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HEALTH SEEKING BEHAVIOR OF ADOLESCENT GIRLS DURING PUBERTY

(A CASE STUDY OF VILLAGE TARRAYIA, DISTRICT RAWALPINDI)



BY

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Declaration

I hereby declare that this thesis is the result of my individual research and that it has not been submitted concurrently to any other university or any other degree.



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Abstract

This thesis intends to look into the cultural construct around puberty and its related practices that community adopted, for educating the adolescent girls of village Tarrayia. This complex issue is also surrounded by cultural norms and taboos that have made it most sensitive to be discussed openly and digging out useful and reliable information was a challenge, but applying the proper research techniques, made the gathered information tangible. It is a complex and polarized issue across many cultures. In most western cultures around the world it is taken as a normal routine happening, and no politics or complexities are surrounding the discussion around it. The cultural significance and importance of this practice may be understood by those cultures who believe that control of female sexuality by limiting access to information is good for their own growth. Yet in other cultures, it is openly discussed and there is no hindrance in accessing this knowledge, before physical and psychological maturity is achieved.

The values, belief and cultural concepts and practices of these people were only understandable by observing and participating in the daily routine activities of the village women and girls. The research was carried in the village Tarrayia, of the union council Tarrayia, of district Rawalpindi. This is a very traditional kind of a society, with most decisions taken by men folk. Women have very little role in the decision making process. Men are the controlling forces and women are the implementers of their decisions. The transition from childhood to adolescence is governed and guided by strict norms, especially for the girl, and as soon as she is about to reach maturity, her mobility becomes major issue of concern for the entire family.

There is a strong belief amongst the rural women that information to be shared with adolescent girl on maturity must be limited and made available on her first cycle. This fact is premised around the concept that the innocence of the girl carries significance in this culture. She must not be given that knowledge which can be misleading. In the rural set up there is no means for the adolescent population to learn about her body growth and changes associated with it. The family is the only institution which will addresses

this issue, with mother, elder sister or aunt being the authorized person to deal with provision of relevant details. It was found that the adolescent girls reported that they get confused on the information received, and many aspects required clarifications. But no available means to discuss with friends or cousins could be adopted as there was no space provided by the community for sharing or discussing it.

The educational institutions cannot address this issue because it is considered as a norm, and must be covered under the umbrella of the family. The story is almost similar with the case of the married adolescents. They too were found to be quite ignorant on issues like spacing, child birth, contraceptives e.t.c. regarding their first child. Since the decision making powers are vested with the elder female (mother-in-law), they despite the willingness to take a certain decision cannot proceed with it.

In the traditional form of a society, the appearance of first menstrual cycle, brings the girl from child to the adult status, where there is a great concern regarding sexuality. This is also a kind of rite of passage for her, and from now on there will be strict eye on her mobility, which is also controlled. In a few decades back, this was regarded as a sign of her maturity and in many cases the elderly women reported that their marriage was arranged accordingly.

If we look into this practice from health point of view, many of those practices were lacking aspects personal hygiene considerations. The adolescent girls were facing problems related to their cycles, as back and abdominal pain, infections, e.t.c but taking a un married girl to a doctor with was an issue, in its self. Traditional methods of healing were effective but not always. In case of married adolescent women, going to a doctor was an option for them to decide; otherwise the TBA was regarded as effective source too, but a few cases of mishandled child births have lost faith in them. Women and girls were not well versed with their own rights, and this was all related to socialization of young girls, where it was taught to bow before the decisions of their elders.

There are many theories that have been proposed by psychologists, sociologists, biologists and anthropologists regarding the adolescents. The most important work in this regard is of Freud, Stanley

Hall, Erick Erickson, Mead and many others who have addressed this issue. Today there are no boundaries between different fields, and this intra disciplinary approach has allowed reviewing this issue from various aspects.

Adolescents are world wide a concern because of two reasons, one they are in greater number and second their health is a major concern as they will be the future of a nation. Hence all measures are taken to address this aspect. Pakistan with impacts of world economic recession and natural calamities, is working hard to deal with this scenario.

There have been national level studies that have pointed that the adolescents require that their health needs are addressed, they need guidance, support and reliable information. The efforts of the public and private sector need to be enhanced and concerted .In the rural areas where there are traditional values and practices, and where the health services are limited, the input have to be doubled both in terms of facilities and services. The policy of the government is already reflecting this issue, in the form of its national (Millennium Development Goals) and international commitments. (Convention on the Elimination of all Forms of Discrimination against Women, Beijing deceleration)

The study concludes that the adolescent in Pakistan have shown a desire for access on information regarding their growth and puberty.

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CHAPTER 1 INTRODUCTION

1.1 Background

Humans have a developmental stage called adolescence¹. It is a period of transition from childhood to an adult status. There are biological changes like growth in physical characteristics, sexual maturation, related to hormonal influence and psychological impacts. Cognitive development follows with social and psychological advancements. In some cultures there are² rites of passage to recognize this stage of life. For a girl, this process is more rapid, like occurrence of menstruation, which in some cultures, might lead her family to decide about her marriage. In males this is a slow process and may not bring any abrupt changes that are more characterized for girls. In other instances, these changes may not be recognized (no formal acceptance of rites of passage) but their impact can mean that girls can have many social³ implications, like mobility issue, *purdah*, (covering body) and can have social and psychological imbalances. In some societies there are no formal or informal educating systems taking the responsibility of explaining and sharing the changes associated with puberty. In Pakistan, the health⁴ services that are available to cater the needs of the women and children do not include any education or counseling aspects on pubertal growth, regarding it as a taboo. These circumstances are changing, but with a slow pace. The public and private efforts are carried out with care and cultural acceptances, so that no move loses its direction and impact for the addressed population.

The significance and importance of this felt need is reflected by the adolescents in their responses given from time to time recorded during surveys and studies that have been conducted with special relevance to Pakistan. There is a great concern shown, on the part of

¹ Hunter, E. David and Whitten, Philip. (1976) Encyclopedia of Anthropology: Harper and Row Publishers.

² Gennep, A. Van. (1960). "Rites of Passage". Chicago: Chicago University Press.

³ Khan, Aysha. (2000). Adolescents and Reproductive Health: A literature Review; Population Council Islamabad.

⁴ Pakistan Demographic and Health Survey: (2006-2007). National Institute of Population Studies, Islamabad. Pakistan.

adolescents for the proper guidance, and sharing of requisite information regarding their growth and pubertal processes.

There is a growing concern, worldwide and specifically in Pakistan⁵ regarding the reproductive health needs of adolescents. Most of them are married by the time they reach sixteen to seventeen years, and this is true for rural girls. There are a number of problems highlighted by this age group. Awareness and concern about their health related issues have been brought to light by researches from time to time. The male adolescents being more verbal on such issues have talked at length. There are also the impacts of global spread of diseases like HIV⁶/AIDS. The kind of information available to the adolescents and youth in Pakistan is insufficient, unreliable and misleading, because there is no established system which is accurate and need based.

Pakistan is the sixth⁷ most populous country of the world, with a population of more than 173 million, and growth rate of 1.73 percent per annum. This rapid growth rate, will attain a figure of 217 million, by 2020. This is a serious issue as far as the resources of the country are concerned. Even alarming situation is current number of adolescent population in the history of the country. At present there are more than 30 million adolescents and youth in the country. Pakistan is a signatory to ICPD⁸ and being a member it needs to develop strategies to address the needs of its adolescent population. There are some steps that have been taken by the public and private sectors, which include educating adolescents and youth on pubertal development. However much more needs to be done in relation to the seriousness of the issue. Studies that are addressing to the decision making process regarding the reproductive health needs of adolescents are quite a few. Sargent and Johnson, (1996)⁹, have highlighted that

⁵ Pakistan Demographic and Health Survey, (2006-2007) National Institute of Population Studies, Islamabad, Pakistan.

⁶ Ibid

⁷ Manual Of National Standards for Family Planning Services, (2010) Government of Pakistan.

⁸ International Conference on Population and Development, (1994) Cairo

⁹ Sargent, F.C and Johnson, T.M (eds.) (1996). "Hand Book of Medical Anthropology. Contemporary Theory and Method", West Port: Greenwood Press.

there is scant literature available regarding the decisions on reproductive health needs of this age group.

There are three aspects of concern, when we look at the girl's life; there is the issue of her health, the cultural part attached with decisions about it and the right that is bestowed in her as a member of a society. For an unmarried girl the issues are different from those that a married adolescent woman faces. Hence the society has provided little space for her to benefit from decisions regarding her health.

The Ministry¹⁰ of Population Welfare (Government of Pakistan) has taken a step forward to address to the needs of the male and female adolescents. With the assistance from UNFPA; it started the process of providing information on reproductive health issues and sexual health problems, (menarche, physical growth in males/females, and its consequences.) But this is again limited in the sharing of information, as many aspects like night falls among the males, could not be openly discussed, although it came under discussion, but the cultural norms pose resistance in addressing such issues in open spaces like school, or community gatherings.

According to the Pakistan Demographic and Health Survey¹¹, Pakistan has a very high profile of young population- i.e. to say that 41¹² percent of the population is below the age 15 and only 4 percent of the population is over 65 years of age. Some of the other facilities that are available to the people are also a matter of concern, e.g. household in Pakistan consists of 7.2 persons, on average. About 9 in 10 households, have access to electricity, 93 percent also have an access to an improved source of drinking water, as far as the sanitation is concerned 3 in 10 households do not have any toilet facility, 78 percent in urban areas and 36 percent, almost half have access to sanitation facility. Looking into the educational status of the people it is interesting to highlight that, 52 percent of women and 30 percent men have no access to education facility. Over 90 percent of women, 65 and older have never been to school

¹⁰ Personal Hygiene, and Reproductive Health Issues of Adolescent(1998), Ministry of Population Welfare and UNFPA. Pakistan.

¹¹ Pakistan Demographic and Health Survey. (2006-2007). National Institute of Population Studies.

¹² Ibid.

compared to 30 percent of girls age 10 to 14. Among men, educational attainment is also a matter of concern, with only 17 percent of boys age 10-14 having no education.

The fertility in Pakistan has decreased substantially, since 1984. Currently women in Pakistan have an average of 4.1 children, fertility varies by residence, women in major cities have 3.0 children, while the figure for rural areas is 4.5. The reason for all the above discussion, is to highlight the current situation of the country and review the adolescent status with all the facts and figures pointing to the sensitivity of the issue, that is reproductive health related cultural values, beliefs, norms and the kind of services and choices available to the adolescent population are major concerns for it.

1.2 Defining Concepts

The Encyclopedia of anthropology has defined as follows:

1.2.1 Adolescence

“It is a transitional stage in the humans. During this period the child enters into an adult status, it represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. The stage of life, in human vary by culture, and ranges from preteens to nineteen years. This term was coined at the turn of the 20th century¹³.”

1.2.2 World Health Organization (WHO) definition

“Adolescence covers the period of life between 10 and 20 years of age. There has been research work done on issues of health and illness, and how the cultures have developed mechanisms to deal with it, in the field of medical anthropology.”¹⁴

1.2.3 Medical Anthropology defining Adolescence

F. Horacio, and B.D. Miller, states that:

¹³ Hunter E, David and Whitten, Philip; (1976) Encyclopedia of Anthropology: Harper and Row, Publishers. New York.

¹⁴ WHO (1999) Program for Adolescent Health and Development: Geneva Switzerland.

“We define adolescence as incorporating aspects of both culture and biology: it is a stage in the human life cycle that universally involves inevitable physiological changes in the body as it physically matures and becomes potentially able to reproduce offspring, and that involves a socially recognized and symbolically marked length of time that may or may not coincide with the apparent biological changes.”¹⁵

Linda Nielson in her book “Adolescence,” states that,

“The word adolescence comes from the Latin verb *adolescere*, which means to grow to maturity. Although the verb itself is old, the concept of adolescence as we presently know it in our country is relatively new. The idea of adolescence as a period of life that is somehow distinct from both childhood and adulthood did not exist before the 19th century. In fact researchers paid little attention to the teen age years until recent decades. For example in the 1950s and 1960s, less than 2% of the articles published in professional journals about human behavior included teenagers”¹⁷.

1.2.4 Psychologists Defining Adolescence

Adolescence is often divided by psychologists into three distinct phases: early, mid and late adolescence.

“...It is a distinct period in human growth, which falls between childhood and adolescence. During this stage of human growth, (10- 19), the humans experience a rapid growth with significant development changes. Along with the growing body parts, the hormones start to come into action and play their significant role. This then is resulting in the social, psychological, emotional and other related adjustments.”

An important issue in the discussion regarding the adolescents reproductive health is the decision making power and its impacts for the adolescents. This is culturally defined i.e. in some cultures he or she may be able to make choices; in other instances it is the parents who decide what is good for their child, what information needs to be delivered, by whom and at what particular age, all are culturally defined behaviors.

¹⁵ Horacio Fabrega, Jr.; Barbara D. Miller; *Medical Anthropology Quarterly, New Series*, Vol. 9, No..

¹⁷ Nielsen, Linda. (1996) *Adolescence*; Harcourt Brace Collage Publishers. (Linda. Nelson 1996-3)

1.2.5 Sociological Perspectives

The sociological¹⁸ perspectives view adolescents in three different stages, early, middle and late adolescence. As one of the famous sociologist states that,

“Although adolescence may span a ten-year period, most social scientists and practitioners recognize that so much physiological and social growth takes place, during this decade, it makes more sense to view the adolescent years as composed of a series of phases than as one homogenous stage.”¹⁹

(Steinberg; 199p-5)

Hence it can be drawn from the above definitions, that adolescence is an important stage in the human life cycle. It is a transitional stage from childhood to adulthood status, and is universally recognized. Noticed in primitive, traditional and industrialized societies of the world it has different consequences for each. Cultures have developed different ways to deal with its complexities. It may be a smooth process in one culture, but in another it can be a complex phenomenon. There can be rules for those entering into this status, and there may not be any, observed in other cultures. The social reconivction can be made publicly or there can be no such event. However it is a part of all human cultures, and each has its own way of addressing and expressing it.

1.3 Reproductive Health

Reproduction is a process of life by virtue of which, all living beings are able to produce their own species for the propagation of their race.

“...No one is born a good citizen; no nation is born a democracy. Rather, both are processes that continue to evolve over a lifetime. Young people must be included from birth. A society that cuts itself off from its youth severs its lifeline.”²⁰

UN Secretary-General Kofi Annan

¹⁸ Sociological Research on adolescents,(1936); The American Journal of Sociology, vol. 42, No.1,p-

¹⁹ Steinberg, Laurence. (1993) Adolescence: Arcata, printers, U.S.A

²⁰ UN Secretary-General Kofi Annan Address to the World Conference of Ministers Responsible for Youth. Lisbon, 8 August 1998.

1.3.1 World Health Organization (Definition) RH

The World Health Organization (1994) has defined reproductive health in the following manner,

“A state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how to do so. Implicit in this are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to go through pregnancy and child birth.”²¹

1.3.2 The World Bank, (1993), stated the following regarding health.

“Improving health is vital for all human resource development. It is widely recognized that better health not only lowers mortality, morbidity and levels of fertility but also contributes to increased productivity. Thus improved health in terms of lesser workdays lost, due to illness have implications for economic and social wellbeing of population at large. Hence investing in health is well being of population at large in the country. A better health status of individuals, reflect reduced illness and lesser burden of disease in a given population.”²²

(World Bank, 1993)

Analyzing the number of adolescents in the demographic figures of the Pakistan's Census²² Report, 1998, the reproductive health needs of this age group must be addressed. The encyclopedia of anthropology states following on the definition of health,

“Although the literature of anthropology contains much information about the theories of illness, disease and death and the processes of curing and healing, the positive or normal state of a being, health is mentioned only infrequently. Understandings and expectations concerning health vary by culture. That a person seventy or eighty years of age, or all eight of a mother's children are alive at all is

²¹ http://www//RHResources<rh_resource.htm> International Conference on Population and Development: (1994). Report of the International Conference on Population and Development (CA/CONF 171.3) Cairo Egypt: United Nations Printing office.

²² World Bank, (1993) Poverty Profile for Pakistan: Washington.

²³ Census Report, (1998): Federal Bureau of Statistics.

worthy of remark in some societies, but not in others irrespective of the state of health in which they might exist. In other words, standard of health are a function of technological progress and scientific advancement.”²³

(1976-199)

1.3.3 Defining Reproductive- Health (anthropology)

Reproductive Health is an important part of health of a person.

In anthropological²⁴ literature, the concept of reproductive health is viewed in cultural perspectives.

“Reproductive health within medical anthropology encompasses people’s emic perspective on all matters related to sexuality and reproductive processes and functions.”
(Andrea Whittaker, 2004:280)

1.4 Puberty

The encyclopedia of anthropology has defined puberty as

... “a stage in human development that marks the physical maturation of individuals. And in most cultures it is correlated with the social recognition of adulthood status. It further states that since this is such a critical stage of life, a time when an individual ceases to be a child and takes on the responsibility of the adult world.”²⁵

An interesting fact that has been highlighted is that with the increase in age groups of the various stages, there is a similar change in the most significant others, who starting from the mother and father, widens and so does the major dilemmas for the child.

“In 1949 Mead came up with defining puberty in relation with the biological changes in females and their puberty rites; Puberty for the girls is dramatic and un-mistakable, while for the boys the long series of events comes slowly: uncertain and then deepening of voice, growth of body hair, and finally ejaculations. There is no exact

²³Hunter E. David and Whitten, Philip; (1976) Encyclopedia of Anthropology: Harper and Row Publishers: New York.

²⁴ Whittaker, A (2004) “Reproductive Health” pp.280-292 in Carol R. E and marlin Embers (Eds)

²⁵ Hunter E, David and Whitten, Philip. (1976) Encyclopedia of Anthropology: Harper and Row Publishers, New York.

moment at which the boy can say, now I am a man, unless society Steps in and gives a definition.”²⁶

Puberty²⁷ is a normal phase of development that a child experiences, with appearance of physical characteristics different for both sexes. Physical signs that a girl is entering puberty include growth spurts, breast development, pubic hair growth, facial acne, and menstruation. Physical signs that a boy is entering puberty include a deepening of the voice, muscle growth, pubic hair growth, growth spurts, growth of testicles and penis.

Girls traditionally enter puberty earlier than boys, and it's not uncommon for girls to begin showing signs as early as age 9. For most girls, menstruation may begin around the ages of 11 or 12.

There is a common agreement amongst scholars that biological bodily changes associated with puberty are historically and cross-culturally universal. It is also recognized that there are marked variation in the degree to which different cultures respond to these changes. This stage of life may be more or less marked and ritualized, and in other cultures there may be no such signs. The biological changes that occur during puberty and the culturally designated period of adolescence are not necessarily and not universally problematic.

Another important factor that needs to be discussed is the decisions that are made by the parents on behalf of their adolescent girls. In anthropology the research in the context of decision making regarding the reproductive health is that of Nardi, (1983)²⁸, her research is based on the Samoan population. She viewed how decisions are made for child – spacing and other social issues. Decisions shape the lives of the other members of the family. It is a cognitive process, leading to a course of actions among alternatives²⁹.

²⁶ Mead, M. (1949, 1955); *Male and Females: A study of the Sexes in a Changing World*, New York: William Morrow; New York: mentor Books

²⁷ <http://twecnparenting.com/bro/Jennifer-O-Donnell-47404.htm>

²⁸ Nardi, B. (1983); “Goals in reproductive decision making” *American Ethnologist* 3: 697-714.

²⁹ James, G.M (1994) *A Premier on Decision- Making: How Decisions happen*. New York Free Press

1.5 Decision Making

It is a fact that in a patrilineal society, major decisions are made by the head of the household. But the decisions taken are also dependent on their kind, e.g.: in case of female adolescents the decision regarding her mobility will be addressed by the father, elder-brother and mother. But on the occasion of a girl's first menarche the mother or the elder daughter, will be the ones who will take a decision, what to tell, when to tell, who would take the lead, and how much information should be shared with this girl.

James .G. M ³⁰(1994) has, come up with an explanation of how decisions are taken. According to his definition, decision making is said to be a cognitive process, which leads to the selection of course of actions among alternatives.

It is also important to bring into this discussion the significant role a culture plays for the person or persons taking or adopting a decision, further it varies from culture to culture the kind of space and available options for adolescents.

Since health and illness and their treatment are an issue of medical anthropology, a review has been made into what it has to say regarding health seeking behavior.

Ember and Ember (2004), state that symptoms are not always grouped together in the same way cross-culturally. They are evaluated on the basis of how dangerous to life they are suspected to be, the degree to which they interfere with life functions; the visibility and function of the same symptoms in others, and the way this compares with their visibility and frequency in the ill individual. The cultural context of decision making is as important as is evident from the following;

".... In recurring decision situation where alternative courses of possible action exist, members of a group come to shared understanding, a common set of standards concerning how choices, made".(Good enough 1963,p265-270, Quinn,1978; Young and Garrow 1994) Cognitive ethnographic studies Of medical decision-making seeks

³⁰ Ibid

to understand what people do when faced with illness, how this knowledge is applied in evaluating illness and the process whereby decisions about treatments are made.”

(ibid 21)

Decisions that are taken by the members of a society, family or an individual are largely dependent upon the status of a person and the role that emerges as a result of this status. In other words it can be said that it is a power game, and in a patrilineal male dominated society this power vests in the hands of the males. But again it is important to see what decisions are made by males and where in this process can a female play her role.

In 1994 Katzan³¹ came up with the definition as:

“Decisions making processes are arenas, in which power relations, social networks and gender relations are manifested and therefore identifiable.”

Katzan, 1999; 16

1.6 Review of some Facts regarding the³² Population of Pakistan

Table I.1: Population of Pakistan

Sr. No	Demographic facts	Numbers/percentage
1	Total Population	177 m
2	Male To Female Ratio	52:48
3	Urban: Rural Population	33-67%
4	Population Density/Sq. Km	196.3
5	Annual Growth Rate	1.8 %
6	Total Fertility Rate	4
7	Female Literacy	40 %
8	Pakistan Ranking	6 th Most Populace Country
9	Population Momentum	Very high
10	Socio-Economic Conditions	Poor socio-economic indicators
11	Annual Net Addition	Around 3 million people added annually
12	Youth 10-24 Years	35 % of the total population

³¹ Katzan, J.T 1999. Decision making processes and power relations at the house-hold and union –council level HAS Press

³² Population Growth and its Implications. (2010). National Institute of Population Studies. Pakistan.

13	High Un Met Needs	33 %
14	Dependent Population	45 %
15	Female In Reproductive Age	25 %

Table 1 indicates that adolescent population is the highest reported figure in the history of the country. The health policy formulated in 2001 has been reformed in 2006³³; accordingly the role of LHWs has been extended to include nutrition, health of mothers and growing girls, personal communication and awareness-raising amongst the female populations beside the mothers and newborn. This also includes provision of information on reproductive health issues, specifically related with the adolescent girls. But the point that is important at this place is the implementation status of these efforts. Are the adolescents issues addressed, and to what extent and level? Were all the stake holders of this process taken on board or not, and the level of their satisfaction?

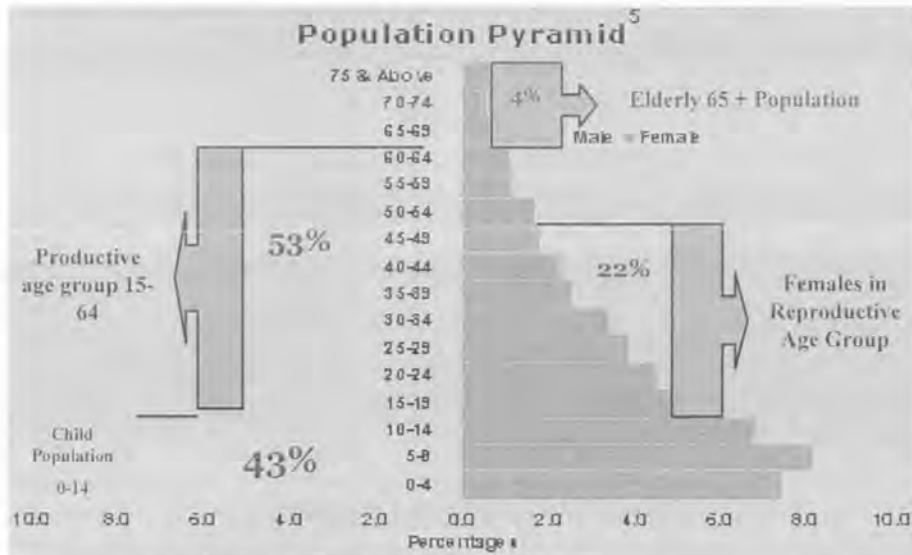
The research conducted so far has revealed that the results are not encouraging. Most of the above discussed issues were not taken into account and there is a great deal of confusion found amongst this age group. Considering the cultural norms the information on reproductive health needs has not been discussed as was planned.

1.7 Population Pyramid

The following pyramid is unfolding the seriousness of the issue, when this cohort will enter its reproductive age, the consequences can be much higher if the reproductive health needs are not addressed. Currently there is no established system formal or informal catering the needs of this age group, considering it to be a norm and discussion around it is perceived highly sensitive that can have impact on the informers.

³³Progress on Agenda for Health sector Reforms. (2006) Ministry of Health. and government of Pakistan.

Figure 1: Pakistan Population Pyramid



The above population pyramid³⁴ shows some important projections. The available data regarding the census survey conducted in 1998 reveals, that the adolescent population of the country in the productive age 15 to 64 is 53%, the child population age 0 to 14 years is 43 %, and females in reproductive age group are 22 %. The figures are no doubt alarming for a country that has a poor economy and limited resources. This figure of productive and reproductive age groups are a threat for the country, because as it has been discussed that the world's population has the largest number of adolescent and in case of Pakistan, the number of adolescents have outnumbered the previous records .We have at present more than thirty million of this age group. The important aspect of this is that as these adolescents have started to enter into the reproductive age groups, the country will have a population burst, and currently we are heading towards that figure. The need of the hour is to address the reproductive health needs of this age group so that we can save our future generation from problems that are directly related to their health.

³⁴ Demographic and Health Survey of Pakistan; (2006-2007). National Institute of Population Studies, Islamabad.

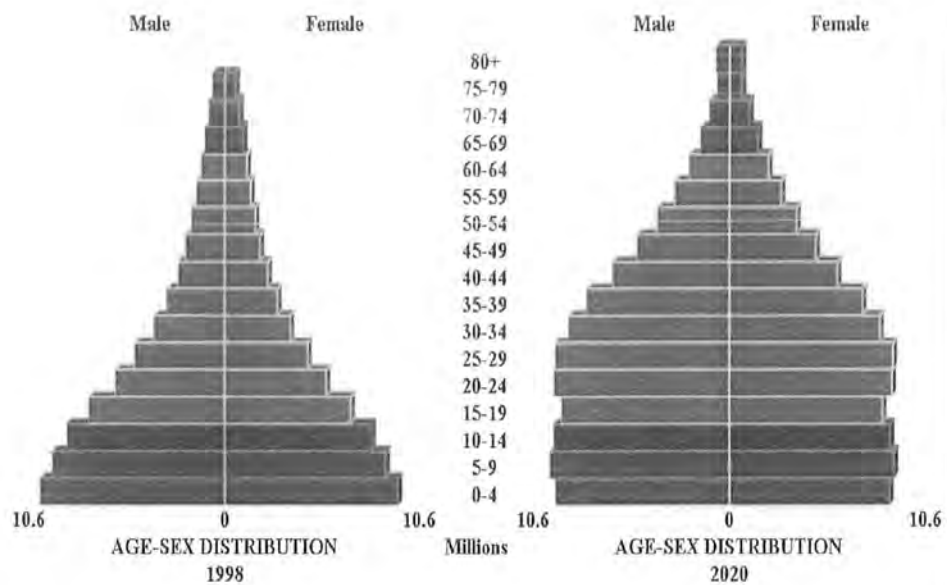
1.7.1 Age and Sex Distribution

If communities do not address the health needs of adolescents then it is difficult to deal with problems revealed through research and surveys. Pakistan is also a signatory to ICPD³⁵, and in 1994 it made a commitment to address to the reproductive health needs of its adolescent population. In this regard the Ministry of Population Welfare, Government of Pakistan, with the assistance of UNFPAN started off with an awareness campaign for adolescents residing in the urban areas. Male and female doctors have visited various schools and collages where adolescents are provided with basic information on their growth and puberty, and then they are allowed to discuss, but the “space provided”, is not comfortable for many to overcome their shame and speak out their real problems. Hence more needs to be done to have an favorable to express their real health issues. The MDGs³⁶ are also emphasizing towards the needs of this age group. The goals 4 and 5 are in line with improvement of maternal and child health and the goal 6 have a special relevance with combating the diseases like HIV and A HIV/AIDS. Concerted efforts are needed to find ways and means to address the needs and good practices from Muslim countries like, Bangladesh where youth clubs have been proved a successful way of dealing the issue.

³⁵ International Conference on population and Development,(1994) Cairo ,Egypt:5-13 September.

³⁶ Millennium Development Goals(2000).UN The Millennium Development Goals are eight goals that 192 United Nations member states have agreed to try to achieve by the year 2015.

Figure 2: Age and Sex Distribution



This would prove as an important step towards ensuring better health for the adolescent population of the country, since early marriage and childbirth are risky factors for the young mothers, on the other hand if health education is not provided to the youth and adolescents, we cannot ensure to have a healthy young population that is the futures biggest resource for Pakistan.

Looking at the above two pyramids³⁷, the age-sex distribution in 1998 and that in 2020 have been forecasted. Accordingly the area of concern in 1998 was age groups in the lower case, but as we look at the 2020, 10-14 years age we see that it is on the decrease, due to fertility decline and control of the growth rates. It is evident from the comparison of the two, that the narrow portions of the first pyramid are attaining the maximum size in 2020, which again signifies that presence of a large majority of adolescents. The above pyramids are showing that once they enter into their reproductive age cycle there is going to be an increase which is narrowing down with the passage of time. The area of concern for now is the age group that

³⁷ Pakistan Demographic and Health Survey (2006-2007) National Institute of Population Studies.

will produce a bulk of new cohorts into the flux of population. This is a matter of concern, for researchers, policy makers and demographers of this country, as this is the future force of this country and its health needs must be addressed if we want to have a prosperous Pakistan.

1.8 Concerns Shown by Adolescents

Pakistani society has multicultural shades; it has strong norms and values. Most of the beliefs and practices are premised around the fact that adolescence is a brief stage which ends at marriage, most importantly for female. In urban centers in general and rural in particular discussion on sexuality or sexual health particularly with the adolescents is considered a serious taboo. With increasing urbanization and mass media initiatives, these attitudes are changing with the result that adolescents do get relatively more access to information. In a recent survey conducted by National Institute of Population Studies³⁸ (NIPS), nearly 60% of the youth are aware of reproductive health issues and the percentage is higher in urban areas as compared to that of rural areas. This is the first such national survey of its kind; the available data prior to it is meager and not specific to reproductive health needs of adolescent in particular. The rural aspect is more important in terms of the numbers, since seventy percent of the country's population resides here.

The survey conducted by NIPS, is a major landmark in realizing the fact that adolescents and youth are the key figures in Pakistani population. The focus has been laid on youth and adolescent, males and females (14-24 years) representing all four provinces of Pakistan. Issues of reproductive health (puberty), physical & psychological problems, sex education, fertility, contraceptive knowledge and practice and awareness regarding urinary tract infections have been amply discussed. Diseases like, STIs, AIDS and Hepatitis have also been taken into consideration.

³⁸ 'Reproductive Health of Youth: Perceptions, Attitudes and Practices' (2003). NIPS

Another aspect is reproductive³⁹ health related knowledge amongst the adolescent population was highlighted in a study conducted in 2006. The female respondents reported; (only 13 % receiving prior information about menstruation, 40% reported facing some kind of restriction (mobility .etc.) .8%. Males believed that females should be married at the age of eighteen. The study also brought some facts that exist as a result of taboos/norms that hamper discussion about such issues, with the result that the adolescent population is ignorant about bodily changes related to pubertal development. This also highlights that we are in a stage where the need of the hour is to address to such changes, and provide reliable and need based vital information to make this age group feel comfortable with the new events of their lives as these unfold and avoid confusions that arise due to negligence .

The research reveals that a very high proportion of adolescents and youth had knowledge about puberty and the primary reason was that they had undergone puberty and faced the psychological, emotional and physiological changes. A very high proportion of youth had faced physiological problems during puberty for which 65% males and 46.5% females had sought help from a doctor while 43% females had used home remedies. They had also faced psychological issues which they were unable to identify at that stage and girls reported having discussed these with mothers while boys had primarily discussed these with friends.

A survey conducted on adolescents and youth⁴⁰ in Pakistan by Population Council found gaps between onset of puberty and marriage was increasing for both the sexes due to an increase in the age at marriage. However there is very little skill development or education available for girls at this stage and females in rural areas get married much earlier than the urban females. A rural girl is twice as likely to be married before her 20th birthday as compared to an urban girl (58% versus 27%).

³⁹ Adolescence in Pakistan. (2006): Sex, Marriage and Reproductive Health. Marie Stopes International

⁴⁰ Adolescence and Youth in Pakistan 2001-02 A Nationally Representative Survey': Population Council

Yet the access to antenatal and other facilities is minimal for mothers under 15-19. According to respondents puberty occurs on an average at age 13.5 for girls and 15 for boys. More males are aware of knowledge on puberty as compared to females and urban females are more aware than rural females. On the contrary NIPS survey reveals that girls are more aware of puberty related information as compared to boys. 98% of females knew about menstruation as compared to 57% males. A primary reason for this is the biological necessity of experiencing this and hence knowing about it. On the other hand 20% females had knowledge of sex as compared to 40% males. Knowledge of wet dreams was high in males, 88.5% and was related to bad thoughts and considered a natural phenomenon. The findings of these surveys reveal that there is a desire among the adolescents, of today in having access to such information. One third of females and two thirds males in the survey responded that they needed information related to puberty while a clear majority of adolescents and youth (both male and female), were of the view that sex education should be provided between the ages of 14-17. Nearly 66% of the males' and 47.2% of the females desired knowledge on sex education; again this proportion was higher in urban residents (both males and females). The reason for this is that in the urban areas there is more awareness among them, due to education, electronic and print media, there are lesser restrictions in terms of mobility, and this leads to learning opportunities for them. Another important factor is the quality of education, the syllabus and the teacher's role. There is tremendous difference in these at the urban and rural levels. The thinking process of urban residents is much vast with available resources. All this makes a lot of difference on the thinking process and the ability to express one self.

1.9 Elements of the Adolescent and Youth Transition

Adolescents and youth in many cultures may face problems regarding their sexual health. Important decisions of their lives are influenced by immediate family members, thus ignoring their rights and desires. Looking at their transitory process from one stage to another, there are many instances in which they are ignorant on what is being decided on their behalf. In

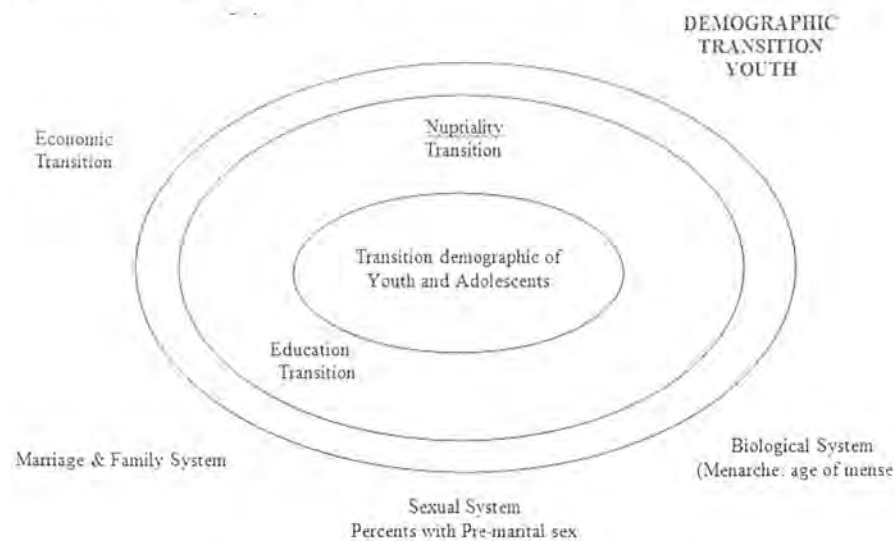
many cultures they are also considered to be ready for marriage. Hence their transition from childhood to adolescence and youth is also accompanied by changing social roles.

1.9.1 Demographic Transition and the Adolescent

The "Adolescent and youth transition" has at its core a set of changes in the demography, that in turn is driven by the demographic transition. It is important to recognize the historical conjecture of social changes of the kind described with the demographic changes.

The above transition cycle reveals that adolescents face a number of important decisions of their lives during this stage. As is seen they are completing education, there is Nuptiality transition, some are doing jobs, females have events like menarche and in some cultures they are sexually active.

Figure 3: Demographic Transition of Adolescents and Youth



The above transition cycle reveals that adolescents face a number of important decisions of their lives during this stage. As is seen they are completing education, there is Nuptiality transition, some are doing jobs, females have events like menarche and in some cultures they are sexually active.

1.9.2 The Social Transformations

Across Asia, the marriages of both young men and women are occurring much later than in the past, which throughout the region rise steadily with rising levels of GNP per capita. Our country, Pakistan is conforming to this pattern though its percentages are somewhat below the levels suggested by the pattern of the other Asian countries. In Pakistan this trend is observed but with slow pace, as the development wheel is gradually and slowly moving into the lives of the rural population, hence there, the adolescents lack many facilities, like education, skill development and thus the only option for parents is to tie them up in a marriage bond.

1.10 The Problem

Adolescents have been the focus of anthropologists since long. Mead (1928) came up with a first anthropological study regarding the stress and strain faced by American adolescents. She wanted to observe the same in other cultures, so she conducted a cross cultural study. This is a fact that the transition of adolescents is a complex phenomenon, and different cultures have adopted different mechanisms to deal with problems faced by this age group.

The growing number of adolescents is a matter of concern for a developing nation like Pakistan. Reproductive health needs of this age group are a major concern. The policy makers have felt the tip of this iceberg and they have included this issue in their table of social contents. The sensitivity of talking about sexuality⁴¹ is also a matter of concern. The process of decision making regarding the reproductive health of the adolescent girls is to be viewed in the cultural context, so that the manner in which this sensitive topic is addressed, should have the support and willingness of the community at large for which all the efforts are under way. Furthermore the rural to urban, male to female, educated to uneducated, scenario complicates as we go deeper down into the nature and understanding of this situation.

⁴¹Khan, Aysha, (2002), Literature Review: Report No; 11: Population Council.

This fact cannot be denied that the adolescents have shown a great interest regarding sharing of information on their growth and pubertal development, and the studies conducted from time to time indicate that “they really need information regarding their reproductive health issues”. Further the notion as is carried by parents and elders that discussing this will create negative impact on adolescents, needs to be addressed in its own place because it is better to learn from a reliable source (parents) than from peers and groups who themselves are not clear on many aspects.

1.10.1 Statement of the Problem

Adolescents and youth constitute a large portion of Pakistan’s population. During their transition they face a number of critical life decisions including shift to adulthood, education, employment and marriage etc. The transition has different consequences for males and females and on the subsequent gender roles. The impact on a girl’s mobility is drastic once she attains puberty, the consequent *purdah* and implied focus on household chores can be confusing for her. While the boys have freedom of movement, and the opportunity for education as he wishes. This is also related to the fact that he is expected to support the family by doing a job. This situation is more prevalent in rural areas where educating a girl is also an issue. The traditional values for a girl are premised around her marriage, although this is changing, but if there are no schools for higher education, skill development institutes, etc. and the parents have no choice, rather than seeking a good marriage proposal at an early age, to avoid illicit relations that are perceived as fear full and fatal by the community.

Cultural norms⁴² and taboo associated with puberty do not allow the parents and elders to discuss it freely; hence the related physical, emotional and psychological consequences associated with it become a matter of concern for them. In most of the cases the requisite information is not provided before hand to either sex. Although in some instances friends or siblings may provide some Information but this is also based primarily on misnomers and not

⁴² Khan, Aysha(2000):Adolescents and Reproductive Health in Pakistan: A literature Review. Population Council

facts. This information can be misleading and incomplete adding to the existing confusion in their minds.

The health issues are also important to be highlighted, as there are various concepts related to it and the treatment in many cases for un- married adolescents specifically with menstrual problems is strictly kept as a secret by the immediate family.

It is a fact that adolescent in Pakistan particularly females are not exempt from problems faced by the adult population. Furthermore due to biases against adolescents they are at a greater risk than adults. For this purpose they need proper education and reliable information starting from puberty focusing on their reproductive and sexual health needs.

1.10.2 The Study Objectives

The specific objective of this research was to understand the health seeking behavior of the adolescent girls especially during puberty and in the cultural surroundings of their normal lives, role of elderly females in assisting them with the kind of information they believe is extremely essential for them. Further to add, their cultural values, roles, belief system were also essential in order to understand what they deliver, when by whom and how much. There are norms and strong taboos that restrain one to talk about these facts of life. How the female gender is perceived and interpreted in local terms, and how gender differences inculcate the cultural practices from one generation to another. How, all this has its impact on the female adolescent population, both as married women and as un-married girls. The reproductive rights of the married girls, their access to such information, and the impact of decisions on their lives have been dealt in detail. The role of the health providers, like the TBA, LHV and other medics have also been take into account and discussed.

1.11 Objectives

1. To review the socialization process of the adolescent girls.
2. To explore experiences of growth and puberty in adolescent girls.

3. To find the impact of socio- cultural norms on the decision making processes for the adolescents reproductive health.
4. To analyze the female authority and autonomy against culturally acceptable ways.
5. To review the felt needs against the available reproductive health needs for adolescents.

1.12 Locale of the Study

The study was conducted in the village Tarraya, of Union Council Tarraya, located in district Rawalpindi. The village is located in the Potowar region. The study revolved around the health seeking behavior of adolescent girls, their knowledge regarding pubertal changes and the cultural meaning attached to their perceptions, was part of this qualitative study. This village was selected because it had a few health related interventions, like a private medical center, LHV program and community health workers attending to the needs of maternal and child health. So there were reproductive health facilities that could have an impact on the married adolescent population, regarding their knowledge on different contraceptives, spacing, child-birth, their own reproductive rights, etc., helping in drawing a comparison between married and un- married female population. In the year 2006, the researcher also worked in this village, regarding maternal and child health, so I had an affiliation with this rural community and found that there was acceptance for me to reach the young girls for discussions on sensitive issues of health.

1.13 Methodology

The field work for this particular study began in February 2008 and it was in December 2009 that the research findings were completed. The research was made possible by applying a number of qualitative and quantitative research techniques. It was an interesting experience to go to the field and live and learn about people who were a part of the culture in which the researcher lived yet there were so many differences as per rural and urban scenarios.

The research is based on the day to day experiences with the villagers in their normal daily routines. Living and sharing the same compounds with families for an extensive period of one year has provided with rich sources of data that is a valuable asset for the understanding that how the behaviors¹ are shaped by the socialization process, how cultures have evolved mechanisms to deal with issues that are other-wise considered as a taboo, and how the decision making processes, have an impact on the autonomy of the adolescent girls whether married or unmarried.

A lot of this research is based on the unstructured and informal interactions with families, especially with mothers, elder sisters, elderly women and the adolescent girls.

1.13.1 Sampling Technique

A socio-economic survey of the village was conducted, each house was reached and necessary information was gathered. The total population of the village is 2071. Applying the stratified sampling technique, the adolescent population between 10- 19 was recorded. This was further divided into three groups to see the level of information with reference to age factor. The groups comprised of, G1 (10-11-12 plus), G2 (13-14-15plus), G3 (16-17-18-19) the main focus of research was age group, G2, who were the females that had experienced menstruation process and G3 that had both the married and un-married adolescents. The selection criteria of the respondents were based on those females who had experienced first menstruation, were either married or un –married and were willing to participate. In order to view the change across three generations, focus group discussions were held at three levels M1 (adolescent girls), M2 (their mothers) and M3 (grandmothers). (Details in Chapter 5)

1.13.2 Rapport Development

Before entering into the village community, there were some initial meetings held with the Councilor of the Union Council, and some official record, about the size of the population, voters list etc. was collected. This Union Council has a total of three female councilors,

elected for the first time, one of them was an educated lady from the research area, she was also involved in social work activities, hence she agreed to give time, and people had faith in her, because she had done a lot of work for the village primary school for girls, she also received maximum number of votes from her area, and was very anxious about the health of the adolescent girls. Hence looking into her potential she was chosen as to be a reliable key informant. Similarly two other such young females, who were well versed with the community, had good reputation with females of the village, had time to spend and no issue of mobility or *purdah* (to cover body in accordance to cultural values) were also made part of the key informant group, after establishing a good rapport. One important thing that was considered, while these women were met was that they had no conflicting or confronting ideas with the village women.

1.13.3 Transit Walk

Research of all kind is based on two rich sources of data collection, i.e. qualitative and quantitative research techniques, both are important and necessary and supportive of each other. In order to have an insight about the physical location of important places within the village and their reason of being at that specific place, a mapping exercise was done with the help of the key informants. It was an interesting event, because walking through the whole village, stopping here and there to explain the community the reason of why all this was done required a lot of energy. It is also interesting to state that in a rural community people are really anxious when they see a new face, and almost everyone wanted to know, why I was there. Another interesting thing was that as soon as the researcher started the transit walk, there were a few children who wanted to be part of this walk, and they accompanied the researcher. Their presence made the walk interesting, because from time to time they were telling, what is next destination, who lives there? What happens there? It is interesting to report that in a village set up everybody knows their neighbors, and nothing remains private, once noticed by a villager. The transit walk was a long and tiresome exercise and eventually every important place was recorded with its detailed description.

1.13.4 Drawing the Village Map

An interesting exercise was done by the help of village women, in drawing the village map. This was done to know, the perceptions of women, who were mobile, because in their age group, there is lesser restrictions on mobility issues on one hand and on the other hand it was to see how they conceptualized the outside world, with importance they laid in placing the things, e.g., the Konan Medical center, house of the big landowners and location of school for girls etc. It was interesting how they manage to guide each other on the exact placement of buildings, and important places. Some of the women were shy and hesitant in holding a pencil in their hand as they were not literate and were not sure that they can draw lines properly, but gradually their level of confidence was raised by acceptance from other women, who were telling and agreeing on what was drawn, and what was being left. It was a useful exercise, to study the concepts and relations the women had while labeling, referring to places with names of different residents that were next to a school, hospital and mosque. The women helped each other in identifying the areas, making sure that all was placed on the map.

1.13.5 Participant Observation

One of the most useful and reliable method that was applied was participant observation. Living with the community, spending together the sun set and sun- rises, made many aspects of this community visible. Right from the very childhood, how the birth of the girl is perceived and how her rights are designated by the decisions of her parents were the interesting features of the observation process. Being a girl is something which is felt from the day of birth, and the mother socializes her the same way as she was brought up by her parents. They know that what it means for a girl to have her first cycle, a time to get hold of her mobility and imposing restrictions will help the family to maintain their respect amongst the community. These are very sensitive issues. Keeping the information on pubertal development limited and considering it to be a taboo, the issue becomes very sensitive to discuss. The married adolescents have limited access to their rights and the role of her in-laws

is of significance importance in her life decisions, were all learned through observation. Hence this is one of the most effective methods and a lot of information has been gathered by participating in the events of daily life to learn about the Emic perspective.

1.13.6 Key Informants

The role of the key informants is very critical for a researcher, as he or she is a person from within the community. There is trust vested in her, by community members. It is essential that the selection process for this particular person should in first place seek, her availability, willing to work, has time and can spend that time for fruitful gathering of information; the person has a good rapport with the village women, is not biased and has no conflicts with the villagers in the past. The three key informants that were selected from the village community were the female councilor, Nabila, Saima, (school teacher) and Shamim, a community health worker. All were well aware of the health issues, had good reputation in the community and had performed well for the social aspects like health and education. It is also important to triangulate the information received from one source through at least two other sources, this was a continuous process, as it enabled the researcher to eliminate biases that might otherwise would have their impact on the research.

1.13.7 Socio Economic Survey

At the very inception of this research, a socio economic survey was conducted. Useful data on households was collected. This included population composition, socio-economic conditions of this community, health, education, etc. This step also enabled to pick out the sample of adolescent girl. This was helpful in understanding the perceptions and behaviors of the older generation like the grandmother and the mother, and measuring the change that had taken place as a result of different factors, like education, mobility into urban centers, role of media, and the impact that it caused on the relationship between the mother and daughter, or between sisters and cousins or even friends. Nuclear family here is defined as married couple living

with their children, and may be accompanied by paternal or maternal grand –parents. Those house-holds are called a joint family that is sharing a common *choolah*, (pooling for eating.)

1.13.8 Semi-structured Questionnaire

A semi- structured questionnaire was developed to know the different responses of respondents on various issues of reproductive health, both amongst the married and un-married groups of adolescents.

1.13.9 Focus Group Discussions

This is the most important useful technique in qualitative research in which women, adolescent girls(married/ un-married) had been involved in discussions regarding their pubertal growth, reproductive health needs, reproductive rights, their involvement in the decision making process, mobility and gender related aspects that this culture had reflected in various beliefs, values and practices. Much of the useful information that was drawn was qualitative in nature. This gave insight on the underlying aspects of actions that pointed towards the understanding of how cultures are progressing, in preserving their values, by addressing complex and sensitive issues. To trace the level of information on menstruation and growth three generations were looked into, adolescents, their mother's age group and a third group comprised of grandmothers.

1.13.10 Case Studies

This was a research technique that was applied when further information was needed for deeper understanding of the issue. In this research the aspect of puberty, its related information; timings for sharing that information, how much, by whom, etc. were all valuable aspects that needed further digging of the issue. Hence it was decided to look at this in a period spread over three generations, (grand-mother, mother and daughter). It was also

interesting to find out that there was little change in sharing of information over three generations.

1.13.11 In-Depths

This was one of the most useful techniques of research. By applying it useful insights into the understanding of different processes was achieved.

1.13.12 Daily Routine Diary

From the very first day, as I entered into the village, I maintained a daily diary, in which all details of the daily happenings were recorded in short sentences. This was really a helpful method, because as soon as one wants to review some aspect they can easily turn to the date with short notes. This task was done every night, after dinner or if it was not possible that particular day then early morning was utilized to review the short descriptions recorded. This helped me a lot in reviewing the recorded data on a particular day with a particular person.

1.13.13 Primary Sources of data

The district office, and the Union Council Tarriya, was helpful in the provision of data regarding the population, numbers of voters, demographic distribution of people and ethnic groups residing in the union council. These official statements were preserved in the records of the district office, where health, education, etc., were also an important source to see the impact of these services and the number of persons availing them. The map of the area, gave an insight into the kind of terrain, population distribution.

1.13.14 Data Analysis

In the field valuable qualitative and quantitative data were both collected as and when required. The data was analyzed, by reviewing the in-depths, focus group discussions, etc. The data analysis paved way into the understanding of behavior, of adults and adolescents,

regarding the decisions made for this age group, the gender-roles and the social construction of taboos or norms surrounding such issues. This was also helpful in the understanding of many aspects on sharing of information and provision of the same against the required needs and norms prevailing in the culture.

1.14 Significance of the Study

The reproductive health and issues related with access to information regarding pubertal growth, has been extensively looked into from the cultural perspectives of this traditional society. It covers both the married and the un-married adolescent girls. Review of literature, from studies in Pakistan specifically, have pointed, that little research has been undertaken. This stems from the fact that the kind of sensitivity attached to it has been the major obstacle. On the other hand, the available research studies have shed light that there is a great desire amongst adolescents, males to have access to such information. The situation is even more grave as far as the rural adolescents are concerned, because in urban areas girls can have access to print, electric and other sources, but as far as rural areas are concerned there is almost no or very limited access for girls. The married adolescents have also some access, and the point to ponder is that the quality of this information is a main concern. It should be accurate and convincing for those who have so many questions that need to be addressed. The purpose of the present study is to bring into light how the rural adolescents girls, cope with their reproductive health needs and issues and how their lives are shaped by the decisions taken on their behalf by their elders.

Research work, on adolescent's reproductive health issues is very little and limited. There has been some work under taken by NGOs such as Aahung⁴³, which has clearly demonstrated that the adolescent population desires access to health related information. There are clear gender

⁴³ Aids Awareness program: (1999). Knowledge, Attitude and Practice, Survey Report. Karachi

differentials, in the access to health related information. Upon reaching puberty the adolescent girls have more problems in getting access than the adolescent boys. (Ahmad 1990)⁴⁴

In the light of the above available facts, it is the need of the hour to create awareness amongst the members of the society to acknowledge the fact that the needs of adolescents are of prime importance and these should be addressed. Youth and adolescents are the future of this nation; they would be the leaders of tomorrow. Ignoring their health needs means that we are not investing in our future force. Research that is being undertaken at the level of the village in a rural context, will add to this existing knowledge on one hand and highlight some new aspects of the needs and desires of the adolescent population, which will be of great help in the understanding of cultural perspectives and coming up with some desirable resolution for the betterment of adolescents reproductive health.

1.15 Expected Contribution of the Study

This thesis at the first instance, will add to the existing yet limited knowledge on the reproductive health needs of adolescents, with specific coverage of rural females population in Pakistan. Although this is addressing the health seeking behavior of adolescent girls, but this is also providing information on a sensitive issue like puberty, sexuality and norms attached to it. How in the cultural context of rural men and women, decisions are taken and what is the impact of such decisions on the lives of adolescent girls. How the lives of these girls are affected by such decisions, what is their impact on their future, as grownups and as mothers when they have to address to such issues.

Research work, on adolescent's reproductive health issues is very little and limited. Research that has come forward demonstrates that adolescent population desires access to health related information, as one of their needs. This has been addressed at the public and private levels, but more needs to be done, and for that the studies and research of this kind can really be

⁴⁴ Ahmad, Ambreen(.1990). Gender Differentials in Access to Health Care for Pakistani children. Vol. I Islamabad; UNICEF

helpful in understanding the needs of young girls that have been ignored for decades. This research has taken into account three generations to know the level of change in information shared with the adolescent girls and in this aspect is unique from all the researches that have been carried in Pakistan so far.

1.16 Over View of National and Global Situations on Reproductive Health

It is important to understand that the world has become a global village. If there are worldwide changes occurring in the status of this age group than the impact is going to be visible on other nations too. The reproductive health needs of adolescents are utmost important to be addressed too. Nations that are investing in this age group will definitely be standing at a much more defined role for their adolescents than those who are still underdeveloped and their populations are under privileged.

1.16.1 Global Situation

The global¹⁵ situation is also interesting, as is the national situation. As reported by UNFPA, there are 6,852,472,823 people in the world.(2010) The world is facing the largest¹⁶ number of adolescents in its history. There are currently 1.2 billion adolescents in the Worlds total population. The largest number of adolescents is reported in India, and the situation is posing a threat, as we look at the available health facilities to cater their needs. In developed nations of the world there are different health issues of the adolescent girls and boys. Today the adolescent population is facing threat worldwide from the dangers of AIDS, Hepatitis and other sexually transmitted diseases. This age group is more vulnerable to diseases as they are sexually more active and this requires immediate attention, because the future of the world lies in the hands of these young men and women.

¹⁵ Global Population.(2010), www.unfpa.org.

¹⁶ Global Adolescent population.(2010),www.unfpa.org

1.16.2 National Situation

The national situation is a matter of concern, as there are a large number of adolescents in the total population composition. 41⁴⁷ % of them are below the age of 15 years; whereas only 4 % of the population is above 65 years. With this high number Pakistan stands as the sixth most populace country of the world. According to the PDHS, half of the women are married 19.1 years. 13 % are married at a very early age of 15 and 40% by the age of 18 years. Women with higher education rates are more likely to be married at a mature age; there are a large number of women and girls who had no opportunity to get education, because of a number of factors that have social or cultural implications.

Regarding the access to health facilities, there is strong gender⁴⁸ biases observed and difference noted across provinces, males to females, educated to un-educated, amongst cities and rural to urban scenarios. Studies have been conducted on various issues of adolescent population, but sexual awareness and behavior has been the least touched subject, due to the sensitivity attached to it.

The limited number of research work that has been done at the national level by NIPS, Population Council, and other private sectors organizations, indicate that there is a strong desire amongst the adolescents to learn about their puberty related issues. The world has become a global village and the means of communication are in the reach of a large majority of adolescents. Curiosity to know about one's body and the kind of changes that take place are also one of the notable aspects with this age group.

In order to deal with the situation, with a positive notion it is better to understand the need of this age group and address it in the light of existing cultural values and practices. The sharing of information from the right source, accurate, reliable and working as a guiding force is the

⁴⁷ Pakistan Demographic and Health Survey. (2006-2007) Key Findings.

⁴⁸ Khan, Aysha. (2000) Adolescents and Reproductive Health in Pakistan: A literature Review. Population Council Islamabad.

need of the hour. If we want our future generation to have a strong and healthy life, it is the right time to address to their needs and ensure a healthy future for them.

1.17 Medical Anthropological Theories

In order to understand the perception of communities regarding their health seeking behavior, it is essential to understand what these medical anthropological theories state, as they deal with the concepts of health and illness, and how the cultures are revolving around these concepts. In all societies whether primitive, traditional, modern or industrialized there is a great deal of concern on health aspect for the members of that community. Health is the top priority, as the work of the labor force of an industrialized nation is related to the fitness of its people, and no community can afford a compromise on it. All societies have evolved mechanisms to deal with illness. It may be the traditional way of healing, modern scientific methods or through spiritual or magical ways, all are concerned to ensure health and well being of its individuals.

Medical anthropology has tried to deal with this issue. Russell⁴⁹, came up with the definition of medical anthropology as the study of factors that contribute to illness and disease, and human response to resolve both these factors.

Some of the theories of medical anthropology that have talked on the issue are; Ethno Medical Approaches,

1.17.1 Ethno-Medical Approaches'

The ethno medical approaches, deal with the traditional form of healing. It is a comparative study of native or indigenous system of medicine. It focus is based on the etiology of diseases, the role of the practitioner and the type of treatment given to a patient. It is also a comparative system that reviews how cultures have evolved mechanisms to view disease,

⁴⁹Dr Andrew Russell, Durham University,: Department of anthropology. Work shop on Medical Anthropology in UK. 16-20 November. 2008.

how to go about it, (prevention or treatment) with a focus on the medical beliefs and different medical practices, that address it.

The approach explains the relationship between the disease, social behavior and human adaptation, in terms of his uniqueness for symbolization and culture. Fabrega⁵⁰ (1975), talked about examining a problem, in the light of its roots and sources, and human adaptations in terms of his unique capabilities for symbolization and culture.

1.17.2 Medical Ecological Theory

The focus of the theory is on the ecological determinants of and sufferings and considers the two environments, the natural and social, in which the illness takes place and is being treated. Alexander Alland ,(1970) propounded this theory , based on the concept of adaptation, described as behavioral or biological changes in the individual or the group level that supports survival in a given environment. Health is thus seen in the measure of the environment adaptation.

1.17.3 Cultural Interpretative Theory

Arthur Kleinman⁵¹ was the one who advanced with this theory. He has talked about the semantic determinants of disease and sufferings, interpretations of symptoms and illness and social construction. Disease is considered by this approach as an explanatory model. Disease is viewed as a set of interpretative activities, which give meaning to it when reviewed in a context. Hence disease is then has the cultural explanation. The meaning can be the same between the patient and healers or it can be the other way round.

Arthur Kleinman, (1988) states the following regarding disease,

“When I use the word illness in the book, I shall mean something fundamentally different from what I mean when I write disease. By invoking the term illness I mean

⁵⁰H, Fagebra Jr,(1975). The Need for an Ethno Medical Science. 189(4207) 969-975

⁵¹Kleinman, Arthur and John Kleinman 1991. Disease and its Professional Transformation: Towards an Autobiography of Interpersonal experiences. Culture, Medicine and Psychiatry, 15:275-301

to men conjure up the innately human experience of symptoms and sufferings. Illness refers to how the sick person and the members of the family, or the wider social network perceive, live with and respond to the symptoms and disability. Illness is the lived experience of monitoring bodily processes, such as respiratory wheezes, abdominal cramps, stuffed sinuses, or painful joints. Illness involves the appraisal of those processes, as expectable, serious, or requiring treat. The illness experience includes categorizing and explaining in common sense ways, accessible to all lay persons in a social group. The forms of distress caused by those, pathos physiological processes.⁵²

(3-4)

1.17.4 Critical Medical Anthropology Approach

The focus of this approach is on, political and economical determinants of disease, and sufferings, power resistance, global system based and ethics and rights. What it stresses on is, “understanding the specific structures social relationship that gives rise to and empower particular cultural constructions” (Baer⁵³ et al.2003:34)

Singer (1996)⁵⁴ came up with another perspective; he stated that it is important to include the study of hierarchical social structure and changing political economy along with nature and ecological perspectives.

Baer, et al (2003) stated that,

“Disease and its treatment occurs within the context of the capitalists world system. (Waller stein, 1979) rooted in the work of marks and Engle’s and C Wright Mills 1959. Power differences shape social processes (Navarro 1976, Krause 1977, Doyl 1979, Waitzkin (1983) and Focult (1975) and the dominant ideological and social patterns in medical care are intimately related to hegemonic ideologies and patterns outside of medicine.

(Ibid: 33)

⁵² Kleinman Arthur, 1988. *The Illness Narratives: Suffering, Healing and the Human Condition*. New York, Basic Books.

⁵³ Hans, A.Singer, BM et al (2003) *Medical Anthropology and the World System*, Second Ed. West Port: Green Wood Publishing Group. Inc

⁵⁴ Ibid

Critical Medical Anthropology is more interested to know, e.g., who possesses the power? How and in what form this power is delegated? How power is expressed in the social relations amongst the various groups and actors that form a part of the health care system and what are the principal contradictions and associated arenas of struggle and resistance that affect the character and functioning of medical system and people's experience of it?

An interesting aspect was brought forward by, Baer⁵⁵ and Singer (2003:39) when they divided this inquiry into, macro social, intermediate, micro social and individual level. In the macro-social level of the analysis the capitalist world system, corporate and state actors and plural medical systems, is including cosmopolitan medicine and heterodox/ethno/religious medical system. The health institutions are placed at the intermediate level, and their policy making, administration and interaction by the health personnel. At the micro social -level, the social and bio-psychological relations are studied by physician patient interaction; or the healer patient interactions; and at the individual level the patients personnel support network, the patient's experiential response to illness and human psychobiological system.

Janzen⁵⁶ came up with the introduction of 'Therapeutic Management Group'. The whole process of health seeking and decision making, is basically related to 'consent seeking, bargaining and negotiating, in which all the members from the Therapeutic Management group are part of it, besides the person who has final powers to decide, and they all participate in it. The group composition is linked to the kind of problem that is being dealt. The power relations, social network and gender relations, all interplay to determine the dynamics of this group.

For the current research two theories have been found to be useful in the understanding of health seeking behavior, these include, The Cultural Interpretive Theory and the Ethno-Medical Approaches. The first views disease as an explanatory model. The cultural

⁵⁵ Baer, H.A. Singer, M., Susser, (2003): *Medical Anthropology and the World System*. 2nd Edition. Westport: Green Wood Publishing Group. Inc

⁵⁶ Janzen, J.M (1978) *The Quest for Therapy of Lower Zaire*, Berkley: University of California Press

construction and interpretation of processes associated with puberty are a complex phenomenon and are explained from an emic perspective. Cultural systems of addressing to the health needs of this specific group revolves around the fact that the knowledge, values and beliefs must maintain the integrity of the social system in which the adolescents live and grow. Efforts are made to protect it from disintegration. The members of the community have in their minds all rules and regulations that can control the behavior of its members on one hand and safeguard the system on the other. The socialization process inculcates all this through the family institution. Hence the community has clear ideas about the areas that can bring disintegration of their social system; each member consciously protects it by controlling ways and means that are not acceptable. Sex, sexual education their discussion and processes associated with them is regarded as highly sensitive and is labeled under the umbrella of “norms”. This is actually the conscious effort by families at individual level and community at large to protect and safeguard the interests of its people. Hence only need based information which is time specific is shared. Mostly homemade remedies and herbal treatments are administered so that the issue of sensitivity remains within the domain of the family. The detailed discussion is presented in Chapter 7.

1.18 Theoretical Framework

Robert Layton, states that,

“The functionalist looked inside the units of what Durkheim had termed ‘compound societies.’ They investigated the internal structure of the social segments, examined the social relationship that held the segments together, and attempted to explain the apparent stability of segmentary societies”⁵⁷.

Robert Layton, (1997, 26)

The Functionalists have proposed three different definitions of function.

1. First they define function in a quasi-mathematical sense, stating that every custom is interconnected with all others in the community, so that each conditions the state of the others.

⁵⁷ Layton, R. (1997). *An Introduction to Theory in Anthropology*; Cambridge University Press.

2. The second used by Malinowski is drawn from physiology. The function of custom is to satisfy individual's primary biological needs through the medium of culture.
3. The third from Radcliffe-Brown and borrowing from theories of Durkheim. Each custom functions in maintaining the integrity of the social system.
4. If we consider the third aspect, where Radcliffe- Brown talks about a system, its integrity and the part a custom plays in maintaining it, then we can look upon the rural community of Tarriya and analyze how customs affect the situation there

Defining the term custom,

“This term refers to the totality of socially acquired behavior patterns which are supported by tradition and generally exhibited by the members of a society. A custom of only short duration is called a fashion. Customs are distinguished from habits, which are an individual's idiosyncratic behaviors. Whereas society is believed to be the source of customary Behavior, Habits are believed to grow out of the unique biographical experiences of individuals.”⁵⁸

Encyclopedia of anthropology: 1976, p-113.

Applying the above definition, to what the functionalists have said, the researcher found that where a traditional system exists, its members have adopted certain code of conduct, (rules and regulations) and they all adhere to this, which is not a written document but it is an un signed form of acceptance, amongst the members. Illicit relations out of wed lock are considered as a sin. There is punishment for those who break the rules or in other words deviance from the set rules is liable to resistance from the members of the group or community and deeper in the minds of individuals there is fear of punishment and resentment from the society. Despite all this the researcher could hear stories of breaking these laws. Thus the rules are broken and there is deviance, but the most important fact is that, the frequency of such out breakers is low. This is to say that there are cases against the said norms, but very few. If the society had not agreed upon a common understanding, then its members had a free will to do what they want, but knowing the consequences of this “free will”, the society has adopted a common understanding, and the socialization process of

⁵⁸ Hunter, David. E and Whitten, Philip. (1976).Encyclopedia of anthropology: Harper and Row Publishers. New York

individuals as members of a family are actually reinforcing through training into their children from the birth. It is because of all this that a traditional culture like Tarriya has confined the puberty related information to limited access and only at a particular time some of it is being shared with adolescent girls.

In traditional and non industrialized societies strong adherence to such rules and regulations are observed, that are keeping its members intact. There are a few cases of breaking the law, but these deviants are dealt with full force and sanctions are imposed on them. When there is technological advancement, roles are redefined, for example like in cities, women are equally participating in economic activities like men, so their roles have been no more confined to homes, but have been redefined. So change is taking place, but slowly. So there is little resistance from its members.

Linking the functionalist theory to the social system in which the villagers live, it is through maintaining the integrity by the conscious efforts of the people by practicing the customs they believe can hold the social system together. This will be explained by sighting the examples from the actual situation.

If we look at a family, then we see that it is an institution, the work of this institution is to cater the sexual needs of the individuals that are bound into a marriage relation. On the other hand because of this marital union and accepted form of behavior from the community, the offspring's are produced. The family then rear the children and inculcates all those values, attitudes and behaviors that are acceptable for the community, of which this family is a part. The functions of the family include the following:

1. Fulfillment of sexual needs
2. Reproduction
3. Meeting, the basic needs of its members. (Food, shelter, etc.)
4. Socialization of children (values, norms, taboos)

5. Educating and skill development.
6. Marriage, of its adolescents/youth.
7. Keeping harmony and integrity in the society through establishment of above all.

The socialization process of the future generation, will inculcate all the moral values that the individual needs. As in the case of village Tarriya, it was observed that the puberty related information is very much controlled and only delivered to the adolescent girls when they have had their first menstruation. This information is limited and not complete, in the sense that there are no clarifications on what it means to menstruate. What is the body function, and what can be the consequences of a girl indulging into sexual interaction with opposite sex. This has further explanations as have been revealed from the discussion with the mothers,

1. The society believes that the control of information regarding puberty is essential in maintaining the mutual element of respect between mothers and daughter.
2. She believes, (mother), that passing of limited information to the adolescent girl will keep her innocent.
3. She believes that the girl has no mental capacity to understand information that has been kept in secret from generations and if this is shared before she enters into her married life, can have negative consequences.
4. Controlling of such information also keeps an upper hand on the girls who have limited information, so that too much knowing can generate new ideas in girls, like (now they can reproduce). The information that has been hidden from generations must have logic to it.
5. Through all this interaction they are able to keep the society, (adolescents) out from indulging into encounters that can have a negative impact on the overall morality of the community.

All these efforts have a definite link with the marriage and virginity of the adolescent girl, as there will be serious consequences, if she is found to be indulged in any kind of sexual activity. These acts are widely condemned and there are serious consequences of exhibiting such a behavior. Anthropologists believe, that health, illness and its remedies are all culturally

constructed, and in order to understand them, one must look with the emic perspective. Actions that are acceptable in one culture, may be totally looked with suspension in another, but 'cultural relativism', as was explained by Boas⁵⁹ and Marvin Harris⁶⁰ carry a lot of significance to explain the practices of others. Perceptions of health for an individual are largely explainable in the context of the place where the individual shares a specific culture with his relatives and community. Religion is also an important aspect in understanding why a person is behaving in a specific way and especially those cultures that are greatly influenced by it are directly in line with its teachings. Emic perspectives also carry a lot of significance while looking into a special cultural belief and practice.

1.19 Conclusion

It can be concluded from the available facts that the adolescents constitute a major portion of the population, nationally and internationally. There is a growing concern regarding the health of this age group. The cultural barriers and issues are required to be resolved, as lack of correct information is extremely important. The provision of correct, reliable and accurate information is the demand of these people, as has been highlighted in the various research/studies conducted by various national and international organizations. The available data (research studies) on reproductive health needs of adolescents, is not been thoroughly researched, as it is a taboo to talk on such issues.

⁵⁹ Boas, Franz..(1928) : Anthropology and Modern life. New York: W.W. & Norton and Company

⁶⁰ Harris, Marvin. 1968: The Rise of Anthropological Theory a history of theories of culture. New York: Thomas Y .Crowell.

2.1 Health Seeking Behavior

Human populations have been the focus of research by anthropologists, sociologists and psychologists. Adolescence is a stage of life when the child is in transition from childhood to an adult status. In anthropology adolescents have long been studied, in primitive, exotic and cross cultural scenarios.

The present review of literature is specifically concerned with the health seeking behavior, in the context of gaining knowledge regarding bodily changes amongst the adolescents during their growth process called pubertal development. It further looks into how the married adolescents cope with their health needs and what are the available options for them. Decision making is also an important area of this research, who decides, when and how. Other focused area is gender and access to health facilities and problems faced by married and un-married adolescents.

2.2 Adolescents

The encyclopedia of anthropology defines and states the following with regards to adolescents,

“Adolescence is a transitional stage in the humans. During this period the child enters into an adult status, it represents the period of time during where a person experiences a variety of biological changes and encounters a number of emotional issues. The stage of life, in human vary by culture, and ranges from preteens to nineteen years. Hence from the above discussion, it can be stated that adolescence is a stage that starts from the second decade in humans, and it is present in the primitive and modern industrialized states.”⁶¹

Newman and Newman (1986) define adolescence as

⁶¹ David, E. Hunter and Whiten, Philip. (1976): Encyclopedia of Anthropology: Harper and Row Publishers, New York

"Adolescence is derived from the Latin word adolescence, which means "to grow up." Adolescence is a period of life which is often mentioned as the time of transition between childhood and maturity."⁶²

(1986), p -2

Talking about it as a by-product of technological society they state that,

"Adolescence occurs as a result of long periods of training that are required in a technological society in order to learn what is needed to perform meaningful work and to be adequate parent. Societies create adolescence by refusing young people's access to adult roles."

(1986), p-2

Hence from the above definitions, it is drawn that it is a stage of life in human development. This stage has been observed in the primitive and traditional societies also. In anthropology it was recognized at the turn of the 20th century. Different societies have adopted mechanisms to deal with it, e.g. in industrialized societies it is regarded as a period of training for becoming an effective person, by learning how to become a part of a technological society, while in traditional and primitive societies there are different roles for this specific age group. In the researchers area this stage was looked as a preparatory stage for her reproductive role, but with the passage of two decades people realized that there were other roles for her like education, skill learning and above all young age marriages were a threat to a girl's life in many ways.

2.3 Adolescence Stage Recognized or Not

In order to talk about the health and other related issues of adolescents, it is important to highlight whether this stage of life is recognized or not, because if it is regarded as a stage then there must be ways to recognize it. In many societies this stage of life is socially recognized, yet in some it may not be the case. As Schelegal⁶³ has reported that, it may be socially marked and even institutionalized. Referring about the Navajo and the Melanesian

⁶² Newman, Barbara, and Newman Philip: (1986) Adolescence Development; Merrill Publishing Company.

⁶³Schlegal, Alice (1985); Adolescence: Ethos, volume ,23.No:1

(Trobrian Islanders), she states that they have given a special name to the person between puberty and marriage, comparable to the western term adolescence. Similarly in the area of the researcher the term given to adolescence is "*Balig*", (Grown up). No rites of passage for those entering into puberty were observed, keeping it as a secret and a family affair, where such discussion is regarded as a taboo..⁶⁴ Van Gennep talked about various stages, being the rites of passage. In the village Tarriya, there is social acceptance to the fact that a child has attained an adult status, but it is not marked by any ceremony or rite, though for girls it is a sensitive issue because now she has attained the ability to reproduce and her virginity must be taken care of till she gets married.

2.4 Research on Reproductive Health of Adolescents

Mary⁶⁵ Wollstonecraft in 1792 was the first one to work on the issue of reproductive health. She talked about rules of kinship and marriage in different societies in relation to their means of subsistence. Red Cliff Brown wrote about the Admand Islanders; in (1922)⁶⁶ the book appears on the horizon of a dearth of literature, where adolescents were recognized as a stage in human development. Brown was not able to say much on the adolescent girls, as he says he did not had much access to them, but for boys he had great description on their growth, rites, etc. In order to understand how the culture responds towards the growing needs of this age group some important

Arnold van Gennep⁶⁷, (1960) was the first scholar to study the rites of passage in a systematic way. He has identified three phases that occur in all rites of passages in all societies. These are separation, transition and incorporation. He states that since an individual moves successfully from one significant stage to another, child hood to young adulthood, young adulthood to married status and so on-he must be ritually separated from each stage, go through a transitional period (though this may be symbolic and require no more than a

⁶⁴ Arnold, Van Gennep (1960) *The Rites of Passage*. Chicago, Chicago University Press.

⁶⁵ Wollstonecraft Mary, Brody M(1792). *A Vindication of Rights of Women*. London: Penguin Books Ltd.

⁶⁶ Brown, A., Radcliff (1922); *The Andaman islanders*. New York: The Free Press.

⁶⁷ *Ibid*.

moment), and then be incorporated into his new social status. These three stages taken together constitute the rites of passage. When there are cases of girls/boys entering into puberty, especially a girl, societies have adopted different means to indicate this advancement. This is a stage wise process. Gennep was able to define a separate rite for each stage.

There are various explanations given by different persons. Mead (1949, 1955), argued that in a woman's life there are clear and well defined events, such as menarche, childbirth and menopause. Brown⁶⁸ has said that the function of these ceremonies is that they serve to emphasize the adult-gender role expectations held by the society, for men and women. Elwin⁶⁹, (1947) went to India, (Asia) to study a primitive Indian tribe and reported that adolescence was recorded there as a stage of human development.

It is interesting to say that in the village Tarriya, there were no initiation ceremonies for both the genders, although for birth, marriage and death there were rituals held. This is not to say that they do not recognize this stage of life as there are visible changes and restrictions for those entering puberty (girls) but for boys it is a relaxed environment with lesser restrictions on many comparable issue, like mobility, education, etc.

This fact is explainable in the light of cultural construct of these people around sexuality and its related phenomena. It is a taboo to talk about such issues it is an affair in the domain of the family, and everything is kept in a secret from males of the immediate and extended family of the girl.

Another aspect of rites of passage is explained by a great body of literature found in various anthropological, sociological and biological studies; these are based on genital operations, both in boys and girls, in primitive, modern societies, across cultures, and in different

⁶⁸ Brown, J.K (1975); Adolescents initiation rites. Recent Interpretations, in R.E. Grinder (Ed) New York, McMillan

⁶⁹Elwin, Verrier. (1947): The Muria and their Ghotal. Bombay: Oxford University Press.

religions. Van Gennep⁷⁰ (1901, 1960) is regarded as the first anthropologist to use the phrase, rites of passage. The aspect of cultural relativism is well known to anthropologist and he inter-relates everything as per this explanation.

The WHO, has interpreted the female genital cutting as following;

“...Comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.”⁷¹

(Fact Sheet WHO, 2000: 1)

It was observed during the research in the village that taking and discussing such issues was regarded as a norm, but the physical characteristics of a growing girl pointing to her maturity is visible and noticeable for all. Other related social aspects of it attached to this growth like the mobility, decision making, are indicators pointing that her maturity is a sign of her being controlled and guided by her parents.

Margaret Mead (1928)⁷² went on a cross cultural study to see that when the individuals pass on from childhood to adolescence, do they have stress and strum, as was reported by Mead in the American adolescents. The research threw some interesting insights, that adolescent in Samoa culture had a very smooth transition as they pass from childhood to adulthood. Similarly Schelegal (1991)⁷³, was the first anthropologists who had studied the adolescents, by reviewing the coded data, available from 186 cases in Standard Cross-cultural Sample. These are not specifically concerned with how the individual seeks information about bodily changes or pubertal developments, but this is the information based on some aspect of health

⁷⁰Gennep, A. Van (1960): Rites of Passage. Chicago: Chicago University Press.

⁷¹WHO, Fact Sheet;(2001-1)

⁷² Mead, M. (1928). Coming Of Age in Samoa. New York: William Morrow and Company.

⁷³ Schelegal, Alice; and Herbert Barry III.(1991) :Adolescence An Anthropological Inquiry: New York, The Free Press

of adolescents, i.e. their rites of passage from childhood to an adult status. Erickson⁷⁴ was more concerned with the identity crisis amongst the adolescents.

Sexuality⁷⁵ among the adolescents in Pakistan is little researched primarily due to taboos restricting open discussion of sexuality in general. (Khan Aysha, 2000) Elsie⁷⁶ Clews Parson (1906) and Ruth⁷⁷ Landes (1947) thoroughly reviewed the role of men and women regarding the gender perspective and reproduction. Steinberg, 1989 stated the following regarding the growth of adolescents:

.....“The chief elements of the biological changes of adolescence- which together referred to as puberty-involve changes in the young person’s physical appearance (including breast development in girls, the growth of facial hair in boys , and a dramatic increase in height for both sexes)”⁷⁸

(Steinberg, 6-7)

2.5 Issues Researched on Reproductive Health

H.D⁷⁹ Thornburg has attempted to provide a rationale for the provision of sex education at an age of nine to twelve years. In order to get an insight into the behavior regarding their sexual activities the author has taken data from a number of research studies. He not only depended on the secondary sources of data but has concluded upon his own research. Looking into the aspect of the availability of information and the level of authenticity or reliability of information he states that the source of information is through peers and the reliability on it is low. He has stressed the need that this age group should be given proper sex education as to cope with their sexual desires in order to stop them from indulging into practices that are harmful to their health and may make them vulnerable to different diseases.

⁷⁴ Erikson, E. H. 1968. *Identity: Youth and Crisis*. New York: Norton

⁷⁵ Adolescents and Reproductive Health in Pakistan: A literature review. Population Council, 2000

⁷⁶ Elsie, Clews Parson. 1906 . *The Family*. New York

⁷⁷ Ruth, Landes. 1947. *The City of Women*. New York: McMillan Company.

⁷⁸ Steinberg Laurence, 1989 .*Adolescence*. Temple University.

⁷⁹ Hershel. D. Thornburg. (1974). *The Family coordinator*. vol.23.No.1

J. Bongaarts⁸⁰ and B. Cohen, have looked into adolescents reproductive behavior in developing countries .They have tried to go through the available data on adolescents in these countries. They viewed causes and consequences of reproductive behavior and generated a debate on how to design policies and programs that can address the urgent needs of this specific age group. Some important events of this age has been researched like menarche and its timings, this is again viewed at different socio- economic levels of the society, environmental factors, genetic and above all the nutritional factors were given top priority. The schooling aspect has also been taken into account as most of the time spent by this age group is in schools. Married adolescents have also been accounted for as in many developing countries the occurrence of menarche triggers the thinking of the parents regarding her reproductive role, in other instances where sexual activities are not prohibited it is the peak time for adolescents to indulge in sex, which brings them at the edge of high risk taking behavior, Tapal⁸¹, et al has developed a guide line for caretaker's communication on issues like puberty, child sexual abuse, behavior and relations in the context of Pakistani children, adolescents and youth.

Changes associated with urbanization, increased formal education and the wider reach of the media are all factors leading to a more homogeneous world society .The author has argued that in matters of sexuality, reproduction and marriage the most important forces shaping modern day adolescents are their pre-contact cultural values and intuitions which to a considerable degree remain in contact. It is emphasized that a part of their decision making process the adolescents look forward to their teachers, peers, and their school environment for clues regarding various aspects of sexual behavior and evaluate the degree to which their inner beliefs agree or disagree with the group norms. Schools have been highlighted as

⁸⁰ Bogartset.el.(1990)The Demographic Impact of Family Planning Programs.Studies of Family Planning,6(2)

⁸¹ Tapal, Marvi. at el (2009) How to Talk to Children and Young People About Their Bodies. AAHUNG: Pakistan

important area of studying such phenomena. Special significance is added to Asia where it is believed that in many instances sex is only taking place after the marriage union takes place.

Hence in most of the developed nations where religion is no more a binding force for the people, sex is regarded as a normal routine and a lot of programs and policies are encouraging the adolescent for a safer sex procedure.

2.6 Decision Making

Health seeking has a direct link with the power and authority a person holds in a family and a community. For the purpose of this research this aspect will be reviewed in the context of family and decision making with reference to the authority and autonomy the adolescent holds in relation to the parental and marriage related influences. Nadri,⁸² is regarded as an important figure on the contribution of research based on decision making on the reproductive health. Her work was based on child spacing and other such issues of social significance. As far as the researchers own area is concerned Nadirs contribution are found to be useful in understanding decisions that are made by married adolescents on child birth and spacing.

N. Dornbusch, states that:

“the focus of research on pubertal processes during adolescence is no longer purely biological, with assumption that biological and age related changes are similar for most adolescents. Further it is explained that the, the meaning of puberty, its timings is socially defined.”⁸³

(Dornbusch, 1989)

The meaning of puberty for traditional and non industrialized societies is also different as compared to the developed and industrialized societies. For the traditional societies this is a signal for entering into the reproductive role, whereas for the industrialized nations, it is a

⁸² Nardi.B (1983) “Goals in reproductive decision making” *American Ethnologist* 3: 697-714.

⁸³ Sanford, M. Dornbusch. *Annual Review of Sociology*, Vol. 15. (1989), pp. 233-259.

time to learn skills and become able to fit into the technical world and find a suitable role for oneself.

Looking into the context of the present study, it is very true to what Dornbusch has stated in the previous paragraphs that the society believes that it is a time to get prepared for the reproductive role, and especially this is true for the female adolescents. For decades they were taken as entering into puberty and having the first menarche, as a signal for the parents that they are ready for their reproductive role.

During the course of the present research it was found that puberty is dealt as a biological stage, but to publicly recognize and celebrate it was not a part of this culture. In other words puberty was something which had a great impact on the activities of the adolescent girls, and it had its direct impact on her mobility, her status, and the control of her sexuality.

It was learned by the researcher that this was a complex phenomenon in girls; whereas the occurrence of puberty in boys was entirely dealt in a different manner. In comparison it was found out that they enjoyed their lives with minimum restrictions regarding their mobility, education and decisions were not imposed on them. In case of girls the entire world around them changed with the advent of puberty.

M. Kitahara⁸⁴, states that, in contrast to the popularity of male puberty rites in cross-cultural⁸⁵ research, much less attention has been paid to female puberty rites. He has reported that there is one cross-cultural study exclusively dealing with such a topic by Brown (1963). Schlegel⁸⁶ and Barry (1979, 1980) and Barry and Schlegel (1980) discussed both male and female puberty rites together, while a monograph by Driver (1941) deals with female puberty rites only in western North America, and Young (1965:109-111) touches upon this topic only very briefly in his study of male puberty rites. The purpose of this research is to examine female

⁸⁴ Kitahara, Michio (1984) *Female Physiology and Female Puberty Rites*. *Ethos*, Vol. 12, No. 2

⁸⁵ Michio Kitahara is Professor of Sociology at Nagaoka Institute of Science and Technology in Nagaoka, Japan, as well as a lecturer at the University of Maryland, Far East Division, Tokyo.

⁸⁶ Schlegel, Alice (1985) *Adolescence*: *Ethos*, Vol. 23, No. 1

puberty rites and to suggest that such rites may be explained in terms of female physiology, as symbolized, for example, by menstruation.

Referring to the availability of data on this topic Kithara states that

“...From the standpoint of cross-cultural research, the most useful source of information dealing with both male and female puberty rites is the coded data published by Schlegel and Barry (1979). Indeed, by examining their data, we can recognize characteristics of female puberty rites.”

Most puberty rites that have been analyzed and researched are found to be for girls than for boys and the same findings have been highlighted by Schlegel⁸⁷ and Barry (1979:201).

In societies that have been studied by Schelegal and Barry, most of the puberty rites are performed for girls than boys and most start with the first menstruation. Looking at the aspect from the research that was carried in Tarriya, no puberty rites are performed for both sexes. If we analyze this statement than we need to relate this fact with the cultural realities and the answer that is presented is that it is a norm not to talk about the sexual relation, puberty and its processes.

Daniel Gordon quotes W.H.R, River who was a medical student and simultaneously a student of anthropology, he reviewed medical information on the sequel of the various forms of genital surgery that was performed in Egypt and Sudan, and he was interested in examining these in cultural context. It was a matter of concern for doctors, to see the consequences of such operations, in terms of its methodology, and the kind of suffering it inflicted to the girl child. But cultural relativism was the main concern for Rivers.

“.....What these concerns might be brings us to the most venerated anthropological explanation for mutilation operations-the rite of passage. In this construction, the operation serves as a marker of the movement from child to adult, in which the

⁸⁷ Ibid:

similarity between male and female is removed, permitting a ritual differentiation of the sexes."⁸⁸

(Van Gennep. 1960[1908]:72)

Hence before entering into puberty, at the age of nine, the female child will undergo the operation, she was not yet a pubescent, but to do so at this particular age was a sign that she has been upgraded in status from that of a child to a grown up, and in order to control her sexuality an operation is performed.

Malinowski, in his famous book, *Magic, Science and Religion* states that:

"The novices have to undergo a more or less protracted period of seclusion and preparation. Then comes initiation proper, in which the youth, passing through a series of ordeals, is finally submitted to an act of bodily mutilation: at the mildest, a slight incision or the knocking out of a tooth; or, more severe, circumcision; or really cruel and dangerous, an operation such as sub incision. . . . The ordeal is usually associated with the idea of death and rebirth of the initiated one, which is sometimes enacted in a mimetic performance. But besides the ordeal, less conspicuous and dramatic, but in reality more important, is the second main aspect of the initiation: the systematic instruction of the youth in sacred myths and tradition, the gradual unveiling of tribal mysteries and the exhibition of sacred objects."⁸⁹

B.Malinowski,1948

Similarly in the context of the present study, the girl child, when enters into biological puberty, there are social restrictions that are imposed on her, and all this relates to the control of sexuality, as in this culture the aspect of virginity among the females is of special significance. No one will accept a girl for a marriage, if they learn about her involvement in any kind of sexual activity either by force or will. Her virginity is of special significance and there are no acceptable ways in any form where she can be excused. It is interesting to say from reviews that societies that have these rites performed means that they are publicly announcing or accepting this fact that their son or daughter has entered puberty. Where as in the researcher's area this fact was hidden and was a matter of shame for others to know. The

⁸⁸ Female Circumcision and Genital Operations in Egypt and the Sudan: A Dilemma for Medical Anthropology *Medical Anthropology Quarterly*, New Series, Vol. 5, No. 1, (Mar., 1991), pp. 3-14

⁸⁹ B. Malinowski, (1948) *Magic, Science and Religion*, Rutledge, London

role of the religion is of great significance with social and cultural events. Most of the things are premised around the fact of reward and punishment and social and religious taboos are thus found to be protecting the interests of community at large.

The appearance⁹⁰ of secondary sexual characteristics is a significant event signaling the onset of physiological and psychological changes of profound importance to the individual, family and society. Religious and legal responsibilities depend on the age of puberty in many countries. Lutfa Begum⁹¹ and J. Van Gennep have addressed the reproductive health needs of the adolescents with special reference to the gender differences; they have also looked into the health seeking behaviors of both these groups.

Amrita⁹² and S .Kulkarni have researched on the menarchel age to physical growth; amongst the Indian girls in Puna. They have tried to relate to the fact that there is a direct link between the socio-economic status and the occurrence of menstruation. In two castes age at menarche of Maharashtrian Brahmin, and Scheduled Caste girls was studied .It was found that both measurements, the height (the indicator of skeletal maturity), and the weight (the indicator of fat accumulation), were positively correlated with age at menarche. The well known phenomena of children achieving greater size and maturing earlier as manifested by menarche in girls and the secular trend in the age at menarche are well demonstrated in their study on the Maharashtrian girls. The lowering of age at menarche at an average rate of about 6 months per decade in the last three decades was also recorded.

⁹⁰Maryam Razzaghy-Azar, MD, H. Aliasgar Hospital, Iran University of Medical Sciences.

⁹¹Lutfā .Begum and Jeroen Van Ginneken 'Adolescents' reproductive health status related to contemporary factors, with special emphasis on gender differences in Bangladesh Population Research Centre, Faculty of Spatial Sciences, University of Groningen, The Netherlands and a fellow at the International Centre for Diarrheal Disease

⁹² Amrita Bagga, S. Kulkarni Age at menarche and secular trend in Maharashtrian (Indian) girls Volume 44 (1-4):53-57, 2000 Acta Biologica Szegediensis <http://www.sci.u-szeged.hu/ABS>

R.E Montgomery⁹³ has looked into the menstruation process and related taboos. She used ethnographic data on the nature of popular attitudes and the meaning of menstruation taboos. Bethlehem⁹⁴ has talked about the puberty rites in males.⁹⁵ Freud had looked into the psychosexual stages of development amongst the children.

Malinowski⁹⁶ in 1922, has talked about the Trobrian Islanders and has discussed about the adolescent population their sexual life and growth. He⁹⁷ has also talked about the sexual activity of the Savages. He further states that in these cultures sexual activity is regarded as a normal day to day activity.

Lepani⁹⁸ has talked about the sexual activity and the “open space” of youth besides discussing sexual activities of women and men. The open space is the opportunity for youth where they negotiate about sexual activities. In this context she has discussed about the spread of AIDS and has tried to use this “open space”, to bring +into discussion on spread of disease and how to make these interactions safer against it. Piaget⁹⁹ has talked about the intellectual growth of individual as a product of a continuous interaction of the person with his environment. Assimilation and accommodation are the two processes that are the part of this cognition. He has talked about four stages of intellectual growth. Erickson¹⁰⁰ has also talked about this as a “stage of identity”, and discussed about identity crisis amongst them, as to who they are? Schelegal¹⁰¹ has argued on the social functions of adolescence across cultures is to prepare them for their reproductive role. She discussed that the secondary function for boys is of greater importance than girls, because boys had a more leading role in many activities than

⁹³Montgomery, Rita. E. (1974) *Ethos*, Vol. 2. No. 2. (summer, 1974), pp. 137-170. American Anthropological Association

⁹⁴ Beitelheim, Bruno.1954. *Symbolic Wound: Puberty Rites and the Envious Male*: Thames and Hudson.

⁹⁵Freud, Sigmund.1918. The Taboo of Virginity. *Collected Papers*, vol. 4,pp. 217-235.

⁹⁶ Malinowski, Bronislaw (1922). *Argonauts of the Western Paci c*. Rutledge and Kegan Paul, London.

⁹⁷ Malinowski, Bronislaw (1927) *Sex and Repression in Savage Society*. Routledge. London.

⁹⁸ Lepani, Katherine (2001) *Negotiating “Open Space”: The Importance of Cultural Context in HIV/AIDS*

Communication Models. A Qualitative Study of Gender, Sexuality, and Reproduction in the Trobriand Islands of Papua New Guinea, Master of Public Health (Tropical Health) thesis, University of Queensland, Brisbane.

⁹⁹ Piaget, J. (1970): *The theory of stages in cognitive development*. New York, McGraw -hill

¹⁰⁰ Erikson, E. H. (1968). *Identity, youth, and crisis*. New York: Norton.

¹⁰¹ Schelegal, A.(1985): *Adolescence :Ethos*, volume 23.No:1

girls. Herbert¹⁰². 1980 talked of the puberty rites with most of them performed for males and few for females. Driver¹⁰³ has made insights into the cross-cultural studies regarding the health issues.

2.7 Anthropology and Female Health Decision-Making

Decisions play an important role in the institution of the family. But even more noteworthy is who decides and what are the roles of “significant others” in this process.

Sergeant¹⁰⁴ and Johnson 1996 have pointed to decision making, as an important area that has not been researched like other issues. Cornwall¹⁰⁵, looked into the question of choice and contingency in having and bringing up children through a review of case studies. Her source of study rested with ethnographic data from South Western Nigeria. She argued that reproductive outcome may be less a result of consciously perused reproductive strategies than of other choices and are being influenced by other individuals and also the caprice and other choices.

In the researcher’s area, the decisions are made by the institution of family regarding the reproductive health of its members, as mothers or mother in-laws have a very positive role in educating the adolescent girls on issues of reproductive health. In case of gaining access to the puberty related information, the decision rests with mothers, in her natal home, and they have the decision making power as to whom, either they themselves or the elder daughter would take the lead in informing their daughters on menstruation, pubertal changes and associated problems.

¹⁰² Barry, Herbert III, and Alice Schlegel 1980. Early Childhood Precursors of Adolescent Initiation Ceremonies. *Ethos* 8: 132- 145.

¹⁰³ Driver, Harold ,E.(1973). Cross-Cultural Studies. *Handbook of Social and Cultural Anthropology* (J. Honigsmann, ed.), pp. 327-367. Chicago: Rand McNally.

¹⁰⁴Sargent, F.C and Johnsons, T.M. (eds) (1996). *Handbook of Medical Anthropology. Contemporary Theory and Method*, Westport: Green Wood press

¹⁰⁵Cornwall,A.2001,Taking Chances: “Tactical Dimensions of Reproductive Strategies in South Western Nigeria” *Medical Anthropology* 26 (3):229-254

2.8 Work on Health Seeking Issues

The name of Emily Martin, (1989) is famous in the anthropological literature, because she has presented the cultural analysis of reproduction:

“Even though women in our society do not form a face-to face or word- to word community, they do share some experiences: all are defined as” women”, one of two usually permanent gender categories to which everyone in our society must be assigned; all (some more Than others) occupy subordinate position to men, if not in their jobs, then in their families, and if not in their families, then in general cultural Imaginary and language; all have female bodies and experience commonly bodily processes such as menstruation and childbirth (however various the meanings such diverse group as black Americans or Jewish Americans can give these processes); all are affected in one way or the another by medical and scientific views of female body processes.”¹⁰⁶

Martin Emily: (1989:4-5)

Martin studied the bodily processes in females, and she argued that bodily processes that are similar to menstruation and are experienced by both men and women are not described in manner that seems insulting, when it is presented with reference to female bodies. She quotes an example of shedding of lining of stomach to that of the uterus, she observes that,

“Our lives have come to be organized around two realms; a private realm where women are most in evidence, where natural” functions like sex and the bodily functions related to procreation take place, where the affective content of relationship is primary, and a public realm men are most in evidence, where “culture” (books, school, art, music , science), is produced, where money is made, work is done and where ones efficiency at producing goods or services takes precedence over ones feelings about fellow workers.”

(Emily Martin; 1989; 15, 16)

In the case of female these are described in factual and objective language”,¹⁰⁷ (1989; 45). She has viewed menstruation, reproduction, puberty, gender, work and class in detail. She has highlighted the fact that in the nineteen century menstruation and the women’s capacity to

¹⁰⁶ Martin, Emily (1989) *Women in the Body*: Open University Press/Milton Keney.

¹⁰⁷ Ibid

work was of great concern. She describes the feelings of women who went for checkups to doctors and the kind of experience they had when the male doctors talked about their bodies. They felt alienated and fragmented into parts. She observed how metaphors shaped the medical knowledge of such physical processes like, menstruation, child birth and menopause. Martin observed that the metaphors were the basis of the capitalistic division, between the public and private, and the roots of patriarchy had their role to play. As far as these aspects are seen regarding the reproduction and childbirth, women are seen as passive machines involved in the production process. She observed that bodily processes that are biologically same in males are not described in the same manner as in females.

In the year 2003, NIPs took a step forward, when a study was conducted on the reproductive health of youth¹⁰⁸. Prior to this research no one had conducted any such study at a national level. This was concerned with a specific age group, 14-24 years. This has led to the access of data which was previously not approachable. The findings of the research also are quite interesting, as far as the knowledge on reproductive health is concerned, 60 percent of respondents from both the sexes, reported their awareness on such issues. In urban settlements there are more youth familiar with the subject. Interestingly as compared to male –female ratio, more females were aware similarly urban settlers were well informed as compared to rural residents on pubertal development issues. Regarding the provision of sex education, it was desired by youth, 14-24 years of age that this information should be shared with them, with males 66 percent and females 42.7 percent. Married youth were also aware of family planning, and some common methods were shared with the researchers. Overall this study is a good contribution for those who require data on reproductive health issues; it can also help the policy makers and planners to benefit from the findings.

In cultures that do not regard puberty and sex as a taboo, have adopted ways and means to educate their adolescents and youth regarding their growth, physiology and social relations

¹⁰⁸ Javeed, Sarah. et.al (2003) "Reproductive Health of Youth: Perceptions, Attitudes and Practices". National Institute of Population Studies (NIPS), Pakistan.

associated with it. As early as 1960¹⁰⁹, heterosexuality was very common, and so it was the need of the hour to educate this group against consequences that can be fatal for them. This was done to clarify the fact that peers were the main source of educating their friends and the accuracy of information was quite poor.

In another incidence it is reported by Broderick¹¹⁰, an anthropologist who had widespread information, based on 32 anthropological studies that, pre-pubertal children are sexually active. This has been reported in other cultures of the world.

Looking into the above examples and the time that has been reported when the pre-adolescents were educated, there is a wide difference between the western aspect on this issue and the culture that exists in the researcher's area. Here in Tarriya, it is a taboo to talk on the issue. The picture is somewhat brighter as one move from traditional to modern ways of life in developed cities of Pakistan. Here this education is being given under the umbrella of health, to minimize the sensitivity around this topic. But no education is given to pre-adolescents; it is the late adolescence or youth who are being addressed. The cultural values attached that they are minors; their minds are innocent to still digest this information has been reported as the main factor of not addressing them.

Pakistan after signing the ICPD¹¹¹ rectified those portions that were not in accordance to the cultural values. A few decades back sharing of pubertal knowledge with adolescents both married and un-married was addressed by public and private sectors. Awareness on use of contraceptives to married adolescents was dealt in accordance to the values and practices of their culture; abortion is regarded as a sin, with its religious connotations.

In the context of the village where adolescent's health seeking behavior was studied, married adolescents were aware of some of the methods and using one was again premised around the

¹⁰⁹Thornburg Hershel (1974): Educating the Pre-adolescent about Sex. The Family Co-coordinator, vol.23,no.1

¹¹⁰Broderic, C.B and G.P Row,(1968):A scale of Pre-adolescent Heterosexual development. Journal of Family and Marriage; vol. 30

¹¹¹International Conference on Population and Development, 1994. Cairo.

fact that decision is held with an authoritative figure in the family, like mother in-law or husband.

Research conducted by Population Council¹¹² reviewed the gap between onset of puberty and marriage and reported that it is increasing for both the sexes due to an increase in the age at marriage. However, there is very little skill development or education available for girls at this stage and females in rural areas get married much earlier than the urban females. A rural girl is twice as likely to be married before her 20th birthday as compared to an urban girl (58% versus 27%). Yet the access to antenatal and other facilities is minimal for mothers under 15-19. According to respondents puberty occurs on an average at age 13.5 for girls and 15 for boys. More males are aware of knowledge on puberty as compared to females and urban females are more aware than rural females.

On the contrary NIPS survey revealed that girls are more aware of puberty related information as compared to boys. 98% of females knew about menstruation as compared to 57% males. A primary reason for this was said to be the biological necessity of experiencing this and hence knowing about it. 20% females had knowledge of sex education as compared to 40% males and knowledge of wet dreams was high in males 88.5% related to bad thoughts and considered a natural phenomenon.

The findings of these surveys reflect the desire of the adolescents for access to such information. One third of females and two third males of the survey responded that they needed information related to puberty while a clear majority of adolescents and youth were of the view that sex education should be provided between the ages of 14-17. Nearly 66% of the males⁷ and 47.2% of the females desired knowledge and sex education with proportion higher for urban residents (both males and females). The reason for this is that in the urban areas there is more awareness among the adolescent population due to education, electronic and print media, there are lesser restrictions in terms of mobility, and this opens new avenues of

¹¹² Adolescence and Youth in Pakistan 2001-02 A Nationally Representative Survey¹: Population Council.

learning for them. Another important factor is the quality of education, the syllabus and the teacher's role. There is tremendous difference in these at the urban and rural levels. The thinking process of urban residents is much better than rural ones, where girls are taught to be less verbal and expressive. All this makes a lot of difference on the thinking and expressing abilities. The source of information in most instances has been mother or elder sisters/cousins/friends for girls, while peer group has been the largest source of information for boys. The girls prefer these sources as conduits of sex education while boys preferred educational institutions, peers and elders as the major source. They also expressed a need for better sources than the existing ones.

Khan, Aysha¹¹³ has talked about the cultural norms and taboo associated with sexuality, the parents and elders do not discuss issues of sexuality or puberty. The related physical, emotional and psychological consequences are also areas of concern that are touched upon. In most cases the requisite information is not provided before hand to either sex. Although in some instances friends or siblings may provide some information but this is also based primarily on misnomers and not facts. This information can be misleading and incomplete adding to the confusion already existing in their minds.

Study conducted in 2003 by National Institute of Population Studies¹¹⁴, regarding the Pakistani adolescents in rural and urban areas, focuses on youth and adolescent, males and females (14-24 years) representing all provinces in Pakistan. Issues of reproductive health (puberty), physical & psychological problems, sex education, fertility, contraceptive knowledge, practice and awareness regarding urinary tract infections have been discussed. Diseases like, STIs, AIDS and Hepatitis have also been analyzed and it was highlighted that this age group should be educated on their health issues concerned with their growth and pubertal development as their basic need.

¹¹³Khan, Aysha (2000); Adolescents and Reproductive Health in Pakistan; A literature Review, Population Council

¹¹⁴Reproductive Health of Youth: Perceptions, Attitudes and Practices' (2003). National Institute of population, Studies, Islamabad. Pakistan

In another study Khan, Aysha¹¹⁵ has looked at various issues of reproductive health and health seeking behavior of the adolescent girls. She stated that menstruation means a lot in the life of a girl. The EU¹¹⁶ and UNFPA have worked together on the reproductive health issues of youth in Asia, and they have tried to bring the good practices to educate others, in which a lot of success has been achieved through communication and educations. Youth have reported that good practices have helped them in learning about safer sex, misconceptions and early marriage and its consequences, in resolving many of their issues. The most useful area of this collaboration is the youth center, a guiding pathway for others to follow. Barbara¹¹⁷, Bruce and Greene, 1998, presented their research on reproductive health needs of adolescents, and have highlighted some important issues like early marriages, health needs and pregnancy, etc.

Durrant¹¹⁸ has also considered the transition of both sexes into adulthood and has brought forward factors that are being faced in addressing to the reproductive health needs by this age group. Khan Aysha¹¹⁹ has also looked into the reproductive health needs of adolescents in Pakistan, and pointed to the fact that while in transition this age has almost little access to proper health seeking. There are no institutions that can cater their needs and hence there is no reliable source available to them. Sathar¹²⁰ also talked upon the transitional period of adolescents and the health needs of this specific age with fertility issues. Sathar¹²¹ et al elaborated upon the desire shown by this age group for health, education and work. Their research has highlighted that there is a significant gap between those females that have been informed about the kind of changes that puberty will bring and those who really want access

¹¹⁵ Khan, Ayesh and Pine, Pamela. (2003) Adolescents reproductive Health in Pakistan: Policy Project

¹¹⁶ Reproductive Health initiative for Youth in Asia. (2006). (RHIA) EU/UNFPA.

¹¹⁷ Barbara, S. Mensch J, Bruce, and Margaret E. Greene (1998) The Uncharted Passage. Population Council, Islamabad, Pakistan

¹¹⁸ Durrant, L, Valrie, (2000) Adolescent Boys and Girls in Pakistan: Opportunities and constraints in the Transition to Adulthood, Population Council. Islamabad, Pakistan.

¹¹⁹ Khan, Aysha (2000) Adolescents and Reproductive Health in Pakistan. A literature review. Research report number, 11. UNFPA and Population Council Islamabad, Pakistan

¹²⁰ Sathar, A, Zeba and John, B Casterline, (1998) The Onset of Fertility Transition in Pakistan. Population and Development Review, 24(4): 773-796.

¹²¹ Sathar, A, Zeba, M. Haque, A, Faizunniss and Munawar, Sultana (2001-2002) Adolescents and Youth in Pakistan. A National representative Survey in Pakistan. Population Council, New York.

to this information. Life of a girl, her mobility is controlled and this is also a sign that she can be tied into a marriage bond within the coming few years. (Two to three years). On the issue of how the girls learn about menstruation and related pubertal development, it is highlighted that the role of elder sisters and sister-in-laws is of great significance. Majida¹²² has worked on the issue of reproductive health awareness of the adolescent girls. It is shared that the girls entering into puberty are least informed about their bodily changes and the culture does not allow discussion on it as being a taboo. The girls are not well versed on the processes in advance and only limited knowledge is being shared by mothers or elder sisters. Mumtaz¹²³ and Fauzia have discussed the transfer of knowledge on reproductive health seeking by women to other women; they have reviewed the process of how it takes place and what the specific areas that need attention are. Aahung¹²⁴ an NGO working on adolescent's reproductive health issues developed guide lines addressing issues that can help in creating a healthy space for adolescents. Ambreen¹²⁵ has taken into account the issue of gender difference and access to health care. The female child as compared to male is given less importance in the provision of health facilities in a Pakistani society.

Friedman¹²⁶ has looked at the sexual behavior amongst the adolescents in the context of development.¹²⁷ Dennis Roth states that calls for a revival of "traditional forms of sex education" could benefit from taking a closer look at what those practices consist of within specific cultural and historical settings. He states that his interviews with older and younger women in a rural setting of Tanzania showed that formal instruction about matters related to sexual behavior and reproduction was not a widespread practice in that setting. Mostly women and girls learned from other rather some traditional system existing, he has also

¹²² Majid, Saeeda. 1995. "Reproductive Health Awareness in Adolescent Girls: Report of a Survey." *Journal of the College of Physicians and Surgeons* 5(4):214.

¹²³ Mumtaz, Khawar and Fauzia Rauf. 1996. *Woman to Woman: Transfer of Health and Reproductive Knowledge*, Lahore: Shirkat Gah

¹²⁴ Aahung. 1999. *AIDS Awareness Program, Knowledge, Attitudes, and Practices Survey Report*. Karachi.

¹²⁵ Ahmed, Ambreen. 1990. *Gender differentials in Access to Health Care for Pakistani Children*. Vol. 1. Islamabad: UNICEF.

¹²⁶ Friedman, Herbert L. 1992. Changing patterns of adolescent sexual behavior; Consequences for Health and development. *Journal of Adolescent Health*, 13(5):345-50.

¹²⁷ Allen, Roth Dennis. (2000). *Learning the Facts of Life: Past and Present Experiences in a Rural Tanzanian Community*. *Africa Today*, 47,3/4,3-27.

emphasized upon a place called, *maji* house where in the past the girls in days of their menstrual cycle remained, they find a space to learn about their sexual life and experiences. These practices were an opportunity for the girls to learn. Hence if traditional forms of educating could be revived as in case of *maji*, then the young girls and women would have an opportunity to learn from each other.

If the above example is related to the researcher's area, such an education becomes an issue of a "private sphere" that is home and family and cannot be shared at the community level. The privacy and complexity of the matter is maintained so that the sensitivity surrounding it may not be broken in any form thus controlling the behaviors through control of information.

Khan¹²⁸, Ayesha has looked into the issue of women's mobility and her access to health care. It is interesting that her mobility in its self is an area of concern. She cannot go alone from the home unless a small boy of five years accompanies her. This is regarded as a protective mechanism and is used to express to the community that she is following the traditions and is accompanied by a male of her family. The age of the child is regardless only his sex is important to justify her going out. Naushin¹²⁹ discussed gender issue and has brought to light the sensitivity attached to it in terms of the sexes. The Ministry¹³⁰ of Women development and Youth Affairs Division of Pakistan have also looked into the context of girl's child health under the National Plan of Action. Marie Stopes¹³¹ has also conducted research regarding health seeking behavior amongst the Pakistani adolescents. It was stated by the research that only 13% girls were aware about menstruation process in advance. This also highlights how ignorant this age group is about their own bodily issues. The study also brings forward another important factor in terms of its history that over a few decades there has been little

¹²⁸Khan, Ayesha. 1998. Female mobility and access to health and family planning services. Islamabad: Ministry for Population Welfare and London School of Hygiene and Tropical Medicine. Khan, Fawad Usman. 1994.

¹²⁹Mahmood, Naushin and Mir Annice Mahmood. 1995. Gender differences in child health-care practices: Evidence from the Pakistan Demographic and Health Survey, 1990-91. *Pakistan Development Review* 34(4): 693-707.

¹³⁰ Khan, Fawad Usman.(1994). Women's Mobility. Ministry for Population Welfare and London School of Hygiene and Tropical Medicine.

¹³¹ Adolescents in Pakistan (2006) Sex, Marriage and reproductive Health. Marie Stopes International.

change in the behavior of those who are the elders, in terms of their roles and responsibilities. Nearly the same pattern is seen after so many years, cultural norms have not provided the “space” that this issue can be addressed in an effective manner for the understanding of adolescents.

Population Council conducted a number of researches to find out the reproductive health needs of youth. In this context an example of Bangladesh is sighted, which is a Muslim state like Pakistan and both share similar kind of cultural beliefs and traditions. The important thing is that they have advanced a lot as compared to Pakistanis , in terms of provision of necessary knowledge which is regarded as sensitive in our perspective and has thus produced some good results,(Bangladesh), as far as the needs of adolescents/ and youth are concerned. They have advanced through the youth clubs (7000 in all) in awareness raising and provision of puberty related information.

The above example is highly recommendable because in this manner a large number of youth gets the necessary information, needed for their guidance by utilization of services of people who are of same age. What is needed is good planning and commitment in the light of ICPD and other commitments that Pakistan has signed to and replication of similar cultural practices to address to the needs of this specific age group. In the Pakistani cultural context, sex is a taboo and relations outside the domain of marriage are strictly controlled, but still this fact cannot be ignored that there are sexual activities found in this age group. Since it is not a culturally accepted and supported fact hence to teach about safer sex becomes an issue for those organizations that are dealing with adolescents and their reproductive health. Ministry of Population Welfare in 2003 started a program with the assistance from UNFA to address to the reproductive health needs of adolescents and youth. This was only partially successful as this age group had almost no access with informers once they had left their institutional premises and many adolescents who were not vocal were left unattended. Simon¹³² presented

¹³² Simon and Schuster, (2008) “Our Bodies Our Selves: Pregnancy and Birth”. Boston Women’s Health Book Collective

a detailed version on women's sexuality and reproductive health, a discussion on gynecological examination to sexual health in their later years. The first book to appear in 1970s in American history that made people alarmed, because prior to its publication the subject was not so openly discussed, but its appearance shocked many.

2.9 Conclusion

The literature on health seeking is scant and the issues that are significant for one specific area may not be of significance importance for others. The review of literature has drawn clear-cut lines between the South Asian Countries like Pakistan and the Arab World of today where sex is seen as a taboo, and marital relations out of the wed lock are considered as a great crime, with a lot of importance placed on this activity as a "Great Sin", to indulge in sexual activities, or illicit relations. Adolescents as growing members of the society have little or no access to basic information regarding puberty and growth, especially in case of rural traditional communities, similar to researchers own area. There are wider differences amongst the males and females in having access to information regarding their bodily growth. The cultural values, lack of education and public-private inefficiency to address to the needs of this age group has further added to the seriousness of the issue. In contrast to this most of the Western societies have felt sex as a biological need and they have given access to the adolescents about their bodies and functions at the appropriate time, thus educating them and making such material available has helped them to understand their bodies and themselves. In Pakistan low literacy level, issues of female mobility and non availability of basic education in schools or at community level has further made it a serious issue. The review of literature has very clearly highlighted that most of the studies conducted in this region have brought forward the seriousness of the issue.

CHAPTER 3 VILLAGE PROFILE

In order to get an understanding about the adolescents and their health seeking behavior, during puberty it is essential to look into the cultural context of the society where they live and share common values, attitudes, belief and practices. Systems and institutions in place to address their health related issues. The current study focuses on village Tarriya, located in the Union Council Tarriya of district Rawalpindi. It is a Potowar area. The village is located on a hilly terrain; the land is made cultivable by ploughing small plots of land. People of the region are hard working with men, women and children, all participating in the economic activities and thus supporting their families. The occurrence of puberty is governed by strict norms and taboos imposed by the culture, that prohibits discussion on issues like sex, pubertal development and its related aspects for both the sexes. Women carry a secondary position; the males are more authoritative in the family structure. The puberty related knowledge sharing rests within the domain of the family, and mothers and elder sister or the aunt have the primary responsibility to take a leading role, where as for boys it may be resting with elder brother, father, cousin or uncle.

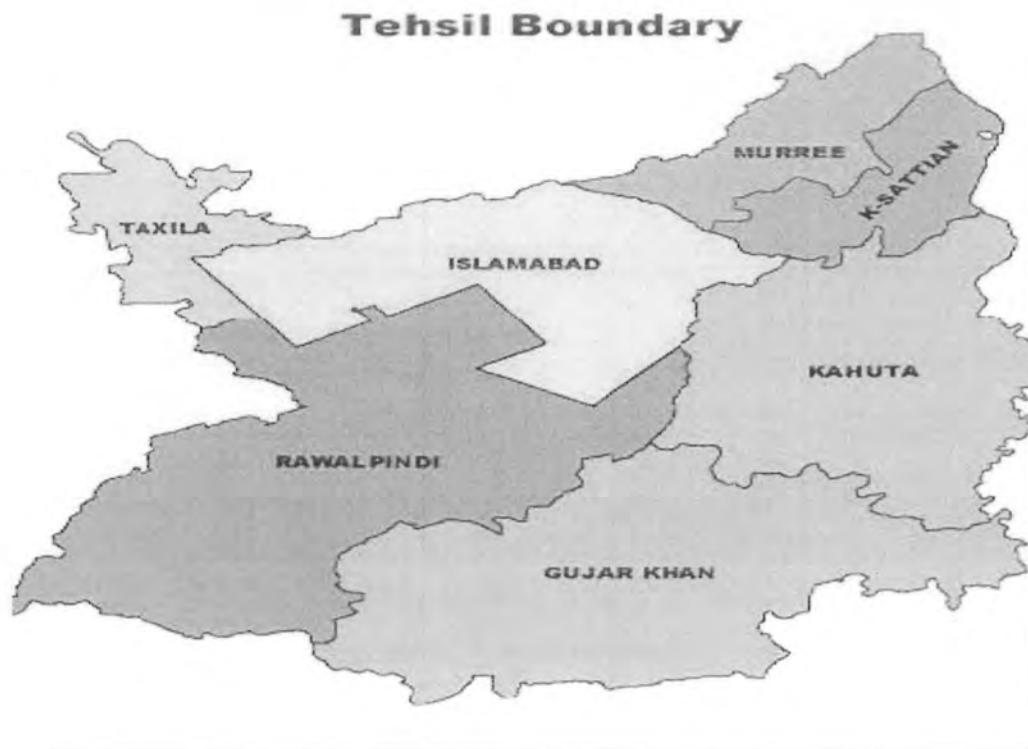
3.1 Area and Location

Pakistan is a country with rich cultural heritage; based on the composition of different ethnic populations it has diversified linguist and cultural shades. It is geographically a part of the South Asian subcontinent. To its east lies India, China on the northeast and Afghanistan to the north, and Iran to the west. So the culture is influenced by the neighboring countries and hence because of this strategic location diverse cultural practices are manifested in the lives of its people.

Figure 4: Map of Pakistan



Figure 5: Map of Rawalpindi District



3.2 Introduction and Background

Pakistan is the 6th¹³³ most populous country in the world. With a population of over seventeen crore people it faces a number of diversified challenges. The most interesting aspect of this population is that adolescents form in a large majority, which itself is a landmark in the history of the country. Internationally the adolescent¹³⁴ population is more than three billion and this is yet another major concern for the nations of the World.

The area of district¹³⁵ Rawalpindi is 5285, square kilometer. The density is around 637 persons, in a radius of one square kilometer. The current population of this district, as quoted in the 1998 census is around, 3364 thousand, which is said to have increased six times than what it was in 1947, when the country gained independence. Thus one thing is very important to highlight, that the population is growing with a high speed, while the available resources are hardly enough to meet the growing needs of its ever increasing population. The annual growth rate of this district is reported as 2.9 percent. It is said that it is predominantly urban with 53.2 percent population living in urban areas.

3.3 Population Growth

A review of the rapid increase in population, between the first and the last census indicates that a great increase in number has occurred. In order to deal with the social and economic aspects, the government needs concerted efforts to address them with strong political commitment at the highest level. There is poverty, lack of health and education facilities and the available resources are not enough to address the needs of the marginalized population. The rural population constitutes 70% of the total population and lacks some basic facilities like health and education, although the number of facilities has been increased but the quality is yet to be addressed. The adolescents are also at the verge of facing many issues, the impact

¹³³Demographic and Health Survey of Pakistan.(2006-2007).National Institute of Population Studies, Islamabad.

¹³⁴ Ibid:

of socio-economic instabilities, have casted shadows on the developmental processes for this age group. As the adolescents of today will become the leaders of tomorrow, so the investment at the right time will bear a lasting fruit for all the future generations. As per the 1998 census the district is said to have a young population in majority, under 15 years of age constitute 38.6 percent, 40.1 percent in the rural areas and 37.3 in the urban areas.

In village Tarriya, there are eighty percent cemented houses, and the remaining twenty constitute of both cemented and a portion which is un-cemented. In some instances the outer portion is covered with cement layer, while the inner part is still mud made. Mostly the poor people have one sleeping room for the entire family. Most of the houses have drinking facility, either owned by them, or sharing from neighborhood. (Well)

3.4 Demographic Characteristics of the Village

The demographic characteristics of the village show that the adolescent population is in vast majority.

Table 3.1: Total Population of Village Tarriya

Sr. No	Age Structure (In Years)	Percentage of Population	Total Numbers
1	<-5	12.8%	265
2	5-9	13.5 %	280
3	10-14	12.8 %	265
4	15-19	12 %	249
5	20-24	9.6 %	199
6	25-29	7.6 %	157
7	30-34	5.7 %	118
8	35-39	5.5 %	114
9	40-44	4.6 %	95
10	45-49	3.9 %	81
11	50-54	3.0 %	62
12	55-59	2.3 %	48
13	60-64	2.1%	44
14	65-69	1.6 %	33
15	70-74	1.4 %	29
16	75-79	0.6 %	12
17	80+	1.1 %	20
	Total	100 %	2071

Source: Socio-economic Survey¹³⁶

Table 3.1 is showing the total population with age group distribution. The age groups 10 -19 show the maximum number of adolescents. As far as the health needs of this age group is concerned, it is seen that a very few marginal opportunities are available to cater the health needs and these too do not include the reproductive needs of the adolescent girls (unmarried). e.g. counseling clinics, health centers where their needs can be addressed.

3.5 Village Tarriya¹³⁷

All human population is organized in some kind of group life that enables them to co-exist in a state of mutual interaction, with their natural and cultural environments. All humans as populations have a history of their own, and all human beings as individuals have a unique

¹³⁶ Socio-Economic survey conducted in the village.

¹³⁷ Source ; Oral history, by village elders.

story that is knitted as a result of being a social animal, acting and reacting in environments called as cultures. History tells us about the path that a given society follows to reach its current status. All societies have their histories and this is the way through which we can trace the progressive bent its people have followed to reach their current status. The history of Tarriya carries great importance for its people, they have a common ancestor and all trace their link with him. In this manner, they are all related to each other, and form a close “*biradri*”

3.5.1 Village History

The name of the village bears a history.¹³⁸ In the times of Emperor Jahangir, there were a group of people who were competing with bows and arrows .It was decided that the person who throws his arrow the farthest will be regarded as the winner. Hence the name of the village comes from the person who won, he was *Malik* Khan, and in local parlance Tarayia, means the arrow, and it was this place, (village Tarriya) where this arrow had stuck. *Malik* Khan, along with his four brothers came to settle in this land, prior to coming to Tarayia he lived in a nearby village called “*Dhalla*”. When he came to settle he was accompanied by an extended family of his brothers. He brought with him a group of people from the *kammi* class, they were the cobbler, the barber, black smith etc, for providing services to the entire family of *Minhas Rajputs*, (ethnic group).Hence when the village was being established, the role of *kammis* in the new surroundings remained the same as that which they enjoyed when they left their original homeland. Currently the *kammi*- class got educated and moved out of this village .They settled in the nearby urban areas. This not only helped them to change their social status, they changed their occupational identity and enjoy a more respectable status by calling themselves as *Maliks*. This is regarded as a status above the *kammi class*.

¹³⁸Oral History, has been gathered by the elderly persons who are decedents of the early settlers.

3.6 Land Terrain and Topography

The village is a part of the *potowar* region, in this type of area; the land is constituted of small hills, with some plain areas. There used to be thick jungles with different kind of habitats and plants but with the advent of humans the vast majority of land was brought under cultivation with residential dwellings resulting in the shrinking of natural surroundings.

There are small streams flowing within this area, which at one point join in the larger flows of the *nullah* Swan .The jungle area is used by villagers for cutting trees and shrubs for fuel purpose. A lot of shrubs are seen widely grown naturally, the land is very rough at some places, whereas at other instances it is quite smooth and big plots are made cultivable for growing crops.

3.6.1 Water Resources

The village has a major *nullah* namely Swan passing from its nearby area, a number of natural water resources in the form of streams are also flowing. The crops are fed by rain and vegetable gardens are grown by the help of wells dug to irrigate small plots of land. The vegetables from these sources are sold in the nearby urban markets of Rawalpindi. These provides an opportunity to earn, on one hand and on the other fresh and cheap vegetables are enjoyed by the city residents, since fresh vegetables are quickly sold once they are seen readily available in the market.

At the level of the household's, wells are used for supplying water to the house-holds for daily usage. Women are often seen washing their clothes, sitting near the stream, gossiping and enjoying their time, while doing this outdoor activity, they get a chance to chat and gossip. Some of the families have installed motors with the well which helps in saving time and energy, spent on pulling buckets. At some instances people have made big tanks and filled them with water and have connected pipe lines to enable kitchen and washrooms to have a regular supply of water, but such instances are few.

3.7 Live Stock

Live stock is an important source for a country's economy, and this is especially true as far as the rural areas of the country are concerned. People have kept buffalos for milk purpose, oxen for plowing their lands. The big land owners have tractors for plowing, and have huge farm houses where a number of animals are kept to support the household economy by selling milk to the nearby urban areas of Rawalpindi.

Goats are also kept for selling purpose and almost in every household there are chicken kept for meat and eggs. Women extract butter and ghee from the milk, which is kept for the family and sometimes it is also sold, since the price of one kilogram of pure ghee has reached rupees eight hundred, this is regarded as a good source of domestic wives earnings.

Thus the women can earn some income from domestic resources. The farm animals require good care and attention against the diseases that are common in the area. The extension teams from the livestock department visit and train the farmers to deal with such cases; this has saved their animals against a number of diseases that were a serious threat in the past.

3.8 Roads

The Union Council Tarriya has a total of nineteen villages and all are connected with each other through a metalled road. The situation within the village is somewhat different, there is *Kattach* road within the entire village and some of the areas of this union council have a hilly terrain where the road is passing through the hills and at times through a water resource such as a *nulla*. In case of emergency it is really difficult to travel through such hazardous conditions, when there is a lack of public transportation.

3.8.1 Transportation

The entire union council is linked with a metalled road within its adjoining villages and also with the main road. The village is also linked to the main G.T road. The means of

transportation are private owned Suzuki's, taxis and cars. The Suzuki's are rare as one seldom passes by overloaded with passengers. The passengers have long hours of waiting, for a ride to their destination. The availability of transport depends upon the number of passengers. There is no time schedule for these vehicles. Private taxis are also seldom used because the drivers go to the city, where they can find more clients and better earning opportunities. The women are the ones who face a lot of adjustment problems. All Suzuki's are filled up with men and youth, and as per practice and custom of the area, females have limited access to sit in the front portion. Then there are circumstances where only the front seat is available for them and two women can share the seat, otherwise they need to find some space amongst the males at the back of the vehicle where it is not only overloaded but also against the traditions, women and men do not intermingle like this, *purdah*, must be observed,

Quite a few villagers own private cars, and these are mostly the families of big land owners, who use them for private purpose. People also travel on tractors, whenever the tractor owner has some work in the city. A large number of villagers hang on to it as it passes by and pay their fares for the ride. Some of the villagers have motorbikes and some use cycles, but for long distances some vehicle is required. It all depends upon the affordability of this rural community, who are economically not very strong.

Hence there is no permanent source of locomotive available for mobility purpose; people help each other whenever there is a sudden emergency in the village. Creation of metalled road has made traveling an easy job, but availability of a few and un scheduled vehicles are still an issue of the area. The affordability of the villagers to opt for a private taxi or car is a matter of concern, since they have a low capacity to spend, poor economic conditions and high prices of fuel etc, have created an impact on the overall condition of poor and marginalized population of the country. The construction of metalled roads within and throughout the union council has paved the way for villagers to save time and enjoy the comfort, which was previously a matter of great concern. Two decades back, the roads were not metalled, locomotion was through carts run by oxen and it took long hours to reach the destination.

Link with the urban center has enabled them to travel in day or night for want of items of daily usage, or visit to a doctor.

3.9 Demographic Characteristics of the Area

The socio-economic survey conducted reveals the following;

Table 3.2: Total Population of the Village

Sr. No	Men	Women	Total
1	1043	1028	2071

Source: Socio-economic Survey.

Table 3.2: Distribution of HH by Family Type of Village

Sr. No	Type of family	No: of House-Hold
1	Nuclear	152
2	Joint family	79
3	Single Parent	6
4	Widows	4
5	Extended	12
	Total	2 53

Source: Socio-economic Survey.

3.10 Physical Layout of the Village

The village is linked by a metalled road; most of the residents are living in clustered households, with few scattered dwellers. The big landowners of the area occupy the central part of the village while the people from lower strata live on the boundaries.

3.10.1 House Structure

The house structure elaborates the social status of a person in the village. The big land owners have cemented houses spread over a larger area of more than a two to three kanal with extended court yards and verandas. They have double story buildings and their grand look

describes clearly the kind of socio-economic status they enjoy. Usually one to two cars are parked in the court yard, they have all the amenities of life like, gardens with fruit trees, flowers and vegetable gardens. The middle and poor class people have their houses built with blocks, some of the walls are not cemented. The verandas have seating arrangements where in normal daily routine women sit and do the household chores, in this manner they get plenty of time talking to nearby neighbors who get together for cutting vegetables, cleaning wheat, etc. Next to the verandas are a line of rooms for the entire family, all decorated with furniture and colorful bed sheets, and with beautiful crockery placed on the extended mantle piece. The number and quality of these items show the economic status of the family. Large number of beds, seven to eight in one or two rooms shows that a lot of guests can be accommodated if an occasion of sudden death or mishap occurs.

The proper kitchen is located at one side of these rooms, with a store room next to it. The store contains sacks of wheat, maize grounded and un-grounded for the need of the entire family. At the back of the house and at some distance the barn yard for the cows, buffalos and other poultry is visible; here a number of family servants are seen looking after the family. Similarly at the house there were female servants visible doing the cleaning and washing. The houses are extremely neat and clean with shining utensils placed nicely on the mantel piece. The plastic utensils, glasses, cups, saucers, are all very cheap as far as the cost is concerned, but as the cultural practice, the walls have to be decorated. The women keep on saving the money to make their mantle piece look colorful, with lot of crockery, and even vases with plastic flowers are also decorated, to make the room a symbol of the social status for the family. These utensils are regularly cleaned and washed, once a month and these are only used when some special guest comes to visit.

On the other hand the families from low income groups have small land holdings of a few marlas and a house of two rooms with a small courtyard is all they possess. The decoration on the side walls indicate clearly their social status and although they have put in all efforts to decorate but the valuables they possess are of cheaper quality, but shining with full bloom.

3.10.2 Streets

As far as the streets are concerned, the area has a rough terrain and at some places there are layers of rocks below the ground. Mostly there are *katcha* streets but places where there are rocks underneath some areas are *packka*. Streets are mostly not cemented. The streets are also used by villagers, for tying up of their animals, cutting of fodders, a gossip place for women and children's play ground. At some places the streets have open drains running on one side of it. When it is blocked, by rain or by plastic bags, then the whole area is facing problem of over flowing dirty water. Smell and flow also attracts flies and the place becomes a breeding ground for mosquitoes.

The men and young boys clean these streets, but mostly they are swelled up with garbage and are found boiling. The women have reported that it is a danger for the entire community, since diseases are caused by flies and mosquitoes. The streets are at some places very narrow and curved, while at other instances these were wide enough for a vehicle to pass through. Similarly the same street has been used by a neighbor to keep wooden logs. The small drains that are coming out from each house fall into a larger ground, where there is a lot of smell and stagnant water. Hence they have not yet evolved a proper system of draining this water into a *nallah* (larger flow of water). The residents are aware of the hazards of this dirty water, but they need money and resources to overcome it. It is essential for them to organize, in order to resolve such issues.

3.10.3 Settlement pattern

The settlements are scattered with big land owners living at the central place of the village. The households are within a large compound and the farm animals like buffalos and cows, etc. are kept at a distance of a few meters, usually in barn houses looked after by the servants. As compared to these big land owners, the tenants or other small holders are found at, or near the boundary areas of the village. The main area is occupied by those who are status wise recognized as the most respectable and economically they are possessing goods like car,

tractor, heard of animal's and land etc. There is a visible difference between rich and poor, the type of construction, and the size of houses they have built for living. Amongst the same community are the residents who are of middle and lower or poor strata of society. Their houses are clustered in one area of the village and a few very poor families had shifted to the far sides of the village. Their accommodation is based on one or two rooms, with household goods only of daily need, like a few beds, utensils, etc. Cooking arrangements were in a small court yard for winter and outside in one corner of the house for summers. A few had chicken and goats tied in this court yard with a bicycle in one of the corners. This is all that they possess as household goods. People have great affection with their land and belongings.

3.11 Family Structure

Looking at the history of this village, the settlement started with the arrival of four brothers and their extended families. With the passage of time these brothers occupied different areas of the village as was the land distributed amongst them. They dwelled in their own families of parents, siblings or some paternal relatives along with a group of *kammis* who had joined in for the purpose of serving their masters. With the passage of time the *kammis* realized that education could lead them to get rid of the kind of names their forefathers had established, by rendering their services, and so they fled away from the village. In the recent establishment there was no *kammi* class found in the village, it was learnt that they had moved out of the village changing thereby their identities, calling themselves as *maliks*, who were otherwise called as barbers. In this manner they could enjoy a respectable name and get rid of the label that was a part of being residents of Tarriya.

The family structure is patriarchal, i.e., male dominance is surrounding almost each decision of the household. It is an established fact that because of this kind of structure, the females are sidelined from many of their rights and an element of social inequality prevails. The decent is traced patrilineal, the residence is patrilocal, and it would not be wrong to mention that all activities are around the male supremacy.

3.12 Traditional Kinship Pattern

The traditional kinship patterns are generally valued and practiced. The paternal family carries a lot of worth in the relationship of the lives of a newlywed couple. The father's family and his consanguine are the most important as far as relationships are considered. Marriages are preferred amongst the father's lineage. On the other hand the maternal relation is also important but in most cases the kins of father's family are preferred. The father his elder brother and younger brothers will constitute a unit along with their parents in making decisions that are important for the maintenance of family relations. In the traditional kinship pattern of this village community, family and kins are of special relevance to the patriarchal system. The marriage is the legal binding force between the husband and wife that knits them into the marital union for the propagation of the family. Sons will bring in wives, and daughters will marry and become part of some other family, mostly from within the extended family. Relatives are of significant importance because of the fact that they all trace their common ancestor. Brothers with their extended families are the support and strength for each other.

3.12.1 Marriage Pattern

The marriage is endogamous and must be followed as per cultural practice. Consanguine and affine are paid special importance. Purity of blood and traditional system of marriage must be followed. The role of family elders is of great significance when relations through marriage bond are considered. Their approval and consent is considered as vital, before tying the bonds between families.

As the history of the area reveals that this entire village was once occupied by four brothers and they were the first dwellers of Tarriya. This purity of blood is the pathway to be followed by all those who fall under its preview. The ideal marriage is cross cousin and maternal and paternal cousins are preferred. There are strict marriage rules and the parents play an important part in decision making, while the youngsters who are going to be knitted in this

thread are least involved in the process. Although there is a change in this trend as some of the adolescents and their mothers have reported of showing interest in finding spouses outside the *birdri*. In the past there were some cases of love marriage and an instance in which a girl ran away with her boy friend. This was a moment of embarrassment for the entire family and especially for the girl's parents. After such incidences the parents never allowed that girl to return back because she had ruined the name and respect of the family. Hence the word love marriage is strongly condemned in this community, although there can be marriages based on liking for each other, but publicly this is not acceptable and so rules and norms must not be broken.

3.13 Religion

The entire population of this village constitutes of Muslims, with Sunni sect. There is a mosque located at the center of the village where the mosque Imam conducts the five time prayers, and on Fridays there is a regular religious sermon that is attended by the whole community. Only the males are participating in the prayers, the women are performing their religious duties at home. This is due to the fact that *purdah* and cultural norms do not permit women to go out and visit the mosque as do the males. The Imam of the mosque is also providing his services for the village children, who visit for their daily lessons of learning Quran (religious book of Muslims). People, have great respect for the *Maulvi* at the mosque because he is rendering his services only for the benefits of the community at large, considering it to be a religious obligation. He is not paid by any government institution, and the villagers cater his needs for food and at times provide monetary help too.

3.14 Dietary Beliefs and Practices

The diet pattern of the villagers is simple, and the preferred food is fresh home cooked meals. Meat is referred as the most desirous item by some of the groups, but the buying capacity of the majority does not allow them to go with this choice and therefore, it is eaten a few times in a month. The price of mutton is the highest, four hundred rupees per kilo, which is not an

affordable by most of the villagers; therefore farm chicken is eaten, as a protein source. The preferred meat item after mutton is *Desi* chicken, but it too is very expensive as compared to poultry, so mostly poultry meat is eaten. People believe that meat is an essential part of diet, but their economic condition does not allow most to buy and eat it on regular basis. Beef has been opted by some, but the majority has told that it is not good to eat. The case is quite different with big land owners, who have no affordability problem and can eat mutton and chicken at their will.

A lot of vegetables are grown in this area supported by a network of wells .Water is supplied to the gardens; hence plenty of vegetables grow and are cheaper as compared to meat and pulses. Food is eaten three times a day starting with the normal breakfast. In some poor families the noon meal is escaped and an evening meal is taken. Most of the poor families have *lassi* (drink made from curd), and homemade butter as main items for their lunch. In this manner they can save some money, which could otherwise be spent on cooking regular meals.

3.15 Market and Shopping Place

The village has a number of grocery shops where items of daily use are available, the village women have reported that for good quality items, clothes, utensils etc they have to go out to urban centers where quality is much better and almost every villager has access to it. Items of use by the adolescent girls, like sanitary pads, panties, etc. are brought from other markets. This is done to keep the identity in secrecy, because in village culture it is not regarded as a good practice. This is against the cultural norms. There are barbers shops of the typical style, seated under a tree in informal manners, gossiping and chatting.

A lot of vegetables are grown in this village and all these are fed by well water. A wide variety of vegetables of the season are sold at the urban centers and while these are heaped together for selling purpose , the villagers also get a chance to buy fresh and cheaper than the market rates.

If the village women need to shop for occasions like marriages, *Eid*, and other family functions, etc. then they prefer to go out into the city area. The most favorable and cheap place is Raja Bazaar, where all amenities of life of different qualities are present to cater the clients of all classes.

3.16 Major Ethnic Groups of the Area

The villagers trace their common ancestor through the lineage of the four brothers that came to settle in this area. Hence *Rajput Minhas* and *Rajas* are the two common decedents and main occupants of this area.

Table 3.3: Major Ethnic Groups of the Area

Sr. No	Ethnic Group	Number
1	Rajput Minas	1351
2	Rajas	720
3	Total	2071

Source: socio-economic survey

3.16.1 Rajputs Minhas

The major ethnic group in the village consists of *Rajput Minhas*. There are ninety one households of this ethnic group and they are the big land owners of the area. They are economically from well off families with their children educated and even some have moved out to urban areas of Rawalpindi for higher education and jobs. At the time of this research some of the families had houses in the village and in the city as well. They were living with one or two relatives in the city for job or education purpose while at their village household one or two elderly maternal or paternal parents resided and children occasionally visited them. It was also observed that at time of a marriage all relatives will come and join the wedding at the village, this was a sign of their solidarity with their land and culture.

3.16.2 Rajas

Rajas are regarded as the cousins of the *Rajputs* and are the second largest ethnic group in the area. They are all affine of the biggest ethnic group of the area, and form one larger family.

3.17 Economic Structure

Table 3.4: Major land holdings of the area

Area	Number of landowners
500 kanal	3
450-300	8
200-250	7
100-50	3
Less than 50	12
Land less	rest of others

At the time, when this area was occupied by four brothers, the main occupation of the brothers and their extended family was agriculture. There were a handful of servants who were serving this entire family, as cobbler, carpenter, etc. and were from the lower socio-economic strata. After some decades when people developed contact with the urban centers, they became aware about jobs in the army, police, school, and as driver. Most of the current residents of the village are the retired persons from these professions, or are still working. It is a pride for the men of this area to be an official in the armed forces or police, and there is great respect in the village for such office bearers.

Table 3.5: Occupations

Sr. No	Occupation	Categories	Number of Persons	Percentage
1	Farmers	1. Land owners 2. Tenants 3. Share croppers	34 26 30	14.35 10.97 12.66

2	Government jobs	1. Army 2. Police 3. School teachers 4. Others (minor jobs in different ministries)	13 12 3 13	5.49 5.06 1.27 5.49
3	Laborers	1 Daily wagers	16	6.75
4	Private business	Selling vegetables	53	44.71
		Total	201	100

Source: Socio-economic Survey

Table 3.6: Amenities of Life

Sr. No	Facility	No. of people benefiting	Reasons
1	Electricity	100 percent	
2	Gas/ biogas	70%	One HH, has biogas, others bring gas cylinder and mostly the poor use dung cakes and twigs for cooking.
3	T,V	80 percent	
4	Fridge	47 percent	
5	Telephone	89 percent	Mobile, wireless 4%
6	Washing machine	38%	
7	Car/taxi	30%	
8	Tractor	01%	
	Safe drinking water	04%	Mostly people have wells as source of water
	Proper toilet drainage system	20 %	Pit latrines.
	School facility	100 %	Primary school
	Health Facility	100%	Konan medical center, BHU

Source: Socio-economic Survey

3.18 Health Facilities (Village)

The entire union council has a single BHU, serving a population that is spread over an area of nineteen villages. This BHU lacked a number of basic facilities at the time when this research was under taken. There is no doctor available to look after the patients, at times the dispenser is handling patients and giving them general medicines that are not prescribed by a doctor. The BHU only contained medicines that were used for minor treatments. Another important

issue that came under discussion was that there was no female doctor. The women of the village preferred to talk to female doctor for their problems. But with males, this could not be done; hence the demand of the area was that of a gynecologist. The normal health conditions that are prevailing in the area indicate that the children are reported to have stomach problems, like worms and diarrhea. Other than this one common problem amongst children and adults is skin infections specially allergy, this is also related to the personal hygiene and availability of safe and clean drinking water. Amongst married women and adolescent girls anemia was the most common notable complaint, the reason being repeated pregnancies, and lack of a balanced diet. There were a number of diabetic cases and most of the elderly population reported of blood pressure. There were two ways of treating diseases one was based on the indigenous knowledge of the community and the other was medical examination and treatment, both were found to be effective depending upon the faith of the patient.

3.18.1 Konan Medical Center

With the assistance of a Japanese NGO, a medical centre known as the Konan Medical Centre was established in 1997 in Tarriya. When it was established it had a full fledged staff of doctors and nurses all from Japan, and free medical services were provided to the villagers not only in Tarriya, but this was catering the needs for the entire Union Council, and neighboring villages. Mr. Pseudo is the person who was assisting through his Ngo, and when they decided that the villagers should take control of it they physically got out of the scene and the locals are running this medical centre. The finances are provided by Mr. Pseudo, who is also the friend of a local resident who had migrated to Japan a few decades back, but now was taking care of this center. Currently this medical centre is receiving seventy thousand per month as assistance and it is managing the medical centre with a limited staff of a male doctor and an LHV. The medical center is placed as the house of a retired army official who is also looking after pick and drop services of staff and the doctor. In a normal daily routine almost hundred patients are provided with free basic medical facilities, that include medicines and check up by a doctor. The cases that are complicated are referred to the hospitals which are

not far from the village. Currently there are a number of private clinics near the main city area. The residents of this village and the Union Council as a whole have great belief in the services of the medical center and the doctor. Medicines of good quality are provided at this center. When this center was established there were other services like X-Rays and ultrasound and special rooms were made for conducting these services. But within a period of two years no technical staff from locals was available for sustaining it and hence it was decided by the NGO that this should be closed because the locals were not trained for undertaking this responsibility.

3.18.2 Basic Health Unit

There is one Basic Health Unit, for the Union Council Tarrīya, which is catering the needs of all villages. It is situated in *Chappar*, a village located at a distance of one kilometer from village Tarrīya. As far as the condition of this BHU is concerned there is no doctor available and only a limited number of medicines for minor treatments, like cold, pain, etc. are available. There is no female doctor in this facility. As a number of women have reported that they have many gynecological problems, and needs the advice from a female doctor, but due to non availability, they have to either rely on the TBA or LHV, since going to an urban clinic for check-ups require high fees which is not affordable by many of residents. Only a single paramedic is catering the needs of the people, who can only provide an aspirin or medicine for stomach worms.

3.18.3 Tehsil Headquarters

The Tehsil Headquarter is also a health facility that the villagers can avail. It is situated in Rawalpindi city. Here qualified doctors are available to treat the patients with good quality of medicines. But one has to travel a great distance to reach this facility.

3.18.4 The Lady Health Workers Program (LHW)

This program was introduced in 1994, by the then prime minister, Ms Bhutto. This was done basically to provide family planning services. Each LHW was given a target of a population of 1000 people where she was supposed to register eligible couples for family planning and introduces some method, like pills or condoms and also give awareness sessions on small family norms.

The radius of the area in which this LHW has to travel is a larger one with little salary of one thousand rupees. The poor and needy women who joined this program are doing their job with little interest, because of no incentive and no proper follow ups by their supervisors. The same LHWS will be administering polio drops at the door steps of the villagers, when this campaign is run. Hence they are duty full but their reward is not in accordance with their inputs.

3.18.5 Traditional Birth Attendants (TBAs)

Currently there are two traditional birth attendants in this village. They were un-trained when recently the PAIMAN project helped in the training of these paramedics. In the past these TBAs were attending to the needs of not only this village but also the nearby villagers. They were called at various occasions of childbirth. After a few cases in which lives of mothers and infants were lost at the hands of these un-trained TBAs, the community decided to take the services of medical doctors and TBAs were replaced by a doctor after incidences of child deaths during delivery complications. Besides this the community has indigenous knowledge regarding treatment of diseases and people have great faith in it.

3.18.6 Access to Health Care for Adolescents

As far as the adolescent and un-married girls are concerned, they can have access to the Konan Medical Center, located at the heart of the village, where all medicine and doctor are

free of charge. But this is only for minor treatments. As far as the issue of reproductive health is concerned, there is no female doctor available at this center. There is no health related education given in the school. The village people believe that the mother and the family of the adolescent girl are the best source for providing information on issues of puberty. The married adolescent girls do have access to all kinds of facilities within their vicinity, but as far as the un-married girls are concerned, it is believed that taking her to a doctor for irregular cycle or any other issue might raise the inquisitive feeling amongst the village women, who may perceive it in some negative sense. In other words it is not a common practice to take young un-married girl for a reproductive health issue, hence the mother when finds that there is some problem she tries to address it at home, like abdominal pain during the monthly cycle.

3.19 Education Facility

There are two primary schools, one for boys and the other for girls located in the village. The villager's believe that the school has a great role in the lives of both boys and girls.

3.19.1 Primary School (girls)

The village has a girl's primary school, in which there are two hundred children, from the nearby villages of the union council. The place for the school has been donated by a *Malik* Hakim. The school has an accommodation of two rooms and a veranda. There is a staff of three teachers. The school lacks the basic furniture to cater for the seating of the teachers and girl students. The people of the village have a firm believe that they should send their children to school, as education for girls is regarded important, in a time where media is a part of their social and cultural lives, and presence of this institution adds to their desire for getting education. Also they have emphasized that, Islam as a religion has talked about the education for all and rights of women and children to avail it. The lady Councilor of this village, Nabila has devoted herself to the cause of supporting this school, by providing mats for the students to be seated, since they lack the furniture. She visits the school quite often and, provides the children with books, sweets etc, when they pass from one grade to another.

The school has only two teachers, and one of them comes from a far flung area. She has told that a lot of her money and time is required by her to reach the village school, she has to change more than three vehicles and in winters it is almost night time when she reaches home. Some two hundred young girls come to school along with some minor siblings just to get acquaintance with the school environment.

3.19.2 Primary School (boys)

There is also a boy's primary school in the same village; it too lack some basic furniture. The same problem is seen here. The teachers posted from far off areas have their issues in reaching this rural community. The school has only two rooms, and there are about one hundred and seventy five children. The children come to school with lot of interest and a desire to learn. They travel long distances on foot and especially in winters or rainy season it is really difficult to reach, because of the rough terrain. There is no proper latrine and hand washing facility available in the school premises, the teachers use the toilets of the nearby houses.

3.20 Political Structure

The Union Council Tarraya, has a total of nineteen villages. At the time of this research general Pervaiz Musharaf was in power. There was a system of *Nazims* and councilors. It is interesting that this village has a female lady councilor, who is educated to the matriculation and is extremely enthusiastic about uplift of women. She visited the entire union council for her election campaign and won the elections. Not only this she is also doing social work and has provided mats for the nearby girl's primary school and is in constant contact with school teachers regarding its progress and addresses to the needs of the school in her own capacity. This village has benefited a lot by the presence of this councilor, as she is trying her level best to arrange for a female doctor at the Konan medical center, which the women of the area have demanded since long.

3.20.1 Impact of Nazim System

The government kept 33% seats for the female candidates, to contest in the elections. Currently (2008) there are three female councilors from three different villages of the Union Council Tarriya. The village Tarriya, has also elected one female councilor, she has been educated till tenth grade, and is confident, mobile and looks into the affairs of the female of the area, like school problems, awareness raising for women on social issues, health rights, etc. The other two councilors of the union council, are not educated, but are aware and willing to resolve issues faced by women. Lack of funds at the union council level; have halted the plans that were made by these councilors. They are concerned with this issue and sometimes say that we are like puppets, because we can't do anything in an economic crisis. Still they believe that their representation and presence has enabled them to speak for women's rights.

4.1 Family and Socialization

Socialization is a process in humans through which a child, born into a particular culture will learn how to talk, behave and adhere to norms, etc. through the institution of family. Van Gennep¹³⁹ has separated the social from physiological puberty and has emphasized on social acts as the significant events that define maturation. The socialization of an individual has been found to have direct links to the kind of personality¹⁴⁰ formed in later years. Referring to the village Tarriya the role of the mother is most important as far as the socialization process is concerned, whereas the role of the father is more authoritative, as is observable in most cultures of the world. By looking at the roles of the parents in a family it is observed that in this particular culture the role of the father is more directed towards activities outside the house-hold. The role of the mother is more likely to be within the domain of the household. But it should not be forgotten that his absence too is handled by the mother by the sentence,

“Me thadae abba g nu thawdi shakiat lagasan.”

(I will report to your father and he will take care.)

This sentence is mostly used by them to handle the kids when he is not around. Coming to the values a society adopts in order to maintain harmony, these have to be internalized and the famous sociologist Talcott Parson talked of “do it yourself”, psycho analysis to explain what ‘internalization’ means. He says that socialization is a process, a sequence of stages that have to be passed through. Primarily the socialization of an individual takes place in the family, Parson¹⁴¹, uses the metaphor of a ladder to explain this process. He says that when an individual climbs a ladder, he always keep one foot on the rung below as one progress to the

¹³⁹Van, Gennep. Arnold (1960)The Rites of Passage: University of Chicago press.

¹⁴⁰ Underwood W Frances; and Honigman Irma (1947) A comparison of Socialization and Personality in two simple Societies. American anthropologist. New Series.vol 49,no4

¹⁴¹Andy. Barnard. et. al, (2004). Sociology: Cambridge University Press.

next rung. Each stage of socialization is linked, and the connection leads you all the way up to the society.

... Parson sees the society as a set of systems and sub-systems; the family therefore exists as a sub-system of the society. Relationship within the family, such as that of a mother/child, father/child, and mother/father are also subsystems. All these subsystems lock together and make it possible for the culture of that particular society to enter into the family through the adult roles, and, from the adults acting out their roles, into the children".¹⁴²

(Andy Bernard, 2004, P 123)

Family in this culture is defined as a married couple with children, and may be accompanied with elderly paternal grandparents. This is the nuclear family. On the other hand there is another form of family structure seen which constitutes of the married couple with their children. In an extended joint family there may be married brothers living along with grandparents. Most of the families under the study constituted of nuclear families although joint families was reported but they did not share the same *Chula*, but shared the same compound. The adolescent girls residing in these families are not just members of a household but they are very much controlled and guided by its decisions. In other words there are powerful forces within the structure of the family that shape every aspect of their lives. By the influence of this force they get confined to household chores and learn the skills of life which they will be practicing in the near future. Their mobility is confined with the passage from childhood to an adult stage. This aspect keeps them out of social exposure and thereby limiting their knowledge of the world around. The male adolescent is free to move about and enjoy his life with minimum restrictions and with holding a pride as the right hand of his father. When these aspects of the society are transformed into the nature and nurture of the males than an inequality is manifested, creating distances between both sexes. Autonomy and independence of girls is thus buried under the traditional values and the roles of girls are limited and confined to households only. However under the current research, some cases

¹⁴² Ibid.

were observed where the adolescent girls were able to attain a status that was normally not found in the village community.

The sexual¹⁴³ socialization in restrictive societies is highly controlled and the adolescent's transition into adult sexual activity is highly discontinuous. There is pressure from the family on this age group to refrain until they have undergone a formal rite of passage or are married. In contrast to this there are semi restrictive societies where the adult attitude towards the premarital affair in adolescents are characterized by formal propitious that are not very serious in nature and not enforced. Yet there is another kind that has been the way of permissive societies. In this the transition of young members of the society into adult hood is characterized by no such restrictions and sexual activity is highly practiced.

4.1.2 The Family

According to the definition of the encyclopedia of anthropology,

“.....a family is a married couple or other group of other kinfolk who cooperate economically and in the upbringing of the children and who often share a common dwelling.”¹⁴⁴ (Gough 1971)

The community where this research is conducted an important discussion on the impact of education and media on different groups of women and adolescent girls took place. This village is connected to the urban city of Rawalpindi yet little impact of this is visible in their lives. The people have a daily routine of getting up with the Morning Prayer, and after saying the *namaz*, and reciting the Holy Book; they start with daily routine activities. Men and women have defined roles and each is supposed to do his duty. Women are concerned with household chores, cooking, washing and looking after the kids. While their outside activities also include working in the vegetable gardens, providing fodder to animals and taking care of the poultry. Men have a different set of activities usually located outside the household

¹⁴³ Steinberg, Laurence. (1993). Adolescence: Third Edition, Printed in USA. Laurence Steinberg is a professor of psychology, at the Temple University. his PhD is in Human Development and family studies

¹⁴⁴ Ibid

concerned with the ploughing, harvesting, cutting of crops, buying and selling of animals and the land produce. If he has works in the city then, it would be his routine to go and return home in the evening. Some have their jobs in the army and they only return after two to three months, and their households are looked by their immediate relatives like, brother or cousin. Life in the village is like a machine with a lot of hard work, starting from morning till evening. Leisure is something that was not observed except some occasion like marriage, child birth, or a traditional funfair. The village life is tough as each member of the household has to perform different set of duties.

4.1.3 Family Structure

Socialization and family structure that prevails can have a direct impact on the lives of the women and adolescent girls. In joint family systems there are a number of relations that have a role to play in the family affairs. In the recent research it was observed that in the joint systems the role of the father is authoritative where as the paternal uncles and grandparents also occupy a prominent position in the decision making process for the family, hence the adolescent are in one way or the other having an impact on their lives because of controlling forces within and outside their families.

4.2 Cultural Difference in Family Patterns

The adolescent population is very much dependent upon the paternal autonomy for their own self and this is all related to the family pattern. Murdock¹⁴⁵, (1934) has cited the example of the Iroquois Indians who spend a lot of time in socialization of their children, and the consequences of it are reflected in the personalities of these children. Similarly the inculcated values of socialization by the villagers are greatly reflected in the life styles of the adolescents.

¹⁴⁵ Murdock, G.P (1934) :Our Primitive Contemporaries. New York, Mc millon Press

4.3 Patriarchal System

Throughout the village, there is a patriarchal system. The male of the family i.e. the husband is the head of the household and all decisions rests with him. Women have little involvement, especially in the major decisions. (wife, mother) They are only involved to the level of agreement in most cases.

In case of joint families dominance of males prevails and the family elders like the father-law, the elder brothers, and uncles are all of significant importance, in taking major decisions pertaining to girl's education, marriages, her mobility, purchase and sale of land and animals, etc.

4.4 Residence Type

This community had a patrilocal residence in which a girl after marriage lives with the family of her husband and becomes a part of that family. The children she reproduces will carry the name of their father, and she too would be called by the name of the family of residence. The father's name she carried as a maiden is now replaced by the name of her husband. The residence type is patrilocal and the decent is traced through the father's lineage.

4.5 Kinship Terminologies Used

Kinship terminology is one that a child starts to learn from the early days. The encyclopedia of anthropology defines this term as,

"a social relationship linking people through genealogical lines. The link connect parent to child in a chain that extends back to ancestors and forward to decent. Kin relationship is also called as consanguineal or blood relations because kinfolk frequently are thought in some mystical sense, to share the same blood or vital essence."¹⁴⁶

The researcher found that when a child learns these kinship terminologies, he also learns the attachment of a mother or the family towards this particular relation. For example, there are

¹⁴⁶Hunter, E.David and Whitten, Philip. (1976) Encyclopedia of Anthropology: Harper and Row Publishers.

various terminologies in a kinship system and some are of real importance, such as *phupair*, *mumair*, *mama*, *chacha*, *Mulair*, *Masi*, *Dadpotri*. The family has a special place for maternal and paternal aunts and uncles, and in the future when the adolescent girls will be married these would be the preferred ones for binding a marriage relation. In this whole process the paternal grandmother has a very important role as she is the one who uses her influence on the male members for a paternal marriage bond instead of maternal one. This is done to reinforce the importance of paternal relatives against the maternal ones.

4.6 Childhood and Socialization

Socialization in all cultures starts with the birth of the child. The trainings begin firstly with teaching the eating, drinking, toilet and sleeping practices. As soon as the new born infant grows in age he or she learns various kinds of behaviors that are acceptable to the family. This is the socialization process. Actions that can bring instability in the fabric of culture are discouraged and the integrity of the social system is maintained by systems of reward and punishment.

Group Discussion

In focus group discussion with the mothers the issue of the child socialization was discussed at large. It was defined locally as '*Tarbiat*', by mothers, which means the training process. As reported by the mothers their role was of great significance in the training of their children, especially the daughters. The boys were also included in this training process, but the mothers reported that "in order to socialize the boys the presence of the father is very essential", because he is the head of the household and holds great authority and due to this status he becomes a controlling force for all members.

A question raised by the researcher as being afraid of father is the criteria for a child to be groomed and trained. The mothers explained that

"*Khof ka hona zarori ha*",

(to be afraid of is important and necessary for the child)

The mothers shared that it is necessary to have some authority figure whose pressure dominates over the thinking of the child and he holds a strong position in the family like the father.

What can be the role of mother, if the father is the authority, then what can the mother do?

“We keep them telling what is right and what is not, but in order to make them obey a certain order they are pronounced with the name of this authority”. For example the father is not present at home all the time. But the mother and her kids are most of the time in the household. In many instances it was learnt that the mother uses the name of the father, which is enough to control the kids. One mother said that I tell the boys that he will come and beat you,

“Thawdi khal la satsi,” (he will take off your skin)

this was the most common sentence heard, and used by mothers to make the kids afraid of the father. So the absence of the father was also handled by the mothers in using his name to threaten them. The mothers reported that for handling of the male children the presence of the father was essential to knock and beat them when it was needed.

“In na noo phanti charani zaroori ha”.

(it is necessary to beat them), this was in the context of a male child. For a girl child the mothers reported that

“Ae thae paraya mal ha anoo payar they naal rakhna chaiaae.”

Girls belong to some other family where they become part of it after marriage and so they must be loved and cared.

4.6.1 Role of the Parents

In the grooming process there are different roles of the parents, while paternal grandmother and girls elder brothers have their part to play. The mother is responsible for looking into the daily affairs of the daughter, while the father has a more authoritative and dominating role. The presence of the father within the household is enough for the family members to stick to the norms, which include submissive and introvert behavior for girls with the boys more expressive and dominating. It is believed that “she” will help the mother in the household chores and would always stand by for what she has been trained which includes moral values, beliefs and attitudes that are acceptable to the family and the community at large. The father will influence the mother to give assurance that the daughter will never harm the pride and the prestige of the family. The name of the family their respect can be judged by the actions of its members, especially the females would always try their level best that no one mentions their name against any kind of behavior that is rejected by the community.

The community believes that the girls should be taught in their training to be submissive so that when she gets married and becomes a member of another family, she does not create a problem by resisting the culture of that family. The set of rules for the male children are entirely different, since he is going to bring a wife into his family and it is the wife that would adjust with the norms and culture of the family, so she has to be obedient and ready to accept and adjust, otherwise the community would regard her as “not properly groomed”, and trained and everything would come to the issue of her “socialization” and the name of the mother would also be reflected in this picture.

4.6.2 Teen Age and Socialization

Socialization starts with the birth of a child and continues till the adolescent is mature enough to handle their own affairs. The socialization that was once started by the parents when the adolescent girl was a young infant of few years is entirely different from those practices, when she enters into her pubertal stage. This is a period of strict monitoring by the mothers of

their daughters and by the fathers of their wives because the issue of puberty is complex and if the young girl's behavior is not molded into the traditional acceptable patterns then there can be consequences that the community as a whole will not accept. e.g. illicit sexual relations, making of boyfriends, are all regarded as unacceptable behaviors.

4.6.3 Marriage and Socialization

When the adolescent girl gets married she moves out from the patrilocal residence where once her mother came, and now becomes a member of the patrilocal residence of her husband. Moving on into a new family by the marriage union means that she has now to adapt to the rules and regulations of the family of her husband. Here the role of the mother-in-law is more related to her grooming, and ensuring that now she follows the rules of the family where she has joined as a daughter-in-law. Most of her time will be spent within the household working and assisting the mother-in-law, unless she becomes independent and well versed with the routine and maintenance of family affairs. So for married girl socialization will continue with her new status. She has to adjust to the norms and culture of that particular family and needs to show flexibility so that she is not taken as an "exceptional case" for the entire family.

Case Study

Zarina aged nineteen, has moved into the family of her paternal uncle after marriage. She tells that she has to adhere to the norms of the new family in order to show her submission and loyalty towards her relations. When she was a part of the family of her maternal parents she enjoyed many privileges, like she could play and visit her cousins next door, now the mother-in-law and her husband holds the authority to allow her to visit the friends or not, or perhaps if she intends to go out for some genuine reason her mother-in-law would accompany her and she says that she does not feel comfortable in her presence to talk freely to her friends. The mother-in-law, on the other hand is conscious and keeps a watch on Zarina, that she does not discuss anything related to family affairs and especially her relationship with her in-laws

The issue of control of her mobility remains the same except that there has been a change in the roles, from mother, father and brother to that of her in-laws. But she says that the kind of freedom she enjoyed at her parents residence is no more there. She says that she feels that she is under a constant watch, and that all her actions will be undermined if anything goes against the set rules of her new family.

She says that she has to take special care, not to do anything which is against the norms of the family. She defines the norms as, the code of conduct for the members, when a new person like her joins in, she will have to adhere and settle according to the set rules of this family which may include the timings for various activities, who to meet and greet and who not to, who are considered as the near and dear ones, and who are not. She says that for her socialization continues with her new role.

4.7 Growing up as Male or female

The experience of growing up as a male or female has its own consequences from the very early stage of birth of a child. In more than ninety percent cases it was wished for a boy although the birth of a girl was also desired, but not acknowledged as that of a boy.

As the growth of boy and girls take place, there is a clear cut difference between the kinds of tasks each will perform, with social implications as has been defined below. Growing older will again reinforce the cultural practices that have created gender differences between the two sexes. Twelve to fifteen year boys are usually playing, roaming here and there and enjoying or it will not be incorrect to say that most of the time they are not adhering to rules like girls. On the other hand girls are preferred to stay in the house, and do the different house hold activities. Even though some girls attend school parents still expect them to perform all chores that were appropriate for females of their age group. So there are visible differences between what it means to be a girl and a boy. From the very childhood the girls are treated in a different fashion, boys are considered pride for the family thus creating

inequalities in the rights of the two sexes, and pronouncing through gestures the status of boys much worthy than girls.

4.7.1 Birth of a Girl

The birth of a girl is acknowledge as a *Naimat* (blessing) of God by villagers, but in actual reported feedbacks boys are more preferred, as someone who carries the gene of their father. Whereas girls forms a part of the family where she marries. The birth of girls as compared to boys is not a celebration, especially when there are no boys in the family and the birth of a second or third daughter has taken place. Normally when the elderly women wish for a pregnant woman they always pray for a boy as a gift for a family. The reason being the boy is the carrier of his father's name. Families where no male birth took place were stressful as a strong wish prevailed for a son. In few instances it was reported that the preference for second marriage was an open option. On the other hand it is widely believed in this culture that a son would one day support his family, whereas the daughter will marry and leave and become part of another family.

4.7.2 Normal Routine for Girls

When the girl is an infant she will be looked after and cared by mother and her immediate family members. When she is a child she plays with her age group friends in the family and the neighborhood. When she is at the age of five plus she will be having a chance to go to school with other siblings of the family. Here she spends some five hours reading, writing and reciting her lessons with her class mates. After school the girls go home and after lunch they will help the mother with the household chores. The younger generation will help in doing small jobs as carrying something, wash or sweep, in this manner she is being trained for her upcoming role. On the other hand the young boys and adolescents are much playful and mobile. Their household duties are limited to taking out the animal into the field or giving fodder and he is able to enjoy with his age mates whether inside or outside the house-hold domain. Compared to girls their duties are lighter and easier. These household activities at

times create such pressures that her ability to concentrate on studies is over ruled by household duties.

As far the leisure time of these adolescent girls was observed it was seen that mostly indoor games with dolls or toys were preferred, very seldom is she allowed for meeting her friends or relatives, if they live far apart from her place of residence. Within the courtyard of the household and at the house of the next-door neighbors which is almost very close she may be allowed to mingle with her friends.

4.7.3 Education

Since last two decades, people recognized that education of girls is also important in the same way as is for boys. Prior to this there were no schools available and there was no trend or acceptance for a girl child's education. Although the religion clearly states about girls right to get education but in actual practice girls were not allowed to get out of their houses and attend the school. With the construction of a school and few cases of girls availing the chance to get higher education examples were set for others to follow. But sending the adolescent girls to school does not mean that she is relieved from the household jobs, perhaps her burden has doubled; now she attends the school and looks after the minors in the house as well as helps the mother with the chores.

Comparisons were made between those families that had allowed their daughters to get education beyond the primary or middle levels with those who were not allowed to attend one. The educated girls were more knowledgeable as they had the opportunity of getting more education, their vision broadened, they were seen making an impact on the family decisions to some extent, and they were autonomous and were helping the family by supporting them economically. Hence it worked like a path way for others to follow.

4.7.4 Health and Nutrition

Generally amongst the residents of this village there is a visible difference between the upper, lower and middle class. This difference is visible in the household lay outs in physical and economic status and their behavior pattern.

1. Upper Class

The families belonging to this class are well to do people, they are the big land owners and their monthly income and expenditure was visible from their way of living. The girls of this class attend schools. These are private and outside the village. They have the means of transportation and the affordability for the provision of better education as compared to the village's government owned schools. All the family members share the same kind of healthy and nutritious food that is cooked with no distinction for girls or boys.

2. Middle Class

The middle class constitutes a big majority and people of this class are hard working, with males and females all engaged in the agricultural and livestock activities meant to support their families. The kind of food that is eaten by this class is the normal food with lots of vegetables and lentils and meat cooked occasionally. These are hardworking families, but the parents do not afford to cater needs for a private school, hence they are enrolled in the government schools.

3. Lower Class

People of this class are normally those who have to do hard work for their subsistence. A balanced diet is not the option; rather food for survival is the need. People in this class have access to *roti* (bread) which is easily available because of the fact that they get grains in kind for their work on the lands of the big land owners. Meat, egg, butter are not included in the usual diet. All family members have equal access to simple food, meat is seldom cooked.

Children from this class are supporting their families by working in the vegetable gardens. Going to school is only possible once they get out of economic instabilities. Hence education is a secondary option for them.

4.8 Decision Making

It is an important aspect, that who decides for the major life events like education, mobility, marriage, health issues; etc. In the context of this study, the head of the house hold (males) have the decision power but the wife and grandmother of the girl have minor role in influencing the decisions made. Some decades back it was a practice to make decisions as per the desire of the mother and father, but “nowadays” parent decide about the marriage in consultation with the girl. Since most of the marriages take place within the “*Biradri*”, and affine, girls are aware about the person who they would be married to and so it is not a surprise for the bride and the family. But under this cultural set up, it is not regarded as a good practice that the girl expresses her emotions. She rather keeps quite in order to show her conformity with her cultural values and this is what is expected from her. The case is different with males; they can express themselves more openly amongst friends and relatives.

If we look at this culture, then it is seen that at different levels different decisions are taken by members of the family. Looking into the unit of a family it is observed that the head of the house-hold holds an important position in deciding what is good for the family. Very clearly there are rules and regulations and those who don't follow or try to break them would be regarded as deviants and they will be rejected by the society.

4.8.1 The Decision Making Process

The decisions that are made by a family are socially accepted ones because the culture only permits those behaviors that are acceptable to the community at large.

4.8.2 Decisions on Girls Birth

When there is a birth in the family the decisions for a girl are in contrast from those for boys. The family feels that their responsibility has increased in the case of a female baby. In the past decades the birth of a girl was seen as a "*priya maal*"- something that belongs to "others", and so when it belongs to someone else, its care was the most important decision in the family. This care meant that, she should be protected against all odds, like her "virginity" was the most important of all issues that was given top priority and care taken to safe guard it. The society does not accept illicit sexual relations for both the sexes. But for girls it meant even more strict rules, as to have a check on her whereabouts. The same pattern is observable amongst all the socio-economic groups. A few decades back and even today the same story is heard that the day there is a birth of a female in the family the mother starts to think about her marriage and her maternal and paternal relatives think about whom she is to be married with.

When this child is five years or more it is her time to go to school. Currently the researcher found a lot of young girls enrolled in the primary school. If the house is near the school premises the girl child would be sent with her age fellow or neighbors but if it is at a distance of about half or one kilometer then this becomes an issue as an elderly person has to accompany her to school. Usually in a village setting it was observed by the researcher that girls were going to the school in groups. This was a safeguard mechanism developed by the community.

4.8.3 A Pubescent Girl

Girls when enter in their puberty are faced with lot of restrictions. The family will take special care, as she is more vulnerable with her bodily changes. Therefore she is asked to cover her body and head with a scarf. During childhood this was a practice and now it has become a routine for the girl. Thus, she will be checked and asked to cover her head in front of her father, elder brother, uncles and especially when she leaves home for going to the school or market with her family members. Young girls in school were seen covering their heads.

This rural community has only two primary schools one for girls and the other for boys. Eventually after primary they needed to go to the middle school which is located at a far off distance. The father of the girl will decide whether or not she will continue receiving education because by now she has had her first menarche. So the future of the girl, her name, fame, father and "*biradris*" name all are accounted for in deciding whether or not she will continue. If she takes a lot of interest in education, then the father, grandmother and mother can decide, but arrangements have to be made for her transportation.

In the current research there were a few families that recognized the importance of education and were sending their daughters. They were also aware of the issue of her virginity. Everybody is cautious that she has to get married and no bad reputation of any kind is affordable. Considering all such consequences she is advised to stay home.

Those families that have recognized the importance of education and who have before them the examples of others always consider such examples, but such families are few.

4.9 Traditional Values

The traditional values also play an important role in the decisions taken. As in the previous cases a girl entering puberty and having her first menarche were signs for the family for tying them into the marriage bond. This is still very much observable in the minds of the villagers. The notion behind this thinking is the possible impact of a young adolescent on the community especially when she is un married, the parents need to protect her and her sexuality. The other very important aspect as was highlighted was that in Islam, it is stated that when a girl is "*Balig*", i.e. she has attained puberty and first menarche; it is the best time to marry her. This concept is very strong in the minds of the older generation, males and females. This becomes more practicable when the girl has finished her schooling.

4.10 Seniority in Family

If the elder child is a daughter, eventually she reaches maturity earlier than the other children, and this is a time for family to decide about her marriage. Especially when there is more than one daughters it is a matter of concern for the family to arrange for brides dower, and means and resources must be employed to get through with their marriages. As in this culture a lot of dowry is given to the girls as per traditional practice and in cultures that are traditional such practices are very strongly followed and it is also a matter of one's pride that how much one spends becomes a social symbol. This is an important issue for the entire "*biradri*". Hence the marriage decision rests with the mother, father and paternal grandmother. The decision on dowry is directly linked with the social status of the family.

4.10.1 Decision for Health

Health is an important issue in the lives of individuals but it is also a matter of one's social and economic status. The researcher learned that minor treatments for cough, fever, etc., were taken care at home with herbal medicines like "*Joshanda*". Looking into the aspect of decisions on health issue for girls the role of mothers was found to be of great significance. The mother is vigilant in case her daughter is about to have her first menstruation. The information is directly passed by the mother to her daughter. The level of this information is limited and need based. The mother will decide upon what restrictions can be imposed on this adolescent girl, and this will be in a series of events.

The mother knows what the rules and cultural practices are so she assures that the grooming is directly in line with the set norms. The girl is brought under the cultural umbrella of shared vision of those norms, values and practices that will influence her to become the best future mother. Here the health seeking behavior is all resting with the institution of the family and decisions rests with the mother, as to what needs to be told, when, how much and by whom. Although it was learned by the researcher that the level of knowledge shared with the girls was not enough to clarify their confusions. Many aspects of the process were not explained,

e.g. girls were asked to put the sanitary pads in their panties but the exact location was not clearly explained. The element of shame attached with such explanations was hampering the knowledge sharing processes.

4.10.2 Impact of Educated Parents

The impact of education on the decisions of elders is an interesting phenomenon. It has been observed that in the urban areas where the parents are more educated, they are found to be more considerate while imposing decisions on their children. The most important aspect in educated urban families is that nothing is imposed in the way as is observable in rural cultures. Consultation with children regarding their matters like education, marriage, etc., is of prime importance. In this respect the religion Islam is very clear about the rights of each other. In contrast to this if we look at the attitude and behavior of the parents in the research area, it was observed that men were the leading figures in a patriarchal setup and had a hold on most of the decisions, they never wanted that their traditional values are influenced by other members of the family and do not provide any space for its acceptance.

4.10.3 Husband and Decisions

In case of married adolescent girls, the decision making process that was in the hand of the parents, has now changed after marriage. In the same manner as the family controlled her mobility, now the husband holds the authority to exercise this power, and in many instances it was reported that if the husband does not desire, the wife will not visit her maternal home. Hence, it was found that the role of the women has been changed but the restrictions imposed remains the same. There must be a dominant male over shadowing decisions taken on her behalf, whether in maternal home or husband's residence.

4.10.4 Mother In-law and Decisions

In case of married adolescent girls, most of their decisions are taken by their mother in laws. These again include the mobility issue, where she can go and where not. Another interesting feature that came before the researcher was that it was the decision of the mother in-law that how many children the daughter in law will have, and in another instance it was reported that the mother in law, was against the use of any kind of contraceptive, while the husband and wife agreed upon birth control, since the health of the wife was not good. Hence it was a matter of concern that previously the decisions were controlled by the parents in a patriarchal system after marriage, the decisions are taken by the husband, while some are influenced by mother in laws.

4.10.5 Class and Decisions

An interesting feature that was most noticeable was that although the village has no one from the “*Kammi Class*”, but lower socio-economic groups of the community were showing flexibility in their decisions regarding their adolescent girls. The traditional birth attendant of the area wanted her daughter to become a trained TBA, and when the village TBA training session was conducted by a local NGO, she came forward and requested her daughter’s name. This was perhaps against the traditional culture to send their un- married daughters, who in this case was an adolescent, to learn about the birth practice and get equipped and adopt this profession. When she was asked what made her decide about sending her daughter for training, the TBA, replied that she belonged to a poor family, the father of this girl was dead, and the married brothers were supporting their own families. The girl was also very enthusiastic, to stand up on her own and help her mother by earning the same way as she raised her family.

This showed a clear cut difference between the decisions of mothers of high and middle socio economic groups, as mothers from high socio-economic groups would not allow their daughters to talk about issues like reproductive health, child birth and become a TBA. The

impact of this decision by the TBA has shown that in order to support her family she made the daughter adopt the same profession, but in families where it was not an economic issue, the decisions were entirely of different nature.

4.10.6 Gender and Decisions

Gender is defined as a social construct or labeling of sexes with reference to cultural practices. Gender differentiations starts with the process of birth, girls and boys are the two divides, and both have attributes, for example for girls it is said that with her is attached the dignity and respect of a family. This is evident in almost all spheres of life, starting from her "body", to indoor and outdoor aspects associated with her. The boys on the other hand are pride for the family, and even with no clothes on their body nothing matters, and girls with full dress, if seen outside the household area can bring or can become a cause of a conflict in the family. This kind of behavior and attitude on the part of family and society elders in actual practice is basically the impact of cultural practices. This will encourage the boy to lead and take his decisions when he grows up, on the other hand for girls this will limit their space for expression and ultimately push them to a side where now she is under the influence of all those elders of the family who are dominant to her in one way or the other. The result is that she is pushed away from her basic rights of, speech, rite to expression, right to property and many other similar rights. When this happens then she gets confined as the ownership and decision making are the two important aspects which are regarded as the strategic gender interests, and when she is deprived from them, they do not have any other choice rather than to bow before the decisions of others. On the other hand her basic needs, such as food, shelter, etc. are met by the family, but unless and until her strategic interests are addressed and there is an overall change in the thought process of the family members, she cannot be expected to have a leading role.

4.11 Gender Biases

One of the major causes of stress reported by the respondents, were the kind of values attached towards a girl or a boy. These values gave a lot of edge to a male child from the very beginning. In fact looking into the patriarchal system, the roots of these biases are very deep and strong, this culture is traditional, and the factors that can bring about a change in the lives of the females are, extremely sidelined, by the social restrictions imposed by the traditions.

The adolescent girls have reported that, since...

.... "the birth of the boy , bring happiness for the family,

girls have little space , in comparison".

Case study

From the very child hood, there were differences in opinion for a girl and a boy, This gets stronger and stronger day by day, with "more rights thrown in the laps of the boys, giving them importance on being a preferred sex".

The effects are not visible, in the very beginning, the adolescent girl reports, but they also grow like a tree, with so many leaves and branches. The girl is referring to the tree in terms of the strength it has, with the number of branches and opportunities, in terms of the leaf. This was really a serious condition, as far as the feelings of the adolescent girls are concerned. I and my brother were young when suddenly the parents decided for our schooling. We both were sent to school, the father used to sit and look into the homework of my brother, but for me he was seldom concerned. When I was thirteen, she remembers, it was decided by the family to keep me out of the school, as the primary was done and the middle school was far. The brother with his friends went to the far off school, in the nearby village, but I was stopped. She recognizes all the favorable moments the brother enjoyed, while she was most of the time concerned with household jobs and looking after the young siblings. Now the brother

is still studying and my mother is looking for a good match for my marriage. “The girl’s life has to end up with her marriage, this is our tradition.”

4.12 Culture and its Implications

Some important aspects of a culture are the kind of space it allows to some of the individuals to benefit and grow. Cultures that have a submissive role for women will always tend to transfer and maintain these values so that the balance is maintained. Very unconsciously these attitudes come into play by the female segment of the society and are passed on to the younger generation. For example the mother has taught the daughter to be submissive by her own behavior; this is being practiced and observed by the daughter and its becoming a part of her own personality. Submission before the husband is a normal practice. He holds the authority to take decisions for the entire family and everyone agrees to what he decides. The mother is the implementer of his decisions and orders; this is showing conformity with the set patterns of the culture, and these must be followed.

The daughter, who has observed her mother as submissive and following the orders of the father, will act upon the same lines when she becomes a wife. So consciously and unconsciously she learns and implements it where ever it is reinforced in a relationship.

The males are the bread earners of the household and so their role is also to monitor the expenses of the family and maintain a check and balance that all needs are met. The wife ensures that she can run all the activities of the household within the given amount, she adjusts herself according to whatever she receives and raises the children in resources that may not be enough to meet the expenditures. In this way she teaches the adolescent girls of the family that they need to be obedient, caring and content with whatever is provided to them. Such things are reinforced into the day to day activities of the adolescent’s conscious. Hence the inculcated values will be passed to the next generation in the same manner as this one and submission will transfer from one to the other.

4.13 Preservation of Values

Values play an important role in the lives of communities, and at the level of the household it was found by the researcher that the father is the bread owner and most of his time is spent in outdoor activities concerned with his economic liabilities. The mother on the other hand is at home and taking care of the children with the help of elder daughters, and son supporting her in the indoor activities.

It is a local saying that the mother's lap is the first learning place for the child, and in actual practice this has proven true, because of the socialization role of the mother. The mother feeds, cleans and looks after the children, she is reinforcing the shared norms of her culture with the children, when she tells the young girl not to stand un-dressed and un-covered, before the males of the family, she is reinforcing the element of shame which the girl is expected to show when she is sensible enough. Young males are seen standing naked outside the household, or even taking bath in the nearby stream. Although minor girls from poor families were observed bathing, but in actual practice the girls are taught to cover themselves properly and in most instances the young girls were covering their heads just like their mothers. This was an interesting observable fact that demonstrates that the cultural values are inculcated in young children from their childhood.

Discussions with mothers have shown that if the young girls are not taught from the minor age what their culture and values are it will not be possible to teach them these values when they are grownups. Grooming starts from childhood and then these children become tuned to these values and starts practicing them.

The mothers sighted an example which stated their insight and said that when they visit the urban centers very few girls have covered their heads, this is so because they were not asked to do so by mothers and reinforced by elder females of the family when they were minors.

During the course of discussion with mothers , it was emphasized that Islam , lays great stress on the “*Purdah*”, that is covering the body and if all of the followers understand and practice this there would be no crime and corruption in the society, especially that caused by the modern women. These women try to adopt such fashion that keeps them vulnerable by wearing fewer clothes and un- covering their heads,

It is equally important that we train our daughters to abide by the rules of the family. By rules these women meant that a girl should stay within the walls of the house,

.... we are not limiting her mobility but we protect her from the strangers and other men who are outside the domain of the homes.

Girls are innocent and vulnerable and if check and balances are not kept on them then it is possible that they may land into trouble. An example was sighted where the mother of five young daughters was not vigilant and one of the girls developed an affair with her paternal cousin. The whole village was moved by the fact that one day when the parents were sleeping the girl fled away with that boy and the father was filled with sorrow and shame and could not face the community for weeks. This is so because if the girls are not taught what they need to do then they can cross such limits, this aroused anger and shame for the family of that girl and it took years for the parents to come out of this embarrassing situation.

Hence it is important that the mother is vigilant about the whereabouts of her daughter, especially during puberty, as the girls are innocent and the trust in nowadays society is not as it was in the past decades. Different instances from time to time have suggested that mothers should take precautions to protect their daughters from outside influences.

4.13.1 Assurance by Adolescent Girls

The culture provides the space for adolescent girls to show their commitment for the values that have been entrusted by the family. It is not possible for the mother or any other elder to guide the adolescent girls from day to night, she is given that trust by the family where she

may come under such circumstances that her values are tested and she gets a chance to prove her faith in what she has learned. She also has great trust in herself and knows how to carry the name of her family. There are times in her life when she goes out to the neighborhood, school, outside the village community, and also when her male relatives, cousins and other close affine come to her residence, she at times has to deal with situations when no other elder is present, and for girls of good repute this is the time to prove themselves. At many occasions it has been reported, that no such behavior was observed by the village elders, family members or community where there could be an objection raised. This reflection of herself is also very important for her future life as a married woman, where her past is linked with the present.

In case of male adolescent, the case is different, although they are also taught to be shameful, respectful and maintain the values of the family, the males may be spending most of their time in gossip and discussions about the females.

4.13.2 Submission by Adolescents

When the parents of the adolescent girls have inculcated the traditional values in the girls from the very childhood, then comes the acceptance and submission by the ones to whom these values were bestowed. The girls would always keep in mind the respect and the name of the family, and would never do anything to harm it. The community would never allow that behavior that bring any kind of harm to the system of mutual respect, where all reside on terms and conditions that is protecting their traditional values. There are several moments in the lives of these girls where they will come across situations where this will be tested and the girl would submit to the will of her parents. For example the decisions that are taken, like the issue of her mobility, education, marriage, etc. the observed behavior was in conformity with the desire of the parents, and in some instances it was beyond the parents and rather this time it was the paternal grandparents whose likes were to be adopted. In this whole system of submission, the parents also keep in mind that nothing should be imposed, while there were a

few such examples, in marriages with paternal cousins, but overall the situation is based on the consents of the girls to some extent but the final decision rests with the parents. In the last few decades the decisions were imposed by elders, assuming that she will submit to them.

4.14 Patronizing the Values

The community as a whole always patronizes the values that it has blended in the personalities of adolescents. In focus group discussions with the parents and elders of the community, this issue was brought before the researcher with great pride, and in comparison to the rural urban cultures, and it was highlighted that in urban areas where the children are possessing an open will, the values and attitudes are weakening and restrictions that are imposed by the families in the rural communities have enabled the community to save the system from disintegrating.

“The same kind of restrictions was imposed on us by our parents, and we believe the young mind needs supervision and guidance, and they cannot be left alone to decide for it”

This is one of the reasons that our children are more respectful, and we seldom learn in decades that there was some deviant behavior recorded. We all play our role and guide our future generation. This community is not of strangers, but we are all the decedents of one ancestor, and we are related to each other in one way or the other.

4.15 Public and Private Spheres

An interesting aspect that came up during the focus group discussions with the mothers and the adolescent girls was that there was a public sphere of the life of community members and a private sphere. It was interesting to note that in the public sphere topics of general discussion were allowed and the private rested with the individual most sensitive issues of “his life”. Sex for example was a private affair and open discussion on it in any form was prohibited. Sharing of experiences on sexual relations, desires, and emotions were all against the norms and taboos. Married women and men could talk about their marital experiences but

only between the same sexes, and those who were woven in the marriage bond. Openly such discussion was denied. However for women and in men this could be an everyday discussion. In case of the adolescent girls and boys, sexual relations were prohibited, and a strong resistance from the community members opposed any kind of activity that is against the values of the community.

“The community has clear vision on this and we believe that it is our religion which has taught us to reaffirm and restrain from wrong. We understand and we practice and we teach our children to follow the teachings of Islam, and keep the concept of sin and reward s, for the life hereafter. Our new generation is well aware of the consequences of indulging into wrong and illicit relations. We only permit sex after marriage, and we have kept our community clean from all unacceptable acts. This is one of the main reason we do not have a CD, shop or music shop in the village, we get up and sleep early and are busy all day long in the affairs of the household.”

4.16 Concept Building

One of the most import aspects of socialization is concept building process. First of all, the notion of what it means when the researcher uses this term is explained, as the locals call it the essential part of the training for the girls. The same concepts are also present for the male adolescents, but there is a wide variety of difference, in the words that are essential part of this process for both the sexes. These include concepts related with good and bad things; e.g. Girls will never let down their family name, the concept of shame is taught to them. Similarly the boy will become the right hand of his father; the concept of support is taught through this.

Concept building is the part of many cultures, and it has been observed that societies that are traditional, rural, living in under developed countries have much stronger concepts, as compared to modern developed nations.

4.16.1 Expression of Feelings

All human beings have feelings and they express these from time to time. These can be of a wide variety and in order to understand how the role of girls are minimized and controlled; the

researcher was able to have a detailed study of what these are and how these are slowly and gradually blended into the socialization process. Feelings can have a range that can spread on a wide horizon, from eating, playing. The first step that a girl learns, as she grows is to limit herself in her expression, she is advised not to laugh loudly, not before others, outside the domain of her family and specially in-laws. So she is expected to behave in this controlled environment, where there might not be others present who taught her all this, but this aspect has been tuned in such a manner that, it does not matter whether the mother is present or not. The grooming process will ultimately inculcate all such things into the unconscious of the girl that she will follow the rules that were once taught to her and were reminded at several occasions during the course of her development.

The adolescent girl is a human being, with feelings that are like the other members of the family in which she lives. To have a feeling is a personal matter, but to express a feeling is a controlled phenomenon. This was a practice the mother had learnt from her parents; the role of the mother is of special significance in grooming a girl. When the feelings are controlled in expression from the very childhood, then there is a kind of a filtration process for the feelings, those that are not liked and for which, the mother had notified the daughter, they will be suppressed and those that were praised will be adopted till they become a part of the girl's personality. In this manner the upbringing of a girl is entirely different from a male child, although there was visible change in the attitude of some families who had allowed their daughters to have education beyond primary level; some had even allowed their daughters to do jobs, like the female councilor of the area. These opportunities on the other hand allowed these girls to express themselves outside the household domain and travel to cities for the purpose of gaining professional experience, and their cases are quite different from those of a normal girl who spends her time within the courtyard premises. But these cases are few, and what is explained by these girls that although they were the lucky ones but they have tried to stick to rules and values the community held, and never did anything that can harm the image of their parents.

Conclusion

The socialization of girls is entirely different from males. There are many restrictions on her and these get more serious as she enters into puberty. Mothers groom their daughters. They inculcate all those values that they learned when they were socialized. Girls are taught to be submissive before others and it is they who are carrying the respect of their families and they must protect it on all costs whether at their natal home or at the in-laws residence, she must not do anything to let down the name of her family.

CHAPTER 5 PUBERTY IN GIRLS

In the course of human development there is a biological stage called puberty. The occurrence of puberty has also been recorded in the primates and interestingly it is highlighted that during this phase of life change in behavior takes place. Similarly all humans pass through physiological changes in the course of their life cycles. Different cultures have adopted different ways to deal with the physical and social implications of this growth. In some cultures this may be followed by ceremonies or rites of passages, while in others it may not be recognized as a social process and may pass on quietly.

5.1 Defining Puberty

The encyclopedia of anthropology states that,

... Puberty marks the physical maturation of individuals, and in most cultures it is correlated with the social recognition of adulthood status. Since puberty is a critical transition period of life, a time when an individual ceases to be a child and takes on the responsibility of adult world, it is often associated with elaborate rituals. Puberty rites for females take place at the first menses, and often involve the seclusion of the pubescent girl in a special menstrual hut with especial prescriptions and proscriptions.¹⁴⁷

5.2 Biological Changes in Adolescent Girls

Puberty is associated with bodily changes and physical growth, where there is increase in body size and appearance of secondary sexual characteristics. In girls it is the enlargement of breasts, occurrence of menstruation, and growing of pubic hair. All these aspects of physical growth are culturally regarded as a “complex phenomena”. One needs to keep secrecy, in families especially from male members, like father, brother, uncles and cousins, that a girl has had her first cycle. It is a sign that she is mature and has acquired the ability to reproduce. Two decades back, it was a signal for the family to get prepared for the marriage of this

¹⁴⁷Hunter E. David and Whitten. Philip. (1976) Encyclopedia of Anthropology; Harper and Row Publishers

pubescent girl. Sexual relations among the unmarried young girls and boys are a matter of great concern, and it is highly prohibited. The entire community is against such actions because of the religious connotations it carries. The respect of the family is related with the fact that how the young girls carry themselves and the name of the family. In order to make it a smooth transition from a girl to a mature teenage, it is very important that the girl must understand her status and the role of family elders. The mother, elder sister and aunts are of significant importance in molding her behavior in ways that are acceptable for the entire community.

Illicit sexual relations and those out of wed lock are considered to be an offence that has severe consequences and punishment by community and family. This threat has created an impact on the minds of the community members and no one dares to break this law. No adolescent girl would ever think of even indulging into a relationship with a boy within or outside the family. One case was reported in the village a decade ago, when Zarina tried to marry her paternal cousin and they both ran away to a city so that they could not be stopped by elders and relatives who were against this relation. This news created an embarrassing situation for the girl's family on one side, and her "*baradri*" on the other. The mother tells that the father who had three more daughters to marry tried to kill her and went after her with his pistol. He was unable to find her and after that day the family lived in shame over this deed of their daughter. The mother who was telling this story missed her daughter and said she was the most beautiful amongst the others. She had the desire to meet her but the incidence was so shameful that she dared not to talk of it any further.

5.3 Development and Source of Learning

The adolescent girl faces a number of changes during pubertal growth, and having access to information about it is an issue in a cultural setting that does not allow open discussion around such topics. In this culture there is no acknowledgement of puberty because culturally

it is forbidden to talk, to share and discuss this aspect. Sexuality¹⁴⁸ among the adolescents is little researched, primarily due to taboos restricting open discussion of sexuality in general. (Khan, Aysha, 2000)

The mother knows when her daughter enters puberty and when she will have her first menstrual cycle, she has the knowledge, but when she was a minor girl it was not discussed with her. In some instances the elder sister is asked to take the lead and share some information.

One of the mothers reported that,

“The openness about the issue will create disrespect between the elders and younger groups and this must be maintained by respecting each other’s place in the institution of the family.”

So the mother is allowed to take up the role and perform her responsibility, in some rare instances where mother was not present the task will be undertaken by elder daughter, otherwise she will take a leading role. This is based on the cultural values and is premised around the fact that sharing of limited knowledge will help to control the behavior of the girl. Too much information can generate new ideas about the body and its functions. In comparison to this situation, adolescent in many cultures are fully aware about their bodily functions and there is no “sensitivity” labeled with such discussion. It is seen that sex is not an issue and there is plenty of openness for its acceptance amongst un- married adolescent.

Table 5.1: Total Adolescents in the Village

Sr. No	Adolescents (10-12plus Years)	Adolescents (13-15 plus Years) and (16-19 Years)	Total Adolescents (10-19 Years)
1	85	169	254

¹⁴⁸Khan, Aysha (2000).Adolescents and Reproductive Health in Pakistan: A literature review. Population Council, Pakistan.

Table 5.1 is representing the total adolescent population. This is divided into two groups, the age group 10, 11, and 12 plus is the early adolescence, and this age was only kept for minor discussions. The females in this age were less aware about their bodily processes and were not verbal. The main focus of research was age groups from 13 to 19 years, who had been through menstruation and other growth processes and were verbal and able to answer and participate in group discussions. The main focus of research were a total of 169 females that represented married and un-married adolescents

5.3.1 Physical Changes and Growth

On the onset of puberty there were visible changes that were noticeable in the growing girls. The young girls of early adolescence were less verbal, and were un-able to tell, but the middle and late adolescence was an age that was well versed about their bodily changes. The responses received are very much indicating age of the adolescent girls. This is based on the fact that they had experienced their first menarche and can share their limited knowledge. A focus group discussion held on knowledge regarding growth in girls with age group, 10-11-12plus, (early adolescence) shows that girls are not able to relate changes associated with their growth.

Table 5.2: Knowledge on Growth
Total Respondents 85

Sr. No	Do you see the following happening to growing girls	Responses given by girls
1	Weight	There is increase in it, but it depends on eating habits.
2	Height	Don't see it happenings
3	Breasts	All were confused
4	Pubic hair	No knowledge shared by girls regarding pubic hair. They were surprised.

The Table 5.2 depicts that this age group was unaware about their bodily processes, as there was no knowledge sharing done with them, although they were experiencing pubertal changes.

A focus group discussion held on knowledge regarding growth in girls was held with age group, 13, 14, 15plus years. These girls had gone through first menstruation and their mothers had shared some information with them.

Table 5.3: Knowledge on Bodily Growth

Sr. No	Growth	Remarks
1	Weight	Few were sure ,not all
2	Height	Some had experienced it and others were comparing themselves with friends.
3	Breasts	Ashamed and shy but said yes
4	Pubic hair	Extremely confused and ashamed but accepted it.

Table 5.3 as compared to 5.2 shows that with the increases in age, there are changes as noticed by growing girls, and mothers shared knowledge regarding pubic hair and breasts as they are told to cover their bodies properly.

A focus group discussion held on knowledge regarding growth in girl was held with age group: 16, 17, 18 and 19 years. (Married and un- married adolescents.)

Table 5.4: Knowledge on Bodily Growth Married and un- married adolescents

Sr. No	Growth	Remarks
1	Weight	Majority could observe an increase in weight
2	Height	All could feel and compare with others
3	Breasts	Shyness and hesitation showed by all but accepted it.
4	Pubic hair	All respondents were shy and majority responded yes

The responses shown in table 5.4 are quite different from the previous ones. An interesting fact that has come forward by the responses on the discussion regarding pubertal growth is that the age group, cultural knowledge and reasoning ability are quite evident in late adolescence. The least informative are young adolescents, their knowledge is limited, no prior sharing regarding growth and related aspects were discussed with them. In the whole process one thing that was common with the adolescent girls whether from young, middle or late adolescence was that the topic in itself was very sensitive and no openness of any kind was entertained. These responses were received after a great deal of comparisons that were made and every day examples were sighted indulging the group into a discussion. The married adolescents were although shy to respond but they were the most informed ones with a lot of knowledge sharing from their husbands and married friends. In this culture men are vocal and expressive as compared to women. The married couple may discuss plenty of issues, but this “space” is limited to them or to their friends with whom such a discussion can take place, outside this domain the discussion is not preferred.

5.4 Experiencing Puberty

Focus group discussions held with adolescent girls of middle and late ages, regarding the occurrence of puberty and their response to it was reported by majority as a strange feeling with confusing events and no clarity for so many issues regarding change. Questions on explanation of what kind of change they felt, it was reported that there was enlargement of breasts and pubic hair. Regarding the question as to what was the feeling of the adolescent girls on this, they responded that they were confused as changes took place. This confusion had its roots deep in the cultural construct around understanding and interpretation of puberty.

“I was so confused on the growth of breasts, X reported with shame, I could not see what was going on, I could not ask anybody.

Another girl said

“Marae dil wich ik khoof se jewane ma kohi ghalat kaam kita hoia ho.”

(I had a fear in my heart as if I had done something wrong.)

In another instance the adolescent girl reported that,

...“I was confused that my mother was staring at me with anger, and told me to cover the body properly with *dupatta*, ”

The group discussion highlighted that experiencing puberty was difficult, as there were bodily changes like growth of breasts, pubic hair, height and weight, etc. but instead of being aware about this they were least informed ones and were asked to cover bodies properly. Sensitivity was linked with their mobility as they were strictly watched and were not allowed to go out and visit neighborhood, and talk to their male cousins. They were told to cover head before father, uncle and elder brothers. In some cases girls were stopped from going to their schools as pubescent girls need to be protected to safe guard their virginity. The issue of ignorance shown by girls regarding growth and bodily changes was raised with mothers and elder females of the community; this was what they had to say.

“ Assi bajian naal ais tharan di ghal nahi kar sakdae ani di masoomiat kahatam ho jasi”

(“If we talk to our daughters on such issues, then they would lose their innocence”.

In another focus group discussion with mothers regarding informing their adolescent daughters on topics like menarche, physical maturity, they reported that,

“It is a taboo and a social norm to talk to our daughters on such a topic.”

“We know when to talk, how to talk and what to share. Our mothers and grandmothers have been practicing this, and this is the reason we see shame in the eyes of our daughters, they have not lost their innocence.”

5.5 Menstruation in Girls

The encyclopedia of Anthropology states following regarding menstruation..

..., the term refers to the periodic discharge of the membranous lining of the uterus of some anthropoids following failure to fertilize after ovulation. Menstruation is merely one phase in a complex, hormonally regulated physiological cycle common to female mammals.¹⁴⁹

In the village Tarriya, the girls are ignorant about their physiology. No education was given to them unless and until they had undergone their first menstruation and the access to information was also limited and unclear at many ends. The requisite knowledge was provided by the family members mostly mothers, elder sister or cousin, in few instances peers were seen sharing knowledge but were found to be the least involved group. But the common thing notable was that both were not provided enough education or how to deal with changes accompanied with puberty. On the other hand, it is against the cultural norms to talk about sex or normal body growth. It is a taboo; it is viewed as a shame to have such discussion. Male adolescents are more mobile have peers, spend a lot of time outside the house-hold domain and can have discussion within their age groups or even can have a chance to learn from their elder friends. But before the community they appear to be obedient and submissive, showing their simplicity. No adolescent girl is involved in a relationship, it is not only regarded as a sin but also a punishment for premarital sex exists.

Provision of sex education is extremely a forbidden rule and even puberty related information is not publicly accepted. The reason behind all this is to discourage any kind of behavior that creates instability at the level of community, the shame must prevail it is useful to reinforce an element of respect at both ends.

It has been highlighted in a study on adolescents¹⁵⁰ in Pakistan by Khan and Pamela, that some of the practices related to menstruation are worrisome from the point of view of a person's health and hygiene. For example it has been reported in the study, that while the women gets her cycle, it is believed by the family members that she has become impure and un-clean, and she is made to sleep on the floor on a separate mat. Not only this, there are

¹⁴⁹ David E. Hunter, 1976. Encyclopedia of Anthropology

¹⁵⁰ Khan, Aysha and Pine, Pamela (2003). Adolescent and Youth in Pakistan. Status, issues Policies and programs. Population Council.

restrictions on eating some kind of foods, on taking a bath, etc. All this was done as a precaution, to protect them from getting ill. It has been further highlighted that so far the studies conducted, shed light on the fact that, the girls knowledge and information regarding menstruation and the hygiene practices, are inadequate.

Most of the research studies conducted in Pakistan share similar findings for the entire region. The fact is again related with the traditional values, beliefs and attitude that has created a shell around such discussion and labeled it as “sensitive”, against the norms, and that the innocence of the girl would be lost if such issues are discussed. Thus limiting her access and gaining control over her behaviors.

5.5.1 Knowledge Regarding Menstruation

In a study¹⁵¹ by Mary Stopes International regarding sex, marriage and reproductive health needs of adolescents, it is reported that prior to having their first menarche only 13% female had knowledge about it. While the information received through semi- structured questionnaire from a total of 169 adolescents, in the researcher’s area is presented in table 5.5

¹⁵¹ Adolescents in Pakistan’s, Marriage and Reproductive Health,2006, Mary Stopes International, marriage and reproductive health

Table 5.5: Information provided on First Menstruation

Sr. No	Questions	Response in Percentage (Yes)	Respondents (Total 169)
1	How to use sanitary pads etc and where to dispose it.	More than 99% were told how to use it, only 1% were confused on this information because they shared the problem of placing it at the right place.	167
2	Is it normal with girls?	Only 88 %	149
3	Told nothing to worry about this process?	80 %	135
4	Told that you are a grown up now	75 %	127
5	Explained nothing	Not reported	-
6	Told that it will happen for some days every month	Yes 99%	167
7	Told which foods to avoid or eat or not to take a bath in these days.	90 % were asked to avoid food that was like, egg, meat etc. Nearly all were advised, not to take a bath, because then they will be sick.	152
8	Told not to say the prayer during this period	100%	169
9	Told to keep this information secret from males within the family	100 %	169
10	Told to be vigilant during this period, so that there is no spotting on the clothes.	Almost 100 %	169

The table 5.5 clearly depicts the responses of girls in relation to what are the cultural values and expectation of families from their daughters. The process has been explained partially to cope with the immediate needs; no further clarification on the relationship of this with bodily functions has been shared.

5.5.2 Menstruation and Growth

It was interesting to know from the girls about the link between growth and food they eat. Only some could relate it, (age groups in middle and late adolescence) as their source of knowledge is based on their age, mobility, education and peer interactions. The late

adolescence group was most knowledgeable because of experiencing a number of bodily changes and their age factor to grasp and understand.

In this culture the occurrence of natural phenomena like growth and puberty are complex and sensitive aspects for females. When asked about the role of school as an institution, where the teacher can be a useful source for guiding the girls on issues of puberty, it was learnt by the researcher that this "issue" was the responsibility of the family institution. Normally if a girl comes across a situation where she faces some problem in the school premises like menstruation, then quite secretly the teacher arranges for her a classmate who can lead her home, with the rest of information to be tackled by family. The home and the family are the only options available for the adolescent girls.

Going through a number of studies on this topic, the researcher found that in the west and amongst some of the traditional societies of the world, it is taken as an important event of life which must be addressed by the elders of the society, like the family or school, etc. The logic behind this is that adolescents are vulnerable as young members with emerging sexual desires and guidance and sharing of knowledge can keep them safe from indulging into unsafe practices. Hence it is essential to tackle and address their needs, thus safe guarding their future.

5.6 Source of Knowledge for Adolescent Girl

The mother to daughter relationship has a special significance in this culture, as every time the daughter has a query she would turn to her mother for an answer. The mother is watchful for her daughter who is entering into puberty that she may need to inform her about the upcoming events. It was interesting to learn that the adolescent girls are not given any information regarding their puberty and menarche until they pass through it. It is a social taboo to even talk about this issue in open, there is an element of respect between the parents and children and a collective consciousness to keep the society in a state of mutual understanding that it is against the values, to discuss such topics amongst the parents and

children. By doing so they would lose the respect for each other and the society as a whole would become shameless. These cultural values are learned, practiced and are passed on from one generation to other. The topic has a sensitivity attached to it and when discussed with mothers, family elders, (females) the discussion was kept as a secret from young girls and male members of the family. The topic was very sensitive and special care was taken by the researcher to keep in harmony with the existing cultural values so that the interests of the community are watched.

The concepts that are held by the adolescent girls regarding menstruation were explained as dirty blood that makes a person impure, but no word on reproduction or physiology was explained to them. The elderly women, who are the mothers, have knowledge beyond dirty blood and impure, they also know that it is related to the reproduction of a person and if it does not come on regular basis then there can be problems with the reproductive cycle. The young married adolescent girls also have information that is slightly better in terms of bodily functions and reproduction. Their source of knowledge is related to their marital status that has been upgraded by experiencing process like child birth and pregnancy. Visiting the doctor at the urban center for monthly check ups has increased their limited information. They can now relate it to reproduction.

The married adolescents have access to the TBA and the LHV , who visit the area and discuss family planning methods, and distribute oral pills and condoms. Further they are also giving advice on spacing, nutrition and immunization. The discussion involves the monthly cycle, specific days when a woman has more chances of becoming pregnant and the problems associated with infections, e.t.c. This discussion has helped these women to relate their monthly cycle with the reproduction, but this discussion is only limited to the married girls, the un married girls are not allowed to sit and listen to such discussions regarding it as against the accepted norms and values.

The mothers have also repeatedly said that the element of shame and respect is maintained at all costs, even when the LHV is discussing personal issues with the married girl, the mother moved aside just to maintain the respect between her and the daughter.

The research finding rests on the responses of three age groups of adolescent girls. In group one those adolescents were kept who were between the ages 10, 11 and 12. This was the group that were least knowledgeable regarding their bodily growth, because of two factors their ages on one hand and lesser exposure and experience on the other hand.

The group two contains the adolescents of the ages, 13, 14; 15. This was a group of unmarried girls, who were the main focus of this research and who had experienced menstruation and bodily changes. It was comparatively easy to talk and discuss issues with them.

The third group consisted of ages, 16, 17, 18 and 19 years, this comprised of married and unmarried girls. They had the opportunity to share and guide their younger sisters or cousins on puberty and menarche and were regarded as most informative.

A semi-structured questionnaire was used with all the age groups.

Table 5.6: Group Response on First Menarche

Sr.No	What did they Feel on the First Menarche	Responses
1	Depressed	Majority
2	Guilty	Some
3	Confused	Many
4	Ashamed	All
5	Don't know	Few

The table 5.6 shows some useful insights into the cultural understanding of puberty. The adolescent girls were not told in advance about this process of life. If this information was shared with them in advance then the responses would have been different from that recorded by the researcher. This also tells us that there is a great impact on the adolescents in the way

they are informed. Had they been explained that it was a biological process, every female and male passes through puberty and all this is normal phase of life. The received responses could have been quite different. The discussion in the following paragraphs would clarify what the researcher wants to convey.

In order to understand the cultural practices in the past on how the first menarche was perceived by the adolescent girl, what was the level of her knowledge and who helped her with the basic understanding of the phenomena, case studies for three generations (Grand - mother, mother and adolescent girl) are presented below.

Case Study

Great Grandmother (age 67 yrs)

My name is X and I remember the day when I had my first menstruation. Oh what a day it was I remember that I was twelve plus or perhaps twelve and a half, I was attending a wedding in the house of my relative. I was confused because girls were busy in singing the songs and dancing while I was visiting the washroom again and again. I was afraid too, because there was blood on my pajamas and I could not relate what had happened, first I thought that it was some kind of wound so I went to the washroom and washed it again and again. It was the only pajamas I had and also I was not at my own residence where I could go and find another one.

It was all so confusing and misleading. I did not want anybody else to know what I was going through. I had no knowledge to relate to understand what it was. Suddenly, I was called by a woman. She was young and was watching me since long. She had seen me visiting the washroom again and again, called me and wanted to know what the problem was. This was a time of great confusion for me and when she called I was like what would happen next to me.

She was perhaps an experienced woman and my several visits made her conscious and also my age could have been a factor too. I explained to her what my problem was, she said alright

come with me and explained that it was *Mahwari*, the word used in local parlance for menstrual blood and gave me a piece of cotton to keep inside a *langoot*, a kind of panties that the local women wear in days of menstruation, the pad is kept in this, I was told by this aunt and no male should know this. I was surprised and afraid too, because I thought I had done something, or there was something wrong with me. I was guilty and could not relate what was happening to me. She laughed when she said this, I asked the reason and she said the culture, traditions, taboos and of course norms. It is still against the culture to talk about it in open; we never share such information with young girls. We believe that the element of mutual respect and shame is a must and if this is affected it means we lose respect for each other. The society will be open for disrespect and cultural values would be no more intact.

Case Study (mother aged 34 years)

I am a mother of young daughters, I can remember the day when it was my first *Mahwari*. I was confused and irritable, I had pain in the abdomen and I was trying to treat it with black tea and *churan*. My aunt who was a nearby dweller came to me and said are you feeling alright. When I explained to her the pain and everything she was confused and called my elder sister and the three of us went into the room where nobody was present. The aunt had some discussion with my sister and suddenly she opened the cupboard. She was carrying a few things in her hand. There was no concept of an underwear in those days, even now the old and traditional people prefer to make young girls wear *langoot*, a house made under wear for these days in which a piece of cotton cloth, rough and old is kept to absorb the blood. I was told that I must not share this information with others? I was so confused then I was told neighbors, friends and males of the house hold must not know that you are having *Mahwari*. On hearing this order I was much confused and thought that I had done something wrong. Later I came to know that in this culture women respond to such events in a strange way.

5.6.1 Taboos and Norms.

Working on the issue of adolescent's reproductive health especially in the context of how they gain access to information, what is the role of the family elders, whether supportive or repressive were linked with the cultural understanding of issues this community held. Very soon entering into this discussion with mothers and elderly women of the household the feeling that was conveyed was through the body language, a message conveyed that it is a social taboo to even talk about it. If this was the case with elderly married women, then what can be the overall environment of adolescent learning and what could be the level of information shared with them. These were the questions that aroused in the mind of the researcher.

Deo and Ghattari in their article, Perceptions and Practices regarding Menstruation, when started off with their research had this to state,

....."In India even mere mention of the topic has been a taboo in the past and even to this date the cultural and social influences appear to be hurdle for advancement of the knowledge of the subject."

(Deo and Ghattargi, 2005)

The social norms of a given culture mould the behavior and attitudes of young people. In other words, norms are then perceived as the controlling force of the behavior of the members of the society at large.

Nothing in advance is shared with the adolescent girls regarding the puberty related processes of life. Only two to three percent girls reported that they knew in advance that this was a process of life, because their elder sister or cousin has had it, and they learned from her. In more than ninety percent cases it is with the occurrence of first menarche that the issue is discussed and it is just not enough to satisfy the girl there is no knowledge regarding bodily processes taught or discussed at any level.

5.7 Social and Psychological Implication of Menarche

As Mead had described that it is a period of "stress and storm", what one can expect that if no prior information is shared with the girls entering into puberty, what can be the level of this stress. The following paragraph is the explanation regarding the occurrence of first menarche and the reaction to it by the adolescent girl.

At her first menarche, she reported that she felt that something wrong has taken place, the flow of blood, with no understanding where it was coming from created confusion and distress, when the elder sister, or mother sees it they call the girl and explain this to her. "Now is the time that you should stick to your home compound", although she has the right to go to school but her mobility is controlled. She is told that it is the impure blood that flows and she herself becomes impure. In these days she cannot say her prayers or touch the "Holy Book". She must not share this information with the males of the household and then she is told how to keep a piece of cloth in the under garment and that when that piece is dirty she should hide it in a place as was guided by the elder sister and then she needs to wash that piece to be re-used for the next time. She learns gradually what was new in those seven days of her first menarche. In the context of the rural setting two things were not practiced, one was the use of sanitary pads and the other was the used pieces of cloth were to be washed and reused and nothing should be thrown out of the home in the dust bin, because it would be a shame for the family. The villagers regard it as a bad practice, and if ever by chance such a scene occurs the women of the village regard it as a shame for that particular family who has thrown it. All aspects of the process must be kept in secret, one of the elderly women reported. We are not shameless people, the other added. These sentences explained how the topic was considered by the rural community and what sensitivity was attached to it.

5.8 Adolescent and Their Space

The role of mothers for this particular event of first menarche is not a leading one, she maintains the mutual element of respect and shame between herself and the daughter and the

elder daughter or cousin takes the lead role, once she holds the initial discussion, the elder daughter follows. The society does not allow for a space where the adolescents can discuss their sexual problems amongst themselves, or can express their responses on such an issue. In contrast to this, amongst the adolescents of the Trobrian islands the elders provide an open space to the young adolescents where they express their feelings, find partners and go out with them for sex. But again this space that is provided to them is not openly accepted and it is considered as a private affair, not openly acknowledged.

Hence in societies where there are strict rules, taboos and norms regarding pubertal development adolescents are not allowed to express their issues and the space that has been provided in many cultures of the world is not available for them. If someone comes to know of illicit sexual acts, that particular adolescent male or female would be condemned in all walks of life and such acts would be regarded as shameful and sinful because the role of religion and its influence comes into play. Regarding their sources following was revealed through a semi-structured questionnaire.

**Table 5.7: Source of Learning on Puberty-related Issues
(Total Respondents: 169)**

Sr. No	Sources	Percentages	Number Respondents	of
1	Mother	84%	142	
2	Elder Sister, Family Member	12 %	20	
3	Cousin	2%	3	
4	Peers	1%	2	
5	Media	Nil	-	
6	Newspapers, Books, Articles, etc.	Nil	-	
7	Others (Aunt, Neighbor)	1%	2	

**Table 5.8: Level of Satisfaction on Information Received
(Total Respondents:169)**

Sr. No	Respondents Views	Percentages	Number Respondents	of
1	Were you satisfied with information provided	12%	20	
2	Were there questions in mind?	84%	142	
3	Was everything understandable?	2%	3	
4	Was anything explained regarding reproduction?	None	-	
5	Were you asked about any clarifications?	2 %	4	
	Total	100 %	169	

If the responses on the information regarding menarche is reviewed, and are seen in the light of what has been explained to them about this process of life, it is seen that, the girls reported that there was confusion at their end and questions in their minds on many aspects of information shared. But due to sensitivity around the topic they were not allowed to show their feelings and ask questions.

Table 5.9: Explaining about the Process (Menstruation)

Sr. No		Percentage	Number of Respondents (Total 169)
1	Normal process of life	2%	3
2	Dirty blood flows	2%	3
4	Related to reproduction	0 %	-
5	Comes on monthly basis	96%	162
Total		100 %	169

The above table shows that the information passed to adolescents is only need based as nothing about the process is explained, except that it is something periodic.

Table 5.10: When did she Learn about Menarche

Sr. No	Time	Percentage	Number of Respondents (Total 169)
1	At the Age of 12	2%	3
2	At First Menarche	96%	162
3	When her Friend had it	1%	2
4	Don't know	1%	2
Total		100 %	169

The table above gives the responses of the adolescent girls on the traditional practices of this rural community. The information is only shared when the girl has her first cycle. Regarding the sharing of information at this particular moment and not at some earlier stage of puberty, the mothers had this to tell, "We were informed by our elders in the same manner, it is so because the mother feels ashamed how to touch upon the topic prior to its happening, but when it takes place it becomes a means to communicate and so the girls are informed. Also it is the tradition not to share such information with young girls, there is an element of shame and respect between the mother and daughter, although she is concerned about this change her

daughter is facing, but does not have the courage to tell her. We are more concerned with our daughter's innocence." The cultural values transmitted from one generation to other are reinforced by the kind of actions and gestures we take, if we do not protect these values than the society will lose the respect its members carry and it will become a shameless and open society where respect is no more praised like we do.

Table 5.11: What were the Physical Changes associated with Puberty

Sr. No	Physical Changes	Percentage	No: of Respondents
1	Appearance of Breasts	89%	224
2	Pubic Hair	80%	201
3	Menses	85%	214
4	Increase in Body Size	77%	194

These responses were received from adolescent girls who were in the age groups 13-15 years.

What were some of the instructions that were given by the mothers to adolescent daughters on their first menarche?

Table 5.12: Special Instructions to Adolescent Girls

Sr. No	Instructions by Mothers	Percentage	No of Respondents
1	Orders on mobility	90%	227
2	Advice on not sharing this information with others father, brother, etc	100%	252
3	To properly cover head and body	99%	249
4	Take special care that her clothes are spotless in these days	99%	249
5	Keep in mind the respect of the family	90%	227
6	Never talk to strangers, males	97%	244
7	Should not say prayers in these days	100%	252

Table 5.13: Hygiene Related Information

Sr. No	Questions	Percentage	No of Respondents
1	Were you told about removing pubic hair	10 %	25
2	Were you told about how to use the sanitary pad	98%	247
3	Was information provided on taking a bath	100%	After the periods were over, so as to avoid becoming sick. (252)
4	What was not to be done in this condition	100%	No prayers, no bath taking, Married reported on no sexual intercourse, because it is a sin. (252)
5	How to dispose the sanitary pad.	98%	It should be washed and reused so old piece of cloth was used. (247)

Group Discussion

In order to understand the level of knowledge, of those who were responsible to educate the adolescent girls on their first menarche, focus group discussions were conducted, and following information was obtained.

The average age of the respondents in the focus group was around sixteen to eighteen, a group who had passed and experienced this process. Now they are allowed by the mother or aunt to explain the young girl on her first menarche. During the course of discussion it was learnt by the researcher that the informants had very little knowledge regarding this process, they themselves were not clear about several aspects. Firstly it was an accepted fact by the group that it was a normal process of life and all girls pass through it.

An important aspect was to ask about this process and to learn about its relationship to reproduction. It was learnt that none had the knowledge about it as a part of the reproductive process. The group knew that all women in their families had this, and nothing about the process was told and even they could not relate it to a reproductive process, because this information was also lacking with informers too.

The information they shared with the girls was limited too, with many aspects not clear at their ends. For example it was regarded as something dirty, and impure. It was considered sinful to throw the cotton pads after use, and to wash and reuse was advised by elders. For abdominal pain and cramps the use of herbal tea was the most effective remedy shared.

What will the family do in case of the abdominal pain is severe and no household remedy is affective. Since the doctor at the Konan Medical Center is a male no one would go to him for this. The lady doctor is only available at the urban center so in a few cases where the pain was extreme the daughter was taken to the clinic, and consulted with the doctor who gave aspirin for immediate relief.

The concept of impurity was also associated with the menarche and in these days it was reported by the informants that reading or touching of the Holy Book was forbidden as it was a sin. The rationale behind this was explained as in this period the girl becomes *Palit*, impure.. The married adolescent girls reported that sexual relation with the husband is forbidden in these days and it is regarded as a sin. She was asked to identify the source of learning on this and they reported the sister or mother in-laws as their informers.

Regarding the days of menstruation, some reported that it was for five others said seven days. After completion of this the girl had to take a bath and make herself *Paak*, (pure), before she can perform any religious act. Regarding the kind of food that is forbidden for adolescent girls in this particular period, it was told that eggs were mostly forbidden as they were *Garam*, which means that, hot food that might increase the flow of blood more than the regular cycle.

Concepts on personal hygiene were also discussed in detail, and the researcher learned that the knowledge regarding it was limited. Everybody knew that after the cycle was over they had to take a bath, and there was conceptual clarity of becoming pure. But keeping the body clean was an issue that was a weak area for the group, cleaning of pubic hair was known to eighty percent girls and some were shy to talk on it. Similar condition prevailed at the household level; the concept of impurity associated with it was not thoroughly discussed with them at many instances.

5.9 Problems Faced During Menstruation

In a group discussion, the researcher found some interesting events and communities responses towards them. Firstly the adolescents reported that they used old piece of cotton cloth for the purpose of pad, now in many instances the girls reported infections, with pain in the abdomen and back. In more than eighty percent cases leucorrhoea was reported which is a whitish discharge, resulting from infections as a main cause. When asked about the treatment process, the adolescent girls reported that most of the time they bear the pain, and sharing of

this information is rare, as they felt shameful in telling mothers or sisters about it. In some instances they reported that they were themselves confused on what was happening to them.

When asked about the pain and weakness that is caused by it, the girls reported that for pain, they can take aspirin or any other pain killer, and in only twenty percent reported cases the family tried to find some local remedy, like a herb by the name of *Maju*. Some reported that it was the most helpful in combating infections; others were not benefited to that extent where it could be said as a useful herbal treatment.

Going to doctor, and sharing their problems related with menstruation was not a desirable act. While the married adolescent girls reported that they had a check up from a lady doctor or an LHV, and they were relieved to some extent but not properly. In this culture, the researcher found that it is not an accepted fact that adolescent girls who are un-married share their problems openly and visit a doctor for an examination.

5.10 Problems Faced by Adolescents

It is important to highlight the cultural norms and taboos that shape the life of adolescents as they grow up. The parents and adolescent relationship during puberty is of great significance. In some cultures the relationship is friendly and the bonds between the youths, parents and friends are very strong. The amazing fact that has come forward from research on these cultures is that the family relations are less based on authority than on negotiations, and that youth are raised in friendly atmosphere rather subordination. Friends and parents in such systems are mutually supportive to each other. Analyzing the Van Genneps taxonomy, following is stated that:

....."When there is a sudden change of behavior associated with physiological changes, such as at weaning or at adolescence, there is a state of discontinuity. Management of discontinuity often involves special rights and ceremonies. During the initiation ceremonies for adolescence, there is often an acceleration of teaching and learning. This, in turn, produces good, well-informed citizens who maintain the cultural heritage."

Looking into the above statement, and reviewing it in cultural context of the researcher's area, it is seen that the physical changes associated with puberty are addressed, but the way in which this is tackled leaves many questions and queries unanswered. Cultures where it is a taboo to talk about pubertal growth, it is really difficult to address to the physical growth and its related consequences. On the other hand in some cultures it may not be an issue, it is not only celebrated but it is acknowledged and accepted by rites of passages.

“Societies employ various means to indicate the advancement of their members through various stages of life. Rituals which accompany this advancement from stage to stage are termed ‘rites of passage’ by Van Gennep (1960). Through the analysis of various examples of such rituals, Van Gennep found a different type of rite for each of three different rites of passage.

He maintains that, in Rites of Separation, a novice is mutilated in some way to symbolize removal from the common mass of humanity. This is the function of circumcision, tooth pulling, cutting of the little finger above the last joint, tattooing, or cutting the hair in a particular fashion. With the exception of hair cutting, the operation leaves ineradicable traces, making incorporation into a defined group permanent.

During Rites of Transition, various types of instructions are given to prepare and initiate for a new role. Orientation to secret lore and moral instruction, including proper sexual behavior, may be given. Dietary taboos are often observed during this phase of ceremony.”

Gennep talks of Rites of transition and states that various types of instructions are given to the individual to prepare for a new role. If this is reviewed in the context of the researcher it is observed that entering into the new role meant the girl getting prepared for a marriage, as is informed by the village women, but this practice was observable a few decades back. Now the story is different. With the advancement of education, the priority of the families is to educate the girl, rather to think about her marriage.

In his classic study of cultural celebrations, Van Gennep "accepted the dichotomy of the sacred and profane; in fact, this is a central concept for understanding his transitional stage in which [he feels] an individual or group finds itself from time to time," according to Solon Kimball (van Gennep 1960:ix). The sacred is not an absolute value, but one relative to the situation. The person who enters a status at variance with the one he previously held becomes 'sacred' to the others who remain in the profane state. It is this new condition which calls for rites eventually incorporating the individual into the group and returning him to the customary routines of life ready to fulfill his new role. Without the recognized rituals these changes could be dangerous or, at least, upsetting to the life of the group and the individual. Rites of passage, then, help cushion the disturbance during the transitional period.

Analyzing the kind of restrictions that are imposed on the adolescent girls of this village, it is observed that the most important aspect of this is to protect her virginity and to enable her to enter in the new role by marriage where this aspect is highly valued, protected and adored. This helps them to maintain their religious and cultural identity which draws its essence from the religious teachings that have taught them ways of becoming sacred and avoiding that which is profane.

Adolescence is accompanied by an increasing ability to think abstractly, consider the hypothetical as well as the real, engage in more sophisticated and elaborate information processing strategies, consider multiple dimensions of a problem at once, and reflect on one's self and on complicated problems. There is also a steady increase in learning strategies, in knowledge of a variety of different topics and subject areas, the ability to apply knowledge to new learning situations, and in the awareness of one's strengths and weaknesses as a learner. With practice these new cognitive skills can help adolescents become more efficient, sophisticated learners, ready to cope with relatively advanced topics in many different subject areas.

These kinds of cognitive changes also influence individuals' self-concepts, thoughts about their future, and understanding of others. Many theorists have suggested that the adolescent years are a time of change in children's self-concepts, as they consider what possibilities are available to them and try to come to a deeper understanding of themselves in the social and cultural contexts in which they live. In a culture that stresses personal choice in life planning, these concerns and interests also set the stage for personal and social identity formation focused on life planning issues such as those linked to educational, occupational, recreational, and marital choices. Finally, as adolescents become more interested in understanding the psychological characteristics of others, friendships become based more on perceived similarities in these characteristics.

There are also major social changes associated with adolescence. Since these vary more across cultures than the biological and cognitive changes just discussed, the following social changes are also important while considering the social context of adolescence.

5.11 Friendships and Peer Groups

The friends and peers in the research area were found to be at the same level of understanding as far as knowledge regarding their growth and puberty is concerned. Hence it is observed that peers can be a source of discussion about problems faced, but cannot be regarded as groups that can be relied on. The knowledge in this age group was found to be incomplete, misleading and un-reliable because no proper system to guide them formally or informally was in place.

5.12 Conclusion

Puberty is regarded as a natural phenomena but the cultural values surrounding it makes it difficult for the adolescent girls to fully understand its meaning and value it carries in their lives. Its occurrence in the past decades meant that the girl is ready to take up her new reproductive role, but with the passage of time there has been a change in this attitude. There

are very few options available for the girls to have access to knowledge that is correct, reliable and can address to their queries. The family institution is the only source, but this is governed by values and beliefs that are premised around the fact that too much sharing will bring negative consequences. Hence only need based information is shared which leaves many questions un- attended in the minds of young girls.

CHAPTER 6 ADOLESCENTS AUTHORITY AND AUTONOMY

Pakistani culture is shadowed by male dominance. It is the essence and pride for the entire family, and its true form is mostly visible in the rural parts of the country, although in urban areas too, this supremacy exists, but females have more awareness about their rights. This does not mean that urban areas are free from this practice, it is much visible and present in almost all practices and decisions. Factors like education and female exposure with the outside world has opened new avenues for her to demand for her rights, but strong resistance in many walks of her life is still faced by a large majority of women.

The Constitution¹⁵² of the Islamic Republic of Pakistan clearly defines equality and states that, all citizens are equal before the law and are entitled to the equal protection of law.

In a patrilineal society, the males are the head of the households and all forms of authority and power is vested with them. Their dominance is visible as soon as one enters the household and learns that the husband is sitting inside one of the rooms, it is advised that one must keep the tone low. These are different forms of male dominance manifested in the fabric of the cultural practices, which one must obey in order to minimize the element of confrontation and to abide by the set laws of the culture.

Adolescence is a stage in human development, all societies and human populations have recognized it and in many societies this stage of life is not only recognized, but also celebrated with rituals held to mark it. In girls it usually begins with the first menstrual cycle, and in this culture it passes on quietly, there is no recognition and no holding of public announcement of her new status. This is true for both sexes.

¹⁵² Constitution of Pakistan, 1977

In some societies this is socially recognized, like the Trobrian islanders who have a special term for this period. In the researchers area to the term designated to adolescents is *Balig*, which signifies him or her as a grown up.

6.1 Culture and Female Expression

Chuansheng¹⁵³ and Susan have looked at the different aspects of adolescents. Accepting the fact that adolescence is a universally recognized phenomenon, they have agreed that it is a distinct period of life, where there is physical development, followed by the emotional, cognitive, and, socio-economic developments. They have cited the name of Mead, stating that it is a period of stress and have addressed these with reference to developmental processes and the effects of social change and globalization. In the village Tarraya, the culture does not allow the females to openly express themselves against the set norms. If there is stress she will be advised not to show it publicly with any kind of anger or aggression, although she might be in conflict with many consequences of her daily life. Boys are pampered by the mother and their attitude is entirely different in showing his emotions. The female behavior is mostly introvert and negative emotions are totally un- liked

6.2 Opportunities for the Adolescent Girl

Looking at the social setup for girls and boys, there is clear difference in the understanding of what it means to be a girl or a boy. To understand the essential feature that makes the females less authoritative and gives more rights to men, we need to look at some aspects around which the society revolves and the influence of decisions that have vested power to those who are already exercising them.

6.3 Pakistani context and adolescent girls

While defining the adolescents, in the Pakistani context, Khan (2000) states that

¹⁵³Chuansheng Chen and Susan Farruggia , Culture and Adolescent Development, Department of Psychology and Social Behavior University of California, Irvine

... The concept of adolescence as a distinct period of development is still fairly new in Pakistan. Most beliefs and practices in the multi-cultural society are still premised upon the assumption that the transition from childhood to adulthood is brief and marked by the onset of marriage, particularly for girls.¹⁵⁴

(Aysha Khan, 2000)

It was believed for decades by this community, that having the first menarche is a signal for the parents that the adolescent girl is ready for her reproductive role. As the wheel of development moved from one stage to another, there were more avenues for the females, in terms of their strengths outside the domain of the house-hold work, like education and skill development. With these new opportunities, she began to be viewed in a different perspective.

6.4 What it means to be a girl

In cultures that are traditional, patriarchal and patrilineal the society is governed and dominated largely by the male supremacy. During the course of this research, a number of births took place and they were both of boys and girls. In order to understand how the birth of a girl matters in relation to what it means to have a birth of a boy in the family, the researcher recorded some very interesting discussions. Verbally it was declared that the birth of the girl is a *Naimat*, i.e a blessing from God, as they are quoting the *Quranic(Holy Book)* references, it was a good thing they remembered and recognized its importance. But in actual practice they wanted to have more sons than daughters. Thus religion is an important aspect in the life of an individual and collectively this community, but at times culture will go a step forward to adopt those parts of it that are socially and economically more acceptable for people. In a discussion with Mr. X, he stated that he had five daughters, but he believes that they are just like his sons. This sentence was in itself carrying the meaning of what it means to have a son and then relating the daughters to sons, was again a fact that unconsciously he was over ruled by this thinking.

¹⁵⁴ Khan, Aysha. (2000). Adolescents and Reproductive rights in Pakistan. Population Council.

During discussion with the women on the same issue, the researcher found that, the women who had no sons were feeling themselves as weak, and prone to threat, for a second marriage by the husband as the desire for a son was very strong.

Case Study

An elderly woman who had three daughters reported that she gave birth to a son, but the young infant got sick, it was a night time, the doctor was not available and when in the morning they reached one, it was too late. She remembers with great pain. Then she tells a story. It was very interesting to hear from her that she decided that she would bring another wife for the husband, for want of a son. They went to the Khyber Pukhtoon Khaw Province and spent twenty thousand rupees to buy a woman. This woman was supposed to bring a legal hire in the form of a son for the family, which in turn will give the family the social status and the threat the first wife had can be resolved in an amicable manner.

In a dark night when the new wife and the husband were in their bedroom, the first wife heard this, "As soon we will have a son, we will get rid of the first wife", this was the plan of the new wife. This made the whole picture gloomy as the first wife wanted to stay with the husband and take the son from the second wife.

Then something lucky happened for the first wife. The woman who was bought for twenty thousand rupees, had a boy friend in the tribal area, and she asked this husband to take her to maternal home for a visit in the tribal community. The new wife also went to bazaar; a few days before leaving the husband, there she had the opportunity to talk to her old boy friend and made a plan. The plan was unfolded to others when she was traveling back home with her husband and got out of the vehicle and asked for a few eatables. The husband went to the nearby tuck shop and when returned back, she was nowhere to be found. She had fled away and nobody knew where she went.

The first wife reported with sadness, that when she brought this new wife, the attitude of the husband had changed a lot for her. He was more interested in his new wife, who was young and they ignored her. The first wife bear all this because she knew that she could not reproduce, as she was old. But she took a bold step, in order to deal with the social pressures, of not having a son. She wanted to gain the sympathies of her husband by portraying herself a loyal woman who cared for his name and dignity.

This case study is defining some very important aspects of this culture. It is highlighting the fact, that the presence of a son is a blessing for a mother because her social status is elevated, for the father a boy is the carrier of his genes, and male dominance is pronounced when a male is born in the family. Another important aspect is that, since he will inherit double the share of property as compared to his sister, his status is not only elevated, he becomes an economic support for his family. The parents are confident that as soon as he grows, they will invest in his education, and when he reaches a stage to be tied in marriage bond they will bring a wife for him, who will help in household chores. Whereas in case of a girl, the investment is more on her dowry, they will have to find a suitable match for her, and the age factor is also important because in this culture teen age marriage is preferred ,where as in case of a boy the marriage can take place even in twenties.

These are also the gender differences which are inculcated within the family from initial stages of the socialization process. Girls are taught to be more tolerant, less expressive and more introvert, where as the boys are just the opposite. The society from time to time has been reinforcing these practices that are giving more edge to boys than girls. The outcome of such behaviors is that the boys are supported and more favored, and restraining and less encouraging environment exists for girls. These practices are woven into the fabric of what we call as culture, and these are constantly checked and reminded off, so that the male dominance prevails and females are subjected to follow this. Thus the female autonomy is always seen in relation to male supremacy and his authority.

This sex difference, will lead to many opportunities for the male adolescents, and more restrictions for the females. In fact these marginalizing attitudes for females will later determine the status of the male as being more authoritative and more subordination for the females. This kind of social environment in which males are more blessed give rise to power structures where females becomes part of subordination system.

Looking at the overall scene where this picture is projected, it is analyzed that the women have a very strong role in reinforcing those attitudes and behaviors that are favorable for the males as compared to the females. Un- consciously the female from the very childhood, is learning all such responses and in near future when she will have this authoritative role of a mother she will be supporting and inculcating all that she has learned. This is in fact the main essence of the socialization process too. They are taught to be submissive, imposed decisions in almost all walks of life tune them to adopt a secondary role in an environment of male supremacy.

The male dominance, through its authority and power, keep the social, economic and political status of women and girls sidelined. If this process is reviewed further than it is seen that the culture allows very little growth for the adolescent girls. Opportunities that can bring about a desirable change are almost very few. By looking at the possessions that a woman enjoy, it was observed that in some cases they possessed land, but her share in ninety nine percent cases is not taken, because she does not want to stand before her brothers and ask for it, so she will bow before the traditions of not claiming it. She is justified by the fact that she is given dowry by the family, against the inherited property.

6.5 Self awareness and Creative thinking

Most of the adolescent girls in the study aged 14 on ward are well aware of the fact that there is a need for them to study and learn skills such as those that can enable them to cope with daily needs. They all believe that education can bring a visible change in their lives as they can see few working women in the area.

In focus group discussion with the married and un-married females, they showed a great desire for education as the available facility is only the girl's primary school, and for secondary education, they need special permission from the father and brother to go out from village premises. There is a great deal of safety issue involved with the mobility of girls, as un-married daughters are a liability for parents, and safe guarding their virginity is the most important duty of the family.

The role of the female councilor of the area, who is educated, is married and has no mobility issue, carries a special significance for others who really want to achieve some social status in their lives. The lady teachers in the primary school are looked upon as a respectful profession and appropriate for the girls, because they are teaching the females, and no males to deal with. Education is viewed as a way forward for girls. When asked about carrier planning, all the adolescent girls wanted to study and become teachers or doctors. Hence they are well aware of what education can do and they also possess creative thinking, but non availability of resources, both in the form of economic and social are the real hindrances in their lives. Further from the very childhood they are tuned with decisions taken by their elders and activities that will enable them to follow the path of their female counter parts.

6.5.1 Skill Development

The group discussions with the young adolescent girls showed their keen interest in learning skills that are technical in nature; these include sewing, embroidery, and stitching. There is no proper formal learning institute. Compared to urban technical schools where a vast number of skills are taught to girls. These girls have a limited vision and are focused around sewing and stitching, which can help them in future when they have a family life. At the time of research they also mentioned computer learning, but this was difficult as no female teacher was available. Going to city for learning this skill meant that they need approval and assistance from father or elder brother. Hence there is awareness and desire to learn skills but virtually

no options were available locally as the community had no such resources of its own that could encourage girls to learn skills.

6.6 Major Life Events

In order to understand how the male dominance is manifested in all walks of life, and how the female is affected by the decisions, some aspects of social life are discussed below.

6.6.1 Concepts Related with Boys and Girls

Each society is composed of different family members with different roles. These roles are in fact, the unconscious behaviors that are directed towards the socialization and making familiar with the norms and values that particular culture carries. Nothing is written, but the cognitive thinking is incorporating the concepts and ideas that from generations have paved the male dominance.

6.6.2 Decision making

Decisions taking place at the level of the family, and the head of the household will decide, what is good for the family. Girls and boys are treated separately by the same individual. If there is puberty process for a girl, her mobility is restricted, whereas the male adolescent will be allowed to go out and do the outdoor activities. The females are restricted to the household space, and this restriction will in future limit their access for many new openings that can bring about a change in their lives. If the school is located at a far off place from the residence it will create an impact that limits her access for education. Some very interesting case studies have been recorded that have clearly demonstrated that in cases where the adolescent girls had the opportunity to be mobile and decisions were favorable for them, they have come up with remarkable achievements in their lives.

Case Study

In families that are economically poor, or where the women are the decision makers, or where there were no sons in the family some good results were observed, that have enabled the adolescent girls to hold different social and economic status than the majority of girls in the area.

Mrs. X has three daughters and lives alone as the husband works in the army and almost all the time round the year is out from the native village. The wife has to take some decisions but with the consent of the husband. She decided to educate her daughters, but in the village this opportunity was not available. The daughter requested to go and live with her aunt in the urban area, which was accepted as there was no danger living with her maternal aunt. This opportunity paved new avenues for this adolescent girl, as she got the chance to get educated till the tenth grade. She also got exposed to urban living and learnt a lot of other things, as how to dress up, how to talk and behave, which she tells is quite different from the village culture. She shared that her confidence level was also raised. What she maintained during all this process was the name and repute of the family, because she was the one who was allowed to go out and study, an opportunity she had requested, now she should maintain the dignity and fame of her parents, so that nobody can say that educated girls are more authoritative and take their own decisions. She is the first girl to get education and sets example for others. She is more aware on issues of education and its meaning for a girl. Her mother said that

... “we also consider her decisions, like what gift should be given to a relative on her marriage, what is her thought on decorating the house, etc. because education has proved her awareness and the good choices she makes.”

Although these are minor decisions in which her opinion is being taken, but in future she can really progress with her vision and understanding.

Case Study

In another important case study, the researcher learnt that the poor socio- economic conditions of a widow (TBA), made her to decide about teaching the same skills to her young daughter of eighteen years. This widow had a married son and a daughter, the mother wanted her adolescent daughter to learn the skill of her family tradition, i.e., to become a traditional birth attendant. As she was poor and could not afford to support the family alone she decided to teach her un- married daughter the skills that could help her to become economically stable. In this case too, the circumstances were such that a bold step had to be taken by the mother, and she allowed the daughter to adopt her occupation. The father had died the family was poor, there was a brother, but he had his own family, was poor and un- able to support the sister, so the circumstances were such that the family had to take this decision. But what is worth mentioning is the impact of this TBA training on the life of this adolescent, she says that she is different from others she is mobile, has a job and was earning for the family. Her mobility made some new openings for her, she met people by visiting households, and she learned how to carry the name of her family and to become a good service provider. The only thing she had to take care of was that she cannot travel alone, she needs the company of her mother or friends and she should not harm the level of trust built between her and the family.

So it is seen that when the adolescent girl had been provided with an opportunity, she was more independent in her decisions, she was helping the family economically and the biggest support for the women and girls of the area, who could benefit from her experiences as she was herself an unmarried person she could easily communicate with other un- married adolescent girls. But this is all very recent and time will eventually prove her strength's for the family and community. Her role in the decision making process will also be visible, and of course the change that is gradually taking place will be evident in a period of a few years. Acceptance by the family and community were the very first steps that were required for girls to have their say in order to recognize them as important and effective members of the community.

Case Study

This is an interesting case study, in which a girl of a strong socio-economic background was allowed to do a job; doing a job, or getting permission for one, this is very difficult from the prevailing thoughts held by the male members of the family and community. The post of a councilor for the Union Council is an influential post, they have links with other people, and they can influence the decisions of others by their positions. The cousin of the councilor got a job; she is a matriculate woman. The councilor by virtue of his position was able to get her recruited to a post of LHV; he became interested for his cousin to get the job. In this manner the adolescent girl got a chance to do the job. Perhaps she is confident that her cousin can tackle all kind of problems that women face in doing a job, and that she will not be harassed by males since her uncle holds a good position. Although at the time of this research she had not joined the post and it is not known that whether she will visit all the community households for counseling, and distribution of contraceptives. Since this job is not viewed as respectable, as it requires visiting all couples and families, and a person from good socio-economic status will find it difficult to visit all segments (socio-economic groups). So in this case the job was not done as a need, but an opportunity was availed, and the links of the councilor encouraged the girl to do it. His influence in the area is very strong and no one will even think of teasing this girl in any manner. This is a government job, which is the main attraction and on retirement there would be benefits in form of pension.

In all these case- studies one thing is common and that is giving of autonomy to females. This has brought some change but more cases are needed for making a path way for other girls. In these examples, the working girls are out of the household domain, they are acting with community and they are providing their services. All this has raised their level of understanding about themselves and the world around them in a positive way. The family and community have trusted them, and so are they keeping that trust. Looking into their lives, it can be said that their roles are quite different from the community girls, who are not that

educated, mobile, and less decisive. These women as compared to household wives will be economically in a better position.

The important aspect of these cases are that they are few in number, while the majority of women and the adolescent girls are living in such conditions, that they are closed within the household boundaries, and their contact with the outside world is limited, so no visible change can be seen emerging for them that would make them aware of their rights or that can give them autonomy, and as such there is no window of opportunity for them. These women are under the strong hold of the patriarchal system, cannot influence the decisions made for them in majority of cases, and their marriage union would only reinforce those practices that are traditional and control their autonomy.

6.7 Female Physiology and Autonomy

Females as compared to males enter into puberty quite early and the period is not as prolonged as that for male adolescents. What it means for a female to have her first menarche is of significance importance for her and the family. Female autonomy has been addressed by Schlegel (1972:23), she says that

“... Women’s equivalence to men but rather to a women’s control over her person and activities and her meaningful contribution to society, beyond breeding and feeding”¹⁵⁵

Schlegel (1972:23)

In actual practice, if we compare what is quoted, then it is a matter of concern that the research findings depict the opposite of what Schlegel has stated. The lives of adolescent girls in a rural community with a set of traditional values, point towards putting her in the context of breeding and feeding.

As soon as the girl enters into puberty, she experiences her first menarche; the issue is of great importance for the family. The virginity of the girl is taken special care, and she is now

¹⁵⁵ Schlegel, Alice. (1972). *Male Dominance and female autonomy*, New Haven

been closely watched. A lot of restrictions are imposed on her, and the most important one is regarding her mobility. This is how her puberty is controlled. In this culture there are no sexual relations found among the un-married adolescent girls or boys. It is strictly forbidden, taken care of and taboos and norms are set to control this. Study of value of virginity as reported by Schlegel¹⁵⁶ is an important view, she states that those societies that give dowry, place a lot of value in virginity. This is a true fact as far as she has observed, but in this traditional society, the same meaning cannot be drawn. Virginity as discussed with the community also has a religious connotation attached and it is a sin accordingly to indulge in extra marital sex, before and after marriage with other partners except husband and wife. The community at large does not support illicit relations and deviance is dealt with punishment and shame. No concept exists of children born out of wed lock, hence all these restrictions have their own context, and everything is done to control it.

Looking at the adolescent girl and reviewing all the information she has regarding her body and physiology, it is seen that this is extremely limited, time bound and personal. It is again a taboo to talk about this in open, with the females. The adolescent population constitutes of both males and females, married and un-married girls and also young and late teenagers. In case of married adolescents the issue is not that complicated, the girl when gets married has very little knowledge, regarding her body and the relationship she will be in. It is after marriage she gains some information, the mother in-law, her married friends, cousins and the husband can become a source of enhancing this limited knowledge. Still there are many things that are yet to be explained. If this is the case with the married adolescents, then we can imagine what can be the level of learning amongst the unmarried adolescents. What can be their knowledge regarding their own body and physiology.

Looking at the level of household and community or the school where the adolescent girl has spent her time, very little knowledge is shared, by those who are regarded as the elders or

¹⁵⁶Schlegel, Alice and Barry III, (1991): *Adolescence. An anthropological inquiry*. New York, Free Press.

teachers. At the level of the household, these issues come to light in ninety percent cases, as and when the pubescent girl has her first menarche. Some knowledge is shared with her, with hesitation, and un-clear notions, and most of the time it is left to her to go ahead with what has been told. So there is confusion at both levels at the giving and receiving ends, and this all is related with the sensitivity the issue carries. This shatters the confidence of these girls and they are confused at many points to understand these changes.

The adolescent girl's confidence is further shattered, when there is so much confusion on her puberty. Access to, sources of knowledge are limited and misleading. The personality that develops as a result of this treatment is extremely confusing and discouraging for the girls. In question regarding their experience with first menarche, the answers were confusion, guilty, and a feeling of some wrong act committed by them.

This culture allows so much expression of ideas for male adolescents and restricts the females by posing so many instructions. The social avenues for these girls are also limited, as going to school, in a far off place is again a matter of concern, the scenario further complicates, when puberty becomes a matter of concern for the family. The marriage practices in the past decades were related to the occurrence of first menarche, where a girl of thirteen or fourteen years of age was bound into the marriage union. This again puts her into deep struggle as the marriage union may lead her to the stage of bearing her children and her responsibilities increased, as she has to adjust with the in-laws.

The situation has improved to some extent, because now the marriages take place between sixteen to eighteen years. This whole system of complicated events will make the girl less autonomous and more likely to be the subordinate of others around her.

6.8 Access to Health Facilities

In defining the reproductive health, Gubhajugave the following definition

“The reproductive health of adolescents is of growing concern today. The Programme of Action adopted at the International Conference on Population and Development, held at Cairo in 1994, stresses the importance of addressing adolescent sexual and reproductive health issues promoting responsible sexual and reproductive behavior. Reproductive health needs of adolescents have been largely ignored by the existing health services. Therefore, there is a need to provide such services and to undertake research in understanding adolescent sexual behavior and reproductive health.”¹⁵⁷

(United Nations, 1994)

During the course of this research, the access to reproductive health facilities for the adolescent girls was explored in detail. When the researcher refers to “adolescent girls”, it means the married and unmarried girls. The age groups that were selected for a detailed discussion, included two groups, one that were in the ages of, 13, 14, and 15 years, and the other groups constitutes of late adolescent period, that is ,16,17,18 and 19 years of age. It is the late adolescent group of girls who were married and also had children, so separate group discussions were held with each group.

It has been highlighted by various studies on the adolescent population of Pakistan, that they lack access to health related facilities, because there is no systematic way of educating these girls either in rural or urban centers of the country. A study conducted by the Future Group states that

“The concept of adolescence as a distinct period of human development is still fairly new in Pakistan.”

Regarding the traditional cultural values, it is stated that,

“Most beliefs and practices in this multicultural society are still premised upon the assumption that the transition from childhood to adulthood is brief and marked by the onset of marriage, particularly for girls”.

The way of life in Pakistan is rapidly changing. One out of three persons live in an urban center, which means that Pakistan is unlikely to remain a primarily rural society. Access to

¹⁵⁷ Bhakta B. Gubhaju 2002, Adolescent Reproductive health in Asia.

electronic media is increasingly widespread, heightening the cultural influences of other areas and increasing access to information from the outside world. Educational levels and age at marriage are also increasing, lengthening the transition into adulthood.

A detailed discussion with the middle adolescent group has highlighted the fact that, their first menarche was the time when they hear about the process of menstruation, and very simple information was provided to them. There were so many unexplained questions that were verified in the late adolescence, either through marriage or by sharing the experiences with other girls.

Some of the important issues of the married adolescent girls pertaining to their reproductive rights were also highlighted during the discussion. In a research report published by the Population Council¹⁵⁸, a review of literature is done and it is reported that ‘research conducted in Pakistan confirms a strong gender bias in access to health care’. It is further said that the bias is stronger in some of the areas of the country, like the Khyber Pakhtoon Khwa, and with the passage of age this bias gets stronger, with the females.

Aysha (2000), reports that the access of the female child to the urban based health facilities, was half that of the male child. It is evident that in societies that are traditional, women have weak decision making power, lack of education, gender differences and other factors combine to make her a subordinate, and under such conditions, her rights are thus bestowed in the authorities that govern her.

The kind of problems faced, by the married girls are even graver, they have very little knowledge on reproductive rights and family issues. These include the number of children they want to have and spacing. Mostly in a nuclear or a joint system the role of mother in-law is evident in deciding the number of children a daughter in-law can have. She keeps on interfering on the number of children, and wants the family to have at least four to five kids.

¹⁵⁸ Adolescent and Reproductive Health in Pakistan. (2002) Population Council: Pakistan. Research report no:11

Mostly the young married adolescent girls were found to be anemic, and under the burden of house-hold chores. They said that the mother in-law believes that they have brought us to produce as many children as are possible. At times they even compare, with them and say that

“..... we gave birth to eight or nine children, we were not anemic, we had all births at home, and we were quite fit. We use to do all the household chores and were quite alright.”

An interesting aspect came under discussion, regarding the role of mother in-laws in reproductive affairs of the family. In some cases the daughter in-law wanted to go for some contraceptive but could not do so because the mother in-law did not liked this idea. The mother in-laws held the view that family planning methods were harmful for the girl, as in the near past someone had a bad experience with an intra- uterine device, making this as a point; the daughter in-law was asked not to use any such method.

Hence it was interesting to note that the daughter in-law, willing for spacing, was not allowed to decide for her. The adolescents are informed through the visiting health worker of the area but in such cases efforts could not bring the desired result.

6.9 Skill development and the adolescent girls

The adolescent girls are involved from their early child hood in the household chores and taking care of the young siblings of the family. The skills she learns is stitching and sewing. High rates of illiteracy and socio-cultural pressures in this community leave the girl with almost no choice .The family and the community has issues with her mobility.

There is no policy for the youth of Pakistan, they have no informed choices, and empowerment becomes a difficult issue, capacity building and skill development are also difficult to achieve. Entering into puberty signals a number of restrictions and her life becomes more restricted. The traditional values attached with a girl are a major barrier in her development.

There are no centers of learning skills, except a few un formal ones. The TBA training was conducted by a local NGO, but to opt for such training and become a traditional birth attendant is not a profession of repute. People don't look at this with respect and dignity. Education is yet another very important factor that can bring about a favorable change, and it has been observed that those families who were either economically well off or were willing to take a bold step to educate their daughters, have proved women's worth for the community.

6.10 Impact of Development

There is slow impact of development in terms of raising awareness amongst the families and the village community. Although there is electricity, telephone and link with the city of Rawalpindi yet in terms of its impact little is noticeable.

6.10.1 Television

With the advent of electricity there is a source of energy available for all, people started with small gadgets, but now in most of the households television was available. The important and most watched programs amongst the adolescents were the dramas, while the men were most interested in the news, and talk shows. The dramas are not only watched, people start relating their problems with the themes presented in them. In a group discussion with the adolescent girls, it was asked what impact T.V, had brought on their lives. They talked about fashion, cooking shows, issues that were addressed, like inflation, etc. but they also noticed that there were some differences, between them and the dramas. The researcher was interested to know that what these were? It was the affairs that were shown of various boys and girls that were objectionable by most women, saying that in our culture this is something condemned. There was a concern by elders that by watching such dramas, their daughters can be influenced, it is highly discouraged and condemned that girls and boys meet and talk with each other. One of the elderly women said,

'we do not have such stories in the village.

We have shame, and norms to be followed.”

Another said,

“People of cities are shameless, we are not”

We never wear sleeveless clothes, pants,

etc.; our daughters have covered their heads

and wear full dress, as per Islamic values.”

6.11 Basic Gender Needs and Strategic Gender Interest

The basic gender needs of any given community are their needs for food, shelter, clothes, etc. There may not be a lot of difference in the basic needs of a given community, because the house, food and water are the essentials, that all family members need, but what makes them more authoritative and powerful are based on their strategic gender interests. The female of a household like mother and the adolescent girls, have a lesser part to play in the decision making process. Similarly by looking at other interesting aspects like access to and control of assets there can be a better understanding of how the female authority and autonomy are being affected by traditional practices.

Normally decisions are being taken by the male members, like the husband and brother with mother forming a small part of the overall decision making process. When such decisions such as on her mobility are imposed, she does not have much choice to express rather to accept the traditional male dominance. It was also seen that there is not much for her to become independent as there are limited resources for education, or skill development. The picture becomes even gloomy when there are no proper institutions to cater for her reproductive health needs; she is almost all the time relying on the decisions of the significant others.

Looking at the household structure and assets the family has, the group discussions disclosed this information. The family in most cases has cultivable land and animals in the form of

assets and they also own a house. It was reviewed during the course of the discussion with the women that the women have access to most of the farm produce and animals, but the question of real importance is do they have a control over the assets? Women reported that they do look after the farm animal and crops but the assets belong to the husband, who is the owner. They have also reported that the land produce if in surplus is stored for the family, and at times it is also sold in the market. The money received by selling is in the hands of the husband. The cultivable land is in the name of the husband. The women actually do not own any kind of assets.

Hence during the discussions with the village women, the researcher found that ninety nine percent women do have access to resources but the control of resources rests with the husband and with his brothers in a joint family system. If she has only the access and the control rests with someone else, such as husband or brother she will be subjected to their control too, and she might not be involved in the processes, such as purchase of land or animals or the land produce. Even if she has a say, it might not be enough to empower her, because her status is not that of the owners of the property and in a patriarchal system, it is really difficult for her to have any kind of control of property. So she has a weak position with reference to ownership and control of assets. This results in her subordination in a male dominated society.

Group Discussion

An interesting discussion was recorded provoking the village women to talk on the issue of what assets or property they own. It was told by the women that in their culture when the property is divided amongst the legal heirs of the deceased, then as per the Islamic laws, the son will get two shares of the property and the daughter will have one. Nothing can be said about this division because it is as per the *Quaranic* orders. The women were asked, as to how many of them own a piece of land or a house or any other kind of property that they can count towards their asset. It was not a big surprise as almost all or a big majority reported that when

the property is divided, they never ask for their share, and as per their cultural practice, it is regarded as a wise decision to surrender property and let the brother take the entire share.

It was discussed in length with the women, as to why they have chosen this option, each wanted to show her loyalty to the family of residence. An interesting point that they shared in this regard, was that,

“We are given bride wealth, so from where the family does arrangements for that”.

It is an established fact the sisters will never rise up and ask for their share in the property, rather they surrender. A deep discussion also revealed that the daughter is married into another family and if she takes the share of her property, it will become the property of the family she is married to.

“We don't want to take from our brothers and give to some other person”, a remark given by the women to strengthen their point of view.”

Hence it is concluded from the discussion that the traditional values inculcated in women are actually reinforcement of actions diverted to strengthen the property shares in the names of their brother by surrender their own share.

6.12 Authority in Social, Economic and Domestic Domains

Female authority and autonomy in the domestic domain is very minimal as far as the major decisions are concerned. It is also related to the age, gender, marital status and seniority in the family or amongst a group of relations. In house-hold which is nuclear, the main authority figure is the father; the mother will have certain restrictions on certain issues, but in some others that are not of major concern, like house-hold affairs, gift-giving, domestic budget, etc., she can have a leading role. As far as the house-hold budget is concerned it was found during the course of the research, that since she is not an earning member in almost ninety-nine percent cases, she has to adjust her budget within what has been given to her, and she may also be held answerable on the amount spent and purchases made. In some cases it was

found that the men keep all the money and bring all the grocery items themselves. In such cases the males have kept a tight hold of all that is spent, and do not give any amount to the wife, because it is believed that their control keeps money from being wasted. The wife can have a say in what she needs and how much, but the husband keeps a watch on all that is spent.

In case of a joint system the mother in-law has a hold of the budget and she can also permit her daughter in-law to suggest about household budget. In another instance it was also found that if the husband and wife have good relations as in the case of marriages within the same lineage then there is the element of trust and reliance. In such instances, the wife gets the approval of the family elders, and usually she is given the right to make the budget and spend the money wisely.

But the cultural construct is such that females have little say in or where she has to take a lead role the matter may not be of a high value. Hence her role is sidelined in this process and she does not carry the essential rights that can give her a status to make choices.

6.13 Conclusion

In patriarchal societies the male dominance is visible in all walks of life, with females adopting and implementing decisions. Female authority and autonomy is subject to her status, which is minimized by social norms and values. Systems and institutions in place are reinforcing the traditions that are practiced from generations.

Chapter 7 REPRODUCTIVE HEALTH NEEDS OF ADOLESCENT GIRLS

Health refers to the physical, mental and emotional wellbeing of a person. Health is viewed in social and cultural contexts by anthropologists. The adolescent's socialization and their puberty related issues have been discussed in the previous chapters, adolescent girls experience early marriages, and in many instances they are young mothers and have a number of reproductive health issues like the in-fertility problems, child spacing and other health problems. Rights for sexual relations and marital relations have been looked to review how these are exercised by married adolescent girls. Effort has been made to look whether marriage paves a change in their new status and its impact on the decision making power and autonomy.

7.1 Defining Reproductive Health

Pakistan is signatory to ICPD¹⁵⁹. This conference was held in Cairo where it was agreed to address to the reproductive health needs of the adolescent population. Pakistan had some reservations¹⁶⁰ as per its religious and cultural practices. The married adolescents were provided with information on use of contraceptives, etc. but as it is assumed that the un-married adolescents have no premarital relations, so they were provided with basic information regarding their growth.

“.....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 related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capacity to reproduce and the freedom to decide if, when and how often to do so . Men and women have the right to be informed and have access to safe , effective , affordable and acceptable methods of

¹⁵⁹ Ibid

¹⁶⁰ Pakistan has adopted the ICPD in relation to its religious and cultural practices. e.g., it has reservations on the contents that talk about the sexual freedom for its adolescents/youth, because in the context of Pakistani culture, it is against the law to have extra marital relations, although there might be such examples. But it is not agreed publicly that sexual freedom to married and un-married persons is accorded out of the context of marriage.

their choice for the regulation of fertility ,as well as access to health care for safe pregnancy and childbirth.”¹⁶¹

(Alcala 1994: 10)

7.1.2 World Health Organization (Definition)

World Health Organization has defined reproductive health as,

“..... a state of physical, mental and social well-being, in all matters relating to the reproductive system at all stages of life. Reproductive health implies that the people are able to have a satisfying and safe sex life and they have the capacity to reproduce and the freedom to and the freedom to decide, if ,when and how often to do so.”¹⁶²

There are very clearly stated facts about the rights of both men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning, their choice and the right to appropriate health care services that enable women to safely go through processes like pregnancy and child birth.

7.2 Importance of Reproductive Health

Reproduction is a process by which the human species produce their own kind. Reproductive health is also a part of the “health” of the individuals. This needs special care and importance as there are various stages of development like childhood, adolescence youth and so on. Each stage is signifying its characteristics and the individual enters into a new role of his life. It is important to address to the growth and health needs of the adolescent population, as they will become men and women of tomorrow. Our future is very much linked to this aspect of the population, and those nations that have seriously addressed the reproductive health needs of this age group have really safeguarded their future generations.

¹⁶¹ Alcala, Maria Jose. (1994). Action for the 21st Century: Reproductive Health and Rights For All.. New York: Family Care International.

¹⁶²WHO (1999) Program for Adolescent Health and Development; Geneva Switzerland.

7.3 Health Infrastructure

According to the health¹⁶³ sector information, by NIPS, for district Rawalpindi, it has been reported that in the year 2009, the available health facilities are not sufficient to meet the needs of the population. An example can further clarify this fact. The number of hospitals in the district has increased from 16 to 17, but looking at the number of dispensaries it has been reported that they have decreased from 79 to 66. Rural Health Centers from 11 to 10 and TB clinics from 8 to 2 and, MCH centers from 50 to 49, while the number of BHUs remained the same. (92 in 2004)

Relating the above available information to village Tarriya, the official health facility is the BHU, located at a distance of one kilometer from the village. This BHU lacks a doctor and medicines of minor ailments are available for the entire Union Council. At the time of research only a dispenser was catering the needs of the sick persons with limited knowledge and medicine stock. There is no female doctor or a Para-medic available in the BHU. This explains why the villagers have opted to go to the Konan Medical Center, the only health facility that is reliable and free of cost.

7.4 Access to Health Facility

The available data on access¹⁶⁴ to health in Pakistan is centralized along the concept of gender. There are clear cut evidences that male adolescents are more privileged as compared to females. This is also visible in many aspects of their socialization process. There is a strong belief found among the rural women that females if provided with good diet, the impact will accelerate pubertal processes, and in turn the mothers will face a tough time when the physical aspects of the process appear. Similarly keeping a low protein diet may also affect the health status of these girls who were found weak and anemic in the study area .Gender¹⁶⁵ differences were recorded in a research in Khyber Pakhtoon Khwa province to be half as

¹⁶³District Population and Development Profile(2009).National institute of Population Studies.

¹⁶⁴ Khan ,Aysha.(2000);Adolescents and Reproductive Health in Pakistan; A literature Review; Research Report number 11, Islamabad:UNICEF

¹⁶⁵Akhtar, Tasleem.1990 Gender differentials to Health Care in Pakistani Children.Vol.2

compared to the male population; in their access to health care. So it is also evident that such differences have their origins in male to female relations, across the provinces amongst rich and poor and many other cross-cuttings. AAHUNG¹⁶⁶, an NGO is catering the reproductive health needs of the adolescents and it has also developed “Caretakers Guide”, to address to their felt needs. This also contains material on parental guidance and important issues like sexual abuse. But such efforts are very limited and only helping a few communities.

Mobility¹⁶⁷ of girls is another issue adding to their health problems. It was highlighted in a UNICEF based study in Pakistan, that the adolescent boys can have an easy access to a health facility, because they don't have the mobility issue and for girls this is a major concern, thus causing restrictions on her rights for health, besides many other basic rights. A girl going out to a doctor for minor check-up is alright, but for some issue related with irregular flow of the cycle, abdominal pains, or any other sign, the care is provided at home, because going to a female doctor for a reproductive health issue can cause anxious behavior among other village women, as per reported cultural practice of the community, that un married girls are seldom taken for checkups. Being an un- married girl has a lot of vulnerability attached to this status. There are eyes from within the community watching the behavior, especially in case of girls, anxious that how come the un-married girl has an issue. The situation is much better in cities, where people seldom bother about each other. In cities an adolescent girl can be mobile, go to school, health care facility accompanied with her mother. *Purdah*, (covering yourself), is not an issue and there is less interaction among people as compared to a village community where people know each other and are aware of each other's whereabouts. Also in the urban centers many adolescent girls go out for jobs, have access to other facilities like health care, education, etc.

Hence in a village community everyone is known to other members, there is a traditional form of culture, the mobility of girls is controlled by the decisions of her elders, so that a safe

¹⁶⁶ Ibid:

¹⁶⁷ Ahmad, Ambreen. (1990) Gender Differential in Access to Health care in Pakistani Children. Vol.1. Islamabad; UNICEF.

guard is provided to her till her marriage takes place. The mother is vigilant to make it sure that there is no story attached to her so that the transition from un- married to married status is smooth and with no overcastting shadows. This is the major concern in the minds of rural parents, and all precautionary measures are adopted for safeguarding girls, (control of mobility, limited information regarding pubertal growth, etc.) are the steps that they have adopted, to avoid any misfortunes.

7.5 Women's Perception about Health

In focus group discussions with different age groups, it was asked that in cultural context, what is regarded as sickness and what is meant by reproductive health.

The women were eager to give some statements regarding the "Sick Woman". They were eager to give the following statement.

"Is¹⁶⁸ se kia faraq parta ha k aurat bimar ho ke nahi, who tu aurat ha, isko kaam to karna ha."

(What difference it makes, to be sick or not, a woman must do her work)

Although during discussion, they admitted that sickness is natural phenomena of life and all humans beings get sick, but they were very clear about the gender aspect of this sickness. Sickness was defined as,

"un able to perform their duties, due to the presence of disease in the body".

Hence it is clear from this definition, that they are relating their being sick with their daily routine chores, and they think that when they get sick, they are un –able to deliver and perform their normal duties.

They were asked to differentiate between the sick man and a woman; it was again interesting to note that their answer was purely reflecting their cultural practices.

¹⁶⁸ Women from Tarriya, reporting a fact about a sick woman

They said it with firmness

...“agar mard بیمار ہو تو آرام بھی کر سکتا ہے، اورات نہ تو
سارے گھر کے کام کاج کرنا پڑتا ہے”

(“When a man is sick, he can rest, but a woman cannot. Who will look after her household chores?”)

“Aurat بیمار ہو تو اس کو کام کاج کرنا پڑتا ہے”

(Even if a woman is sick, she has to take care of her family)

7.6 Cultural Interpretative Theory

The application of the Cultural Interpretative Theory has been found useful in the understanding of the health seeking behavior for the adolescent girls. It is useful in knowing what it means to seek knowledge regarding the reproductive health in a cultural perspective. How issues related with occurrence of disease are addressed and treated. It is also helpful in understanding how the power relations play their role in controlling the knowledge bestowed with the authoritative mothers, who believe that by limiting information they can control the behavior of their adolescent girls. The social construction around sharing this knowledge is coated by attitudes and norm that make it very sensitive. The mothers have interpreted this control of information as keeping mutual element of shame and respect amongst them and their daughters. Culturally there are so many stigmas attached to it that mere discussion on it is a major issue. The element of shame attached with vagina makes it complex phenomena for others to talk. Martin has talked about two models in her work on menstruation. One is the biological and the other is cultural. The biological model views disease as a result of pathogens and the cultural model views it from the perceptions that are held by the cultural understanding of it. An interesting aspect that is reported by her on menstruation is that women who were educated could tell about it in terms of its biology and physiology where as women who were not educated held views that it was something dirty and made them impure. Referring to the theory applied it is seen that disease is considered by this approach as an explanatory model. Disease is viewed as a set of interpretative activities, which give meaning

to it when reviewed in a context. Hence disease then has the cultural explanation. The meaning can be the same between the patient and healers or it can be the other way round. Examples on treatment of diseases specifically related to adolescents have cultural manifestations and secrecy must be maintained un-married girls, as their virginity is a complex issue.

7.6.1 Ethno Medical Approaches

The indigenous knowledge of the community has been found useful not only in the treatment of diseases but also important to curtail the information on problems related with menstruation and its treatment. There is great sensitivity attached with the reproductive health issues of un- married adolescents because of the fact that if someone comes to know that she has some issues related with menstruation, and then this will raise questions in the minds of others that what happened to her, why she has an issue?. Hence to avoid such discussions the treatment is given by family and if the issue is beyond their knowledge and is essential to save the life of the girl then the help of a doctor is sought.

7.7 Explanation of Emic Perspective

Disease is a pathological process, whereas illness and sickness are subjective feelings which may or may not be an explanation of an actual disease. There are two aspects that are linked with a disease, a sign and a symptom. The symptoms are what the patient shares with a healer or doctor and after analyzing those he can come up with the signs that this is the disease and what can be the possible treatment for it. The cultural perceptions and knowledge as reported by the community regarding menstruation is that it is basically a sickness and the adolescent girls and women become impure during this process. This occurs on monthly basis, but this sickness is not the same as sickness caused by evil eye. During these days, she is advised not to say her prayers, eat food that is not rich and high in protein as this might accelerate the flow of menstrual blood and not to pay homage to any religious place. In related problems with occurrence of menstruation there were cases of abdominal pains, cramps, and excessive

flow of blood. These as viewed in local perceptions as part of the disease and treated with herbs and medicines prepared locally, e.g. herbal tea is given to girls when they report excessive abdominal pain. Similarly leucorrhoea is treated locally with *Maju*, a herb, which has been reported as very effective. But the indigenous knowledge cannot claim to deal with all the diseases and that are beyond their capacity, the advice of a doctor is taken, e.g. the severe infections as reported by some girls were due to the use of homemade sanitary pads that were a major cause for discharge. The available treatment was not enough to fight severe infection and the cultural interpretation were not enough to cure the girl. In such an instance female doctor was approached, who after some inquiries diagnosed it as severe infection.

7.8 General Ailments

In this kind of treatment herbal remedies are used to treat common flu, stomach disorders, vomiting etc. the most widely administered herbs is herbal mint available in potowar region used extensively. *Joshanda* is a herb used to cure flu and common cold. The cultural interpretation for this herbal use is that there is no side effect and that it has been widely used since generations. Two common diseases of the area are diabetes and blood pressure. Both have been treated locally by use of herbs, but in some instances people have also taken allopathic medicines as they reported that it was not curing them, but a vast majority has firm belief in the local treatments for it.

7.9 Growth Control during Puberty

Controlling the use of foods regarded as agents that accelerates the growth process is also taken care of, there by controlling pubertal growth. These include eggs, meat, fish and dried nuts. The same are given to women who give birth to a child for growth and repair of their bodies. Male adolescents are allowed to eat this kind of food as their sexual behavior is not considered as a serious threat, although sex out of wed lock is not permitted.

7.9.1 Menstruation and Healing Processes

Problems identified in menstruation such as stomach pains, cramps and excessive flow of blood are handled first locally by giving herbal treatments. These are effective in some instances but not in all. For leucorrhoea the treatment is very effective, a herb called *Maju* is given to the patient for three days and there were a number of cases that were satisfied with its use. But in instances where excessive blood flow during menstruation was not controllable the family had to visit a doctor in order to protect the girl from anemia. The interpretation and social construction around knowledge regarding menstruation and pubertal growth and issues are strictly kept secret from adolescents so that control on their activities can be monitored and handling many issues of menstrual complications at home points to the fact that for unmarried girls there is minimum acceptance publicly that she can have any problem that is related with her maiden status. This can have consequences on her future married life when her in-laws will come to know that she had some issue and went to a doctor for treatment. On the other hand the married adolescents have no restrictions on going to a doctor for such treatments; because their marriage means a signal of approval that she is legally accepted as a woman who can consult a doctor for want of a treatment.

7.10 Child Birth and Infertility Treatment

The traditional birth attendants are widely respected in this culture because of their experience in treatment of diseases by indigenous methods. But suddenly there has been a shift in this behavior of the community when there were some complications in delivery and the lives of a few mothers and newborns were lost at their hand. One of the methods they use for smooth delivery of the child was to give the pregnant mother milk with butter to drink at start of the ninth month; this enables the child to be delivered quickly with lesser discomforts for the mother. But a complication where there was a problem with the hip bone of the mother the delivery became a major issue. This regarded an operation. In such instances the TBA was helpless and the help of a medical doctor was sought. Similarly for healing of wounds after

delivery turmeric powder mixed in warm milk was widely used, but in cases of severe infections this treatment was not working and the family had to consult a doctor. For infertility treatment the herbal medicines were not effective to control tube infections and blockades. Hence the need of the frustrated family was to consult a female doctor and get some treatment. Failure of one method led to the acceptance of another with encouraging results.

7.10.1 Treatment for Evil Eye

There is a wide spread story of the evil eye by virtue of which one gets sick, especially the children and beautiful girls. The widely used methods include burning of red whole chilies and giving the fumes to those who possess the evil eye. This includes a good evil eye caused by the love of parents when they look at their children and the other is bad evil eye. For the first instance the mother will burn red chilies and throw some sugar on it and give the fumes to the effected child. The sugar represents the symbol of love, and this is the main difference between the good and bad evil eyes. The bad evil eye is caused by jealousy of those who are in discomfort with the patient's beauty.

7.10.2 Amulets

This is more of a spiritual kind of healing for which specialized religious persons sit and attend to their patients. A lot of villagers have a firm belief in these treatments and they even get cured .Examples that were shared by the community clearly demonstrated that in many cases the amulets were not working and the family was desperate to look for some other options. For instance amulets used by a family to treat their child against supernatural forces were found to be ineffective when the child developed a high fever and had to be taken to a doctor for the treatment.

The access of the villagers to city and the opening of Konan Medical Center have changed the thinking process of the elder and younger generation that their cultural perceptions and

explanations might not be addressing all issues and change was always a mode through which a solution can be sought. Hence the indigenous knowledge when found to be ineffective was replaced by adoption of other methods that are more useful and can address their problem.

7.11 Knowledge Regarding Diseases

Knowledge regarding different kind of diseases was reviewed in group discussion with the married and un-married adolescents. The media (TV) is the only source of information for these women who have reported of hearing about the disease HIV/AIDS, but very few could tell, (23%), that what it is. One married woman said...

“Oh aik jansi bemari ha,jari aaik dujae nu lagdi ha .Bas apnea mard naal aurat nu wafa dar hona chai da ,fair bemari nahi lagdi”

(it is a sexually transmitted disease and can spread from one person to other, one should be loyal to her husband in order to protect oneself from the spread of the disease.)

Another woman said,

“Baji ae aik ghandi bemari da naam ha jari ghandae logan nu hondi ha.”

(It is a name of a dirty disease that is spread to bad people.)

One woman anxiously said...

“ Baji ais gharan de loog panj waqat de namazi hain ae bamari innan nu koj nahi kar sagdi.Athae they loog paak saaf ne.”

(The people of this village are pious they say five times their prayer and are neat and clean, the disease can do no harm to them”)

Although they could relate to and describe how it spreads. The married women seem to know that it can spread through illicit relations, and their source of information was their husbands who due to their mobility and interaction with other males were better informed. Only a limited number of women could tell about the sexually transmitted diseases. Most of the

women were aware of urinary tract infections, a word they had learnt from their doctor, LHW and TBA. The adolescent population, (un-married) could not say much, on how it spreads, except that they heard it on TV.

It is therefore essential to address to the reproductive health needs of this population, because the problems faced in young age may reflect its implications in later stage of life. A country's future aspects of social and economic porosity are very much related to its investment in the reproductive health needs of its young generation. There is ample evidence that it is now the need of the hour and cannot be further ignored.

7.12 Knowledge Regarding Family Planning

Most of the married women pointed to the fact that in their times there was no family planning and each woman gave birth to 8-10 children in a normal fashion. Now a day people are talking about family planning the elderly women reported that it was a sin, to stop or control the birth, which is like interfering with the work of God. One mother in-law said

“Ais cheez di wada ghunah ha k Raab the zaat naal mukabla karo”

(There is great punishment for interfering in Gods affairs.)”

The new generation is showing greater interest in the family planning methods. Most of the married adolescent girls are residing in a joint family and hence their decisions are influenced by the members of their family of residence. For example an interesting fact that came under discussion is that the mother in-law was very evident, in imposing her decisions on the daughter in-law. The daughter in –law who had three kids wanted to have spacing but the mother in-law sat with the LHW who visited their residence and clearly told her that no family planning would be acceptable, I want at least six grand children and we have only three.

“Sadae zamanae which lookan de das aur ghira bajaee hondae se, ae ki ghal bani k thin bajian toon aghae bus kar chori”

According to the available information¹⁶⁹, the knowledge of family planning methods in Pakistan is 96% in the currently married women one method, and the most commonly known is pills. This fact can be explained in the light of services rendered by LHWs in the area. About two third of the married women, also know a traditional method like withdrawal and certain days when it is safe to have sex.

As far as the use of a family planning method is concerned, it is stated in the PDF¹⁷⁰, that 22% use a modern method. The urban to rural data suggests that 41% of urban married women are currently using some method, while for rural area, it is only 24%. The married adolescent couples have reported that after their marriage took place they were not aware of planning their families, in the manner that after the first child birth they got the information, that there are means to have space between two births.

... "We don't remember talking about planning a family, after the marriage took place. A young couple is shy enough to discuss such issues with immediate family members, brother or cousin. We had heard some methods from our friends, but not enough information as where to go and who to ask, and what to ask for."³⁵

There was a great debate among the elderly women with the young ones, on family planning and their view was that this is against the religion, some said that, "it is interfering with the work of the God", but then there were others who said that it was also practiced by the last Prophet.

The LHW, of the area is well versed with her job and she has the convincing power, the younger generation was more inclined towards adopting her ideas, while the mother-in-laws, were worried that the daughter in-law should have more and more children, so that the number of sons increase in the family which is again a pride for her.

¹⁶⁹Pakistan Demographic and Health Survey (2006-2007); NIPS, Islamabad, Pakistan

¹⁷⁰ Ibid:

Table 7.1: Source of Learning about FP among Married Adolescents

Sr. No	Source	Percentage
1	Husband	5 %
2	Mother in-law	5%
3	Friends	8 %
4	LHVs	45%
5	TBAs	10%
6	Private Doctor	22%
7	Radio/ TV	15%

Source: socio-economic survey

Table 7.1 is highlighting the fact that there is a great difference between married and unmarried women, as far as their knowledge regarding family planning is concerned. The main source of learning is the LHV, who is visiting the married couples and advising them to use contraceptives, in planning their families. Mostly it is noted that the guidance is provided, after the first birth but the women feel shy in sharing such information with the husband due to certain cultural barriers like shame and are hesitant. But a number of visits to doctor/LHV and discussions along with friends provided an opportunity to have a better understanding of how they can improve their health through spacing.

In the Health¹⁷¹ Sector Reforms there is great stress laid on promotion of gender equity and in this regard there has been an induction of 1000,000 LHWs to promote the health related information across different genders. Following table provides an insight into methods and source of learning by married adolescents.

Table 7.2: Knowledge regarding Family Planning Methods

Sr. No	Methods	Source
1	Pills	LHWs
2	Condoms	LHVs, TBAs and husband
3	Intra-uterine device (IUD)	LHWs, TBAs

¹⁷¹Progress on the Health Sector Reforms,(200) : Ministry of Health , Government of Pakistan.

4	Injection	LHWs, TBAs, Friends
5	Operation for Males/ Females	LHWs, TBAs, Friends
6	Traditional Methods (Withdrawal)	Husband, LHWs, TBAs, Friends.

Source: Focus Group Discussion with married women

Perception of women, on family planning methods.

7.12.1 Use of IUD

There were many misperceptions regarding the use of contraceptives. A story is told by some village elderly women, regarding the use of intra-uterine device that a lady in some other village had adopted this method and this device traveled from the uterus to the heart, with the result that she died. This narrative also tells us that the village women have a very limited knowledge regarding their bodies and reproductive system.

7.12.2 Use of Injection

Regarding the use of the injection, it was stated by the women that it makes the women infertile, as one women had administered a doze once and then her regular cycle was never normal, in this manner she was unable to produce children after two daughters. In this culture the birth and the wish for male baby is far more than that for female child.

7.12.3 Surgical Operation (female)

The elderly women have a strong belief that these operations are a kind of interference with God, and that there can be a punishment for those who go for it. Some of the women have sighted such examples, in which the operated women had again given birth to a child. But this is all a part of a story that the village women share with each other. In actual practice it never happened in this village, neither there was a woman operated nor such an incidence is reported. The women from the near-by village told that there were two cases of surgical operation (*zanana mus- bandi*), and that they were perfectly all right. One of them reported

that these women often report of having weakness in their bodies and that their abdomens have enlarged due to the operation.

7.12.4 Male Operation

In local term this is called as the (*Mardana Nas Bandi*) i.e., male operation. There is a strong belief found amongst the village men that it is something against their masculinity. In a focus group discussion with the women it was highlighted that if men opt for this they will not be able to perform sex. In other words a wave of misconception is running in the minds of these rural women which is very strong in its origin. The LHV is thriving hard with them to clarify these concepts but lack of knowledge, education and resistance to change is very strong amongst the elderly population that hampers the understanding for the younger generation. If there is an intervention by public-private partnership and awareness raising educational program are run then it can bring desirable results, in the attitudes and beliefs of these rural women and men. Currently there is no such initiative that can bring desirable change.

7.12.5 Traditional Methods

The most commonly known method reported by the village women is withdrawal method. (*Azal*) It was shared by women that this method is not liked by men and they prefer their female to adopt some family planning method instead of husband going for it.

7.12.6 Perceptions on Abortion

Abortion if caused naturally was not regarded as a sin, but if induced was regarded highly sinful, and was looked as a bad deed by the village women, however there were a few cases brought under discussion, where abortion was conducted in a private clinic. The women relate abortion with the religious saying that it is highly forbidden and is a crime for which there is great punishment in the religious doctrine.

7.13 Perceptions on Female Body

An interesting discussion regarding knowing your body was held with the married/un-married adolescent girls, and women. There were clear cut differences between the knowledge shared by them. The married women had a clear idea about how a woman becomes pregnant, what is the role of monthly cycles, what was a uterus, some could even tell about the process by which a male and female union unites egg and sperm which brings a new life. They had all the information about pregnancy, bodily functions and processes like child-birth, e.t.c. The newlywed had also limited knowledge about the fertilization and child birth. The females knew nothing about their rights and were socialized to never say no to the husband if he intends to do sex.

7.13.1 Perceptions on Sexual Relations

Sexual relations out of wed lock are forbidden and strict norms exist to control and punish those involved in such activities. However married females talked at length on the issue, considering it something private with husbands holding the authority over their wives to satisfy their needs as and when required. The women also talked of enjoying this aspect of their relation but their behavior is introvert, they cannot show a desire like men. It was also reported by a vast majority that as per their Islamic belief, they cannot say no to the husband if he shows the desire to have sex. It is regarded as a great sin to refuse the husband for a sexual favor. Women agreed that this is a way forward for having children and also this union strengthens love between the couple.

7.13.2 Menstruation and its Importance for Females

The group of un-married girls had no idea, what a uterus is, and how this blood flows, and what is the function of this process in the female body. They had the idea of impurity attached

¹⁷² Alcalá, María Jose. (1994). *Action for the 21st Century: Reproductive Health and Rights For All.* New York: Family Care International.

with this flow having it they cannot say prayers, must avoid eating foods that are high in proteins, i.e. "*Garam jeez*",(high in protein, egg) it is believed that this kind of food will make a heavy flow of blood. But what is the meaning of having menses and the value it carries in a female's body was not known.

7.14 Source of Learning

In order to understand why the knowledge of this group is limited and un-clear in many respects, it is important to look at the person who is responsible to inform them. The level and understanding possessed by information provider and the cultural context of sharing such knowledge were important to understand this process. When the group discussion was held with the mothers regarding the provision of information to the adolescent daughters, it was shared that since it is a sensitive issue and the topic in its self is also a taboo and a matter of concern at the mothers end, that if they explain the menstrual blood with process, the innocence of the daughters will be lost, the shyness is a sign of a girls simplicity and if such a kind of "*behuda, fazool*" , (irrelevant and sub-standard) information is passed the girl is too young to understand and digest it. It can be understood that in a culture where there are a lot of values attached with shame and norms are such that do not allow the sharing .The mothers will take all the precautionary measures to control the information, to keep the daughter under control, because they believe provision of excess of information can mislead their daughters. Another important aspect that came under discussion with the mothers was that their knowledge regarding their body functions was limited and un-clear in many aspects. The educational institutions do not include such issues in their curriculum. Hence their source of being informed comes from within the household domain with limited and un-clear aspects in many ways.

7.14.1 Married Adolescent Women

The married adolescent women had a better vision as compared to the un-married ones, but again the knowledge was not enough regarding the body functions. Since the source of learning was not clear on many aspects, the passed information reflected the same. Women knew that after marriage they can become pregnant and can have children. They were asked to explain what a uterus was, (*bachha-dani*). The mother of one or two kids could tell that the uterus was the place where a child grows and gets all the nourishment. This is the place from where they get ejected when mothers have labor pains. Starting with the concept of the production of an egg in a female and sperm in the male body, nearly ninety percent married adolescents had this idea. The more experienced women as compared to newlywed ones had better ideas on union of the egg and sperm and special days when there were more chances for a woman to become pregnant.

7.15 Women's Autonomy and Care –Seeking Behavior

There is a direct link between a woman's autonomy and her care seeking behavior. This is also true for other walks of life, because being autonomous also results in taking decisions partially if not wholly in a patrilineal society. Women with high level of autonomy¹⁷⁴ are more likely to have better chances of treatment regarding their own health and also for the new born. There are three areas that have been identified by the research conducted by the Population Council, and these include, levels of participation in decision-making, control over finances and the level of mobility. These three acted like a catalyst for women who had hold over it and it made a lot of difference in comparison with those women who were lacking these. As far as this fact is pointed out, it can also be added that, women in the research area, who were found educated and doing a job, were more autonomous. It was also interesting to

¹⁷³ Alcalá, Maria Jose. (1994). Action for the 21st Century: Reproductive Health and Rights For All.. New York: Family Care International.

¹⁷⁴ Arif, S M .et.al. (2006). Changes in Knowledge and Behavior of Women and Families. SMART Report 3. Population Council.

note that the house-hold that had no son amongst a group of four to five daughters had more autonomy because the father was also out of the village due to his job. The circumstances were such that the mother had to do her house-hold chores, she needed support from the daughters because there was no other available option for them and hence they became more autonomous. But this was rare, and although it was a factor adding to their autonomy, yet it was an important case as the father was educated and believed that daughter can be like the sons and he provided them with the opportunity.

7.16 Health –Seeking and Women’s Empowerment

Women’s empowerment has a direct relation to her decision making, mobility, and health-seeking abilities. If she is educated, financially strong, perhaps she can perform much better, than a woman who is lacking all this.

“For women, the process of empowerment entail breaking away from the cycle of learned and taught submission, to discrimination carried from one generation of women, to the next” (Tomasveki, 1993, quoted by Kitts, J.1996:24)

7.16.1 How essential are Check-ups

During the course of pregnancy and in specific months there are regular check-up systems evolved by the medical¹⁷⁹ science. Population Council conducted a base-line survey in district Rawalpindi. The findings regarding what was the source of information amongst the married women regarding pregnancy and related complications,

¹⁷⁵ Alcalá, Maria Jose. (1994). Action for the 21st Century: Reproductive Health and Rights For All.. New York: Family Care International.

¹⁷⁶Kitts Eds and Robert, J. (1996). The health Gap: Beyond Pregnancy and Reproduction. Ottawa Development research Center. Canada

¹⁷⁷ Alcalá, Maria Jose. (1994). Action for the 21st Century: Reproductive Health and Rights For All.. New York: Family Care International.

¹⁷⁸ Kitts Eds and Robert, J. (1996). The health Gap: Beyond Pregnancy and Reproduction. Ottawa Development research Center. Canada

¹⁷⁹Base-line House-hold Survey: District Rawalpindi (2009), Population council. USAID Islamabad.

..... the fact that most respondents indicated that they obtained the information about pregnancy was through the in-laws, family members and friends suggest that many women may not be getting the accurate information. Furthermore, many women are not receiving reliable information regarding antenatal and postnatal health from a doctor's perspective."

(socio-economic survey)

In the light of the above facts the women at the village were asked to tell their source of learning regarding the knowledge on pregnancy and related aspects. It was interesting that the women reported their in-laws, friends, LHV, and TBAs of the village as their major source of information. The TBAs were not looked as a reliable source as in the near future, there were a few deaths of babies during birth, hence the community women have reported that the TBA was very old and was also un-trained. This led to the mishap in two recent cases, and women believed that TBA should not be approached for child birth. In the past decade, the same TBA was not that old, her eye sight was alright and she was regarded as a safe person to report for delivery cases. The trend has changed with awareness by, LHV, doctors at the city and friends and family members who had their cases from the medical doctors. The married adolescent women were asked to tell about these specific check-ups and the danger signs of pregnancy.

7.16.2 Nutrition during and after Pregnancy

Pregnancy is a sign that a married female has the capacity to reproduce and can produce young ones that will carry the name of their father, or she can propagate his generation and name. It is regarded as natural phenomena and as soon as the marriage takes place the elderly women start asking the bride groom about her conception. In families from high socio-economic groups there is plenty of good food with proteins and other essential ingredients

180 Alcalá, María José. (1994). *Action for the 21st Century: Reproductive Health and Rights For All.* New York: Family Care International.

181 Kitts Eds and Robert, J. (1996). *The health Gap: Beyond Pregnancy and Reproduction.* Ottawa Development research Center, Canada

available and the pregnant woman is offered all this. In some instances the pregnant woman was seen residing in her maternal home for the sake of rest, and good food, this is also a traditional practice. In poor families the pregnant woman will eat what is cooked for the entire family, no special food is offered in most instances. However after child birth, there is lot of care for almost forty days, she is allowed to rest and food of high protein is offered to her. In some instances it was seen that the birth of a son also raised her status and a lot of care was given to her for producing a baby boy. Normally people try to cater the needs of pregnant mothers according to their social status and traditional practices. Usually poor families were unable to provide meat and high protein food to their pregnant women.

7.17 Early Marriages

In the village, there was a trend of early marriages for girls but during the past two decades, there has been a change in this practice. The reason was awareness campaigns on electric media. Spread of education and a trend that early marriages are not good for young girls, especially when she becomes a mother. The consequences¹⁸³ of early marriages, in Bangladesh have been explained in the light of a famous story of Salina, whose early marriage had made complications, when there was a sudden twist in her life. Playing and caring for toys suddenly turned her into the experience of marriage and child birth, which created so many health issues as she was too young. Salina joined the RHIA project and became the leader of her area, raising her voice on the impacts of early marriages.

The example of Bangladesh is sighted because it is a Muslim country with little differences in the two cultures. As far as the village community is concerned, early marriages for girls almost after their first menstrual cycle, was the law of the land. An old lady explained that in her days there were even cases that the bride even did not had her first menstruation, and she got married, but lived with her mother in –law, un-less her first cycle. She was regarded as

¹⁸² Alcalá, Maria Jose. (1994). *Action for the 21st Century: Reproductive Health and Rights For All..* New York: Family Care International.

¹⁸³ *We have Got a Right to Know*. (2006). Good practices in Education and Communication EU/ UNFPA. Reproductive Health Initiative for youth in Asia. (RIIYA)

'Balig', (grown-up), after her menstruation cycle initiated, and she was allowed to live with her husband.

As in the example of Bangladesh, there was a felt need, that awareness on the issue be raised and for this youth clubs were put in place. Hence the adolescent and youth population became aware of the consequences. But in a country like Pakistan, the issue is regarded as the most sensitive in nature, and therefore talking about it is another complication, that of course needs handling with utmost care. The cultural complexity attached to this issue has been to some extent addressed by the government

A number of steps have been taken, finding the on ground situation, and conducting surveys and baseline studies have helped the public sector, like Ministry¹⁸⁴ of Population Welfare, the Health Education Program for the adolescents/ youth in the urban areas of Pakistan. NIPS¹⁸⁵, conducted survey on the perceptions, attitudes and practices of youth, that shed light on the desire of this age group to have education regarding pubertal changes. Population Council¹⁸⁶, UNFPA¹⁸⁷, local NGOs, like Aahung¹⁸⁸, etc. have come forward and address the reproductive health needs of adolescents and youth in Pakistan.

All these studies and reports are pointing to the felt need as reported by the adolescents and youth, with males more vocal and informative as compared to females. The urban to rural senior has its implications, and the need of the hour is that correct and reliable information should reach this population in order to ensure better health practices. The queries and doubts in innocent minds should be addressed and the element of confusion should be removed by provision of requisite information by both the formal and informal sources.

¹⁸⁴ Ministry of Population/ UNFPA,(2006-7) Health Education for adolescents and Youth.

The program started with the assistance of UNFPA/Ministry of Population Welfare, could only come up with the heading of Health Education for adolescents/youth. This was so because the issue was sensitive and after holding a number of meetings with different stake holders, it was decided and approved by Ministry of education, that such a sensitive topic should be covered initially under the heading of Health Education, so that there is no resistance from any nook that it is a taboo, or a norm as in the urban colleges there were representatives from rural areas too.

¹⁸⁵ Javeed,Sarah, et,al;(2003) Reproductive Health of Youth. NIPS

¹⁸⁶Khan, Aysha.(2000) Adolescents and Reproductive Health in Pakistan. Research Report No: 11. Population Council.

¹⁸⁷ UNFPA, (1997) :UNFPA and adolescents . New York: UNFPA

¹⁸⁸ Aahung, (1999). AIDS Awareness Program, Knowledge, attitudes and practices; Survry report Karachi.

7.18 Risk Taking Behavior among Adolescents

Adolescence is a stage in human development. There are hormonal changes in the body; there is emotional stress and cognitive thinking is at rise in the individual. In societies that are developed, and provide a lot of opportunities for them like education, jobs, skill development, music and art learning, etc, are accepting them as effective members of the society.

In American society, the adolescents are allowed to have access to clubs, dancing, drinking, smoking and pre-marital sex, is not regarded as a taboo. Hence the result is that there are a number of children born out of the wed lock, there are a lot of rape cases, and drinking alcohol and drug abuse are the persistent problems that the society is addressing from time to time. The spread of diseases like AIDS/HIV is also to be addressed as the un safe sex and exchange of partners are the main cause of the spread. Hence special programs have been evolved to create awareness and to sensitize young minds towards safer sex.

In countries that are developing like Pakistan, with strong cultural norms and taboos, there is a constant check and balance on the adolescent activity. In order to minimize and control illicit relations strong system of incest are imposed by communities to control the deviant¹⁹⁰ behavior. Durkheim¹⁹¹ has talked about certain restrictions imposed by the members with clearly defined consequences for those who try to break them.

The society has imposed certain restrictions before it is too late. For example in the rural community of village Tarriya, and many other parts of the country, the people have learned to have certain rules and regulations imposed on the female child as she is entering into puberty. They know the consequences of pubertal changes for boys and girls, so they have developed the system of controlling the mobility of the female child, decisions are imposed on these children, because the parents know that their vision is far sighted, if they allow the young

¹⁸⁹ Alcala, Maria Jose. (1994). Action for the 21st Century: Reproductive Health and Rights For All.. New York: Family Care International.

¹⁹⁰ Durkheim. E. (1915). The Elementary Forms of the Religious Life. J.W. Swain, Trans. London: Allen & Unwin.

¹⁹¹ Ibid.

girls to roam about in the community then they can indulge into such activities, that the parents may not be knowing. The issue of female virginity is very strong in this culture and if there is some mishap with her then her marriage will not take place, and in rural communities such news will spread like a jungle fire. So the parents are vigilant to control their children before it is too late.

Adolescents, who were interviewed by UNICEF¹⁹² in selected districts, were actually very few who admitted that they had premarital sex, or who used drugs. Again there are different categories across which, differences can be found, e.g. between girls and boys, urban/ rural, street children/ community children, married/ un-married and so on.

The street children and refugees in the above study are reported to come across drug users. Again this can be understood in the context of their living conditions and their vulnerability as children.

Hence it cannot be said about the male adolescents or youth living in Pakistan, have no sex at all. The focus of the current research was related to health seeking issues and hence questions related with adolescents sexual activities were not asked as the community had already clarified that it is highly forbidden in this culture and no one practices it.

Conclusion

It is interesting to find that although the community recognizes the health needs of the adolescent girls and married women and feel that their health is an important aspect in their lives, yet they are resistant on the norms set around informing and educating the adolescent girl. On the other hand the girls had shown desire that knowledge regarding their growth and pubertal development should be shared with them as they had many confusions and reliable information was not being received at their end. The existing systems of health had no place to cater their needs. Health issues required special attention and community's efforts were not

¹⁹² Adolescents for Life skills and HIV prevention.(2006) UNICEF.

enough to meet their needs. There were many misconceptions surrounding the use of some contraceptives and the mother in-law were the leading figures in deciding the family size.

CHAPTER 8 DISCUSSION AND CONCLUSION

The current study has focused on the "Health Seeking Behavior", of the adolescent girls living in village Tarraya, located in the Union council Tarraya of district Rawalpindi. The study revolves around the cultural understanding of what puberty is, how the socialization process inculcates the values and decisions of the elders of the family and their impact on the reproductive health needs for the adolescent girls. The sexual and reproductive health is influenced by a complex interplay of biological, psychological and social determinants. (O'Rourke,¹⁹³(2008). The power relations, social networks and gender roles all have a significant reflection on the decision making process. The role of "significant others" is also important while looking into the overall decision making process. Under the current research the health seeking behavior for adolescent girls is greatly affected by the decisions of a single person, (mother) in the transitory process where she experiences major events of their lives like menstruation, growth and bodily changes. Cultural systems for addressing the health needs of this specific age group revolves around the fact that knowledge, values and beliefs must maintain the integrity of the social system in which the adolescents live and grow. Integrated efforts are made to protect it from disintegration. The members of the community have in their minds all the rules and regulations that can influence the behavior of its members on one hand and safeguard the existing system on the other. The socialization process inculcates all these requisites through the institution of the family. Hence the community has clear ideas about the areas that can bring disruption of their social system; each member consciously protects it by contributing and controlling pivotal ways and means that are against the acceptable social norms of the community. Sex, sexual education their discussion and processes associated with them are regarded "highly sensitive" and are labeled under the umbrella of "norms"

¹⁹³O'Rourke 92008) Time for a national sexual and reproductive health strategy for Australia, Public Health Association of Australia: Canberra.

There is a growing concern worldwide and specifically in Pakistan¹⁹⁴ regarding the reproductive health needs of adolescents. The subject is highly sensitive and is considered as a taboo. The family is the responsible institution to give access and cater the needs of this age group. This is also time specific and need based; only when one passes through the first menstrual cycle, she can have access to limited knowledge about the changes occurring and how she needs to cope with them. It has been researched that in almost ninety nine percent cases, the females have no prior experience about this important event of their lives. This fact has been traced in three generations by the researcher, and there is no commendable change noticed in the contents of information shared by family elders. (mother, aunt)

Pakistan is signatory to ICPD¹⁹⁵ and being a member, it needs to develop strategies to address the reproductive health needs of its adolescents. There are some initial steps that have been taken by the public and private sectors. However much more needs to be done as compared to the felt needs, demands and growing number of this age group.

The health^{ix} services that are available in Pakistan catering needs of the women and children have not included any education or counseling aspect on pubertal growth regarding it as a sensitive issue and there by ignoring its existence and importance.

The Ministry¹⁹⁶ of Population Welfare (GOP) has taken an encouraging step by addressing the needs of the male and female adolescents. With the assistance from UNFPA; it started the process of providing reproductive health related information on issues like menarche, physical growth in males and females, and its related aspects. But these are limited to discussions only .While the felt needs are much more than mere discussions. Research studies conducted from time to time in Pakistan by organizations like NIPS, Population Council, EU and other; have clearly demonstrated that the adolescents in many instances do not have

¹⁹⁴ Pakistan Demographic and Health Survey, (2006-7), NIPS, Islamabad, Pakistan.

¹⁹⁵ International Conference on Population and Development, (1994) Cairo

¹⁹⁶ Personal Hygiene, and Reproductive Health Issues of Adolescent, 1998, Ministry of Population Welfare and UNFPA.

access to correct, reliable and need based information and have shown a desire that their puberty related health needs must be addressed as a priority concern.

According to the Pakistan Demographic and Health Survey¹⁹⁷, Pakistan has a very high profile of young population- i.e. to say that 41¹⁹⁸ percent of the population is below the age 15 and only 4 percent of the population is over 65 years of age. Today there is a great need to attend to the reproductive health needs of this age group, because the prosperity of this nation is directly linked with the wellbeing of its people and adolescents. Pakistan is currently facing ever largest number of adolescents in its history. Worldwide there are 3 billion youngsters in this age group, mostly found in the developing countries. This increase in number has raised certain questions and because of the complexity of the nature of this and its related consequences, it has gained importance for researchers, policy-makers and donors. For a developing country like Pakistan this issue is more important, where 150 million of the population lies between the age group of 10–24 years. Another important factor that needs to be discussed is the decisions by the parents regarding health needs are gender sensitive and girls in many instances are denied access and privileges that are enjoyed by boys, thus depriving them from their basic rights.

The commitment from the Government of Pakistan is visible, as it is clearly reflected in its policies, the MDGs, population policy, health policies, etc. it has also signed various International and national commitments that show its strong will in coming forward with some recommendable steps. (ICPD, Child Rights, CEDAW, Beijing Deceleration, etc.) Implementation status of these with is still a question.

Sargent and Johnson, (1996)¹⁹⁹, have highlighted that there is scant literature available regarding the decisions on reproductive health needs of this age group. In anthropology the research that is available in the context of decision making regarding the reproductive health

¹⁹⁷ Pakistan Demographic and Health Survey. (2006-7), NIPS, Islamabad, Pakistan.

¹⁹⁸ Ibid.

¹⁹⁹ Sargent, F.C and Johnson. T.M (eds.) (1996). Hand Book of Medical Anthropology, Contemporary Theory and Method, West Port: Greenwood Press.

is that of Nardi, (1983)²⁰⁰, her research is based on the Samoan population, she has looked into how decisions are made for child –spacing and other social issues As far as the national research on this topic is concerned, there are studies conducted by NIPs, Population Council, and other donor assisted public and private sectors, and interventions carried from time to time pointing towards the fact that this is the dire need identified by adolescents. Surveys conducted have highlighted that the information desired and the information received has a marked difference of approach, both at the giving and receiving ends. This is a matter of great concern, because if we want to invest in our adolescents, their health needs are the top priority for making them socially and economically a productive force.

The cultural context of this issue carries variation as one views it in different scenarios such as rural-urban, male-female and educated and un -educated, and so on. The issue also carries great sensitivity as this has been a taboo or a norm, and in many instances, mothers of rural traditional societies have reported that the innocence of their daughters will be lost if they share such information with them, this is one side of the story. The other side is supportive of the fact that the adolescents have shown a keen interest in the provision of such information.(surveys, research reports) Hence there has to be a mechanism evolved with a capacity to meet both the criteria of cultural resistance and adolescent needs.

The demographic transition, as discussed in Chapter one, the population pyramid that is reflecting maximum number of adolescents in the total population is pointing to a more serious situation, as this age group is now fertile and going to enter into a period where they have the capacity to reproduce. This is an alarming situation, because factors like control on disease and mortality have enabled the human population to grow with a rapid pace, specifically in the Pakistani context.

Data on the country's demographic situation has been discussed, highlighting the fact that, already there is a widespread difference, between the available resources and the number of

²⁰⁰ Nardi, B. (1983); "Goals in Reproductive Decision Making" *American Ethnologist* 3: 697-714.

persons availing facilities. This is again more serious as we look, at the rural -urban, male-female, and across different socio-economic groups. This is a situation in which there has to be a strong political will by the government, to address such issues, along with seriousness and implementation of plans and agreements signed from time to time must be made effective. There has been an effort to look at the situation at National and International levels and also Pakistan's location amongst the South Asian regions, has brought some important aspects for discussion.

In anthropology work on adolescent issue was addressed for the first time in 1926, by Margaret Mead. She was assigned to conduct a cross-cultural study on the adolescents in Samoa. The very beginning of her book, *Coming of Age in Samoa* pointed to a very true situation by saying that the parents have taken for granted that the child is passing through puberty. This was a turning point for the researcher, because even today, the parents knowing the fact that their child is entering into puberty, show least concern to sit and talk on this issue, considering it a norm. Alice Schelegal did a cross-cultural study on adolescents. She tried to define some basic facts of this stage of life and has concluded that it is a social stage and a preparatory phase for humans for their reproductive role. This thought of Schelegal is very much in line with the traditional values the women of Tarriya carries, where it was believed some decades back that entering into puberty meant that the girl was ready to take up her reproductive role.

Adolescents have been the focus of study for researchers, that include physiologists, as Hall²⁰¹ in, 1906, came up with the first scientific study on adolescences. He is also regarded as the father on adolescence work. A. R. Radcliff Brown, in 1922 wrote on the Andaman islanders, where he was able to study adolescence. Mead came up with the understanding that stress was a cultural phenomenon. She researched among the Samoan people, and later concluded that stress was not necessarily a part observable in other growing adolescents. Freud came up

²⁰¹ Hall S (1916) *Adolescence*. 2 Vol. New York. Appleton

with the remarks that stress was not present in all growing adolescents. Hall also supported this argument.

It has been explained that adolescence is a stage in the human development. It is a transitional stage from childhood to adulthood status. It is universally recognized. It has been noticed in primitive, traditional and industrialized societies of the world. Different cultures have developed different ways to deal with its complexities and consequences.

There is a common agreement amongst the scholars that biological bodily changes associated with puberty are historically and cross-culturally universal. It is also recognized that there are marked variation in the degree to which different cultures respond to these changes. This stage of life may be more or less marked and ritualized, involve more or less time, and be more or less characterized by problems labeled in Western psychiatry as "adolescent psychopathology." The biological changes that occur during puberty and the culturally designated period of adolescence are not necessarily and not universally problematic.

Decision making in a family set up has great consequences on the lives of adolescent girls, as they have very little space for argument regarding their rights. James .G. M (1994)²⁰² has come up with an explanation of how decisions are taken. According to his definition, decision making is said to be a cognitive process, that which leads to the selection of course of actions among alternatives. It is important to highlight that in a patrilineal society decisions are made by males, and females of the household are mostly implement them. The males ensure that the cultural essence of their dominance remains in their domain, and the socialization process for both the genders has confirmed this fact.

It is also important to bring into this discussion the significant role a culture plays for the person or persons taking or adopting a decision, further it varies from culture to culture. The kind of space and available options for its members are all culturally determined. The cultural

²⁰² James, G.M. (1994). A primer on Decision- Making: how Decisions Happen. New York. Free Press.

practices are such that they bestow more power to those who are already exercising it and weaken the roles of females.

The present review of literature is specifically concerned with the health seeking behavior, in the context of gaining knowledge regarding bodily changes amongst the adolescents during their growth process called pubertal development. Married adolescents have also been included in this research since there are a number of health related issues faced by them.

Beginning with the work of Mary Wollstonecraft²⁰³ 1792, she talked on rules of kinship and marriage in different societies in relation to their means of subsistence.²⁰⁴ Arnold van Gennep, (1960) was the first scholar to study the rites of passage in a systematic way. Mead (1949, 1955), argued that in a woman's life there are clear, well defined events, such as menarche, childbirth and menopause.

Sexuality among the adolescents in Pakistan is little researched, primarily due to taboos restricting open discussion of sexuality in general. (Khan ,Aysha. 2000). H.D Thornburg has attempted to provide a rationale for the provision of sex education at an age of nine to twelve years. J. Bongaarts and B. Cohen researched on adolescent's reproductive behavior in developing countries. They have tried to utilize secondary data available on adolescents. They looked into the cause and consequences of reproductive behavior and generated a debate on how to design policies and programs that can address the urgent needs of this specific age group. Tapal²⁰⁵, et al, have developed a guide line for caretakers for communication on issues like puberty, child sexual abuse behavior and relations, which has been a great help in educating the parents and children. Lutfa, Begum²⁰⁶ and J. Van. Ginneken have addressed the reproductive health needs of the adolescents with special reference to the gender differences;

²⁰³ Wollstonecraft Mary, Brody M 1792. A Vindication of rights of Women. London: Penguin Books Ltd.

²⁰⁴ Ibid.

²⁰⁵ Tapal, et.al (2009) How to Talk to Children and Young People About Their Bodies. AAHUNG: Pakistan.

²⁰⁶ Lutfa, Begum and Jeroen Van Ginneken. Adolescents' reproductive health status related to contemporary factors, with special emphasis on gender differences in Bangladesh Population Research Centre, Faculty of Spatial Sciences, University of Groningen, The Netherlands and a fellow at the International Centre for Diarrheal Disease

they have looked into the health seeking behaviors of both these groups. Lepani²⁰⁷ has talked about the sexual activity and the “open space” of youth besides discussing sexual activities of women and men. Dennis Roth states that calls for a revival of “traditional forms of sex education” could benefit from taking a closer look at what those practices consist of within specific cultural and historical settings. Emily Martin, (1989)²⁰⁸ is famous in the anthropological literature, because she has presented the “cultural analysis of reproduction”. Martin studied the bodily processes in females, and she argued that bodily processes that are similar and experienced by both men and women are not described in a manner that seems insulting, when it is presented with reference to female bodies. She has also taken into account the health seeking issue of adolescent girls during puberty. She has also considered cultural constructs around processes like menstruation as she reported recording of versions by educated females who were familiar with menstruation and those that were expressed by females who were not well versed on functions, and their interpretation of such processes were labeled as “making them impure”.

Anthropologists believe that health, illness and their remedies are all culturally constructed, and in order to understand them, one must look with the emic perspective. Actions that are acceptable in one culture may be totally looked with suspicion in other, but ‘cultural relativism’, as was explained by Boas²⁰⁹ and Marvin Harris²¹⁰ carry a lot of significance to understand the practices of others. Perceptions of health for an individual are largely explainable in the context of the place where the individual shares a specific culture with his relatives and community. Religion is also an important aspect in understanding why a person is behaving in a specific way and especially those cultures that are greatly influenced by it. Many of the practices carry rationality with the actions. The adolescent development is revealed in the light of cultural practices. The pubertal changes, mental cognition, the

²⁰⁷ Lepani, Katherine (2001) *Negotiating “Open Space”: The Importance of Cultural Context in HIV/ AIDS*

Communication Models. A Qualitative Study of Gender, Sexuality, and Reproduction in the

²⁰⁸ Martin, Emily (1989) *Women in the Body*: Open University Press, Milton Keney.

²⁰⁹ Boas, Franz. 1928: *Anthropology and modern life*. New York: W. W. & Norton and Company

²¹⁰ Harris, Marvin. 1968: *The Rise of Anthropological theory a history of theories of culture*, New York: Thomas Y. Crowell.

emotions are all viewed with the set cultural norms. Devinent is a misfit in the cultural portraits of societies and there is the concept of punishment that has a direct impact on the actions of people.

There is a direct impact of the culture in which she grows, the decisions taken by significant others, her health needs and the right she has as a human being. All these are important to understand her behavior and needs. The current research has reviewed each of these, in order to reach at a certain conclusion.

Application of Theories

The Cultural Interpretative Theory and the Ethno-Medical Approaches have been found useful in the understanding of health seeking behavior for adolescent girls. These were applied to understand the emic perspective regarding the health related issues and their interpretations as are culturally acceptable for the stability of the social fabric in which the society is woven.

Theoretical Framework

As Red Cliff has stated that each customs function is the part it plays in maintaining the integrity of the social system. This definition of the functionalist view has been found useful in understanding of cultural constructs around puberty, socialization, integrity and solidarity of the community for maintaining a social system acceptable for all.

Health Seeking

Dennis Roth states that calls for a revival of “traditional forms of sex education” could benefit from taking a closer look at what those practices consist of within specific cultural and historical settings. He has also mentioned about a place called “Maji”, where the menstruating girls stay during the special days, and can learn from discussion generated by other girls on

matters relating to the sexual life. He emphasized the role of a traditional form of educating girls and says that if these can be revived the learning for girls can be an easy process.

Different reports, studies and surveys that have been conducted in Pakistan also emphasize that there is a need amongst this age group to know about their bodily processes. A survey conducted by NIPS, highlighted that girls are more aware of puberty related information as compared to boys. 98% of females knew about menstruation as compared to 57% males. A primary reason for this as explained was biological necessity of experiencing this and hence knowing about it. On the other hand 20% females had knowledge of sex. Khan, Aysha²¹¹ has talked about the cultural norms and taboo associated with sexuality, the parents and elders do not discuss issues of sexuality or puberty. The related physical, emotional and psychological consequences associated with it are also areas of concern that have been brought under consideration. Barbara, Bruce and Greene¹⁹⁹⁸, presented their research on reproductive health needs of adolescents, and have highlighted some important issues like early marriages, health needs and pregnancy, etc. Durrant²¹² has also considered the transition of both sexes into adulthood and problems that are being faced in addressing to the reproductive health needs by this age group. Khan Aysha has also looked upon the reproductive health needs of adolescents in Pakistan. She has pointed to the fact that while in transition this age has almost little access to health seeking. There are no institutions that can cater the needs and hence there is no reliable source available to them. Sathar, has also talked upon the transitional period of adolescents and the health needs of this specific age with fertility issues. Satha²¹³ et al have elaborated upon the desire shown by this age group on, health, education and work. Majida²¹⁴, also worked on the issue of reproductive health awareness of the adolescent girls. She has pointed to the fact that girls entering into puberty are least informed about their

²¹¹Khan, Aysha(2000):Adolescents and Reproductive Health in Pakistan; A literature Review, Population Council

²¹² Durrant, L,Valrie,(2000)Adolescent Boys and Girls in Pakistan: Opportunities and Constraints in the Transition to Adulthood. Population Council: Islamabad. Pakistan.

²¹³ Sathar,A, Zeba, M .Haque,A ,Faizunniss and Munawar, Sultana(2001-2002) Adolescents and Youth in Pakistan. A National representative Survey in Pakistan. Population Council. New York.

²¹⁴ Majid, Saeeda. 1995. "Reproductive Health Awareness in Adolescent Girls: Report of a Survey," Journal of the College of Physicians and Surgeons 5(4):214.

bodily changes and the culture does not allow discussion on it as being a taboo. Mumtaz²¹⁵ and Fauzia have talked about the transfer of such knowledge from women to women and they have shown concern about those areas that need attention. Ambreen²¹⁶ has taken into account the issue of gender difference and access to health care. The female child as compared to male is given less importance in the provision of health facilities. Aahung²¹⁷ an NGO in Pakistan has long been catering the reproductive health needs of this age group by provision of accurate and reliable information.

In the Muslim world Bangladesh has advanced a lot as compared to Pakistan, they have talked on the issues which are considered sensitive in our cultural perspective and have produced some effective results, as far as the needs of adolescents and youths are concerned. They have advanced through the youth clubs (7000, in all) in awareness raising and provision of puberty related information. They utilized the existing youth force to educate their fellow beings so that there is mutual level of comfort and smooth transfer of knowledge from one source to other is effectively made.

Hence the fact brought forward by this research is that sex is a taboo and family is the institution which is primarily responsible to cater the reproductive health needs for adolescent girls. There is no traditional form of formal or informal way of educating the girls like a community school, club or group catering their needs. Issues like lack of education, controlled mobility and limited access to media are further adding to the complexity of the health needs. The impact of all this is that adolescent girls whether married or un married are very much dependent upon sources that do not consider it essential to fully equip them with reliable, correct and complete information. The result is that adolescents are now keen to learn about their bodily processes, some have spoken up and others are still looking forward. It has been identified as a need but the sources available to them are not need based in many

²¹⁵ Mumtaz, Khawar and Fauzia Rauf. 1996. *Woman to Woman: Transfer of Health and Reproductive Knowledge*. Lahore: Shirkat Gah.

²¹⁶ Ahmed, Ambreen. 1990. *Gender differentials in access to health care for Pakistani children*. Vol. 1, Islamabad: UNICEF.

²¹⁷ Aahung. 1999. *AIDS Awareness Program, Knowledge, Attitudes, and Practices Survey Report*. Karachi.

aspects and hence there is a missing link at the provider and the receivers end. This research is unique in its findings, involving three generations to trace the level of information shared by elders with this particular age group, and it is not surprising to say that there has been no noticeable change observed in knowledge sharing, the complexity and sensitivity around it has made it difficult to review as a basic need.

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APPENDIX - A

Socio-Economic Census Survey

Page 1

S. No	Sex	Age	Marital Status	Relationship with Head of HH	Total No: of Adolescents (10-19 yrs)	Female	Married Adolescents	Un-married Adolescents	Religion	Ethnic Group	Education
	M		Married		10-11-12 Years				Sunni Sect		Nil
			Un-Married								
			Widow								
			Divorced								
					13-14-15 Years						
					16-to 19 Years						
	F								Shia Sect		Nil
											1-5
											6-8
											9-10
											13-14
											15-16

Socio-Economic Census Survey

Page 2

Land holdings If yes in kanals	House	Tractor Yes/no	Live Stock	Electricity	Water Sources	Sanitation facility	Sect	Amenities of life
	Katcha		Cow		Well	inside	Sunni sect	T.V
	Pakka		Goats		Hand Pump	Out side	flush	radio
			Oxen		Boring		Others	mobile
			Poultry		others			fridge
								gadgets
								Bio-gas
								Washing machine
								car
								Suzuki pick up
								trailer

Socio-Economic Census Survey

Page 3

Sr. No		Occupations		Number of Residences		Total No: of adolescents (10-19 yrs) female		Married Adolescents		Un-married adolescents		Health Facilities	
			Farmers										
			Laborer										
			Government Job										
			Primate Business										
			Skilled worker										
			Job less										
			Nuclear										
			joint										
			extended										
			10-11-2										
			13-14-15										
			16-t19 yrs										
			private										
			TBA										
			BHU										
			Local										

Guidelines for Girls FGDs

1. Do you know what puberty is?
2. How did you learn about bodily changes?
3. What did you learn about it?
4. Who gave you this information?
5. Do you feel that there is some linkage between puberty and reproduction?
6. When was the information provided to you? ie. Before menarche, or after it?
7. What were you told, was it easily understandable, or was it confusing?
8. What did you do with that information, did you asked questions or you quietly listened to it?
9. What was told to you about this menstrual discharge? i. e that it is impure, you can cook food as normal etc. ?
10. What other implications were added to it, taking a bath or no bath and reasons?
11. Were you advised to not to eat certain kind of foods, i.e. egg, meat etc, reasons?
12. Was the issue of mobility linked to your puberty, if yes in what ways?
13. How was the following affected education, meeting with male cousins etc, going out in the neighborhood?
14. When you were entering in puberty were you asked to wear a certain kind of dress, e.g., dupata, or cover head etc.?
15. Who in your opinion should inform the girls about puberty related issues, Mo, elder sister, cousin, friend etc.?
16. What was the response of your mother on learning that you had the first cycle, she was worried, she tried to help you?
17. Did the family talked about your marriage etc?
18. Did you feel some change in mother to daughter relationship? She was caring, annoyed, etc.

19. What would you suggest for girls entering into puberty, their source of learning?

20. Are you satisfied with information received, or you thing more should be given.

GLOSSARY: ACRONYMS

AIDS	Immune Deficiency Syndrome
BHUs	Basic Health Units
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of Child
FGC	Female Genital Cutting
GNP	Gross National Product
GOP	Government of Pakistan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population & Development
LHV's	Lady Health Visitors
LHWs	Lady Health Workers
NGOs	Non-Governmental Organizations
NIPS	Nation Institute of Population Studies
PAIMAN	Pakistan Initiative for Mother and Newborn
MDGs	Millennium Development Goals
PDHS	Pakistan Demographic and Health Survey
STIs	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
UNFPA	United Nations Fund for Population Activities

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girls have little space, in comparison".112

Girls traditionally enter puberty earlier than boys, and it's not uncommon for girls to begin showing signs as early as age 9. For most girls, menstruation may begin around the ages of 11 or 12.....9

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Hence in most of the developed nations where religion is no more a binding force for the people, sex is regarded as a normal routine and a lot of programs and policies are encouraging the adolescent for a safer sex procedure.....50

Hence it is clear from this definition, that they are relating their being sick with their daily routine chores, and they think that when they get sick, they are unable to deliver and perform their normal duties.....176

Hence it is concluded from the discussion that the traditional values inculcated in women are actually reinforcement of actions diverted to strengthen the property shares in the names of their brother by surrender their own share.170

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