING DELIVERY**

| S. No. | Complications                           | No. of Respondents | %  |
|--------|---|--------------------|----|
| 1.     | Pain                                    | 19                 | 44 |
| 2.     | Prolonged delivery or obstructed labour | 14                 | 33 |
| 2.     | Excessive bleeding                      | 13                 | 28 |
| 4.     | Epiziotomy / small operation            | 6                  | 14 |
| 5.     | Vaginal wounds                          | 6                  | 14 |
| 6.     | Still birth                             | 5                  | 12 |
| 7.     | Mal-position                            | 2                  | 5  |
| 8.     | Placenta left inside                    | 3                  | 7  |
| 9      | Caesarian / operation                   | 3                  | 7  |
| 10.    | Twin pregnancy                          |                    | 5  |
| 11.    | Head was stuck                          | 1                  | 2  |
| 12.    | Less amniotic fluid                     | 1                  | 2  |

Those women who were weak but their babies were healthy suffered more pain. Some women also complained of prolong labour specially at the time of first birth. Injections which are used to induce labour cause bleeding because they are very hot. Women who delivered with operation also

bleed too much . Epiziotomy was done at hospital to facilitate delivery. Because the women having small uterus and healthy babies required operation. In other reasons of caesarians were mal-position of baby and high blood pressure.

Women had vaginal wounds because dai introduces her hand several times to check the baby and home remedies are also used to augment the labour. Still babies were also born due to parchawan, suraishna or Injections. In case of mal-position or 'tareda bacha' Dai massages the Stomach and positioned the baby. The woman who had less amniotic fluid was given drip with injection in it. The women believe that at the time of childbirth mother is very close to God and she is forgiven for her past misdeeds, as a reward for the pains she has suffered.

#### **4.3. SURVIVAL AND DISABILITY OF THE NEW BORN**

The data reveals that 43 respondents gave birth to 198 normal children's and 16 still babies. Seven new born lived for a short time and two were born with disability.

The following table shows the average size of the baby at the time of birth.

**TABLE NO. 4.17**  
**SIZE OF NEW BORN**

| S. No. | Size       | No. of Respondents | %  |
|--------|------------|--------------------|----|
| 1.     | Very small | 2                  | 5  |
| 2.     | Small      | 5                  | 12 |
| 3.     | Normal     | 33                 | 75 |
| 4.     | Big        | 3                  | 7  |

It is evident from the table that majority of the respondents gave birth to normal size babies because of poor health and diet during pregnancy. Generally in the village babies are first given "Ghutti". It is believed that if anybody, who puts honey or ghutti in child's mouth, his/her characteristics will transfer to the new baby. Therefore people are very careful and conscious about this. The following table shows the details about things first fed to the child after birth.

**TABLE NO. 4.18**  
**THING FIRST FED TO THE CHILD**

| <b>S.No.</b> | <b>Things</b>       | <b>%</b> |
|--------------|---------------------|----------|
| 1.           | Ghutti/herbal drops | 42       |
| 2.           | Breast-milk         | 23       |
| 3.           | Honey+Kawa          | 14       |
| 4.           | Milk+desi ghee      | 9        |
| 5.           | Honey               | 9        |
| 6.           | Gur                 | 2        |

These things are given to the baby because at start his/her stomach is not able to digest milk and ghutti makes stomach activity stable.

#### **4.4. BREAST-FEEDING**

Generally in the village women like to breast-feed their children. Thirty four respondents (79 percent) said that they had breast-fed their children while 9 respondents (21 percent) had bottle fed their children, because they were weak and also complained less milk.

The duration of breast-feeding is two years but mostly the babies are fed for some months or hardly a year because the woman gets pregnant again. The child is given buffalo, cow or goats milk. They believe that milk becomes 'Haram' for the child if mother conceives while breast-feeding. So she should immediately stop breast-feeding. Some mothers also reported that boys should be breast feed for longer period than girls because they need more energy.

#### **4.4.1. VIEWS ABOUT COLOSTRUM**

Some women withhold the breasts for the first three days after delivery until colostrum is replaced with milk. The following table shows the percentage of respondents who fed their child with colostrum.

**TABLE NO. 4.19**  
**PERCENTAGE OF MOTHERS WHO FED COLOSTRUM**

| <b>S. No.</b> | <b>Started Breast-Feeding</b> | <b>No. of Mothers</b> | <b>%</b> |
|---------------|-------------------------------|-----------------------|----------|
| 1.            | From the first day            | 24                    | 56       |
| 2.            | After 3 days                  | 19                    | 44       |

The mothers who restrained breast milk for first three days were unclear about its reasons. They said that they had learned from their mothers to do so and it is their custom. Colostrum is not good for the health of the child. While the others said that the breast are aching and nipples are not well shaped and child can not suck them properly. They had no milk during the first three days and it takes some time to come in flow. The breasts are also massaged with oil for this purpose.

But mostly women start breast-feeding because doctors at hospital advise to do so.

#### **4.4.2. DIET DURING LACTATION**

"Breast-feeding imposes serious nutritional demands on mothers actually higher than those during pregnancy. Food Agricultural Organization and World Health Organization estimated that a well - nourished woman needs 550 calories more per day that those of not breast-feeding."

(Anderson Foster, 1998,Medical Anthropology)

But in the village mostly mothers took no special diet and become weaker during lactation. Milk, Lussi, Yogurt etc is considered good for the production of milk. Hard foods were avoided during breast-feeding because they cause an upset stomach and children start crying. They also avoid taking very hot liquids because it may burn the lips of the baby. They should also drink water slowly.

#### **4.4.3. PARCHAWAN DURING LACTATION**

They believe that if a woman breast-feed her child in front of the woman who is also lactating then she gets parchawan on her milk and her child starts crying and stops taking mother's milk.



#### **4.5. CONFINEMENT**

It is the period of 40 days after delivery. In local terminology it is called 'chilla' or 'chalian'.

The practice of confinement depends upon the economic condition, number of living children and workload, behaviour of the in-laws and also the person who tends the woman during confinement. The gender of the newborn also effects the care of woman during confinement. Generally women take rest during the first ten days and one respondent who has given birth to 5 daughters started working from the next day of delivery because her mother-in-law said that she had given birth to a girl so there is no need to lie on the charpai and eat special food. As she said,

"Teeyan jamna sakhalla hay"

The mother and the child are not allowed to go outside because evil spirit like 'jin bhoot' may possess them. The mother and child may get scared from supernatural things that's why it's a general practice in the village to keep any iron object like scissor, knife etc under their pillow. They are not left alone and any elder woman always stays with them.

To ward off evil things taveez is also tied with the arm of child. Women had strong faith on evil eye. The glance of the envious person is believed to cause the child to fall sick that's why a black thread is tied with the wrist of the child to undo evil eye. "Sadqa" is also a common practice during confinement. Meat is encircled around the head of the newborn and then it is thrown on the roof. Other things are also given in "Sadqa" on every Thursday e.g. any sweet thing, red dupatta, he-goat etc. for the better health of baby and mother. Heeng is also tied with the arm of the baby.



A MOTHER WITH NEW BORN BABY

On the 7th day, woman takes bath and come out of her room, then Halwa is prepared and dua (prayer) is said. This "halwa" is eaten by the females only. The ritual cleansing bath is taken after 40 days to purify her. It is known as "chilla nahana" and after this a woman is no longer considered 'impure' or 'napak'.

#### **4.5.1. DIET**

The woman who has given birth is considered "Bemar" and "weak". They are given rich food such as eggs, chicken, meat, desi ghee, kalaji (liver), maghaz (brain) etc. All these food items are said to be rich and nutritious and give strength to fight ill health and weakness. Water is boiled with cardamoms and ajwain and it is placed near the woman, out of which she drinks when she feels thirsty. This helps woman from gaining weight.

"Sheera" is given immediately after delivery especially for the first 3 days. It is prepared by heating desi ghee into which flour is added and fried till it browns, after this sugar is added into it and then water.

Another special item is 'kara" and it is prepared by boiling milk into which desi ghee and all the dry fruits (almonds, pistachio, char maghaz, coconut etc.) are added and cooked till it thickens in consistency. It is taken as breakfast when the woman is empty stomach. "Panjeeri" is also made with suji, nuts (coconut, pistachio, almonds), desi ghee, sunth etc. It not only gives strength but also helps to heal up wounds.

But the caesarians are advised to take simple food without much spices and oil. They should avoid panjeeri and desi ghee because it causes irritation in stitches.

Usually a woman does not cook for at least one week and other women especially her mother helps her in household work.

#### **4.5.2. MASSAGE**

Massage is an important part of the confinement. For the first fifteen days after delivery dai visits her client for massage. Massage is done because it lessens the pain. Dai said that at the time of childbirth the bones of the woman change their space and with massage they come back to their space. It also keeps uterus back to its space. To deliver a baby a woman has to use her full physical power and it forms lumps in the legs so massage is very useful. It helps to reshape the body and with massage dirty blood comes out and woman gets relief from the pain of "Gola."

#### **4.5.3. CONTACT WITH "IMPURE" WOMAN**

The woman who has recently given birth is considered impure. The woman is bleeding and dirty water also comes out of her. They also believe that woman is highly infected during the first 7 days and contaminate whoever she comes into contact with. Thus entering the room the woman has given birth in and lives in, eating food that has been cooked by her or simply sitting in the room with the woman can result in ill health. This concept is very strong especially among married women of childbearing ages. Usually the woman who helps in delivery and later tends mother and newborn child has reached the menopause age and is least threatened by the impurity of the woman.

The mother and child also keep away because other married women may be jealous and can cause evil eye to the mother or the newborn. So mostly women do not visit during confinement because if a child dies or mother gets

unwell they say that it was due to the ill effect of the woman who came to see them.

Woman also stays separate from her husband. Usually an elder woman sleeps with her. They have to refrain from sexual intercourse. After confinement she takes final bath and then goes to husband.

#### **4.5.4. PROBLEMS AND PRECAUTIONS DURING CONFINEMENT**

According to the views of women the mouth of the grave remains open for mother and the baby in the period of confinement. So they have to take care a lot.

Women face different problems during confinement because of weakness. Many women complained of fever known as "chillay ne kuss". It is due to weakness, intake of hot food and unhygienic condition during delivery.

Several home remedies are practiced to get rid of fever e.g. lock is hung with the charpai of the woman. Second popular remedy is that the mother of the 'bemar woman' prepares halwa and then brings in the lid of pitcher for 7 days. If she eats this halwa she becomes all right.

Women also complained that after some time of delivery the pain of 'gola' begins, when it starts moving in the uterus. It is a ball like thing and women believe that it searches for the baby. The intensity of pain increases when the gola moves. It remains for 3 to 4 days. Since women suffered from this pain at the time of every birth but it is more severe at the birth of opposite sex.

The women are given paracetamol to get relief from it. Some women hot compress their belly with heated brick. It is not cured through medicine but only massage or home remedy can cure it. And if massage is not done properly then it grows in size.

Some women also complained of stomachache because of hot foods and medicines. For this they take the leaves of Pomegranate and soak them in water for over night and then drink it. It is considered very cold. So women get relief from pain. For abdominal pain dai advises them to sit on the charpai of 'sootri' and then sugar and ajwain is burnt when this smoke goes inside the woman all the dirty water comes out and it also helps to heal up inner wounds. Haldi and hot milk is also considered good for this purpose.

Mother and child need protection. During confinement the body of the woman is very hot. So she should avoid taking bath from cold water or drinking cold water. In all seasons i.e. winter, spring, summer, autumn, water is semi hot and semi cold to avoid diseases. She should not sit in the air of fan. She should not stay in the darkness and even at night there should be light in her room because she may get scared of any supernatural thing.

The older women suggest that she should tie her head with a piece of cloth to protect it from cool air. She should not speak much in the first days because she may suffer from headache throughout her life. She should not watch TV and look into the mirror because her eyesight may become weak. According to one respondent "chillay witch Sara Jisam katcha hona hey."

During confinement woman is strictly forbidden to cut the nails of her feet and hands because they are impure and it should be done after confinement.

#### **4.6. INDUCED ABORTION**

It's also the reproductive right of every married woman to have proper access to family planning services to eliminate the need for abortion. In the village women induce abortion due to many reasons e.g. when their husband do not use any contraceptive nor do they allow their wives to use any. Women become weak due to multiple pregnancies so they have no strength to bear more children. Women also induce abortion when they are not able to provide food to their living children.

Women also given justification for induced abortion that it's difficult for them to rear little children's together and also look after their home and family members. Majority of respondents who induced abortion at home said that they had conceived again very soon after childbirth but they wanted to breast feed their child.

To induce abortion is known as "safai karana" or "DNC". The women who can afford go to family planning centre for DNC and the lady health worker takes 1000 rupees for it. Some women also go to the private doctors. But those women who could not afford to consult doctor or were not given permission by their husbands self induced abortions by using crude techniques.

Medical practitioner at hospital or health centre performed the abortion of 10 respondents (56 percent). While the 8 respondents (44 percent) self-induced abortion.

The women discussed the methods used in the following ways:



1. Heavy loads, such as buckets full of water were carried on the head or stomach to put pressure on the body, especially on the uterus until it started to bleed.
2. Jumping from heights to induce bleeding.
3. A child was made to jump on the stomach until she felt pain or bleeding started.
4. Poisonous tablets used for killing insects were kept inside the vagina.
5. A swab of cotton dipped in "Brandi" was kept inside the vagina for 3 to 4 days. It is considered very hot so it induces bleeding.
6. To induce bleeding a dried fig (injeer) was also kept inside the vagina.
7. The insertion of the sharp nib of the feather of hen into the uterus also induce abortion

Women not only by keeping these things into the vagina induce abortion but also drink specially prepared mixtures, which are given below:

1. The ingestion of boiled mixture, which is prepared with a herb known as "Haliyo" and milk, induce bleeding because it is considered very hot.
2. "Sundh" boiled with milk also used to induce abortion.



3. Dried dates are boiled in milk and it also induces bleeding. This totka is also useful for menstrual cramps.
4. The seeds of "sootri" (from which charpai is made) are boiled in water, with the ingestion of this mixture in the morning with empty stomach woman started bleeding.
5. Women also take more than 20 tablets of paracetamol or tablets used for child spacing and bleeding starts.

The women also said that all these methods are not effective after 2 or 3 months of pregnancy and then the women must have to go to hospital or health centre for DNC or safai. They also consider it illegal and against Islam but they have no other way to get rid of unwanted pregnancy. They did so at the cost of their life because a woman suffers from severe pain when she induces abortion at home and bleeding causes weakness. If safai is not done properly then woman suffers from abdominal pain and backache etc. These techniques may also cause some sort of defect inside the woman. A woman goes through these painful stages because they have no control over their own sexuality. In the village there is no system of post-abortion care and counseling.

# CHAPTER NO.5

## SUMMARY AND CONCLUSION

## **SUMMARY AND CONCLUSION**

The study has been an attempt to evaluate the reproductive health of women in village "Burhan" focusing on their role in decision making. As a requirement of the nature of study women of reproductive age were selected as sample.

Maternal health is a neglected factor among majority of women and in this study an effort was made to examine the concepts and beliefs related to their reproductive health as viewed by themselves because reproduction is not just a biological process but it has a strong social and cultural context. It is not the woman but the culture which defines her reproductive rights e.g. in the village preference is given to endogamy and marriages are arranged by parents without getting consent of girls. The wives are much younger than grooms and thus they develop a sense of powerlessness and dependency. After marriage it is disgraceful to leave the husband's house before death. The outcome of marriage is determined by fate. She should bear in silence whatever hardships come in her way. Soon after marriage she is pressurized by the husband to produce a kid especially a son otherwise her marriage cannot be secure. Her status raises when she becomes mother. The people subject a woman who is barren or infertile to derogatory comments and other women especially in childbearing age avoid having contact with her.

Women have no right to participate in decision making. The authority of husband cannot be questioned. If wife disobeys she is given threats of divorce, remarriage or to take the kids away. A wife may not want to

produce more kids for health and other reasons but the husband may force her any way. They pick this habit from their fathers. For cultural reasons they accept the idea that its normal for a husband to hit his wife if she does not do exactly what she is told. She is no more than a piece of his property. Many respondents said that their status is very low and a woman is just like a slipper on a man's foot.

Data shows that poor couples produce more kids because they use their wives as a result of frustration due to economic hardships or inferiority complex. They use Islam to justify their abusive behaviour. Husbands often quote the Hadith ,

"If ( making sajdah for anyone was permissible and I had to order anyone to make sajdah to another), I would have commanded the wife to make sajdah for the husband."

( Tirmizi)

The superiority of husband over his wife is evident from this Hadith. So they don't take any decision against the will of their husbands because obedience to husband is a command of Allah.

Communication between husband and wife is not very effective in the village. They seldom talk to each other on the issues related to maternal health. For them reproduction is a natural phenomena and it does not require attention. The women have little say in terms of the number of children they can have and the decision to use contraceptive rests with the men. The male domination in fertility decision making process is linked with women's low self-esteem and status. Women believe that raising voice, talking back or disobeying husband is wrong and that wife is not virtuous.

Most of the men consider family planning unislamic and another main obstacle in the adoption of family planning is the desire to have male child.

Males also have preference for less reliable method "Withdrawal" which leads to unwanted pregnancies. The most widely used contraceptive is condom. Other contraceptives like IUD, oral pills, and injections have many side effects. Frequent miscarriages and closely spaced births deplete the woman's stamina and strength. The services of family planning though available at the centre but the disapproval of husband don't allow them to take advantage from these services.

The main objective of the study was to see the reproductive health of women and how their childbearing process is being effected by socio cultural beliefs. Birth is very important event in the life of a woman because it justifies her existence in the family. When woman becomes pregnant her mother, mother-in-law and other women give her instructions and precautions. Pregnancy is a part of normal routine but to bear a healthy infant she has to follow certain restrictions e.g. she is forbidden to climb upstairs, and don't squat more etc. She is also forbidden to meet such a woman who is notorious in casting evil eye and a woman who has miscarried and she is also advised not to visit the house of deceased family. Otherwise she may miscarry her baby due to Parchawan or evil eye.

Most of the women were malnourished and they get inadequate food because of food taboos followed during pregnancy. They believe that intake of hot food induce miscarriage so a pregnant woman should avoid things like meat, eggs, fish etc and prefer to take simple and cold food. No special change takes place in diet and women don't reduce workload and carry on their normal routine. Mostly women don't get pre-natal care because there is no proper health care facility in the village and due to problems of transport, purdah, financial restraints and disapproval of husband, women don't go to hospital and get iron tablets and tetanus toxoid. In case of treatment there were a variety of ways ranging from modern methods to visiting shrines,

getting amulets and dam darood and using home remedies. Many of these treatments were adopted simultaneously to achieve the best possible results especially in case of parchawan they rely on faith healing .

Process of bringing forth child from the uterus is called birth. This process covers the stages of labour and relief of pain in labour. During birth giving lives of expectant mother and child are at stake and it is a risky and crucial time for both mother and child. In the village over half of the deliveries were assisted by dai at home in unhygienic condition. No sterilized equipment is used for delivery. The women have fatalistic attitude that dais and doctors do not make any difference. Husbands also prefer delivery at home because at hospital there is no privacy.

Dai's are unqualified but due to their experience they can tell the approximate day or time of delivery. They use different home remedies to make delivery easier and introduce different things into the vagina to speed up contractions and to take out placenta etc. Hygiene is not given much importance and cord is cut with knife or scissor commonly use in the house. Due to unhygienic condition and mal - treatment of Dai women suffer from bleeding, pain, fever, infection, vaginal discharge etc. but women consider it normal and rely on home remedies to heal up inner wounds. In case of any complication during delivery dai is not considered responsible.

Confinement or chilla is also a cultural category. In the village it is believed that a woman is impure during this period because of discharge of dirty fluids and blood.

Very interesting beliefs are attached with confinement e.g. the mouth of the grave remains open for them till the forty days and other women should avoid to visit the 'bemar' woman because she is infectious and may

cause harm to others. If the mother and child fall sick the blame is put on the woman who has visited.

Strength producing foods e.g. 'panjeeri', 'sheera', 'Kara' etc. are given to women because she is weak and needs energy. Massage is also important part of confinement. Now the women practice confinement for one or two weeks only and then they start working.

Some women were under pressure from their husbands and in-laws to get pregnant inspite of what they themselves wanted to do. Some of them induced abortion at home to get rid of unwanted pregnancy by using painful techniques e.g. jumping from high places, insertion of poisonous things into the vagina and digestion of herbal mixtures.

The reason why women induced abortion was not their preference for it but the non-use of contraceptives and due to financial reasons they could not go to hospital for DNC.

Women seek abortion soon after conception because they believe that after four months of pregnancy it is totally 'haram' and impossible to do it at home.

## **CONCLUSION**

The actions and perceptions of people depend on their inherited cultural beliefs. Culture supports a male control over his wife and doesn't give women their reproductive rights. Reproduction is considered a woman's sexual and religious obligation. A man's primary desire is sex and a woman has been created for this purpose. From social point of view a good wife never does anything contrary to her husband's demands. The status of the

woman has an impact on her reproductive health. In a culture where a woman's value is based on the number of children she has, her ability to control fertility is limited.

Women lack decision making power and decisions regarding marriage, use of contraception and number of children to have, their access to health care services e.g. ante-natal check ups, mode of delivery, post-natal care, access to safe abortions are taken by her husband. The women are subordinated by the control of their sexuality and women remain silent because they lack confidence and believe that they somehow deserve this treatment. They think that husband is synonymous to God, thereby he has all God's attributes as well. They keep quiet because of financial dependency on their husbands and desire to keep homes together for children's sake. Deprivation of female's reproductive rights is a part of their culture and religion ,so they learn to live with it.



# *APPENDIX*

## GLOSSARY

|                 |  |
|-----------------|--|
| Ajwain          | Omum seed  |
| Bacha jamna     | Childbirth   |
| Bacha zaya hona | Miscarriage  |
| Badi            | Gas producing  |
| Baithak         | Guest room   |
| Bara operation  | Caesarian  |
| Barani          | Rainfed  |
| Barailvi        | Religious sect   |
| Be hayai        | Shameful act   |
| Bemar           | Pregnant   |
| Bhora           | Just like a cave used for sitting perpose  |
| Braderi         | All the members who can trace their relationship to a common ancestor, no matter how remote, belong to the same biraderi |
| Bottle          | Drip   |
| Chalak          | Local term for skin infection  |
| Chaddar/ Chail  | Cloth for covering head  |
| Chilla/ Chalian | Confinement( A period of 40 days after Childbirth)   |
| Chilla nahana   | Ritual cleansing bath taken after 40 days of childbirth  |
| Dai             | Mid wife   |
| Dam             | Spell for curing   |
| Dehari          | Daily wages  |
| Deobandi        | A religious sect   |
| Desi Ghee       | Milk fat   |
| Doli            | A kind of sedan for women  |
| Dua             | Hands are taken up for pray  |

|                 |   |
|-----------------|---|
| Dugi            | Membrane holding amniotic fluid   |
| Dukhtar         | Daughter  |
| Ghobarey        | Condom  |
| Ghutti          | First thing given to new born baby  |
| Ghota parna     | A condition in which baby cries and turns blue                            |
| Gur             | Brown sugar   |
| Haldi           | Turmeric  |
| Haliyo          | A local herb  |
| Heeng           | Asafoetida  |
| Hukka           | Hubble bubble   |
| Jin bhoot       | Evil spirits  |
| Katchiya dardan | Small contractions  |
| Kamzori         | Weakness  |
| Kanal           | Unit of land  |
| Kammi           | Lower Quom  |
| Kara            | A thick liquid prepared with milk into which desi ghee and nuts are added |
| Lussi           | Curd water  |
| Makhadi halwa   | A local sweet dish prepared at special occasions                          |
| Makki ki roti   | Corn bread  |
| Mannat          | To make a vow   |
| Mass karahi     | Meat curry  |
| Maulvi          | Religious leader  |
| Mazar           | Shrine  |
| Mazdoor         | Wage laborer  |
| Mohallah        | Segment   |
| Moharram        | First month of the Islamic calender                                       |
| Nai             | Barber  |
| Napak           | Impure  |

|                  |   |
|------------------|---|
| Nazar lagna      | Victim of evil eye  |
| Oar              | Placenta  |
| Otri             | Woman having daughters only   |
| Pakka            | Build with baked bricks or cement                                   |
| Pakkiyan dardan  | Big contractions  |
| Palethi ka bacha | First child   |
| Panjeeri         | Loose mixture of semolinna, sugar and nuts fried in ghee            |
| Paratha          | Oily fried bread  |
| Paranda          | A coloured string used to knead hair in a braid                     |
| Parchawan        | An evil shadow causing disease                                      |
| Pir              | Religious person with reputed Supernatural power                    |
| Phitkari         | Alum  |
| Phatak           | Taveez tied around the waist of pregnant woman to avoid miscarriage |
| Qari             | A reader, especially of the Quran                                   |
| Rabi             | Winter crops  |
| Riwaj            | Tradition   |
| Saag             | Cooked spinach  |
| Safai            | DNC ( Dilatation and Curretage)                                     |
| Sheera           | A local sweet dish  |
| Shund/Khusri     | Barren woman  |
| Suji             | Semollina   |
| Sundh            | A local medicine  |
| Surma            | Antimony  |
| Takhta           | Money given to deceased family                                      |
| Tamya            | A local herb  |
| Tandoor          | An underground oven   |

|               |  |
|---------------|--|
| Taqdeer       | Faith  |
| Tareda bacha  | Mal-position of baby inside the mothers womb |
| Taveez        | Amulet                                       |
| Tawa          | Hot-plate                                    |
| Thundi dardan | Slow contractions                            |
| Tuk or theka  | Half share of the output of land             |
| Tube          | IUD ( intra uterine device)                  |
| Urs           | Celebration of annual Khatam of Saint        |
| Vertan bhanji | Gift exchange                                |
| Waris         | Heir   |
| Zamindara     | Local term used for agriculture              |
| Zana takleef  | Gynecological problems                       |
| Zoja          | Wife   |

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## INTERVIEW GUIDE

### MARRIAGE

- Q.No.1. Which is the most suitable age for the marriage of a girl?
- Q.No.2. What was your age at marriage?
- Q.No.3. What was your husband's age at marriage?
- Q.No.4. Did your parents ask your opinion about the selection of spouse?
- (a) Yes (b) No
- Q.No.5. If no, why not?
- Q.No.6. Are you married within Biradari or out of Biradari?

### CONCEPTION

- Q.No.7. After marriage how soon should the first conception take place?
- (a) As soon as possible.  
(b) After some time.  
(c) At God's will.  
(d) Don't know.  
(e) Other.
- Q.No.8. Did you conceive within a year or later?
- (a) Yes (b) No
- Q.No.9. If later, then what was the reaction of the family?
- Q.No.10. How did you know you had conceived?
- Q.No.11. Was the conception according to your own will or not?
- Q.No.12. What made you agree on this?
- (a) Pressure from the husband.  
(b) Pressure from in-laws.  
(c) Sexual obligation of a woman.  
(d) Economic reasons.  
(e) Other.
- Q.No.13. Which is the more fertile period in your opinion?

**FEMALE ROLE IN DECISION MAKING**

Q.No.14. Who takes the decisions how many children to have?

- (a) Husband.
- (b) Wife.
- (c) Joint decision by husband and wife.
- (d) Mother in law.
- (e) Father in law
- (f) Joint decision by entire family.
- (g) Any other.

Q.No.15. After your first child did you and your husbands discuss when to have your next child?

- (a) Yes                      (b) No

Q.No.16. Which of the following did you and your husband discuss?

- (a) Spacing between children.
- (b) Number of childrens to have.
- (c) Maternal health.
- (d) Infant loss.
- (e) Abnormal pregnancy.

Q.No.17. Which of the following things your husband allows you to do and those which he does not allow you to do?

|     |   | Always allow | Some-times allow | Don't allow | Not certain |
|-----|---|--------------|------------------|-------------|-------------|
| (a) | Go out alone.   |              |                  |             |             |
| (b) | Argue with him.                                       |              |                  |             |             |
| (c) | Gossiping with other women related to family affairs. |              |                  |             |             |
| (d) | Talking to family health workers.                     |              |                  |             |             |
| (e) | Going alone to hospital.                              |              |                  |             |             |
| (f) | Informing your daughter about reproductive health.    |              |                  |             |             |

## **FAMILY PLANNING**

- Q.No.18. Have you and your husband ever used any method of family planning?
- (a) Yes            (b) No
- Q.No.19. If no, why not?
- (a) Don't know any method.  
(b) Can't afford any method.  
(c) Method's / services are not available.  
(d) Not fully convinced of methods.  
(e) Afraid of side effects.  
(f) Spouse objects.  
(g) Fear family objections.  
(h) Need for male child.  
(i) Need for daughter's.  
(j) Against religion.  
(k) Any other.
- Q.No.20. If yes, which contraceptive did you use?
- Q.No.21. Why this particular method?
- Q.No.22. On whom advice did you use this method?
- (a) Spouse.  
(b) Relatives.  
(c) Neighbours and friends.  
(d) Doctor.  
(e) Health and family planning workers.  
(f) Mass media sources.
- Q.No.23. Any pressure from the husband or in-laws about using contraceptive
- Q.No.24. Your views about,
- (a) Condoms  
(b) Pills  
(c) IUD  
(d) Injection  
(e) Male sterilization  
(f) Female sterilization

- (g) Refraining
- (h) Withdrawal
- (i) Breast feeding

Q.No.25. What are the natural or traditional methods of family planning?

### **PREGNANCY**

Q.No.26. What foods are not eaten during pregnancy?

Q.No.27. Which foods do you eat and why?

Q.No.28. What were the complications faced during pregnancy and why?

- (a) Weakness
- (b) Headache
- (c) Vomiting
- (d) Backache
- (e) Dizziness
- (f) Cramps
- (g) Abdominal pain
- (h) Fever
- (i) Blood Pressure
- (j) Nausea
- (k) Loss of Appetite
- (l) Jaundice
- (m) Constipation
- (n) Anemia
- (o) Heart burn
- (p) Others

Q.No.29. From where you seek treatment?

- (a) Doctor / Nurse.
- (b) TBA / LHW.
- (c) Hakim.
- (d) Spiritual healer.
- (e) Female non-technical person or home remedies.
- (f) No help.

Q.No.30. Did you go for antenatal checkup?

- (a) Yes
- (b) No

Q.No.31. What were the reasons for having the checkups?

- (a) Health problem.
- (b) Better for the health of the baby and mother.
- (c) Recommended by Doctor.

Q.No.32. What were the reasons for not having the checkups?

- (a) No health facility nearby.
- (b) No female staff.
- (c) Not allowed.
- (d) Not necessary.
- (e) Financial reasons.
- (f) Too far / no transportation.
- (g) Traditionally never went.

Q.No.33. Are you satisfied with the antenatal care during the last pregnancy?

**REASONS FOR BEING SATISFIED**

- (a) Attention and facility was provided.
- (b) Centre was nearby.
- (c) Resolved the problems.
- (d) Was given medicines.
- (e) Checkup by Doctor / Dai.

**REASONS FOR NOT BEING SATISFIED**

- (a) Domestic problems.
- (b) No female Doctor available.
- (c) Too far.
- (d) Too expensive.
- (e) Services were not good.
- (f) Other.

Q.No.34. How frequently you visit Doctor or Dai?

Q.No.35. Did you take any iron tablet during pregnancy?

- (a) Yes
- (b) No

Q.No.36. If no, why not?

Q.No.37. Did you go for injections during pregnancy?

- (a) Yes
- (b) No



- Q.No.38. Did you reduce workload during pregnancy?  
(a) Yes (b) No
- Q.No.39. Did others help you in your routine work or not?  
(a) Yes (b) No
- Q.No.40. Did others psychologically take care of mother or not?  
(a) Yes (b) No
- Q.No.41. Are their special rituals performed during pregnancy?

### **DELIVERY**

- Q.No.42. Where was your delivery conducted?
- Q.No.43. Who assisted you during delivery and why?
- Q.No.44. Were you satisfied by the assistant? If not, why?
- Q.No.45. What are the practices conducting delivery at home?
- Q.No.46. What were the problems you faced during delivery?  
(a) Prolonged delivery.  
(b) Excessive bleeding.  
(c) Caesarian / operation.  
(d) Torn code.  
(e) Epiziotomy (small operation).  
(f) Pain.  
(g) Still birth.  
(h) Vaginal wounds.  
(i) Twin pregnancy.  
(j) Pre-mature delivery.  
(k) Mal - position.  
(l) Others.
- Q.No.47. What were the causes?
- Q.No.48. From whom did you seek treatment?

- Q.No.56. Did you feed your child with colostrum after birth?  
(a) Yes (b) No
- Q.No.57. After how much time the baby is put to the breast of the mother?
- Q.No.58. What is the average time for the period of lactation for girls and boys?
- Q.No.59. If you cannot breast feed the child then what will you do?
- Q.No.60. What type of diet is taken during breast feeding to increase the quantity of milk?
- Q.No.61. What are the common practices and complications during breast feeding?
- Q.No.62. Do you go to the Hospital for the vaccination of your child?  
(a) Yes (b) No
- Q.No.63. How the birth of a male and female child is celebrated?
- Q.No.64. What is the status of the mother of a girl?

### **CONFINEMENT**

- Q.No.65. Do you practice confinement? If yes, for how many days?
- Q.No.66. What kinds of food eaten during confinement? Why?
- Q.No.67. Were you and the baby left alone? If not, then why?
- Q.No.68. What are the other practices followed during confinement?
- Q.No.69. What are the complications during confinement?
- Q.No.70. What are the causes?
- Q.No.71. What was the treatment?

### **ABORTIONS**

- Q.No.72. How did you know about abortion?
- Q.No.73. Where do you go for treatment?
- Q.No.74. What you do to get rid of unwanted pregnancy at home?
- Q.No.75. What are the after effects of abortions?