A Study of Reproductive Health of Muslim Women in Nainital District of Uttarakhand

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By

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D E C L A R A T I O N

I, Afsana, hereby declare that this thesis titled "**A Study of Reproductive Health of Muslim Women in Nainital District of Uttarakhand**" is the outcome of my own study undertaken under the guidance and supervision of Prof. Mohd. Shahid (Supervisor), Department of Social Work, Maulana Azad National Urdu University, Hyderabad and Dr. Farrukh Faheem (Co-supervisor), University of Kashmir, Srinagar. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Institute or of any other Institute or University. I have duly acknowledged all the sources used by me in the preparation of this thesis.

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ABSTRACT

Key Words: *Reproductive Health; Safe Motherhood; Child Survival; Family Planning; Reproductive Morbidity; Muslim Women; Uttarakhand*

Reproductive health essentially refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (UNFPA, 1994). 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 often to do so. More specifically, it triggers the discourse of choices, opportunities and informed decision making in the matters relating to safe motherhood, child survival, contraception, reproductive tract infections and sexually transmitted infections including HIV/AIDS (Muhammad et. al, 2003). It is observed that apart from other inequalities, women are also deprived of basic health facilities (WHO, 2017). The situation becomes more precarious when in context of their reproductive health.

This research was an attempt to make sense of the reproductive health with specific reference to Muslim women in Nainital district of Uttarakhand. In order to get more clarity and contextualized the study, the review of literature was undertaken thematically covering following broader themes viz.: the safe motherhood, child survival, family planning, and reproductive morbidity. The review reflected that there is a relative dearth of studies focusing on the holistic nature of reproductive health of women in general and Muslim women in foothills of Uttarakhand in particular. However, the studies abound on the segmental aspects of reproductive health or on the issues that have closely bearing on reproductive health. For example, there is no dearth of studies with a singular focus on saying pregnancy, childbirth, neonatal care, breastfeeding practices, family planning, and sexually transmitted diseases like. Further, it also emerged from the reviews that mostly the studies have focused on the reproductive health services and their linkages to socio-demographics of the population. There is a need to understand the overall popular common sense perceptions around reproductive health practices. There is a need to map the meaning-making by women on their overall reproductive health and filter out what are the major concerns and considerations that women have in any discussion and decision on

these issues. This study focused on the experiences of women negotiating their reproductive health.

This study was contextualized around Muslim women in the urban matrix of Haldwani city, district Nainital, Uttarakhand. The study specifically attempted to explore, understand and describe the lived experiences of women in negotiating their reproductive health.

The broad objective of this study was to map the reproductive health experiences of Muslim women. The specific objectives were:

1. To understand the concerns and considerations of Muslim Women on reproductive health
2. To describe the safe motherhood experiences of Muslim women
3. To explore the childbirth and child survival practices
4. To understand the fertility behavior and family planning practices
5. To map the concerns and issues around reproductive morbidity
6. To map the experiences around reproductive health services among Muslim women

The study focused on the narratives of Muslim women and their meaning-making process vis-a-vis reproductive health. The study progressed with the ontological assumption that reproductive health has to be approached from the perspective of the subjects, the way they give meaning to it. Keeping the multiple realities of the meaning-making around reproductive health, the epistemological position in this study was inclined towards subjectivism. In this study, capturing of the Muslim women's everyday understanding of reproductive health the popular common sense repertoire lens helped in locating a plethora of reproductive health practices and the rules governing the same. The methodology evolved in the light of ontological and epistemological positioning. Accordingly, the qualitative research approach was adopted. The descriptive research design was employed to explore, understand and describe the reproductive health practices deeply rooted in popular common perceptions and experiences of the masses. In order to gain the finer nuance of the problem, a total of 25 in-depth interviews were conducted with Muslim women in the age group of 15-49 and who were having at least one child of less than two years of age. This was to ensure that their latest recall period was not more than two years so

as to better reflect on their reproductive health experiences. A comprehensive and dynamic interview guide was developed to map the lived experiences around the phenomenon of reproductive health. The researcher spent the average time four days for one in-depth interview.

The rich narratives that emerged from the field data were organized, analysed and the inference drawn in four data chapters around the themes of safe motherhood, childbirth survival, family planning and reproductive morbidity.

The narratives have amply illustrated that the safe motherhood is a period of desperate priorities, large socio-cultural prescriptions and limited choices. The desperation starts with the onset of puberty and the quest of the parents to marry off their daughters at the earliest. And once the marriage is solemnized, the desperation shifts towards the conception and childbirth more specifically the son birth. Each phase from marriage, conception to childbirth is marked by a plethora of rites and rituals, and prescriptions and proscriptions which are rooted in the socio-cultural milieu and religiously enforced as a social commitment of the family leaving the individual woman with limited choices. However, the trajectory of safe motherhood is not singular, linear and uniform. It is marked by variations in experiences of women who had early pregnancy to those having delayed pregnancy; from first pregnancy to later pregnancies; from birth of baby girls to birth of baby boy; and from food practices to delivery practices.

The narratives have provided that among the Muslims in Haldwani, the family is highly concerned about the health and wellbeing of the newborn. The childbirth is full of rites and rituals. The rites and rituals start right from the birth of a newborn and are deeply ingrained in the socio-cultural matrix and hence the strong conviction reflected by the mothers to perform those rites and rituals. The study recorded that there are traditional newborn care practices which exist in the community. But many of these practices are also having negative effects on a child's health and development. Mothers have little power in deciding about newborn care. The grandmothers were found to have a dominating role in newborn care practices. Appropriate health care decisions are based on the culturally engrained signs and symptoms around the good or bad health of the newborn. But many times these decisions are too late and too risky.

The narratives amply highlight that the socio-cultural and the religious factors are the critical elements in deciding the ideal family size and the choice of contraceptive methods. Findings revealed that the condom is the most popular contraceptive method that is in use in the study locale. The narratives reveal that only women go for sterilization. The study found that unsafe abortion practices are common and women are subjecting themselves to unsafe abortion by untrained hands, and use of indigenous methods.

The socio-cultural and religious factors are affecting the reproductive morbidity too. The maximum numbers of women simply wait for the resolution of the problem by itself and hence in most cases the gynaecological problems remain undiagnosed unless it is followed by some other complications. The cultural silence around reproductive tract infections or sexually transmitted infections is the main reason to ignore reproductive morbidity. And women were also found to have a negative attitude while talking about HIV/AIDS.

The researcher used one of the participatory learning and action (PLA) technique, called forced field analysis, to facilitate the women in the field to list and map the positive (enabling) and negative (disabling) factors around the critical and key reproductive health issues. This exercise has helped in enlisting the meaning-making around reproductive health issues and practices and the same are presented in the conclusion section.

The socio-cultural and religious beliefs and practices of Muslim women of Haldwani influence the reproductive health practices because these beliefs and practices are an integral part of their overall cultural milieu. So, culturally sensitive tailored social work interventions are required to improve reproductive health outcomes. The social workers must endeavor to identify programmes, policies and practices which are culturally and religiously sensitive and which resonate and appeal to local practices. It is only through research that planners and policymakers can create female-friendly projects that are socially viable, culturally relevant.

The PhD thesis is structured into eight chapters including introduction and conclusion.

Chapter-1: This chapter briefly outlines the broad context of the study and the manner in which this thesis is organized into chapters and the themes and subthemes that flow through each chapter.

Chapter-2: This chapter deals with the review of literature. The review of literature was done thematically. It revolved around different aspects of reproductive and child health. The literature review is divided into four major themes (Safe motherhood, Child Survival, Family Planning, Reproductive Morbidity) and various sub-themes. This chapter ends with the objective of the study, and the research questions.

Chapter-3: The chapter provides the details of the research methodology adopted in this study. It reflects on the Ontological, Epistemological and Methodological positioning of the research. The study was conducted with the qualitative research approach and descriptive design. There is also the description of the data collection process in the field and the ethical concerns and considerations that have been kept in mind during data collection. The limitations of the study are also described.

Chapter-4: This chapter is based on field data. It deals safe motherhood. This chapter reflects on the meaning-making of safe motherhood practices by Muslim women in Haldwani city of Uttrakhand. The trajectory of practices is discussed under major sub-themes that evolved through the in-depth interviews viz. Marriage, Pregnancy, Antenatal Care, Delivery and Postnatal Care.

Chapter-5: This chapter illustrates the childbirth practices. In this chapter the discussion on child survival revolves around many sub-themes that have evolved through the in-depth interviews viz. First cry of the newborn, Child's Bath, Breastfeeding, Colostrum, Prelacteal Feeds, Umbilical Cord, Immunization, Child Mortality, and Childhood Disease.

Chapter-6: This chapter, reflects on family planning practices. The trajectory of practices is discussed under major sub-themes that evolved through the in-depth interviews viz. Children/Parity Calculus, Child Preference, Contraception, Abortion and Miscarriage.

Chapter-7: This chapter reflects on reproductive morbidity. It also elaborates on the knowledge, attitude and practices regarding HIV/AIDS.

Chapter-8: This last chapter summarizes the findings of the study and moves towards concussion, suggestions and recommendations. It also provides recommendations around social work intervention in the field of public health.

GLOSSARY

Arandi ke beej	:	Castor seeds
Baadi cheeze	:	Fatty foods
Baccha giraana	:	Abortion
Baccha girna	:	Miscarriage
Bacchedani	:	Uterus
Bacha reh jana	:	Conception
Bache ka chokna	:	Baby sudden wake up in shock
Bachedani ka neeche aane	:	Uterus prolapses
Balayen	:	Spirit effects
Banjh/ Banjhtia	:	Childless woman
Banjhpan	:	Infertility
Bayri niklti	:	Function after childbirth
Bhora	:	Hair whorl on the head/ Cowlick
Buri nazar	:	Evil eye
Chhaali	:	Supari (areca nut)
Chandra grahan	:	Lunar eclipse
Chilla badalna	:	40^{th} day of baby birth
Chunda	:	The person who have a problem to open full eye
Daai	:	Traditonal birth attendant who may also trained
Dalchini powder	:	Cinnamon powder
Faye	:	Cotton pad
Ghughri puri	:	The food (puri) that comes from the natal family in the baby shower ceremony
Ghutti	:	Homemade laxative decoction/concoction for the newborn baby
Godh bharai	:	Baby shower ceremony in the seventh month of conception birth
Gola	:	Coconut
Gole ka dard	:	Pain which women feel after childbirth
Gond	:	Tragacanth natural edible Gum
Gupt bimariya	:	Venereal disease

Harera	:	Homemade dry fruits mixture which is used in the postpartum Duration
Hawaye	:	Evil spirits
Hing	:	Asafetida
Jadule baal	:	Baby's first hair
Jaiphal	:	Nutmeg
Jeevanu/ Kitanu	:	Sperm
Kadha	:	Homemade decoction/concoction
Kali Potty	:	Meconium (First stool of newborn)
Kharyaai	:	Placenta
Khatna / Sunnat	:	Circumcision
Khees	:	Colostrum (First milk of Mother)
Monakka	:	Sultana currant
Loi/ Lupdi	:	The dough used for the hair removal of children as a waxing method
Luhbaan	:	Incense
Makte chane	:	Chickpeas or chickpea
Mali hui roti	:	Rubbing bread
Marham dakhilyun	:	It is an Ayurveda medicine which is used for the Uterus related problems
Mariyam panja	:	The Flower of Maryam (Anastatica hierochuntica) is a small shrub used during childbirth. It is a medical herb but also have religious connotations.
Mung	:	Green lentils
Naal	:	Umbilical cord
Nad dukhe	:	Referring to the area where the fallopian tubes are located
Nahar muh	:	Empty stomach without food and water
Napaak	:	Purity pollution
Nasbandi	:	Sterilization
Nazariya	:	Garland
Nirodh	:	Condom

Niyaz	:	Ritual prayer
Paraya ghar	:	Other Home
Quran ki surate	:	Verse of Quran
Reedh ki haddi	:	Spinal cord
Sadka	:	Fair charity
Safai hone	:	Miscarriage
Safai krana	:	Abortion
Safed pani	:	White discharge
Sat masa	:	Seventh month
Satrange khana	:	Seven types of food
Sawa mahina	:	40^{th} day of baby birth
Seh palat	:	Next child to be opposite from last-child
Seh unchi	:	Large gap between two children
Sirka	:	Vinegar
Sivaiya	:	Vermicelli
Sonth	:	Dry ginger
Ajavain	:	Celery
Soveri	:	40^{th} day of baby birth
Sowar ka gahr	:	The place where the baby born and confined for 40 days
Surya grahan	:	Sun eclipse
Tabeez ganday	:	Amulet, Talisman
Til	:	Sesame seeds
Tundi	:	Navel
Unnao	:	Dry jujube

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Chapter- 1: Introduction

CHAPTER-1: INTRODUCTION

The World Health Organization envisages *highest attainable standard of health as a fundamental right of every human being* (WHO, 2017a Emphasis added). Despite this long-cherished goal, the situation of women's access to basic health care is pathetic. In a country like India, regional disparities, abject poverty, educational backwardness and traditional socio-cultural belief and practices work in tandem to deny women the rights and opportunities to access and utilize reproductive health services (Rao, 2004; Upadhyay, 2018; Patel, 2006; Bose, 1988). The notion that health is not merely the absence of disease (WHO, 1948) could not mark its imprints on the popular perception of masses. Further on reproductive health issues, the matter enters the domain of 'silence'; it is not at all a priority or a public health concern (Qadeer, 1998).

The much credit for putting the reproductive health on priority agenda of the nation states goes to the International Conference on Population and Development (ICPD), popularly known as Cairo Conference (UNFPA, 1994). Its Plan of Action paved the way for giving due space to reproductive rights in the subsequent Millennium Development Goals (UNDP, 2001) and Sustainable Development Goals (UNDP, 2015). The SDG 3 aims to ensure healthy lives and promote wellbeing for all at all ages (WHO, 2020). The sexual and reproductive health measures find their place in the SDG 5 on Gender (WHO, 2016a).

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, *in all matters relating to the reproductive system and to its functions and processes* (UNFPA, 1994 Emphasis added). More specifically, it triggers the discourse around choices, opportunities and informed decision making in the matters relating to safe motherhood, child survival, contraception, RTIs and STIs including HIV/AIDS (Mohammad et al., 2003). Consequently, the Government of India also responded with developing and executing new programs around the broad framework of reproductive health (GoI, 1997). More recently, the umbrella national health missions-National Rural Health Mission and National Urban Health Mission, and the revised National Health Policy 2017 are reflective of the same (GoI, 2005; 2013; 2017a).

1.1 Rationale of the Study

Despite the launch of many flagship schemes, programs and missions to bring architectural changes in India's health structure and to provide free public health services, the access and utilization of health care services in general and reproductive health services in particular, is not very satisfactory. The national health surveys point that even the recent figures of neonatal mortality (30 deaths per 1,000 live births); infant mortality (32 deaths per 1,000 live births) and maternal mortality (122/ 100,000 live births) are disappointing (IIPS, 2016; GoI, 2018a; Unicef, 2018). The National Family Health Survey (NFHS-4) provides that at all India level the figures for complete antenatal checks (51%); institutional delivery (78.9%); breastfeeding within first one-hour (41.6%); fully immunized children (62%) and contraceptive prevalence rate (54%) are still not very encouraging (IIPS, 2016).

Why is the rate of access and utilization of reproductive health services not very encouraging? A plethora of studies have deliberated on this question by taking into account innumerable variables from causation, disparities to functionalities (Sharma, 2002; Pande et al., 2006; Ganatra et al., 2008; Goyal & Bhandari, 2008; Chakrabarty, 2009; Dawal et al., 2014; Jejeebhoy & Santhya, 2014; Kulkarni, 2014; Bhan et al., 2020).

And equally pertinent are the questions: how the women visualize their reproductive health; what meaning do they attribute to reproductive health; how do they negotiate their everyday reproductive health issues; and what are the ways in which the socio-cultural notions govern the meanings and decisions?

It was in this context that the study was undertaken to explore and describe the reproductive health practices and the deeper meanings and processes around these practices.

Reproductive Health Initiatives in India

Along with the increasing fervor for the national movement for independence, the health policies, strategies and schemes also began to take shape before India's independence. In 1938 the Indian National Congress created a National Planning Committee (NPC) which also proposed a Community Health Worker (CHW) model to support the rural community (Bhaduri, 2015; GoI 1948). Thereafter, the

comprehensive Bhore Committee Report (1946) emphasized the need for social orientation of medical practice (GoI, 1948). Indian has the distinction of launching the first national family planning programme way back in 1952 (GoI, 2017b). Further, the Committee for Health Survey and Planning (Mudaliar Committee, 1959-61) recommended that mass campaigns be launched for certain epidemic diseases and that one Auxiliary Nurse and Midwife (ANM) be suggested for every 5000 population and that Auxiliary Male Health Worker be suggested for double of this population (GoI, 1962). Srivastava Committee, 1974 recommended that an additional doctor and a nurse be given to each PHC to take care of the maternal and child health services (GoI, 1974).

In 1997 the services and interventions around family planning, child survival and maternal health were integrated with the umbrella Reproductive and Child Health (RCH) Programme (GoI, 1997). This programme intended that the women would be able to regulate their fertility and go through their pregnancy and childbirth safely (Vora et al., 2009; Vaidyanathan, 2006). Its second phase (RCH-II) launched in 2005 envisioned to bring changes in mainly three critical health indicators viz. reducing total fertility rate, infant mortality rate and maternal mortality rate. The National Rural Health Mission (NRHM) was launched 2005 to bring is architectural changes in India's health structure and it provided for improved health care at the household level through Accredited Social Health Activists (ASHA), the frontline health worker linking the community and the public health system (GoI, 2020a). The National Urban Health Mission (NUHM) was established as a sub-mission of the over-arching National Health Mission (NHM) in 2013 (GoI, 2013). These national health missions envisaged the achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to people's needs (GOI, 2020b). The emphasis was given on health system strengthening for *Reproductive-Maternal- Neonatal-Child and Adolescent Health* (RMNCH+A).

In the recent past, many cash incentives are added for promoting better reproductive health services. Matritva Vandana Yojana provides a cash incentive to pregnant women and lactating mothers (PW&LM) to compensate for the loss of income and to improve their health-seeking behaviour (GoI, 2017c). Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) strengthens antenatal care and follow-ups for high-risk pregnancies and aims to reduce MMR (GoI, 2016a).

The Integrated Child Development Services (ICDS) Scheme which was launched in 1975 to take care of children in 0-5 years age group has been continuously modified to bring more client groups into its ambit. Today it represents one of the world's largest and unique programmes for early childhood care and development (GOI, 1990). The ICDS beneficiaries are children below 6 years, adolescents, pregnant and lactating mothers, and women aged 15-44 years, who are provided the following: supplementary nutrition; immunization; health check-ups; referral services; treatment of minor illnesses; and pre-school education to children aged 3-6 years (Kapil et al., 1992). MAA (Mother's Absolute Affection), was launched as a nation-wide programme to enhance optimal breastfeeding practices (GoI, 2016b; UNICEF, 2016). The Mission Indradhanush launched on 25 December 2014 is a special initiative for the Universal Immunization Program (GoI, 2018b) against eight life-threatening diseases- tuberculosis, diphtheria, tetanus, whooping cough, polio, measles, hepatitis B and Haemophilus influenza type B (Hib). Along with these RCH programs, some nutritional programs were also launched for the prevention of nutritional anaemia among mothers and children (GoI, 1993; 2014a; 2014b; 2014c).

Despite a plethora of schemes and programs, the essential reproductive health care services through the public health system are not accessible to most women in India (IIPS, 2007). This has been largely attributed to inadequacies in availability, accessibility, acceptability and quality of health services, particularly in the public sector health system (Barik & Thorat, 2015). There is some improvement in reproductive health indicators over the years, but these are still far from the desirable and agreed upon goals under various international agreements (Speidel et al., 2009). There has been a broad acknowledgement of the enormity of health problems confronting women (Bhattacharya et al., 2008). It is rightly noted that any effort to assess the problems of Indian women and to eradicate impediment to their development is unfinished without a look at their social status, culture, tradition, and health-seeking behaviour (Capila, 2004; Joshi et al., 2008).

Thus, the study was undertaken to study, explore and describe the reproductive health practices among Muslim women in Haldwani city, Nainital district, Uttarakhand.

1.2 Organization of the Thesis

This thesis is structured into eight chapters including introduction and conclusion.

Chapter-1: This chapter briefly outlines the broad context of the study and the manner in which this thesis is organized into chapters and the themes and subthemes that flow through each chapter.

Chapter-2: This chapter deals with the review of literature. The review of literature was undertaken thematically. It revolves around different aspects of reproductive and child health. The literature review is divided into four major themes (Safe Motherhood, Child Survival, Family Planning and Reproductive Morbidity) and various sub-themes. This chapter ends with the objectives and the research questions.

Chapter-3: The chapter provides the details of the research methodology adopted in this study. The study was conducted with the qualitative research approach and descriptive design. The chapter illustrates the ontological, epistemological and methodological positioning of the research. Afterwards, it describes the study locale. It also provides details of qualitative tools used in the study and the respondent's profile. There is also the description of data collection process in the field and the ethical concerns and considerations that have been kept in mind during the course of this study. The limitations of the study are also described.

Chapter-4: This chapter is based on field data. It deals with safe motherhood. This chapter reflects on the meaning-making of safe motherhood practices by Muslim women in Haldwani city of Uttrakhand. The trajectory of practices is discussed under major sub-themes that evolved through the in-depth interviews viz. Marriage, Pregnancy, Antenatal Care, Delivery and Postnatal Care.

Chapter-5: This chapter illustrates the childbirth practices in the study area. In this chapter, the discussion on child survival revolves around many sub-themes that have evolved through in-depth interviews viz. Newborn’s First Cry, First Bath, Breastfeeding, Colostrum, Prelacteal Feeds, Weaning, Umbilical Cord, Immunization, Childhood health issues and Child Mortality.

Chapter-6: This chapter reflects on family planning practices. The trajectory of practices is discussed under major sub-themes viz. Complexities of Ideal Family Size, Child Preference, Contraception, Abortion and Miscarriage.

Chapter-7: This chapter reflects on reproductive morbidity. It also elaborates on the knowledge, attitude and practices regarding HIV/AIDS.

Chapter-8: This last chapter summarizes the findings of the study and moves towards concussion and recommendations. It also provides recommendations around social work intervention in the field of reproductive health.

Chapter-2: Review of Literature

CHAPTER-2: REVIEW OF LITERATURE

The literature review is one of the most important steps, not only in the problem formulation phase but also in the entire process of designing a study (Rubin & Babbie, 2010 p.145). It is a collection and analysis of past studies which provide a clear understanding and direction regarding the research problem. The systematic review has rightly been defined as a replicable, scientific and transparent process (Tranfi eld et al., 2003 p.209). This section reflects on the available literature on the different aspects of reproductive health.

The review of literature in this thesis contains a review of research articles, reports and books published from 2001 to 2019 to develop an understanding of the reproductive health scenario and to better contextualize this study. The review of literature also included a review of some significant and classical studies before the year 2001, for example, Nag, 1994; Wallach et al. and Stash, 1996; and Choudhry, 1997. These reviews were searched from scientific databases including Google site, Google Scholar, Pub Med, Plos One, EPW, Jstor, and websites of specialized institutions and organizations working on reproductive health. The review of literature has been classified into four broad themes viz. Safe Motherhood, Child Survival, Family Planning, and Reproductive Morbidity.

The keywords for literature search included: reproductive health; reproductive health and women; reproductive health and Muslim women; safe motherhood (early marriage, pregnancy practices, antenatal care, food practices during pregnancy, food practices after pregnancy, household chores during pregnancy, household chores after pregnancy, son desire, sex selection practices, rituals during pregnancy, rituals after childbirth, delivery practices, postnatal care, miscarriage); child survival (child care, prelacteal feeds, breastfeeding, immunization); family planning (family size, contraception; traditional contraceptive methods, abortion); and reproductive morbidity (reproductive tract infections, HIV/AIDS). The publications, reports and data-sets of United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF), World Health Organization (WHO), United States Agency for International Development (USAID), Population Council, National AIDS Control

Organization (NACO), Center for Reproductive Rights (CRR) and National Family Health Survey (NFHS) were also reviewed and looked into.

Figure 2.1: Review Undertaken in the Study

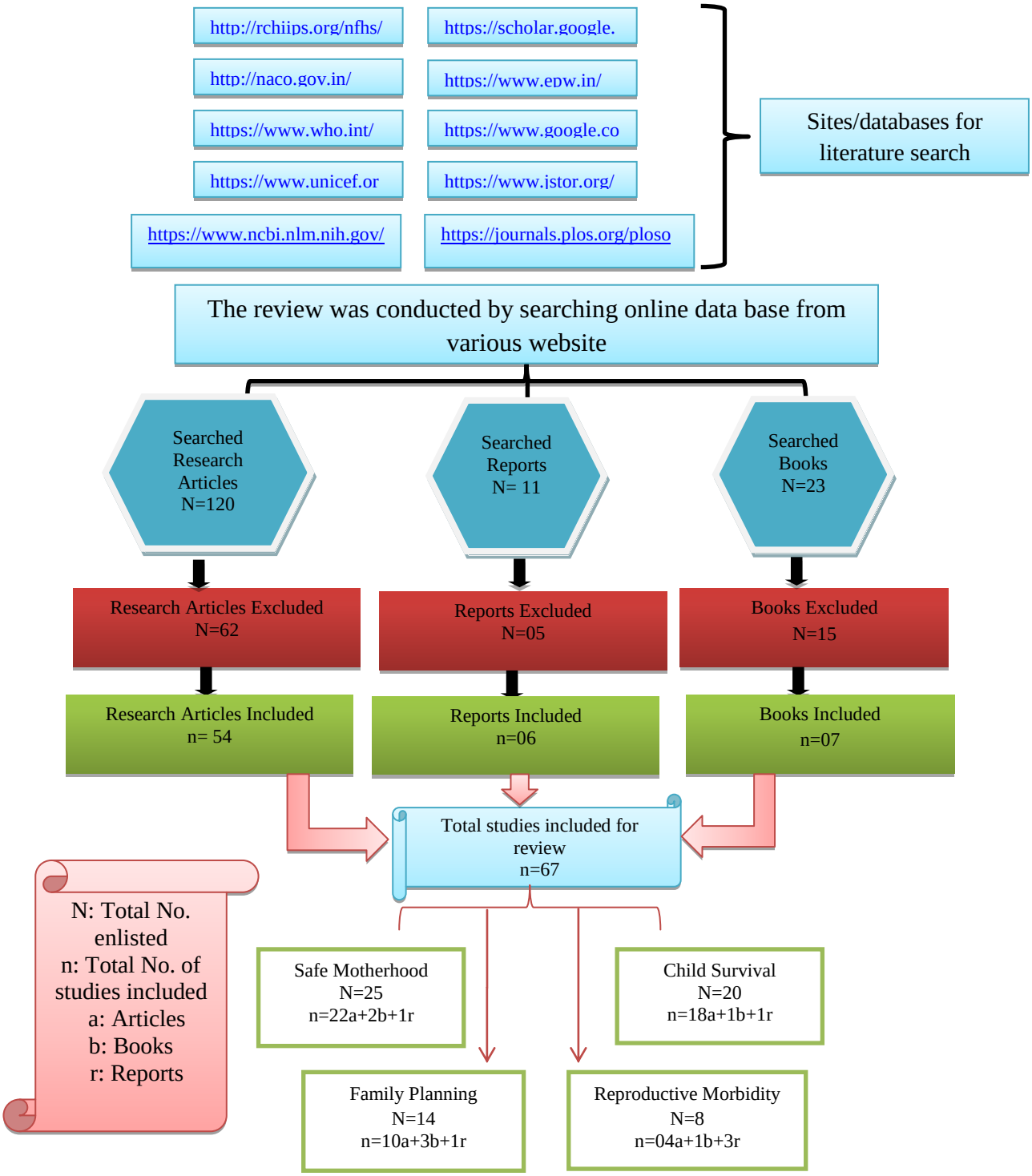
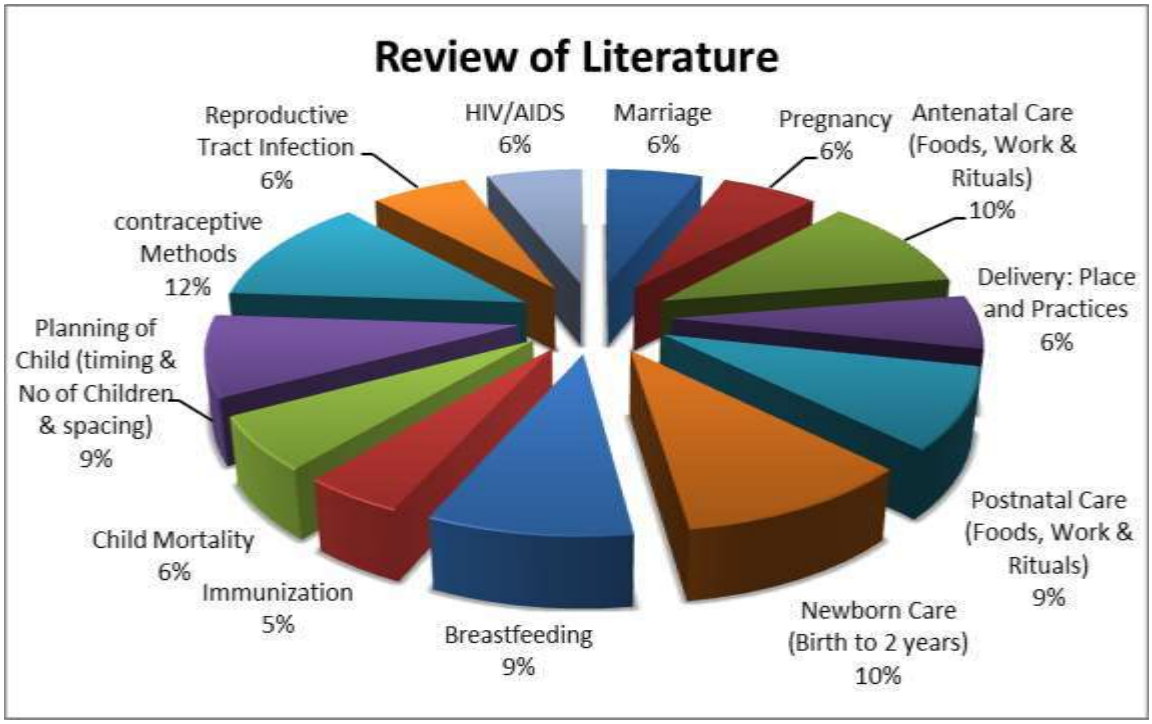


Figure 2.2: Key Themes of Reviews Undertaken in the Study



2.1 Safe Motherhood

Under this theme, the studies reflecting on marriage, pregnancy, antenatal care, son preference, delivery practices and postnatal care were reviewed and thematically arranged.

Marriage

Irani & Roudsari (2019) stated that families are freed from the financial obligation of educating them after girls marry. This is a systematic review study based on literature search in scientific databases on reproductive health issues between 1946 and 2018. They found that early marriages are preferred because the bridegroom and his family regard younger age as quality as they believed that young age girls are more likely to be a virgin. They argued that that the detrimental effects of child marriage were related not only to mothers but also to their infants, such as pregnancy-related complications, fetal mortality, preterm delivery and low birth weight baby.

In a qualitative study, Lobenstine (2015) collected empirical data from 19 NGOs across seven states on child marriage in India and found that early marriage increases structural inequality between men and women, as well as between different castes,

religious, economic classes, and ethnic groups. Hence early marriage cannot be understood in isolation and requires a thorough understanding of gender, sexuality, education, culture and livelihood. The key factors influencing decision-making around early marriages are the economics of marriage; sexuality; gender norms and masculinity; educational and institutional gaps; the centrality of marriage; risk, vulnerability and uncertainty; and age as an axis of power (p.10).

Kibret, Mengestie, & Degu (2014) focused on the relationship between age at marriage and safe motherhood in their study based on a sample of 802 from Ethiopia. The community-based cross-sectional design was used in this study along with the quantitative approach and semi-structured questionnaires. The main reasons for early marriage were insufficient knowledge of the minimum legal marriage age, myths of social and economic advantages, and little knowledge of early marriage consequences. They noted that the female child early marriage is a public health concern that impedes human rights and compromises the development of individuals (p.543 Emphasis added).

Prakash et al (2011) on the basis of national-level data (NFHS, 2005-2006) examined the effects of early marriage. They concluded that young mothers are more prone to deliver before the 36th week of pregnancy, have prolonged/complicated deliveries and repeated pregnancies followed by abortion (p.137).

Pregnancy

Kant (2014) argued that *pregnancy is a site of social control* and involves the exercis of power through a biomedical organization, both by family structures and by the government (p. 251 Emphasis added). She used narrative analysis to understand women's choices and their lived experiences of pregnancy on the basis of five interviews. The author argued that most socio-cultural and medical interventions target pregnant women and their birthing bodies. Throughout childbirth, the negotiations between that person and biomedical and cultural structures are affected by age, birth order, and caste. Younger women used one network of information over others to resolve their pregnancy's social and biomedical arguments (p.247).

Mishra & Dubey (2014) in their study attempted to explore the perspectives of Indian women on reproduction and childlessness. Using the open-ended interview with narrative analysis on 250 married women aged between 20 to 45 years, they argued that in India, pregnancy and childlessness are regarded as significant issues of social

and religious implications. Their findings showed that a child plays a key role in improving the husband-wife bond and relationship. The significance and reaction to childlessness are influenced by socio-cultural factors that vary widely among societies. Women without children, their families are incomplete. Hence the main concern of newlywed couples, especially women, is to have early conception and the birth of a child. Women claimed that if only God blesses, they would feel the blessing of motherhood.

In their study of Maharashtra and Rajasthan, Sethuraman et al. (2007) used qualitative method using in-depth interviews and focus group discussions. They argued that there is a set of main pathways favouring early conception or delayed conception (p.86). Many newlyweds in Maharashtra are exploring their childbearing ambitions early on. Unlike this, there is more debate between couples in Rajasthan for childbearing, and the custom of holding married girls at home before menarche, which effectively delays childbirth. Nonetheless, in the marriage, most newlyweds still have a child early. The study revealed that sometimes intentions to postpone the first childbirth for a long period of time were modified by fear of infertility.

Choudhry (1997) argued that there are beliefs, customs, and taboos around pregnancy. Using qualitative reviews related to pregnancy, childbirth, and newborn care, he argued that motherhood is regarded as a position of social power and one day every girl is expected to get married and become a mother. Many Indian women feel that they have little or no control over pregnancy or childbirth and it is all influenced by men.

Antenatal Care (ANC)

Begum et al. (2017) argued that there are different cultural, religious and traditional notions existing among different tribal communities in relation to pregnancy and childbirth. This is a review study based on 14 articles related to pregnancy and childbirth among tribal communities in India. The tribal women claimed that iron tablets increase the weight of the fetus, and thus making natural vaginal delivery impossible. In consequence, the pregnant women underfed themselves during pregnancy to ensure a small baby and easier delivery, with fewer complications in labour (p.883). The tribal community's cultural values and traditions affect pregnancy practices. The perceptions of antenatal care, institutional delivery, and breastfeeding were negatively influenced because these beliefs and practices form an integral part of

their culture. They argued that culturally sensitive tailor-made interventions are needed to improve maternal and child health outcomes among the tribal communities.

Lilungulu (2016) in his study observed that women going early to health setting for their first antenatal checkup. It was a quantitative study to know the status of antenatal care in Tanzania, with sample of 500 women. It was found that maximum women agreed to go for their first antenatal booking at the gestation age of 12 weeks of their pregnancy regardless of their agreement on the importance of early antenatal care (p.4). Women who go for antenatal checkups claimed that they had received quality health care and services by the well-trained health care professionals. But there is a need to increase the acceptability and importance of ANC services.

Neyaz, et al (2015) did a cross-sectional survey in Aligarh on a sample of 405 women and argued that antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the life of mothers and babies depend (p.678). The custom and tradition have been found to be the most common reason for not to taking ANC. They also argued that the socio-demographic factors also influence the use of antenatal care facilities. They also noted that the accessibility to culture is just as critical as physical accessibility and economic constraints and are significant obstacles to service use.

In a qualitative meta-synthesis research, Finlayson & Downe (2013) reviewed 21 research papers representing the views of more than 1,230 women from 15 low- and middle-income countries. They focused on the use of antenatal services by women. They found that there is not sufficient use of antenatal services owing to the traditional belief and practices. They noticed delay or restriction on antenatal visits due to the poor attitude of staff at health care facilities. It was reported that after having IFA tablets women start feeling kind of heartburn, nausea and acidity and hence they escape IFA tablets during ANC. This is despite the fact the Anemia is a crucial problem for both the mother and her baby during pregnancy. Women argued that they didn't feel any problem during their pregnancy so they didn't seek professional care. The mothers-in-law played a central role in deciding whether to receive antenatal care or not.

Reynolds et al. (2006) used Logistic Regression Analysis on demographic and health survey data from 15 developing countries relating to maternal and child health

services. They noted that high incidence of early childbearing is the leading cause of death among women aged 15–19 in developing countries. They noted that the decision-making power of women has direct association with antenatal care in Sub-Saharan Africa, Latin America and South Asia.

Nag (1994) did the content analysis of the article related to food practices during pregnancy. She argued that all societies have cultural and traditional beliefs about foods that are harmful or beneficial to pregnant mothers. The belief that pregnant women should be 'eating down' to ensure normal vaginal childbirth is quite widespread (p.2427). The concepts of hot and cold foods in India and many other countries are quite common, but often the underlying requirements for foods classification are not explicit. The fruits like banana, papaya, jackfruit, pineapple and all unripe fruits are perceived as ‘hot’ with some general consensus. The fruit that is most widely believed to be harmful in India is papaya.

Delivery Practices

Shah et al. (2018) in their qualitative study found that giving birth in a health facility aided by health professionals plays a vital role in avoiding maternal death. They recorded that three main things play a very important role in determining the place of delivery, i.e. access to birthing facilities; socio-cultural norms and values; and perceptions regarding the quality of health services. Many women clearly stated that they are shy to show their genitals to others, especially male doctors, as they do not want to deliver a baby at a health facility. Most women viewed giving birth as a normal life occurrence and felt that there was no need for medical childbirth in the absence of complications. In hills and plains areas, most women believed that women should be taken to a birth facility only in the event of complications such as severe bleeding or prolonged labour (p.5). The supportive husbands and mothers-in-law, and health facilities are the factors which are encouraging institutional delivery.

Ajeet et al. (2011) tried understanding caesarean section deliveries on a sample of 247 pregnant women in Nagpur. Researchers argued that caesarean sections are one of the most frequently performed operations in women (p.244). This is despite the fact that the potential demand for CS was low and vaginal delivery was favoured by most of the women. Therefore, it is unlikely that women's desires will be the most important factor in driving high rates of caesarean. Mothers who preferred vaginal delivery claimed that CS was more difficult and they also alleged the deliberate attempt of the

doctors to go for caesarean (p.247). Those who favoured caesarean delivery had it for the avoidance of labour pains, and some women also gave priority to the astrological calendar and ensuring that the baby birth at a predetermined auspicious timing (p.246).

Ramakrishna et al. (2008) in their study found a strong preference for home-based delivery among women, coupled with low birth preparedness and childbirth contingency planning. The study was spread to 11 villages of Karnataka on a sample of 535 women using quantitative (Questionnaire) and qualitative methods (In-depth Interviews, FGD, Key informant Interviews). They recorded that when labour pains begin, women are often given herbal decoction, as this is believed to help distinguish true labour pains. Traditionally, women are encouraged to walk and move during labour and deliver finally in a squatting position or sitting on an upturned basket, with a wad of cloth supporting the perineum. Due to prolonged labour pain or other complications, women found it necessary to move from home delivery to delivery in a public or private health facility. They also found, particularly during the postpartum period, high levels of self-reported maternal morbidity among women.

Capila (2004) used a qualitative method with interviews and explored the traditional and cultural health practices of women in Kumaun region of Uttarakhand. The findings revealed that the majority of women become pregnant five times, of which at least one child dies. Women until the delivery time go to the forest and lift heavyweight. Women don't have personal hygiene due to traditional reasons. It is a strong belief that women should not be given too much to eat because the baby will grow big causing trouble during delivery. Because of a lack of adequate rest and diet five out of ten women have problems during pregnancy. Generally, deliveries are performed in the cowshed or separate rooms in the house and delivery is performed by the untrained dais, mothers-in-law or knowledgeable women.

Postnatal Care (PNC)

Teo et al. (2018) used quantitative research in a healthy outcomes study with 490 women from Singapore. Researchers noted that due to delayed postpartum repletion and lactation, women are more vulnerable to nutrient deficiencies in the post parturition phase (p.2). The diet in the first month, also known as the 'containment diet', has unique features inspired by customs, religion, and values. The traditional Indian confinement diet is distinguished from the traditional diets that are adhered to

throughout India by mothers. The milk, butter, ghee, garlic, and certain herbs, such as ajwain and fenugreek, are considered key foods for mothers during the confinement period.

Qamar (2017) used qualitative research methods with participant observation and unstructured interviews in the study of rural Punjab Pakistan. The findings show that childbirth makes the life of a woman worth living (p.133). But the childbirth process is considered impure and woman cannot offer prayers or touch or read the Holy Quran or go outside the home till the special bath (c*hilla nahana*) on fortieth day (*sawa mahina*). This, c*hilla nahana,* conveys the message about the woman regaining her purity and completing sawa mahina (p.134). The mother becomes purified of the birth pollution after chilla nahana.

Lalitha (2016) used a non-experimental descriptive survey design with a sample of 300 women in rural Bengaluru. She found that the traditional health beliefs and practices are still common in cultures during the stages of childbearing and rearing. Although these activities have no scientific value, for various reasons people still stick to them. Many women no longer believe in labour and delivery myths or folk beliefs, but it is believed by some women. This research identified a significant positive relationship between the maternal and newborn care and the beliefs and practices.

Sunanda & Paul (2013) used a descriptive design with 200 postnatal mothers from hospitals at Mangalore. Researchers found that much of the postpartum behavior of the woman is heavily influenced by her cultural background. That culture has its own conventional childbirth and health-care beliefs and practices. Some mothers also do the rite of purification. Hundred per cent of postnatal mothers were restricted for spiritual activity.

Dennis et al (2007) using qualitative systematic review examined 51 studies from over 20 different countries. Researchers have argued that a combination of improving birth centres and developing health staff skills while accepting and discussing deeply rooted family values and traditions can improve existing programs and further increase institutional delivery levels. The findings show that women avoid all behaviors that are considered as potentially harmful to a mother or child, such as sitting up, physical exertion, combing their hair or exposing them to the sun (p.493). Many foods are particularly promoted for healing or restoring health, whereas eating

forbidden foods is thought to cause disease whether immediately or in the future. Warm foods like milk, ghee, nuts and jaggery are thought to help restore balance after delivery (p.493). Special tonics, composed of herbs or foods with special medicinal properties, are sometimes used during the postpartum period. The postpartum bleeding was found to be modulated by eating *Goandh* food (semolina, sugar and nuts in clarified butter) and herbal mixtures with turmeric powder, milk and dried dates (p.494).

2.2 Child Survival

In this theme, the researcher reviewed the studies related to newborn care, breastfeeding, immunization and child mortality.

Newborn Care

Coffey & Brown (2017) illustrated that unsafe traditional cord care procedures are an important public health issue. To understand the umbilical cord care practices, they reviewed 65 full-text articles and reached the conclusion that in the first month of life, neonatal sepsis is the third leading cause of death for infants (p.1). Optimal umbilical cord care practices for newborns have the potential to avoid such preventable neonatal deaths during the first week of life, particularly in settings with poor hygiene. In some cases, Lead and Antimony included in the material are most likely harmful, such as kohl and Surma. They argued to contextualize the behaviour change approach with the local culture (p.19).

John, et al. (2015) purposively selected 307 women from 10 rural communities of Niger Delta Region of Nigeria, to know the indigenous child care practices. They used a mixed methods research approach with focus group discussion, in-depth interview and observation tools in this study. Researchers explored that in most countries, newborn and childcare are dominated by traditional beliefs, behaviours and practices. Folk remedies are usually utilized at home for sick children before seeking medical attention, sometimes when it is too late to save the children (p.236). One of these is the traditional massage of the child with various substances from the third day after birth to nine months, but particularly within the first 6 months. Before and after the cord falls off, multiple substances are applied to the umbilical cord, such as engine oil or palm oil, wood ash sieved, heated herbs and breast milk. Policies need to

recognize wide-ranging community involvement, training and adjustment of culture-related childcare approach to minimize neonatal, infant and child mortalities.

Wells & Dietsch, (2014) used exploratory research with 32 reviews of Indian women's experience of giving birth abroad. They argued that childbirth is not merely a biological event, nor is it an isolated, individual experience but is reflective of the beliefs and expectations held by people and their communities (p.5). People believe that after childbirth baby is impure, so immediately after the birth bath should be compulsory. An oil massage is a popular practice, believed to improve the strength of mothers and their babies. The study found a socio-cultural reluctance among rural women to weigh the child, as they believed that this would not only interfere with the confinement ritual but also expose the baby to the risk of casting an evil eye on the baby (p.4).

Sunanda & Paul (2013) used survey research approach on 200 postnatal mothers from hospitals at Mangalore. Researchers said that the postnatal mothers apply herbal medicin on the umbilical cord. The study revealed a tradition in which the postnatal Muslim mothers on 14^{th} day of childbirth tie together the dried cord, few hairs of newborn along with a coin and hang this on a coconut tree or put into the water stream (p.50).

Puri et al. (2010) reviewed various literature regarding circumcision and found that circumcision is one of the oldest and the most controversial surgical procedures performed worldwide and is almost universal among Muslim and Jewish men (p.69). Many medical institutions in different countries accept that while health benefits can exist, neonates or children do not have any medical justification for routine circumcision.

Bhattacharya et al (2008) have focused on the socio-cultural customs and beliefs about weighing newborns (p.205). They used exploratory research design and qualitative approach and collected the data from mothers and TBAs by focus group discussions in their study. Low birth weight (LBW) is an important multifaceted indicator of maternal nutrition, ill health, and access to high-quality antenatal care (p.200) from a public health perspective. Institutional childbirth more accurately measured the weight of the newborn but in home based ceremonial confinement restricts contact with the outside and exposure of the newborn is prohibited. The study

suggested that while concentrating on better health outcomes, specific cultural traditions linked to childbearing should be understood and valued.

Gatrad & Sheikh (2001) observed that a number of Islamic rights are given to the Muslim child including to be suckled, and to be brought up with kindness and respect (p.8). Muslims share a number of birth practices, an understanding of which offers unique insights into Muslims' lives. According to the study, soon after birth, and preferably before the infant is fed, a small piece of softened date is gently rubbed into his/her upper palate (p.6). Whispering the *Adhan* into the right ear of the baby is common for the father or a valued member of the local community. Ideally, as soon as possible after birth, Adhan should be performed. Among some parts of the Muslim community, there is a commonly held belief that colostrum is either toxic/harmful to the child. Women wear *Taweez* for protection from ill-health in the newborn's neck. Muslims regard male circumcision as essential for hygienic purposes in general.

Breastfeeding

Afsana et al. (2019) argued that popular common sense normalizes the delayed initiation of breastfeeding. This study based on urban centres enlisted the common practices around breastfeeding the newborn among Muslim women. These include the practices Adhan recitation and giving prelacteal feeds before initiating breastfeeding. However they found that in north Indian urban centres colostrum is considered impure and discarded. But in slums of Hyderabad though it is not considered good but nevertheless it is given to the newborn after the prelacteal.

Khan et al. (2017) in a cross-sectional study used cluster sampling for the selection of 2166 women from Sindh, Pakistan. Researchers found that the first two years of the child's life provide a critical window of opportunity to ensure health, growth and development by best practices for infants and young children (p.8). With complementary age-appropriate feeding, all have tremendous potential to reduce under-five malnutrition and thus influence child mortality rates. A common cultural custom in South Asian countries is the early introduction of complementary feeding which is poor and puts the child at risk of infections.

Dawal et al. (2014) found that the foundation of proper early childhood health is exclusive breastfeeding. They used community based cross-sectional study with quantitative research approach and also select 7629 women from Limbgaon, Tuppa

and Mugat, Maharashtra. Prelacteal feeds such as honey, jaggery water, sugar-water, goat's milk and castor oil are provided under the belief that they act as laxatives, hydrating agents or cleaning agents or as a means of clearing the Meconium which carries the potential risk of infection (p.142).

Wells & Dietsch (2014), on the basis of 32 reviews of Indian women's experience of giving birth abroad, found that the dominant practice of giving prelacteals before the initiation of breastfeeding. Further they found a firm belief that colostrum is impure and harmful, hence to be discarded (p.4). To cleanse their system before breastfeeding, honey, hot water, sugar water, coffee, mustard oil and goat/ cow milk are given to newborn.

Seidu (2013) used a qualitative method in this research and take 14 interviews by using unstructured interviews scheduled. He argued that for newborns, breast milk is considered better, organic and safe food. Prelacteal feed is one of the barriers of early initiation of breastfeeding with neonates being often offered varied combinations of fluids including herbs before breastfeeding is initiated. This is despite the fact that infants are significantly protected against the conditions of major childhood diseases when they are exclusively breastfed for the optimal duration of six months.

In this research, Bandyopadhyay (2009) selected 444 respondents from four villages of West Bengal State in India. Both qualitative and quantitative methods were used in this research with survey questionnaire, in-depth interviews and case studies. She found that the main reason for avoiding the early initiation of breastfeeding is to discard the colostrum. Further the early breastfeeding termination is mostly due to perceived inadequate milk.

Immunization

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (WHO, 2019). Vaccines stimulate the body’s own immune system to protect the person against subsequent infection or disease. It is one of the most cost-effective health investments.

Mugada (2017) did a descriptive observational study with both qualitative and quantitative approach. She selected 377 mothers from the Government General Hospital, Kakinada. The researcher argued that there is no exaggeration to assert that vaccination saves many children from getting sick and dead from dreadful diseases,

thereby reducing the agony of many parents. Parental attitudes such as misunderstanding of adverse effects and vaccine contradictions and the consequent distrust become the impediment in the universal coverage of child vaccination.

Ahmad et al. (2010) applied the mix method approach in this research and selected 225 villages in 12 districts spread across Uttar Pradesh. They noted that except polio, there was little awareness of vaccine-preventable diseases among women. Young mothers' limited mobility and lack of family support were reasons for non-immunization, particularly in the Western Uttar Pradesh (p.68). A key reason for limited immunization is lack of awareness that even if a baby loses a dose of vaccine, hence immunization can be continued. Knowledge of the vaccination's side effects is an important facilitator for full immunization. ANM and ASHA are key facilitators for immunization and a trusted source of information and advice on health issues (p.70).

Child Mortality

Altijani et al. (2018), on the basis of data from Indian Annual Health Survey (2010–2013), argued that stillbirth is a major global health issue that affects more than 7,000 families every day and has mental, social and economic consequences. Researchers said that following many efforts to improve maternity treatment in India, there are still socio-economic inequalities in stillbirth and major preventable risk factors have been found to be maternal and fetal complications.

Nayak (2016) reviewed various articles and noted that stillbirth is a traumatic experience for both the mother and the obstetrician (p.3). Despite advances in fetomaternal medicine, the rate of mortality remains high. Many babies died in the antepartum stillbirth category due to medical conditions such as premature placenta separation, pregnancy-induced hypertension, bleeding due to the low lying placenta, and extreme mother anaemia. The common causes in the intrapartum stillbirth community are premature delivery, birth injury, birth asphyxia, obstructed labour, child congenital malformations, post maturity and cord prolapse. The socio-economic status and education of women influence the outcome of childbirth. The standard pregnancy care (ANC) will help detect many of the disorders, and by the skilled staff, the treatment can be started early.

Singh et al. (2011) noted that India, the South Asian region's most populous country, leads to the region's highest number of deaths among under-five children and one-fifth of the world's under-five deaths. Poverty and malnutrition exacerbate the risk of infants and children to various infectious diseases like diarrhoea and pneumonia and heighten the probability of death, particularly among children with low birth weight. There is a need to pay attention to the inconsistent relationship between the prevalence of child malnutrition and mortality during infancy and early childhood.

Bhalotra et al. (2008), illustrates that in India, Muslim children face lower mortality risks compared to Hindu children. This is shocking because one would have expected just the opposite. Researchers used large and complex household survey data from three rounds of NFHS, India. In this study, several partial reasons for the observed Muslim survival advantage were suggested: earlier initiation of breastfeeding, understanding and health-care behavior regarding childhood disease, less difference in sex and birth-order preferences for boys, urban position and cohort impact.

2.3 Family planning

Under this theme, the studies reviewed were those relating to planning the number of children and contraceptives.

Planning of children

Muttreja & Singh (2018) said that achieving gender equality and equity, family planning has been recognized as one of the most cost-effective solutions. A women's access to her preferred family planning process is associated with gender equality. Access to contraceptive helps in delaying, spacing and limiting pregnancies and can also help to the reduce malnutrition and increase long-term good health for the mother and the child by birth spacing.

In this researcher, Khongji (2013) used data, collected from Meghalaya's NFHS(1,2 & 3) and compiled using the Integrated System for Survey Analysis (ISSA) software. He illustrated the women's attitude towards an optimal number of children they would like. While this attitude may not affect directly into actual fertility, this analysis may provide a broad form of the determinants and future population patterns. An ideal number of children is associated with age, education, caste, religion, culture, place of residence and the standard of living index. According to the study, maximum women

consider two or less to be the ideal number of children and the number of children in connection with religion, depict that the Christian women show the highest number of the ideal number of children, followed by Muslims and Hindus respectively.

Char et al. (2010) interviewed purposively selected 60 couple and 60 mothers-in-law from 12 villages in MP for their qualitative research. Researchers found that the young wife joins a stranger's family where men and older women have the power to make decisions. When mothers-in-law did not live with the couple, the likelihood that those couples would adopt modern methods of contraception was higher. Further, the strong influence of mothers-in-law was more noticeable with regard to going for sterilization than for the temporary contraceptive methods. This was also subject to the number of sons produced.

Pande & Malhotra (2006) on the basis of NFHS-1 (1992-93) data argued that the son preference India is a well-documented phenomenon, and so are its implications on skewed sex ratio and female feticide. Less well researched are the underlying determinants of son preference as an ideology and its implications for living girls. Preference of a baby son in India is high, but not universal. Some mothers want both sons and daughters. Education of mothers is the single most important factor in reducing son preference.

Patel (2006) in her ethnographic study of Mogra village of Rajasthan attempted to provide an interpretive account of fertility behaviour in the village society. She argued for analyzing the specific institutional mechanism through which socioeconomic factors operate. A strong son preference was noted and so was the case with the number of children based on the socially prevalent prescriptions and proscriptions about when to end fertility and what should be the number of sons and daughters (p.30). Fertility determinants are conceptualized in terms of beliefs, feelings and value related to childbearing preferences. She also noted high infant mortality with almost every woman has lost a child (p.156). The use of indigenous methods of birth control was also recorded at length.

This is exploratory qualitative research of Chitwan District of Nepal with in-depth interviews of the couples. Stash (1996) from his study revealed that ideal family size estimates reflect the underlying son preference, making some people likely to have families bigger than their ideal. And, compared to women, men are likely to have

stronger son preferences. The research was successful in proving differential decision-making patterns between husbands and their wives. The results show that husbands are significantly more willing to pursue the birth of sons at the expense of larger family sizes than their wife and those wives or husbands are not seeking the birth of daughters to a similar degree.

Contraception

Kohls et al. (2017) argued that sterilization is an important topic with a large deficit of information. This review study argued that the selection of a method of contraception depends on reproductive status, age, socioeconomic status, educational and religious beliefs.

United Nations (2017) report provides that majority of women in the reproductive age group use contraception in almost all regions of the world. This is a survey-based observation of 185 countries or areas with 90,000 persons (p.23) wherein 63% of these women used some form of contraception worldwide. Over the next 15 years, the global community has committed to measures that guarantee access to sexual and reproductive health, including family planning, and the realization of reproductive rights for all people (p.2). The 2030 Sustainable Development Agenda provides two priorities related to family planning under wider population health and well-being goals; women and girls empowerment and gender equality.

Oliveira et al. (2014) in their research argued that historically there has been much focus on controlling the population growth that too with permanent methods of birth control. Education, religious affiliation and occupation of women had an overwhelming effect among recent users on system choices for family planning. Muslim women were more likely to choose a traditional or modern temporary form than sterilization. Highly educated women most likely to used new temporary method choices, but the impact of education on conventional method choices was only marginally significant.

USAID (2012) noted that when planning a family, both men and women play an important role. However, in some cultures, contraception is considered to be a woman’s responsibility (p.14). Family planning saves newborn and children's lives too, because of approximately one-third of all infant deaths occur when the spacing of children is too close or and mothers are too younger. The main reasons for not using

contraceptives are side effects, infrequent sex, fear of their partner's disapproval, and religious beliefs that do not support family planning (p.8).

Jain & Muralidhar (2011) noted that when their desired equality (of boys and girls) is reached women are forced to hurry childbearing and look for the terminal process. Across developing countries, the risk of unsafe abortion lies mainly. The burden of unsafe abortion lies primarily in developing countries. In India, there is a dire need for contraceptive methods to be more women friendly (p.626).

Shahid (2010) in his study argued that both the religious groups (Hindus and Muslims) considered sterilization as against their religion and culture and is taken up as a last resort. He noted that women argued to take it up when any further childbirth seems unaffordable (p.227). The data also informs that apart from pregnancy load, women are also exposed to the pains and risks of pregnancy wastages and poor safe motherhood and safe delivery practices. The data, therefore, contradicts the arguments that poorer the reproductive trajectory, poorer the adoption of family welfare programmes (p.232). He argued that contraception is a dynamic process involving family as a whole rather than the individuals and this becomes more important when their decision is to be taken about female sterilization.

Mesce (2005) noted that most abortions occur under unsafe conditions and two out of five unsafe abortions are performed among underage women. Women who are unable to afford or unable to access medical services attempt to abort their pregnancy itself or turn to unqualified practitioners. As a result between ten per cent to fifty per cent of the girls and women are suffering from the complication of unsafe abortion and need medical attention and care. A variety of traditional methods are used for abortion: swallowing large doses of oral contraceptives; inserting a sharp object into the uterus; drinking or flushing the vagina with liquids such as bleach; jumping or falling or vigorous dancing; or sustained and vigorous sexual intercourse over long periods (p.13).

Johnston (2002) applied both quantitative and qualitative research and argued that the second-trimester abortion rate in India is estimated to be among the highest in worldwide and continues to rise. Because of the secrecy surrounding abortion, most of the women resort to the unskilled health providers for abortion who used a variety of

objects and herbs to induce abortion (p.18). Among Indian women, morbidity and mortality from unsafe abortion remain a major concern.

2.4 Reproductive Morbidity

This theme reflects the reviews around reproductive tract infections and HIV/AIDS.

Reproductive Tract Infections (RTIs)

Kafle & Bhattarai (2016) used quantitative research with a cross-sectional approach and selected 258 married women by cluster sampling from Gongolia Village, Rupandehi District, Nepal. They argued that during natural events such as menstruation, pregnancy and childbirth, women are at risk of RTI. Low back pain accompanied by vaginal discharge, itching around the vaginal region, low abdominal pain, genital ulceration, painful or burning urination, and painful intercourse were the most common signs reported by the ladies.

Kulkarni & Chauhan (2009) did FGD with 3-tribal and 3-non-tribal women in Nasik district in Maharashtra. They noted in this study that in most communities, women were generally married at a very early age. Most of the women were using homemade sanitary napkins made by old clothes because they couldn't buy ready-made sanitary napkins. Another menstrual hygiene practice was to abstain from sexual contact. Almost all the women were aware of the common gynaecological problems.

Goyal & Bhandari (2008) selected 1704 pregnant women from slum areas of New Delhi for quantitative research with door to door survey and interview. They revealed that women experienced high levels of self-reported maternal morbidity, both during delivery and in particular during the postpartum period because of the low level of the treatment-seeking condition such as excessive bleeding or foul vaginal discharge.

Joshi et al. (2008) used a sample of 1067 married women from Vadodra (Gujrat) and challenged the common assumption of the ‘culture of silence’ surrounding women’s gynaecological morbidities and instead found that a high percentage of women had sought treatment to resolve what frequently represent long-term chronic conditions. Women attempt to obtain treatment for most of their gynaecological problem. The study also illustrates the pragmatic nature of treatment-seeking behaviour among rural women and the extent to which traditional cultural beliefs frequently co-exist with modern allopathic treatment-seeking behaviour.

HIV/AIDS

WHO (2018) reported that the Human Immunodeficiency Virus (HIV) remains a major global issue of public health, claiming more than 35 million lives so far. The human immunodeficiency virus (HIV) destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. The high risk group remains the people who inject drugs, men who have sex with men, sex workers and their clients, inmates and other closed families, and people who are transgender.

NACO (2018) reported that in India the adult HIV prevalence at national level has continued its steady decline from an estimated peak of 0.38% in 2001-03 through 0.34% in 2007, 0.28% in 2012 and 0.26% in 2015 to 0.22% in 2017.

Mondal et al. (2012) on the basis of ever-married women data taken from the BDHS-2007argued that many people are still thinking that sexuality is a private matter and are hesitating to talk about it and not having enough knowledge regarding HIV/AIDS. Most people still not know about what HIV / AIDS entails and do not know how to keep safe themselves. Awareness and training also play a crucial role in raising awareness among ever-married women about HIV and AIDS.

2.5 Summary

The review of studies reflects that there is a relative dearth of studies focusing on the holistic nature of reproductive health of women in general and Muslim women in foothills of Uttarakhand in particular. However, the studies abound on the segmental aspects of reproductive health or on the issues that closely have bearing on reproductive health. For example, the early marriage of girls is directly associated with their reproductive health. After marriage women get pregnant early and the food, work, place of delivery and containment period also having bearing on the health of mother and newborn. Practices related to childbirth, feeding and child care have bearing on the child health and mortality. The reviews provided an overview of safe motherhood including marriage, pregnancy, antenatal care, delivery and postnatal care; child survival; family planning and reproductive morbidity.

Further, it also emerged from the reviews that mostly the studies have focused on the services component of the reproductive health and their linkages to socio-demographics. There is a need to understand the overall popular common sense

perceptions around reproductive health and reproductive health services. There is a need to map the meaning-making by women on their overall reproductive health and filter out what are the major concerns and considerations women have in any discussion and decision on these issues. This study focuses on the experiences of women negotiating their reproductive health.

2.6 Objectives

The broad objective of this study is to map the reproductive health experiences of Muslim women. The objectives of the study are:

1. To understand the concerns and considerations of Muslim Women on reproductive health
2. To describe the safe motherhood experiences of Muslim women
3. To explore the childbirth and child survival practices
4. To understand the fertility behavior and family planning practices
5. To map the concerns and issues around reproductive morbidity
6. To map the experiences around reproductive health services among Muslim women

2.7 Research Questions

The following research questions further explain and elaborate on the objectives of the study:

a. What is your perception regarding marriage?
b. Can you please describe your experiences related to the first pregnancy?
c. What are the traditional practices around pregnancy?
d. Can you please explain your experiences related to Antenatal Care?
e. Which type of food and work you prefer during pregnancy and why?
f. What are the religious practices during pregnancy?
g. Which baby you preference for the birth (girl or boy) and why?
h. What are the common perceptions related to eclipse during pregnancy?
i. Which place you refer for delivery and why?
j. Can you please explain your experiences related to Post Natal Care (Food practices, work practices, religious practices)?

k. What are your experiences about religious practices and purity pollution during confinement?
l. How did you manage personal hygiene after childbirth?
m. What are the common experiences related to miscarriage?
n. In the case of home-based delivery what is the traditional child care process immediately after childbirth (bathing, wrapping etc.)?
o. What are the breastfeeding practices?
p. What are the practices relating to the umbilical cord of a newborn?
q. What is your perception related to child immunization?
r. How you manage childhood disease?
s. What is the ideal number of children and the gap between two children?
t. What are the experiences related to family planning?
u. Which contraceptive method you like most?
v. Can you explain your experiences related to reproductive morbidity?
w. Can you share your knowledge related to HIV/AIDS?
x. Which type of facilities or services did you receive from the government?

Chapter-3: Research Methodology

CHAPTER-3: RESEARCH METHODOLOGY

The reproductive health status of women, especially in the third world countries including India, requires urgent attention. The sexual and reproductive health problems are responsible for one-third of health issues for women between the ages of 15 and 44 years (WHO, 2015). The Program of Action (PoA) on account of the International Conference on Population and Development (ICPD) shifted the focus from demographic targets to comprehensive reproductive health. This marked the significant paradigm shift from singular target based approach to focus on three interconnected areas ensuring access to universal rights, the provision of health services and empowerment of women for achieving healthy sexual and reproductive lives (UNFPA, 1994).

The present program structure of the Government of India for addressing health and family welfare is complex and built over time by adding new projects and programs to the original core of family planning program, for example- MCH (Maternal and Child Health), CSSM (Child Survival and Safe Motherhood) and RCH (Reproductive and Child Health) (Mohammad et al., 2003). More recently the holistic approach towards reproductive health is reflected in the National Health Mission of the Government of India in form of National Rural Health Mission and National Urban Health Mission (GoI, 2005; 2013).

It is argued that there is a need to reproductive health programmes beyond targets and instead the focus should be on how women negotiate their reproductive career (Shahid, 2010). This study aimed to understand the phenomenon of reproductive health in an urban setting and the manner in which women do meaning making of the issues relating to the reproductive and child health. The narratives around the lived experiences of women, more specifically the experiences of negotiating the reproductive health issues were recorded under four broad themes viz. safe motherhood; child survival; family planning; and reproductive morbidity. Further, the study is confined to the reproductive and child health practices of Muslim women in an urban setting. Thus the study aimed to understand, explore and describe the reproductive and child health practices of Muslim women in an urban setting and the interplay of socio-cultural and religious practices along the reproductive trajectory.

3.1 Ontological, Epistemological and Methodological Positioning

Social research and its associated methods do not take place in a vacuum (Rubin & Babbie, 2010). Social work research is the use of the scientific method to enhance the practice of social work (Ramachandran, 1990 p. 4). The research methodology is a way to systematically solve the research problem. However, the researcher is needed to design her/his methodology for his problem as the same may differ from problem to problem (Kothari, 2009). This is further subjected to how the researcher sees the problem under study, the way the problem is to be approached and the manner in which the study would be executed. Hence the researcher attempted to comprehend and explain the ontological, epistemological and methodological underpinnings of this study.

Precisely speaking ontology is the philosophy of being. It locates and explains the very nature of reality. The question- what exists in the human world that we can acquire knowledge about?- explains the purpose of the ontology (Moon & Blackman, 2014). The ontological positioning ranges from realism to relativism and many ontological positions exist (Tashakkori & Teddlie 2010; Johnson & Gray 2010; Stokes 1998; Morton 1996; Feyerabend 1981). Realism argues that we can understand reality by critical examination and the use of correct methods, relativism argues that realities exits as multiple, abstract mental constructs and therefore no reality beyond subjects (Moon & Blackman, 2014). In this study, the reproductive health has been approached from the perspective of the subjects, the way they give meaning to it.

Epistemology is the philosophy of knowledge. The basic question explains its essence- How do we know what we know? It is about how we create knowledge (Crotty, 1998). It also ranges from extremes of objectivism to subjectivism. While objectivism argues that meaning exists within an object and hence an objective reality exists in an object independent of the subject, the subjectivism positions that meaning exists within the subject and the subject imposes meaning on an object or more recently, the constructivism which argues that meaning is created from the interplay between the subject and object (Moon & Blackman, 2014). In this study, we moved with the assumption that the understanding of the reproductive health was embedded

in the socio-cultural constructions and made visible through the socio-cultural practices, rites and rituals around the issues of reproductive and child health.

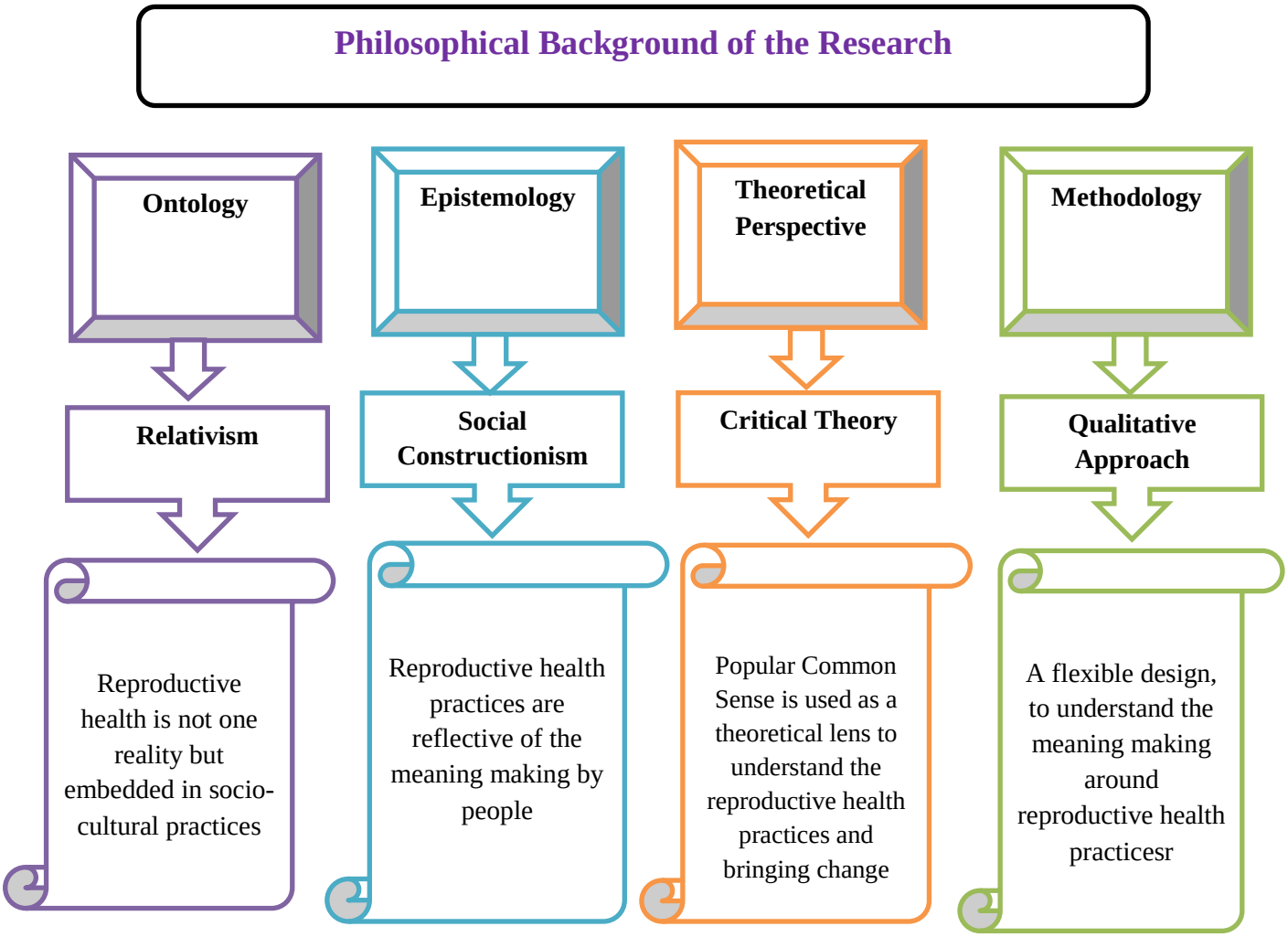
The theoretical perspectives emerge on the basis of ontological and epistemological positioning. It represents the researcher's philosophical orientation that guides the research. This differs from positivism to interpretive theories. While positivism relies heavily on applying natural sciences methods in social sciences, the interpretive theories argue that the natural science methods cannot be applied to social sciences and interpretations of the reality are culturally derived and historically situated (Crotty, 1998; Moon & Blackman, 2014).

For this study, it was found that reproductive health beliefs and practices were deeply rooted in socio-cultural contexts. The attitude around reproductive health was a product of the meaning-making in a particular socio-cultural context. Thus it seemed that ontologically, reproductive health as a social phenomenon is rooted in the diverse socio-cultural realities and the meaning-making ascribed by the mass of the people over the period of time. Social constructionist lens hence proved to be a better epistemology for understanding and exploring the meaning-making around reproductive health. The way reproductive health practices are rooted in popular perceptions. The popular common sense repertoire on reproductive health is thus a repository and reflective of the popular perceptions around the reproductive health practices. Overall community attitude to reproductive health is reflected in the manner in which the word reproductive health is used in common parlance accompanied by the proverbs, idioms, phrases, stories, and other forms of narration. These in turn govern the attitude and behaviour of the masses on reproductive health practices in a specific socio-cultural context. In regard to Indian society and culture, Kakar (1989) rightly noted that there is no better way to gain an understanding of society than through its stock of stories—myths, fables, parables and the tales. In this study, the popular common sense repertoire lens helped in locating a plethora of reproductive health practices and the rules governing the same. In this study thus an attempt was made to locate and understand how the reproductive health practices are normalised in a particular socio-cultural context and how the understanding of these could help in promoting reproductive health services.

The researcher has used the word 'popular common sense' from the Gramscian perspective. It is important to understand how people agree and consent to rule (practices) and how they accept values and attitudes towards life, circumstances of life and daily practices. The popular common sense contributes to normalization and meaning-making the socio-cultural practices and the rules governing these practices as normal and natural (Ive, 2004). This is how reproductive health practices are regulated in society. Popular common sense is the sedimentation of ideas over the years, which is why people have a particular but common attitude towards reproductive health.

The research methodology and research methodological approaches are contingent to the ontological, epistemological and theoretical perspective with which the study is undertaken. Thus methodologically, the qualitative approach and descriptive design were adopted. It was intended to gather theoretically richer observations that are not easily reduced to numbers (Rubin & Babbies, 2010 p. 437). The qualitative methodological approach and descriptive research design were found to better help in understanding and describing subtle nuances of the phenomenon of reproductive and child health in an urban setting. The descriptive design helped in engaging with the subjects and developing the narratives through discussions and in-depth interviews (IDIs). In this study, in-depth interviews particularly helped in locating the stock narratives on reproductive health. Figure 2.1 summarizes the ontology, epistemology, theoretical perspective and methodology for understanding and studying reproductive health.

Figure 3.1: Philosophical Background of the Research



3.2 Study Locale

The study attempted to understand and describe the reproductive health practices in Haldwani, Nainital district of Uttarakhand and hence a brief description of the study locale has been made here.

Uttarakhand: Uttarakhand is a state in northern India, formerly known as Uttaranchal. Because of temples and state pilgrimages, it is often referred to as the "Devabhumi" (Land of the Gods). On November 9, 2000, Uttarakhand became the 27th state of the Republic of India, being carved from Uttar Pradesh's Himalayan districts. It spans northward China's Tibetan Autonomous Region; Nepal is in the east; in the southward Uttar Pradesh; and westward and north westward Himachal Pradesh. The capital of Uttarakhand is Dehradun. The Uttarakhand state is divided into two

divisions, Kumaon and Garhwal, with a total of 13 districts, 14 tehseel and 41 development blocks (Chopra, 2017).

Nainital: Nainital district is in the Kumaon division of Uttarakhand. It is located between latitudes 28o-30o N and 78o-81o E in the Himalayan and Sub-Himalayan areas, covering an area of approximately 3853 square kilometres (GOI, 2017). The district is divided into two areas, namely Bhabar and hill, on the basis of geographical conditions.

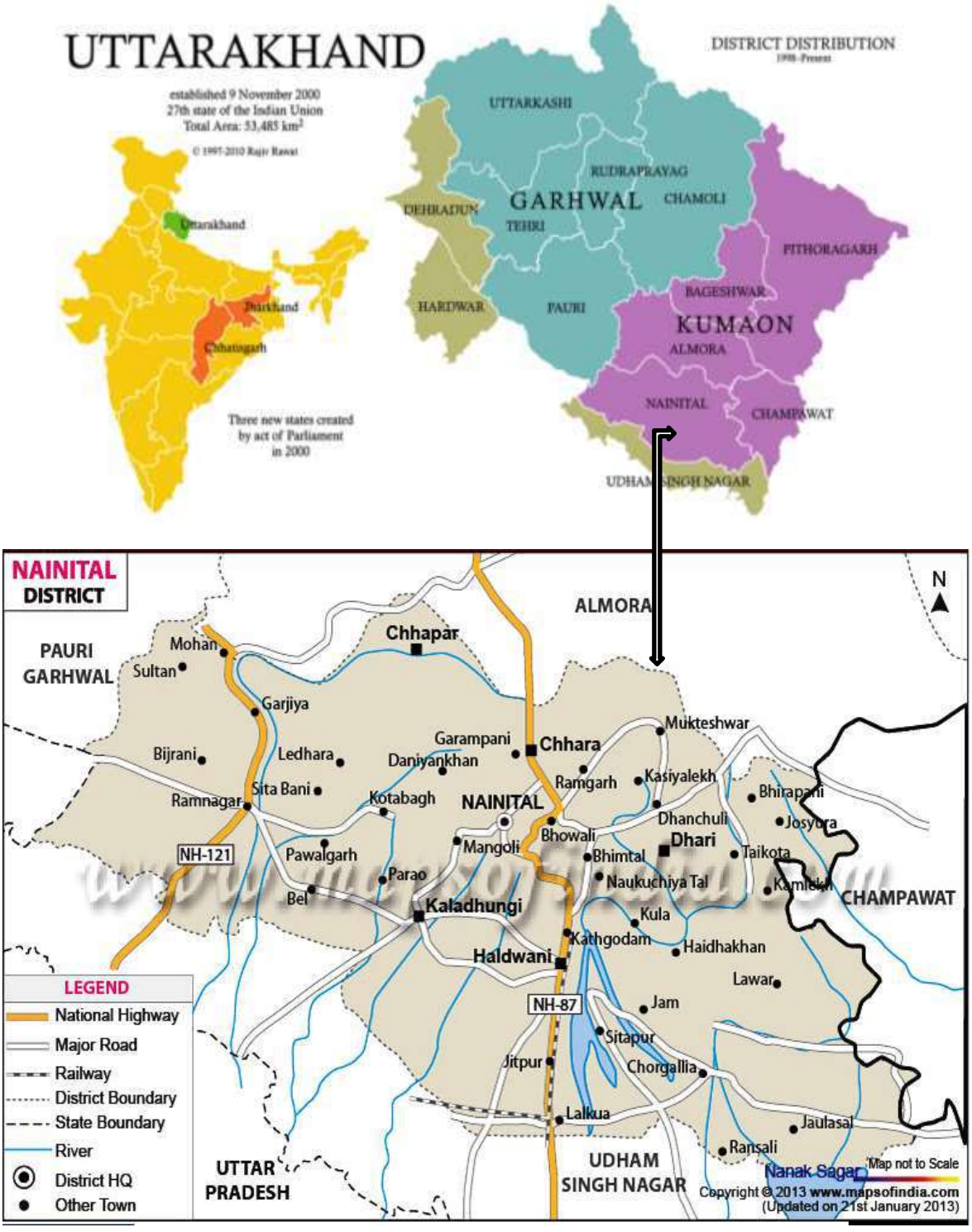
Haldwani: Haldwani fall in district Nainital and is considered as the third-largest city of the state of Uttarakhand. It was chosen as the study area for the present research. Haldwani is known as 'Haldu-wani' due to the excess of Haldu trees (Haldina cordifolia). Haldwani is situated at the foothills of the Himalayan range, south to Nainital, also known as the area of Bhabar' (GOI, 2017). From the phytogeographic viewpoint, it is a plain area with a slope from north to south. The total population of Haldwani and Kathgodam Metropolitan region is 364129 with 67.25% urban population (Census, 2011). Haldwani is a multicultural city with migrant people from different parts of India who are now the native of the terai-bhabhar region of Uttarakhand. Table 2.1 provides the comparative demographic profile of the study area.

Table 3.1: Comparative Demographic Profile

S.N	Variables	India	Uttarakhand	Nainital	Haldwani
1	Total area	3.287 million km²	53,483 km2	3,860 km²	143.50 km²
2	Total population	1,210,854,977	10,086,292	954,605	364129
3	Female population	586,469, 174	4,948,519	460,939	232,095
4	Male population	623, 724, 248	5,137,773	493,666	121,409
5	Total Literacy rate	74.04%	78.82%	85.26 %	84.29%
6	Female literacy rate	64.63 %	70.01%	81.37 %	80.83 %
7	Male literacy rate	80.88%	87.4%	88.82 %	87.45 %
8	Female sex ratio	943	963	934	912

Source: GoI, 2011

Figure 3.2: Map of Uttarakhand and Nainital



Source: https://www.mapsofindia.com/maps/uttarakhand/

3.3 Reproductive Health Status in the Study Area

The study aimed to record the experiences of negotiating the reproductive health of Muslim women in Haldwani and the reproductive health issues were mapped under four broad themes viz. safe motherhood; child survival; family planning and reproductive health. Here an attempt is made to provide a glimpse of the reproductive health status around these broad themes in the study area.

Safe Motherhood

Safe Motherhood refers to all women receiving the care needed to be secure and healthy through pregnancy and childbirth (Khan et al. 2009). Table 3.2 provides the comparative picture of the safe motherhood at all India level, state level (Uttarakhand) and district level (Nainital).

Table 3.2: An Overview of Safe Motherhood

Variables	**World**	**India (NFHS-4)**			**Uttarakhand (NFHS-4)**			**Nainital**
		Urban	**Rural**	**Total**	**Urban**	**Rural**	**Total**	
The median age at marriage	27.8 Years (Stritof, 2019)	19.8 years	18.1 years	18.6 years	NA	NA	19.4 years	NA
Married before age 18 years	700 million (Unicef, 2019)	17.50%	31.50%	26.80 %	NA	NA	40%	NA
ANC visit during the first trimester	86% (Unicef, 2018)	69.1	54.2	58.6	63.1	48.7	53.5	65.7 %
Four and more ANC	62% (Unicef, 2018)	66.4	44.8	51.2	41.2	25.7	30.9	40.4 %
Institutional deliveries	78% (Unicef, 2019)	89	75	79	79.1	63.7	68.6	64.7 %
Cesarean section delivery	21.1% (Howard, 2018)	28.3	12.9	17.2	19.4	10.2	13.1	24.6 %
Postnatal check within two days	NA	73	62	67.5	66.1	49.1	54.8	59.5 %
Miscarriage	NA	7.5	6.0	6.4	9.0	6.2	7.2	NA

Source: IIPS, 2016; Stritof, 2019; UNICEF, 2019; UNICEF, 2018

Child Survival

In developing countries, millions of children die before they reach their fifth birthday (Ingle, & Malhotra, 2007). India has a high infant mortality rate, and newborns are considered vulnerable (Choudhry, 1997 p. 538). In India, approximately 1.75 million children die every year before they reach their first birthday. In India, child and under-five mortality rates vary widely across social groups (Sachhar, 2006). While for any social group in India, Muslims have the second-lowest child and under-five mortality rates (Sachhar, 2006). Table 3.3 provides the comparative picture of child survival indicators at all India level, state level (Uttarakhand) and district level (Nainital).

Table 3.3: An Overview of Child Health

Variable	Global	India (NFHS-4)			Uttarakhand (NFHS-4)			Nainital (NFHS-4)
		Urban	Rural	Total	Urban	Rural	Total	
Children who received a health check within 2 days after birth	NA	27.2	23	24.3	24.4	16.6	19.3	18.4
Children under age 6 months exclusively breastfed	41% (Unicef, 2018)	52.1	56	54.9	51.2	51	51	48.5
Children age 6-8 months receiving solid or semi-solid food and breast milk	69% (Unicef, 2018)	50.1	39.9	42.7	48.6	45.8	46.7	39.4
Children age 12-23 months fully immunized	85% (Unicef, 2018)	63.9	61.3	62	56.5	58.2	57.7	59
BCG	68 (Unicef, 2018)	93.2	91.4	91.9	90.4	94	92.9	91.6
DPT	85.58 (World Bank, 2017)	80.2	77.7	78.4	81	79.6	80	76.2
Measles	84.96 (Unicef, 2018)	83.2	80.3	81.1	77.7	81.8	80.6	78.5
Polio	95 (Unicef, 2018)	73.4	72.6	72.8	67.2	68.4	68	72.6
Infant mortality rate (IMR)	37 (Unicef, 2018)	29	46	41	44	38	40	31 (GOI,, 2014)
Under-five mortality rate (U5MR)	39 (WHO, 2017)	34	56	50	49	46	47	38 AHS, 2014)
Stillbirth	NA	0.8	1.0	0.9	0.8	1.0	0.9	NA

Source: IIPS, 2016; GoI, 2014; UNICEF, 2018; WHO, 2017; World Bank, 2017

Family Planning

The family planning is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births (WHO, 2015). The willingness of a woman to space and limit her pregnancies directly affects her health and well-being. Table 3.4 provides the comparative picture of the family planning scenario at all India level, state level (Uttarakhand) and district level (Nainital).

Table 3.4: An Overview of Family Planning

Variable	**Global**	**India (NFHS-4)**			**Uttarakhand (NFHS-4)**			**Nainital**
		Urban	**Rural**	**Total**	**Urban**	**Rural**	**Total**	
Fertility rate	2.4 (World Bank, 2017)	1.8	2.4	2.2	1.8	2.2	2.1	NA
Any method	62.5 (World Bank, 2014)	57.2	51.7	53.5	53.9	53.2	53.4	48.5
Any modern method	57.0 (UN, 2017)	51.3	46.0	47.8	48.5	49.8	49.3	44.9
Female sterilization	18.9(UN, 2013)	35.7	36.1	36.0	18.7	32.2	27.4	22.0
Male sterilization	2.4 (UN, 2013)	0.3	0.3	0.3	0.4	0.8	0.7	2.1
IUD/PPIUD	13.9 (UN, 2013)	2.4	1.1	1.5	2.2	1.3	1.6	1.8
Pill	8.9 (UN, 2013)	3.5	4.3	4.1	4.2	2.7	3.2	4.9
Condom	8.0 (UN, 2013)	9.0	3.9	5.6	22.7	12.4	16.1	13.7

Source: IIPS, 2016; World Bank, 2017; UN, 2013

Reproductive Morbidity

Maternal morbidity (disease/illness) is characterized as a condition or illness that occurs during childbirth, birth or puerperium, often permanently affecting the dignity of women and their physical or mental health (Stewart et al., 2003). The causes may vary such as including obstetric interventions, complications, cultural practices, or coercion. Because of insufficient attention, reproductive morbidity is the neglected dimension of reproductive health in India.

Table 3.5: An Overview of HIV/AIDS

About HIV/AIDS	Global	India	Uttarakhand
Adult (15-49) HIV prevalence	36.2 million	0.22%	0.11%
People living with HIV (PLHIV)	37.9 million	2140000	8021
Women living with HIV	18.8 million	908600	2901
New HIV infection	1.7 million	87580	713
People on ART	23.3 million	1181129	3575
AIDS related death	770 000 million	69110	213

Source: WHO, 2018; NACO, 2018

3.4 Tools of Data Collection

The in-depth interview (IDI) was used as a tool for data collection. The interview guide for an in-depth interview was developed and finalised on the basis of the literature review and a series of pilot interviews. The interview guide was tentatively structured into initial ethical guidelines followed by the subthemes, questions and probes on the major themes of the study viz. safe motherhood, child survival, family planning and reproductive morbidity. The interview guide used in the study is placed at Appendix-1. All the IDIs were audio recorded with the prior consent of the respondents. The recorded narratives were transcribed firstly in Hindi and the converted to Urdu and English versions.

3.5 Sample Selection and Data Collection

The primary data has been collected through fieldwork by doing in-depth interviews. The study was initiated in the month of June 2017 to August 2017 as a pilot study. After revising and tentatively finalizing the interview guide, the data collection was done from selected respondents between February 2018 to May 2018 and the respondents were further revisited June 2019 to August 2019. A total of 25 in-depth interviews were conducted with Muslim women in the age group of 15-49 and who were having at least one child of age less than two years. The respondents' were selected and finalised for IDIs on the basis of inclusion-exclusion criteria and their interest to participate in the research study. Hence the purposive sampling technique was used to select the respondents.

3.6 Data Collection and Analysis: Evolving themes and subthemes

In qualitative studies pose a special challenge in presenting their data and researchers have used a variety of presentation choices, ranging from brief directly or indirectly quoted material to chapter-length life histories (Yin, 2011). In this study, in-depth interviews were conducted to collect the primary data from the women participants. The interviews are tape recorded along with the simultaneous use of field notes. All the interviews were conducted in the vernacular Hindi language. The informed consent of all the participants was ensured before the interviews. The audiotaped interviews were transcribed initially in Hindi, the respondents own language. The researcher transcribed every interview just after collection because it helped to remember the expression and situation of the respondents. It also helped in visiting the respondents multiple times to share with them the transcription and also to update the meaning-making around reproductive health practices. The researcher spent the average time four days for one in-depth interview. Before the data collection, the researcher went to each of the respondent's residence and connected herself for a better rapport with respondents and ensured their ease and comfort for interviews. During data collection researcher noted the views, experiences, beliefs and motivations of individual participants of the research. She also observed the behaviour, expression and gestures of the respondents during the interviews. When the data was transcribed, narratives, phrases, proverb and idioms were specifically underlined for further discussion with respondents to as to make sense of the popular perceptions around these stock narratives, to borrow the phrase from Kakar (1989). After the transcription of the interviews and multiple visits to respondents for more insight and update the data collection was saturated at twenty-five in-depth interviews. After the data collection, the transcription was read and reviewed many times and in consequence, it ended up into classifying and categorizing the data into four major themes viz. safe motherhood; child survival; family Planning; and reproductive morbidity. This classification and categorization into four themes were not easy and it took shape as a cumulative outcome of multiple factors ranging from many readings of transcriptions, insight from review studies and expert consultation. After this thematic classification, the transcription was further read along with the specific themes and paved the way for coming up of very interesting sub-themes and

the micro themes. Together these helped in developing the rich narratives around the reproductive health practices of Muslim women in Haldwani city of Nainital district.

3.7 Respondent's Profile

As discussed the respondents included in the study were ever married Muslim women in the age group 15-49 years with at least one child under the age of two years. With this criteria, the researcher approached the respondents, briefed them about the study and only those who gave consent and continued to have interest in the interview process were finally included in the list of twenty-five respondents who constituted the primary respondents for understanding the phenomenon of reproductive health of Muslim women in Haldwani city, Nainital district.

The minimum age of the selected respondents at the time of the interview was 16 years and the maximum was 35 years. Thus the respondents ranged from 16 years of age to 35 years of age (Table 3.6). Further in terms of the age at marriage, the minimum was 14 years and the maximum was 25 years.

Table 3.6: Age of Respondents

	Age at the time of Interview	**Age at Marriage**
Mean	26years	18years
Minimum	16years	14years
Maximum	35years	25years
Total No.	25	25

Further among 25 ever-married women respondents, 24 were married and only one was a widow. In the case of the family type, 18 respondents were living in an extended family and the remaining 7 were had a nuclear family (Table 3.7).

Table 3.7: Marital Status and Family Type

Marital status	**Frequency**	**Type Family**	**Frequency**
Married	24	Extended	18
Widow	1	Nuclear	7

Total	25	Total	25

In the present study, the self-reported caste category shared by the respondent was that 6 respondents belonged to general category and 19 were from other backward classes (OBC). Table 3.8 further provides that in terms of the possession of Ration Cards, 9 respondents were APL (above poverty line) and 16 were BPL (below poverty line).

Table 3.8: Caste Category

Caste	Frequency	Ration card	Frequency
General	6	APL	9
OBC	19	BPL	16
Total	25	Total	25

In this research, 8 respondents were illiterate, 3 respondents had studied till primary and 6 respondents were educated till middle (Table 3.9). Also 3 respondents had done high school, 2 intermediate, and 2 were undergraduate. Only one respondent had post-graduation.

Table 3.9: Educational Status

Education	Frequency
PG and above	1
UG	2
Intermediate	2
High School	3
Middle	6
up to Primary	3
Illiterate	8
Total	25

The respondents were engaged in four categories of work viz. Anganwadi Helper, Dai, House maker and unskilled workers (Table 3.10). Among the 25 respondents, 22 were house makers.

Table 3.10: Nature of Occupational Engagements

Working Status	Frequency
Anganwadi Helper	1
Dai (Traditional Birth Attendant)	1
House Maker	22
Unskilled worker	1
Total	25

Income usually depends on the occupation of the people. In the present study the average income of the respondent was INR 6500 per month. Among the 25 respondents, the minimum income was 2500 and the maximum was 20000 (Table 3.11).

Table 3.11: Family Income

Total No.	25
Mean	6500.0000
Mode	5000.00
Minimum	2500.00
Maximum	20000.00

The number of living children is closely linked with the reproductive health of the women and is also indicative of family planning among the couple. Among the 25 women respondents, most of the respondents (10) were having two children and 7 were having one child (Table 3.12). Four respondents were having three children and three respondents were having five children.

Table 3.12: Number of Currently Living Children

Number of children	Frequency	Percent
Having one child	7	28.0
Having two children	10	40.0
Having three children	4	16.0

Having four children	1	4.0
Having five children	3	12.0
Total	25	100.0

Among 25 respondents, 9 women suffered from miscarriage two times and seven respondents got miscarriage once (Table 3.13). Only one respondent got miscarriage three times and eight respondents never got a miscarriage.

Table 3.13: Miscarriage

Miscarriage	Frequency	Percent
Never	8	32.0
1.00	7	28.0
2.00	9	36.0
3.00	1	4.0
Total	25	100.0

Table 3.14 provides details on the abortion experiences of the respondents. Among 25 respondents, 11 respondents never had any abortion, while 6 respondents had it once, 5 respondents had it twice and 3 respondents had it three times. And surprisingly one respondent experienced abortion 7 times in her life.

Table 3.14: Abortion Experiences

Abortion	Frequency	Percent
Never	11	44.0
1.00	6	24.0
2.00	5	20.0
3.00	2	8.0
7.00	1	4.0
Total	25	100.0

Table 3.15 shows the child mortality and stillbirth experiences of respondents. Among 25 respondents, 5 respondents lost their 1 child and 2 lost 2 children after birth. While 2 respondents had 1 stillbirth and 1 respondent experienced 1 stillbirth.

Table 3.15: Child Mortality

No. of Casualty	Women faced Child death	Women faced Still Birth
1.00	5	2
2.00	2	1
Total	25	25

Table 3.16 reflects on the place of delivery preferred by the respondents. Among 25 respondents, 13 respondents gave birth to babies at home and 12 respondents gave birth to babies at government hospitals.

Table 3.16: Place of Delivery

Place of Delivery	Frequency	Percent
Govt. Hospital	12	48.0
Home	13	52.0
Total	25	100.0

In terms of contraceptive usage, out of 25 respondents, 12 women said that their husbands used condoms to prevent pregnancy (Table 3.17). Three respondents recently had female sterilization to prevent pregnancy and one respondent used oral contraceptive pills. One woman respondent reported the use of IUD to prevent pregnancy and three respondents said that their male partners preferred withdrawal method to prevent pregnancy. Four respondents did not use any method to prevent pregnancy.

Table 3.17: Contraceptive Method

Contraceptive method	Frequency	Percent
Condoms	12	48.0
Pills	1	4.0
IUD	1	4.0
Female Sterilization	3	12.0
Withdrawal	3	12.0
Any other	1	4.0
Not anyone	4	16.0
Total	25	100.0

Antenatal care (ANC) is the care which one gets from health professionals during the pregnancy. In this study, 10 respondents used at least 3 ANC checkups and 11 respondents had IFA and 18 had tetanus injections (TT) during pregnancy (Table 3.18). 15 respondents' did not report any ANC checkups, 14 respondents skipped IFA tablets while 7 respondents did not have tetanus injection.

Table 3.18: Antenatal Care

	At least 3 ANC	**IFA Tablets**	**TT**
Yes	10	11	18
No	15	14	7
Total	25	25	25

Table 3.19 provides that among 25 respondents, 22 had their children vaccinated for Diphtheria, Pertussis and Tetanus (DPT). All the 25 respondents reported positive for Poliomyelitis vaccination and 21 respondents reported for Measles and BCG vaccines. As much as 14 respondents had accessed immunization for by Hepatitis B vaccine while 12 respondents for HiB vaccine. Only three respondents did not report for DPT vaccination.

Table 3.19: Child Immunization

	BCG	**Diphtheria**	**Pertussis**	**Tetanus**	**Poliomyelitis**	**Measles**	**Hepatitis B**	**HiB**
Yes	21	22	22	22	25	21	14	12
No	4	3	3	3	0	4	11	13
Total	25	25	25	25	25	25	25	25

3.8 Ethical Concerns and Considerations

Ethics regulating research in sensitive subjects such as reproductive health requires that respondents consent be obtained and that the researcher always express a promise of confidentiality at the beginning of the interview. As a part of the ethical considerations involved in the present research, the researcher introduced herself and

her research topic to the research participants and developed a rapport with them during data collection. For the purpose of the research, she requested one hour of their time to perform the interview and took permission for the revisit for more information, clarification and update, if so needed. Each individual research participant was also told at the beginning, that her participation is completely voluntary and that there is no compulsion to answer the queries. She was advised that if she was made uncomfortable by any of the topics under discussion for some reason, she can ask to stop the interview. Before starting the field interviews, written inform consent has been taken from all the participants. However, in the case where the participant is not literate, oral consent from the research participant was taken and the researcher read translated Hindi version of the consent form for all the participants. The researcher also took permission for the recording of participants' experiences and gave the right to stop and withdraw from the interview at any point during the interview. The confidentiality of data collected and respondent anonymity was maintained during the analysis, and data was collected only with the informed consent of the respondents. The interviews were performed in a private environment until the consent was obtained. The data computerized did not use or record the name of the respondent.

3.9 Operational Terms

Reproductive Health: The phenomenon of reproductive health in the study has been comprehended and described along with the four major themes viz. safe motherhood, child survival, family planning and reproductive morbidity.

Muslim Women (the respondents): In syn with NFHS reproductive age group for women, the women participants included as primary respondents in this study were the ever married Muslim women in the age group 15-49 years with at least one child under the age of two years.

3.10 Limitations of the Study

This study was a qualitative descriptive study confined to Muslim women in Haldwani city of Nainital district. Further, the respondents were ever-married women in the age group 15-49 years having at least one child less than two years of age. This helped in including young mothers with recent experience and memories around the

reproductive trajectory. This though resulted in having rich narratives from mothers but it makes the study high context-specific and so is the limitation of the study.

Chapter-4: Safe Motherhood

CHAPTER-4: SAFE MOTHERHOOD

Pregnancy is special; let's make it safe, declared World Health Organization while dedicating the 1998 World Health Day to safe motherhood (WHO, 1998 Emphasis added). Pregnancy is a very special experience for women. Despite this, complications of pregnancy and childbirth are the leading cause of disability and death among women between the ages of 15-49 (WHO, 2018). The substantial number of lives of women and children could be saved at the time of delivery and after childbirth by intensive and skilled care. However, the access and utilization of these services are subjected to socio-cultural practices around pregnancy and childbirth. The phenomenon of safe mother in India is not restricted to only pregnancy and childbirth, but it carries a socio-cultural trajectory ranging from marriage, antenatal care to postnatal care.

This chapter reflects on the meaning-making of safe motherhood practices of Muslim women in Haldwani city of Uttrakhand. The trajectory of practices is discussed under major sub-themes that evolved through the in-depth interviews viz. Marriage, Pregnancy, Antenatal Care, Delivery and Postnatal Care.

4.1 Notions around marriage and age at marriage

Marriage is seen as a sacrament and a contract in Hinduism and Islam respectively (Shahid, 2014). Early marriages have been in prevalence in almost all societies around the globe (Lobenstine, 2015 p. 7). It is also much prevalent in India despite the minimum legal age (18 years) at marriage for girls prescribed by the law (Kibret, Mengestie, & Degu, 2014). Early marriage of girls is deep rooted cultural practice. The marrying of all the children is considered an achievement of parents who consider this as their last important responsibility with reference to the girl child. And probably it also advocates for early marriages or low age at marriage. This study found different narratives on age at marriage on the basis of in-depth interviews and informal discussions.

Marrying off early

The early marriage of girls is a common practice in India. A look on the discussion on girl marriage reflects that when one talks about girl's marriage she is not treated like a daughter, sister, or a human being, but treated like property and a complete nonentity

to the extent of comparing her with garbage. As some of our research participants narrated:

> Har ek maa baap yahi chahte hai ki unki betiyon ki shaadi jaldi se jaldi ho. Jisse unki jimmedari puri ho aur apne farz se ada ho jaye. (IDI-3)
>
> Maa baap ne to yahi socha ke ladkiyan to paraye ghar ka kooda hoti hai, Inhen padha likha kar kya hoga. Jaldi se jaldi shaadi kar do yahi theek rahta hai. (IDI-2)
>
> Maa baap ne socha shaadi hi kar dete hai ziyada padha likha kar kiya karana hai, last mein shaadi hi to karani hoti hai. (IDI-4)
>
> Meri shaadi 20 saal ki umar mein hui jaldi shaadi isliye hui, kyonki har maa baap yahi chahte hain ki unki beti ki shaadi jaldi ho aur bojh kam ho. (IDI-5)
>
> Ladki ki shaadi sahi umar main kardena chahiye kyunki kehte hain ki agar ladki ko mc (menstruation) ho gayi hai to yeh gunah maa baap ke sar hota hai isi liye uski jaldi shadi kar dena chahiye. (IDI-11)
>
> Periods hone ke baad jitne din ladki ghar par rahegi utna hi azaab maa baap ke sar aayega. (IDI-15)

The findings illustrate that the girls are considered as Other's Property (*paraya dhan)* or a completely non-entity. They are considered as the biggest burden for the parents. My interactions with the research participants revealed that in the context of the young girls frequently used expressions are highly 'gendered' and prescribe for the early marriage of girls. The expressions like *Paraye Ghar ka kuda* (a girl is garbage from a stranger's house) and *beti ki shaadi jaldi ho aur bojh kam ho* (to get rid of a daughter by marrying her off at the earliest). The parents also want their daughters to get married as soon as possible whereby they can perform their *zimmedari and farz* (obligation and duties). It emerged from the narratives that as soon as the menstrual cycle gets started, the girls are seen as the burden to their parents because parents think that now the girl is eligible to get married and if the girl will not get married after her menarche that will be considered as the biggest sin on the part of parents (*agar ladki ko mc ho gayi hai to yeh gunah maa baap ke sar hota hai*). The general perception is that the girl after menarche is biologically capable to produce a child and therefore parents should marry her daughter off soon after menarche. It seems that the early marriage of girls is not only socially desirable but also an important barometer of responsible parenthood.

Early the marriage, lesser the dowry

The dowry that the marital family asks for is directly related to the age of the girl (Lobenstine, 2015 p. 37). Younger brides typically have a lower dowry and on the same analogy, the older girl will pay a higher dowry.

> Mere maa-baap ne socha ke abhi paise bhi hain to ladki ki shaadi hi kar do, kya pata kal ko bete sath de ya na de isi liye meri shaadi kam umar (16year) main hi kar di. (IDI-6)
>
> Shaadi to 19-20 saal mein sahi rehti hai lekin meri shaadi kam umr main kardi gayi kyunki meri maa bachpan mein hai guzar gayi thi aur koi sath dene wala nahi tha isi liye dadi dada ne kam umr (14 years) mein hi shaadi kar di. (IDI-11)

The findings revealed that dowry plays a crucial role in determining the early marriage of girls. When the girl child is born, parents start collecting things for her marriage in view of dowry. The narratives show that economic compulsions as a very important factor for the early marriage of girls. Once the girl is married, the parents feel that they are free from the tension of saving money (for dowry).

Insecurity the key concern for early marriage

The early marriage of girls is also due to the notion of dignity-indignity assumed by the parents and society vis-à-vis the girl child. The perception of *kharab mahol* (volatile and unpleasant situation) was seen very high from the findings. The parents want their girl should get married as soon as possible. The narratives are quite reflective of the same.

> Maa-baap ne agar padhos main kisi ka mahaul kharab dekh liye jaise kisi ki ladki bhaag gai to or logon ko bhi dar ho jata hai ke kahin hamari ladki bhi koi galt kadam na utha le, aur gaon main ye bate zyada hoti hain. Isi liye ladki ki shaadi kam umar main hi ho jati hai. (IDI-6)
>
> Shaadi to 19-20 saal mein hona chahiye. Meri shaadi jaldi to ho gayi thi, aaj kal ka mahaul bhi theek nahi hai, isi liye maa baap ladki ki shadi jaldi se jaldi kara dete hain. Kisi ka kisi se chakkar hai, koi kisi ke sath bhaag rahi hai. Maa baap ki izzat ko izzat nahi samajh rahe hai. Aise halat mein kya kare jaldi shaadi kara dete hain. (IDI-23: 21)
>
> Jo ladkiyan ghar par baithi hai agar kuch galat kadam utha leti hai to kaun zamidar hoga. Bezzati thodi na karani hai ghar mein rakhkar. Waise bhi aaj kal ki ladkio ka to ye haal hai ki 12-13 saal ki hui nahi ki idhar-udhar ladko ka chakkar laga rehta hai. Is se behtar hai ki shaadi kar do. (IDI-17)

The findings have shown that in popular common sense (perceptions) regarding love marriage is the most shameful act for the parents because it is connected with their social status. The narratives provide that parents are much worried about the *Kharab mahool* (the unpleasant surroundings or bad environment). They think that if their daughters will not get married early, then they will indulge themselves in wrong doings (*galt qadam*) due to *kharab mahol* (bad environment). Parents also think that if the girl gets engaged in any affair *(chakkar)*, and she will get involved in love marriage without her parents' consent and eloped *(bhaag gahi)* then it will be very shameful for the parents. Thus the girl's chastity is directly linked to families social status and hence the concern to marry her early.

Education seems to delay early marriage

The common saying is, if you educate a girl, you educate a family. The studies have found the negative consequences of the early marriage of girls on their education and life thereafter (Prakash et al., 2011). Further, there are also studies that argued that education could substantially delay the early marriage, pregnancy and childbirth and could also increase their power to negotiate (Irani & Roudsari, 2019; Marphatia, Ambale & Reid, 2017).

> Ladki ki shaadi 18 saal mein ho hi jana chahiye, waise to shaadi 15-16 saal ki umar main bhi ho jati hai. Jo ladkiya padh nahi rahi hai, naukri nahi kar rahi hai, to unko ghar mai bethakr kiya fayda? Unki to 15-16 saal ki umar me shadi kar hi deni chahiye. Haan aur jo ladkiya padh rahi hai unki agar thodi zyada ho jaye to koi baat nahi unki 18-20 saal mein ho jaani chahiye. (IDI-17)
>
> Hum na to Quran Shareef padhe huye aur na hi english, hindi padhe huye isi liye kam umar mai hi shadi kar di, kiyoki anpadh ladki ki shaadi agr kam umar main hoti hain to theek ho jati hain aur agr umar zyada ho jati hai to ghar pr hi bethi rahegi aur shaadi nhi ho payegi. Lakin agr ladki padhi likhi hoti hai to zyada umar main bhi shaadi ho jati hai, kyoki padhai likhai ke samne to ladki ka nak naqsha bhi nhi dekha jata, rang kala ho ya gora iska bhi farq nhi padhta. (IDI-6)
>
> Ladki ki shaadi 30-32 saal main hi hona chahiye, kyoki isse pehle ki umar padhai likhai ki kuch banne ki hoti hai. Jis umar mai meri shaadi hui wo theek nhi thi meri shaadi to 20 sal main ho gai thi, ye umar to theek nhi rehti. Is umar mai zimmedariya uthane ke layk nahi hote. Aur jab bacche hote hain to fir aurat apne bare mai kaha sochti hai. Fir to sirf husband aur bacche hi sab kuch hota hai. Isliye pehle kcuh kar lo kuch ban jao tab shaadi kro. (IDI-16)
>
> Shaadi 18-19 saal mein honi chahiye, isse kam umar main to bekar hai kyunki bacche hone ke waqt pareshani hoti hai. Lekin agar ladki padh

> rahi hai ya job kar rahi hai to 25-26 saal mein ho jaye tab bhi koi baat nahi. (IDI-24)

It is encouraging to see that even women get married quite at a young age and have experienced marital life are now arguing for the importance of education. They are also lamenting for their early age at marriage and for not getting into education. They are arguing that even marriage is to be delayed for education. They have also argued that in the case of educated girls even the age and fairness are secondary for marriage. These narratives are important and could be used for promoting the education of girls and delaying early marriages.

The 'appriopriate'age for marriage

Patel (2006) argued that how long women remain married and at the age they attain motherhood are closely linked with their age at marriage. Mandelbaum (1974) noted that female does not develop into full reproductive maturity for several years after her menarche. The studies across different disciplines refer to the socio-cultural norms, customs, and beliefs shaping decisions relating to the age at marriage (Irani, & Roudsari, 2019; Marphatia, Ambale & Reid, 2017) including the concerns relating to the virginity, dowry and the dignity of the family.

This study found interesting narratives on appropriate age for marriage.

> Kisi bhi ladki ki shaadi 18 se 25 saal ki umar main ho jani chahiye, kyunki zyada umar mein shaadi thik nahi rehti. 25 ke baad to sex karne ki umr bhi nikal jati hai. Aur bacche bhi to karne hote hain. Isi liye 18 se 25 saal ki umr ke beech ladki ki shaadi ho hi jana chahiye. (IDI-10)

> Shaadi to sahi umar mein honi chahiye na zyada ho, na kam umar ho. 20-22 saal mein shaadi ho hi jana chahiye isse zyada umar mein bacche hone mein pareshan aati hai aur zyada umar ki ladki ke acche rishte bhi nahi aate. Har kisi ko kam umar ki nazuk ladki chahiye hoti hai. 22-23 saal ke baad to ladki ke chehre par ronak hi nahi rahti, sara noor khatam ho jata hai aur agar 18 saal se kam umar ki ladki ki shaadi ki jati hai to wo ghar theek se sambhalne ke layak nahi hoti, aur uska shareer bhi bacche paida karne ke layak nahi hota. (IDI-7; 8; 12; 14)

> Koi kehta hai ke shaadi 18 saal main honi chahiye, to koi kehta hain ke 22 saal main honi chahiye. Mere hisab se to 20 saal main honi chahiye, kiyoki is umar main shaadi sahi rehti hai. Bacche bhi sath sath bade ho jate hain. (IDI-6)

> Shaadi 24-25 saal mein honi chahiye is se kam umar main to theek nahi hoti kyunki ladki tab tak zyada mature nahi ho pati aur usse zyada smjh bhi nhi hoti. Generally, dekha gaya hai ki 24-25 saal ki umar mein samajh hoti hai aur achche se padhai likhai bhi ho jati hai. Kam

> umar ki ladki ki shaadi to hona hi nahi chahiye kyunki maturity hoti nhi hai aur zimadari badh jati hai. (IDI-9)

In this study, different narratives came up on whether early marriage is good or late marriage is better or what is the appropriate age at marriage. Some people are in the support of girl's higher education, job and the ideal age of marriage as 22-25 years. While some other people are in the support of early age of marriage. There is popular commonsense that late marriage of girls results in infertility. *Ziyada umar mein bacche nhi hote* (it is difficult to bear children after late marriages) and also difficult to find her *accha rishta* (perfect match) at this age because of everyone desire is to have a *nazuk ladki* (very young girl). However, there are also narratives arguing that the girl should be married at a moderate age, i.e. not too young and not too old because the girl must be mature and able to take responsibility for a family.

Overall the narratives collected from fieldwork illustrate how the marriage of girls is negotiated around a variety of considerations and combinations. But all their prescriptions are gender-biased and obtusely inclined towards females. It seems as if the status and hard earn reputation of family revolve around the girls and only till they are married off. As if the family is completely absolved from the concerns for their daughter after marriage. There are however counter-narratives emerging from the analysis that argues, the education of girls and how early marriage delinks girls from education and hence lifelong dependence. Some narratives show that there are fewer problems in marrying an educated girl. There is a need to make use of these narratives in countering the practice of early marriage.

4.2 Meaning making around pregnancy

Pregnancy is an important stage in the reproductive trajectory and this trajectory is governed by a complex network of customs, traditions and practices (Shahid, 2014). It is also a site of social control and exercise of power by familial structures as well as by the state through biomedical institutions (Kant, 2014 p. 260). The field data provides interesting narratives about pregnancy. The narrative from the field is quite reflective on the seminal importance attached to first pregnancy, the concerns of the newly married women for the first pregnancy, queries of in-laws and others on first pregnancy and the relative change in the status and position of the women after first pregnancy declaration.

First pregnancy, top most agenda of family

The reproductive patterns of Indian women are commonly painted as tales of pregnancy and childbirth (Shahid, 2014). The motherhood is adorned and hence the distinct meaning attributed to the very first pregnancy (Patel, 2006). It literally becomes the test for the fecundity potential of the newlywed couple in general and the woman in particular (Kant, 2014; Khan et al., 2003; Ram et al., 2006; Reynolds et al., 2006; Shahid, 2014). It is also argued that the birth of the first baby gives a distinct identity and respect to the newlywed mother and hence the urgency for early childbirth (Mishra & Dubey, 2014; Patel, 2006).

In my discussions with the research participants, concern among the newly married women for pregnancy and childbirth was very common. They shared that there is a pressure for the first pregnancy. That's why the desperation for the first pregnancy is for fulfilling the desire of the family and also to avoid and overcome the comments and questions of in-laws and significant others for any delay in pregnancy declaration.

> Mere hisaab se pahla baccha jaldi hona chahiye kyonki log baate banate hai. Jaise hi saal guzarta hai log kehte hai ki pata nahi bahu mein kya kami hai ki bacche nahi ho rahe hain. Isiliye main to Allah se dua mangati thi (shaadi se pahele hi) ki mera pahala bachcha jaldi ho, chahe dusara der se ho to koi bat nhi kam se kam logon ka muh to band ho jayega. (IDI-1; IDI-19)

> Mera pehla bachcha ek saal baad hua. Bachcha jaldi ho jata hai to theek rehta hai nahi to logon ke muh khulne lagte hain, aur logon ki baatein sunne se achha hai ki pehla bachcha jaldi hi ho jaye. Aur khushi bhi jyada hoti hai. Yeh bhi kaha jata hai ki zyada late hone par bachcha hi nahi hote hai. Maine to bahot se aise case dekhe hain. Jinhone ek saal tak baccha nahi kiya toh phir unke bacche hi nahi huye. Isi liye jaldi se jaldi bachcha hona chahiye. Warna log banjh bolte hain. (IDI-23)

> Shaadi ke baad pehla bachcha ek saal mein ho jana chahiye zyada time hone par kuch kami aane lagti hai, log baat bhi banate hain. Baad mein ilaaj bhi karwana padta hai. Isliye achcha hai ki ek do saal mein bachcha karlo. Is mamale mein kabhi kabhi ladkiyan ki majboori bhi hoti hai. Main shaadi ke panch mahine baad pregnant hui, agar mera bas chalta to thoda aur time leti, but pati ke samne kaha chalti hai. (IDI-20)

> Mere sath jitni ladkiyon ki shadi hui thi sab ke bachche hone wale the, lakin mere nhi hue, sab yahi sochate the ki inke bachche kyon nahi ho rahe, kahi inhone kuch kar to nahi rakha hai, jaise koi rok-tham kar rakhi ho lakin maine kuch bhi nahi kar rakha tha. Isi wajah se doctor ko bhi dikhaya tab doctor ne dawa di, uske bad main preganent ho gai. (IDI-4; IDI-5)

> Mera bachcha shaadi ke baad ek saal ke andar hi ho gaya. Shaadi ke baad jab do teen mahine ho gaye the aur main pregnant nahi hui thi to mujhe bahut tension ho gayi thi, sasural wale is taraf koi gaur nahi kar rahe the. Meri saas keh rahi thi ki ho jayega abhi shaadi ko din hi kitne huye hain, abhi to aaram se raho. Lekin mere man ki pareshani koi nahi samajh raha tha, main chah rahi thi ki mere jaldi se jaldi koi baccha ho jaye. Darasal mujhse badi behan ki shaadi ko barah saal ho gaye lekin abhi tak kuch nahi hua, bahut dawaiya ki lekin koi fayda nahi hua. Har mumkin koshish kar li lekin koi hal nahi nikla. Mujhe dar tha kahi mere saath bhi aisa na ho, isliye main soch rahi thi ki mere ek baccha ho jaye phir chahe aaram se ho isliye main khud apne husband ke sath doctor ko dikhane gayi thi. To doctor ne bhi kaha k ho jayega koi peoblm ki baat nhi hai. (IDI-8)

> Abhi to teen maheene hi huye the mujhe baccha krne ki jaldi nhi thi lakin admi ki bhi marzi hoti hain. Mere husband ko bachche pasand the isi liye karna pada. Meri ye marzi thi ke kam se kam 6-7 maheene tak kuch na ho, jb tk baccha hota shaadi ko do sal to ho jane chahiye, main to chah rahi thi ke bachche late ho ab jab ho gaya tha to kia karti majboori thi krna hi padhta. (IDI-6)

During my interactions with the research participants husbands also expressed their concern about the first childbirth. In the dominant discourse men are always considered virile and it is believed that virile man could not be infertile (Shahid, 2014) while the women have little power to negotiate and delay their pregnancy (Sethuraman, et al. 2007 p. 79).

> Pehla bachcha to jaldi ho jana chahiye aur agar aurat kuch time baad bachcha karna chahti bhi hai to uski baat par zyada dhyan nahi diya jata kyunki aadmi ko bhi to apni mardangi saabit karna hoti hai. Agar bachcha jaldi ho jata hai to sab theek rehta hai warna aadmi ke upar bhi baat aa sakti hai. (IDI-12)

> Shaadi ke 4 mahine baad hi pregnant ho gayi thi mere husband ko hi jaldi thi bachche ki. Aur mere hisaab se bhi sahi time tha waise bhi pehli baar mein jaldi pregnant ho jao wahi theek hai, warna sare ilzam aurat par hai aa jaate hain. Aur agar aurat sahi time par pregnant ho jati hai to logo ki zuban band rahti hai. Bachcha chahe kisi ki bhi kami ki wajah se nahi ho rahe ho lekin kaha to aurat ko hi jatai hai. Waise bhi kaun apne aadmi ko kahlana pasand karegi. (IDI-12)

> Pehle bachche ki bahut ahmiyat hoti hai isse hi maa baap ka pata chalta hai ki maa-baap bachcha paida kar sakte hain ya nahi. Isi wajah se pehla bachcha khatm nahi karna chahiye. Main to ek mahine baad hi pregnant ho gayi thi mujhe koi jaldi nahi thi lekin ye pata nahi tha ki itni jaldi aisa ho jayega aur jab ho gaya tha to thik hai kar liya. (IDI-13)

> Mai pehli bar 9 maheene bad preganant hui thi, sab log keh rhe the ke itna time ho gaya abhi tk kuch nhi hua, tab maine kaha ho jayega abhi to shaadi hi hui hai. Mai khud chah rhi thi ke thoda late ho. (IDI-16)

Despite the progress in medical sciences and scientific tests proving that either partner, irrespective of husband or wife, could be responsible for childbirth; the woman bears the onus of responsibility for the misfortune (Shahid, 2014). The narratives provide that in the event of any delay in pregnancy declaration and childbirth, it is the women who are taken to doctors as if the 'problem' (not getting pregnant) lies with them only.

> Pehla bachcha jaldi nahi hona chahiye. Do teen saal baad hi hona chahiye, mera to pehla bachcha ek saal mein hi ho gaya, kyunki log baatein bhi banate hain sochte hain ki pata nahi aurat mai kya kami hai. Lekin aadmi ko koi nahi kehta. Waise kami to dono mein ho sakti hai. Meri to kam umar me shaadi hui, isiliye bachche ki padaish ke waqt meri bahut buri halat ho gayi thi marne se bachi main. (IDI-17)
>
> Jab tak mein preganent nahi hui log mujhe ajeeb nazron se dekhate the, ye sochate the ki abhi tak mere kuch nahi hai, kahin mujh mein koi kami to nahi isi wajah se meri saas ne mujhe doctor ke dikhaya. (IDI-3)
>
> Meri beti shadi ke dedh sal baad hui. Waise ghar wale ya koi aur to kuch nhi keh raha tha. Lekin main ghar ki pehli bahu thi to sabko ummid thi ki baccha jaldi se jaldi ho jaye. Mere husband bhi kehne lage ki hum nhi chahte ki baccha jaldi ho. Lekin meri saas ilaaj ke liye mujhe sabko dikhati fir rahi thi. (IDI-18)

The further delay in pregnancy also directs the women to visit religious places but here again it is the women who go to religious places, not the men. Mishra & Dubey (2014) also argued that any delay in pregnancy also result in women visiting a number of religious places and performed many rituals for the baby.

> Shaadi ke aath mahine baad pregnant ho gayi thi tab tak to logon ne baaten bhi banana shuru kar di thi. Taweez ganday karna shuru kar diye the. Sasural walo ne garam garam cheez bhi khilai unhe laga kahin sujan tu nahi aa gayi thi aur kuch to nahi ho gaya to garm cheeze khane se theek ho jayega. (IDI-11)
>
> Mere do saal tak koi khushi nhi hui thi isi liye doctor ka ilaaj chal rha tha. Sath hi sath maulana ka bhi ilaaj karaya, maulana ne mujhe Taweez bhi diye. Un Taweez ko apne upar se teen bar utar kr jalana hota tha. Aur nahane k liye bhi Taweez diya tha, wo Taweez pani mai dal kar usse nahana hota tha. Mere bachche der se hue isi wajh se mazaro par duaye bhi mangi aur puri bhi hui. (IDI-14)
>
> Mere teen miscarriage huye aur abhi teen bachche hain. Shuruvat mein mere bachche nahi rahe the doctor ko bahut dikhaya lekin koi fayda nahi hua phir meri saan moradabad mein ek maulana hai unke paas gayi aur un ka ilaaj karaya unho ne mujhe ek Taweez pahnne ka aur ek nahane ka diya. Nahane ke liye Taweez ko pani mein daal dete hain

> aur usse nahaya jata hai. Har jumme ko is trh nahana hota hai. Doctor ko dikhaya tha lekin koi asar nahi hua kyunki yeh to kuch aur hi asar tha to ispar doctor ki dawa kaam nahi karti. Iske liye maulana ka ilaaj karwana hota hai. Meri saas mujhe khud unke paas le kar rahi thi aur dekho unka ilaaj karne ke baad koi kharabi nahi hui aur mere teeno bachche salamat hai. (IDI-10)

The narratives provide that the first pregnancy is desperately awaited. The first pregnancy seems to ensure the woman a respectable position and security in the conjugal household. If the woman does not bear any child within the one year after her marriage, becomes a major concern. Once the marriage is solemnized, the people think that the woman should now conceive. And if a newly married girl does not conceive within a year, the questions are raised on her fertility potential and she is taken different treatments (medical/ home-based remedies/ spiritual) to overcome the stigma of not having children (infertility). In such a situation no question is raised on the fertility of the male part. Further, the women have a very poor power of decision making to delay their first pregnancy. If they talk about the delay of first pregnancy then the existing social norms abhor the same. The narratives provide that the woman is in a really vulnerable situation if she is not able to conceive as if there is no value of a woman without a child (fertility). This seems to be the reason why women are so concerned and desperate for first childbirth which for her basically is a 'test of fertility'. Society compares one-woman fertility to another woman.

Knowing the pregnancy status

There are many benefits to early pregnancy testing. If the pregnancy test is positive, then it allows for timely access to antenatal services for the pregnant woman and gives a chance to those women who do not wish to be pregnant. In this modern world women go with up-to-date things, they use modern pregnancy kits at home for confirming their pregnancies, but there are some women who still follow the traditional methods. Homemade and traditional pregnancy tests are the non-medical methods being used since the times when the medical pregnancy kits were not developed.

From the field, many narratives on pregnancy test have evolved.

> Shaadi ke chauthe maheene main mujhe bahot bukhar aa rha tha tab meri bhabhi ne mujhe bukhar ki dawa khane ko mana kiya or kaha ke tumhari shaadi ko chautha maheena lag gaya hai kya pata time ho gaya ho? Eaisa kro ki batti (pregnancy testing kit) mangwalo aur check

> karlo, tab maine batti mangwai aur ghar par hi check kiya to pata chal gya ki main pregnant hu. Lekin check karne ke bad maine hospital main bhi dikhaya tab doctor ne bhi ha kaha. (IDI-6)
>
> Jab mai pregnant hui tab main apni nanad ko bataya ki mujhe mahina nahi ho raha to unhone kit lakar check kar li. Tab ghar par hai pata chal gaya ki main pregnant hoon. (IDI-11)
>
> Sabse pehle pregnant hone par saas ko bataya. Mujhe periods nhi hue the to saas ne kaha ke check karlo. Tab machine (kit) bar check kiya, ASHA ne machine lakar di thi. (IDI-21)
>
> Jab main pregnant hui to mere periods ruk gye the, isliye meri jethani ne mujhe kit mangwa kar di, aur usse maine check kiya. Waise to isme dikha raha tha ki main pregnant hoon lekin mere man ko tasalli nahi ho rahi thi kyoki mujhe in cheezo par zyada bharosa nhi hai, isliye meri maa ne mujhe bataya tha ki agar ghar par sirke ko subah subah ke pehle peshab ke saath milate hain, aur agar uska rang badal jata hai to usse pata chal jata hai ki aurat pet se hai isliye maine bhi wahi kiya aur jab pishab ko sirke mai milaya aur sirka milne se jab pishab ka rang badal gaya tab mujhe sukoon aaya ki main pregnant hoon. Uske bad hi main hospital bhi gai. (IDI-8)
>
> Pehle pregnancy me kit se check kiya is se pehle mujhe weakness hone lagi thi, bukhar ho raha tha period bhi ruk gaye the. Isse mujhe andaz hua k mai pregnant hu isi liye ghar par kit mangwa kar check kia. (IDI-9)
>
> Shaadi ke ek mahine baad he mein pregnant ho gayi thi mera dil ghabrane laga, ultiya aa rahi thi aur period bhi nahi aaye. Isse sabko lga main pregnant hu, to maine saas ko bataya tab meri saans chini aur namak ko ek plastic ke glass me lai aur usme mujhse subah subah ka peshab dal kar lane ko kaha. Mene unhe lakar de diya tab unhone ise chalaya, phir usme bahut sare jhag ho gaye the, lekin chini aur namak ghule nahi balki ek sath ikattha ho gayi thi, usse pata chal gaya ki main pregnant hun. Ye meri saas ka hi nuskha tha fir hospital gayi to doctor ne bhi pregnant hi bataya. (IDI-7)

The dominant traditional practice is to conjecture and confirms the pregnancy on the basis of missing the menstrual periods (Finlayson, & Downe, 2013: 5). The narratives revealed that women are very excited about their pregnancy and they start speculating about the pregnancy once they missed the menstrual cycle. This missing of periods (menstruation) together with uneasiness typically experienced by expecting women is subsequently shared and discussed with their mothers-in-law and sisters-in-law. Most of the women have trust in the modern pregnancy test kits to confirm their pregnancy. Maximum numbers of women use pregnancy test kits at their home to find out their pregnancy status, and very few women go to the hospital for the confirmation of their pregnancy. The elder women rely more on traditional and home-made-alternatives for

the pregnancy test. During my discussion with the research participants, they shared some of the traditional and homemade alternatives to the modern pregnancy test kits. These range from sirka (vinegar) to chini aur namak (sugar and salt). The salt pregnancy test is best done as an all-in-good-fun experiment. It has no medical backing, scientific basis, or physician endorsement. There's no reason to believe that salt reacts with HCG. There are no published studies supporting this idea or the test in general (Nwadike, 2019). Women trust these traditional and home-based alternatives to the modern pregnancy test kits. Although women seemed to be concerned and conscious of their pregnancy and pregnancy testing but critical question is when they actually visit the health facility and when the antenatal check-up get started.

Rituals during pregnancy

The pregnancy period marks the shift towards ensuring normal vaginal delivery and a healthy baby. Hence a plethora of rites, rituals and restrictions around pregnancy but these may have both the positive or negative consequences (Ayaz & Efe, 2008; Haslam et al., 2003; Kaaya et al., 2010; Lau, 2012; Lee et al., 2009; Liamputtonget al., 2005; Manyande & Grabowska, 2009).

> Bachcha hone ke bad jab kharyaai bahar aati hai to pet se gandagi nikalti hai, isi dauran bahot si maaon ko gole ka dard hota hai. Mujhe nahi hua kiyoki meri maa ke ghar se to gola aaya tha. Maike se chauthe mahine mein gola (nariyal) aur mishri aati hai. Aur us gole ko pati palang ke paye par rakh kar ek baar mai hath se todata hai. Aur is gole ko sirf maa ko hi khana hota hai jisaki wajah se bacche ki paidaish ke waqt gole ka dard nahi hota hai. Aur agar gola nahi aata hai to bachcha hone ke bad aurate dard se bahot tadapti hai. (IDI-1)
>
> Satwe mahine mein godh bharai ki rasam hoti hai, jisme pregnant aurat ke liye joot wala nariyal aata hai, aur uble hue chane khane aur sabhi mein batne ke liye aate hain. Nariyal ko sambhal kar rakh diya jata hai aur jab aurat ko delivery ka dard shuru hota hain to vah gola charpaai ke paas toda jata hai. Isse aurat ko kam takleef hoti hai. Sath hi sath aurat ke paas ya uske baalo mein nalaine pak (quran ki aayat) rakh dete hain aur jab bachcha ho jata hai to nalaine pak ko hata liya jata hai. Pregnancy ke dauran agar maa surat-e-mariyam padhti hai to uska bachcha nek aur sharif paida hota hai. (IDI-7)
>
> Satwe mahine mein god bharai rasam bhi hui isme maike se ladki ke liye saman aata hai fruits aate hain, joot wala nariyal hota hai use red colour ke kapde se dhak kar rakh diya jata hai. Ye sambhal kar rakha jata hai jab bachcha pet mai hota hai to uske sar ke upar kuch gole jaisa hota hai aur jab bachcha ho jata hai to wo bachche ko dhoondta hai. Aur isi wajah se dard hota hai. Isiliye phir jab bachcha ho jata hai to us gole ko bed ke paye se todkar gola ka pani pilate hain. Isse gole ka

> dard nahi hota. Ek to delivery ka dard uske upar se gole ka dard bhi bahut khatarnak hota hai. (IDI-12)

Gola ka Dard for post-partum women came in much discussions. Women believe that the gola is a sac (for which there is no anatomical correlate) that grows with the foetus. Once the foetus has left the mother's womb, the gola that was attached to the growing foetus begins to look for the foetus and as it moves around and around inside the women it causes a lot of pain (Oomman, 2008).

> Bachcha hone se pehle god bharai ki rasam hoti hai, iska mtlb hota hai ke maa ki god hari bhari rahe aur bachcha salamat rahe. Isme aas pados ki aurate aati hai, gift deti, hai, duaye deti hai aur sab mil kar khub maze karte hai. (IDI-23)

> Satave mahine mein god bhari ki raram hoti hai isme gond aata hai jisame kaju, badam, nariyal, gond wagairah mile hote hain. Ye satave mahine mein is liye aata hai jisse bachcha hone tak maa use kha le kyonki ye maa aur bachche ke liye bahut fayedemand hota hai (IDI-1)

> Satwe mahine mein meri god bharai ki rasam ki. Is rasam main ghar se phal, meethi puri aur bheege hue chane aate hain. Is rasam ke baare mujhe zyada nahi pata kyonki hamare maike main ye rasam nahi hoti. (IDI-8)

> Satwe maheene main meri maa ne ghughri puri bheji. Jisme puri aur chane aate hain. Ye ghughri puri muhalle main khushi main baati jati hain. Ye rasme kyon karte hai iske baare mei to nhi pata lekin ghar walo ki marzi bhi to manani padhti hai (IDI-6)

Initially, the first pregnancy is quite often marked with celebration. The nature of rituals and items used in the rituals also progress in terms of the pregnancy stage, like the ritual of goad *bharai* in the seventh month of pregnancy. During these ceremonies and rituals, people pray for the well-being and happiness of the pregnant mother and her baby. And women restrict themselves to strict adherence to rites and rituals to avoid the problems and dangers which are associated with the pregnancy and childbirth. It also came that some women were not very comfortable with these traditional rituals and customs but they still adhere to these on account of the pressure from the family, in-laws and older generation. Goad bharai rasam is a baby shower ceremony, during pregnancy; it is a warm welcome to the unborn child in the family and blessings to a pregnant woman with ample joys of motherhood. Women receive the blessing, food items, dry fruits and more specific items like coconut from her natal family in this ceremony which makes the diet of women more nutritious and improve the health of the pregnant mother and the prospective child. There is a need to make use of these rituals and practices for promoting ANC care.

The rituals are also used to identify the sex of the child and to ensure their son birth. There is a need to locate these rituals as well to understand the popular perceptions and promote healthy pregnancy care for mother and baby irrespective of gender.

Guessing for the baby boy

The advace technology has helped in better monitoring the bio-medical parameters of pregnant mother relating to the amount of fluid in uterus, the weight of the baby before birth, and many other things but same has been misused for sex selection abortions (Hirsch, 2016). In India prenatal sex determination and declaration by health facility is a punishable offence under the PNDT Act. Often during pregnancy, there is a lot of mental and emotional tension on pregnant mother with regard to the sex of the child and preference for the birth of a baby boy (Capila, 2004). During pregnancy, it is believed that if the mother looks beautiful, nice face, & abdomen is round-shaped then the baby will girl, and if the mother looks ugly & abdomen is pointed then the baby will a boy (Bhakta, 2014). The nature of food craving is believed to offer important clues to the sex of the prospective baby. People are categorized as sweet and sour. The former connotes the birth of a boy, while the latter that of a girl, although the outcome does not necessarily follow the belief (Patel, 2006). The narratives provide for how people assume for the birth of baby boy or girl on the basis of the glow in the face of the pregnant mother, shape and size abdomen, food cravings, comfort level in womb etc.

> Log mere chehre ko dekh kar ladke ka andaz lagate the. Kyonki chehre par daane wagairah ho rahe the. Us time par chehra bahut kharab ho gaya tha toh log kehte the ki ladka hoga lekin ladki ho gayi kyunki log kehte hai ke agar chehra kharab hota hai to ladka hota hain aur agar glow aata hai to ladki hoti hai. Pet ko dekh kar bhi andaaz lagate the ki zyada pet bada hota hai aur kulhe kam hote hain to ladka hota hai, lekin pet chota aur kulhe chaude hote hain to ladki hoti hai. (IDI-9; IDI-13)

> Jab meri beti hone wali thi to sab log ladke ka andazh lagate the kyunki aisa kaha jata hai ki ladka ke time par maa badronak ho jati hai, to mera chehra bhi ajeeb sa ho raha tha aur ladki ke time kaha jata hai ki maa ke chehre par raunak si aa jati hai achchi lagne lagti hai. Aur agar pehle bachche ke sar par bhora matlab baal ulti taraf (anticlockwise) honge to agla bacha ladka hoga. Aur agar bhora mtlb baal sidhi taraf honge to agla bacha ladki hogi. (IDI-12)

> log eari dekhkar bhi bachche ka andaz lagate hain, agar aurat ki eari lal hogi matlb chalne mein lal ho jati hai to kehte hain ki ladki hogi. Jiski eari safed hogi woh kehte hain ki ladka hoga. Jab mere bachcha hone

wala tha to mere haath peele padh gye the, mera bp low ho gaya tha to meri jethani keh rhi thi ke mera beta hi hoga. Jab ladki hoti hai to maa ka pet chapta aur faila hua hoga. Aur jab ladka hota hai to pet nokila hoga. Sidhi kokh mein ladka hota hai aur baai kokh mein ladki hoti hai. (IDI-11)

kehte hai ke ladki ke time par aurat ko zyada ultiya aati hai aur ladke ke time kam aati hai. (IDI-14)

Jab meri pehli beti hone wali thi to mere husband ne kaha ke meri ladki hogi kiyoki mere chahre par khaubsurati aa rhi thi, mere husband kehte the ke tu bohot khubsurat lag rahi hai isiliye ladki lag rhi hai. Aur ladke ke time par bas theek hi lag rhi thi, na zyada khubsurat na buri, murjhai hui ho rhi thi. Meri ammi bhi dusri bar mai keh rhi thi ke is bar main nawase ki nani banungi. Wo andaz laga rhi thi. Jis aurat ke ladki hoti hai to uska pet chapta hota hai, aur agar ladka hota hai to pet gol hota hai. (IDI-6)

Meri pehli beti ke time log kehte the ki beta hoga. Log kehte hai ki jab pet gol hota hai to ladka hota hai aur maa kamzor hoti hai to bhi ladka hota hai. Aur agar maa healthy hoti hai aur pet lamba hota hai to ladki hogi. Lekin meri ladki hui. (IDI-16; IDI-15)

Saas ne mera chehra dekh kar bataya tha ki ladka hoga. To ladka hi huwa. Unhe chehra dekh kar andaaz ho jata hai ki ladka hoga ya ladki. Ladke ke time baap ka chehra sahi rehta hai aur ladki ke time par bap ka chehra kharab ho jata hai. Jabki ladki ke time par maa ka chehra sahi rahega aur ladke ke time kharab ho jayega. (IDI-17)

Aurat ki tundi bahar hoti hai to ladka hota hai, aur agar tundi andar hoti hai to ladki hoti hai. (IDI-17)

Ladke ya ladki ka andaz kaise lagate hai mujhe nahi pata. Na hi maine kabhi ye baaten janane ki koshish ki. Hamare liye ladke ladki mei koi farq nhi. Lekin kuch log kehte hai ki 9 we maheene mai ladka hota hai lekin agar 9 maheene se kuch time zyada ho jata hai to ladki hogi. Kuch log dard se bhi pehchan lete hai. Beti ke time par kamar se dard hota hai aur bete ke liye pedu mai dard uthta hai. (IDI-18)

Kuch log kehte hai ke aurat ziyada soti hai to ladki hogi aur ladki ziyada taqleef se hoti hai. (IDI-19)

Bachche ki pehchan karne ke liye, ki hone wala bachcha ladka hai ya ladki, is ke liye meri saas ne kursi par chup chaap ek jagah kainchi rakhi aur duri kursi par sarota rakha aur use takiye se dhank diya, mujhe iske bare mai kuch nhi pata tha. Fir mujhe meri saas ne bulaya aur mujhe kisi ek karsi par baithne ko kaha. Mai achanak sarote par baith gayi. Iska matlab ye tha ki hone wala bachcha ladka hai. Agar mai kainchi par baithati to ladki hogi. Aur meri saas ki baat sahi nikli mere ladka hi hua. (IDI-21)

Meri beti hone ke time par mera golgappe or chatpati cheeze khana ka bohot dil hota tha to sab kehte the ki tere to ladki hogi, teri zuban itni chatori ho rhi hai ki pakka tere beti hi hogi. Maine to keh diya koi baat

> nhi jo bhi hoga dekha jayega, hoga to mera hi bachcha, ladki ho ya ladka. (IDI-10)

There are many ways to guess on the sex of the prospective baby which are full of dilemmas whether the baby will be a girl or boy. In the popular common sense, the commonly used checkpoints are the nature of food cravings, shape and size of the stomach, the complexion of the women face during pregnancy, hair shape of the previous child, the condition of the heel, and vomiting. The researcher has observed these dilemmas are just a desire for a baby boy. During the interviews and informal discussion, the researcher has tried all these guesswork on the sex of the prospective baby, which is basically to get the satisfaction that the prospective child is a baby boy. It was seen that is a high desire for baby boy and if the first child happens to be a baby girl then there is much pressure on the mother for the birth of baby boy and there are ample ritualistic prescriptions for getting a baby boy.

Getting the baby boy

The desire of humans to control the sex of their progeny has its roots in ancient cultures (Wallach et al., 1996). The studies in different parts of India have reported a strong son preference which is also evident in skewed sex ratio (Mitra, 2015; Pande & Malhotra, 2006). Bandyopadhya & Singh (2007) also found that even a doctor confided people are taking medicines for sex selection and 'Majuphal' and 'Shivalingi' are the main constituents. They reported that these are known as "sau badalne ki dawai" (medicines for bringing about a change in the female reproductive system so that the women start bearing male children).

> Log to ladki/ladke ka pata karne ke liye test bhi karate hain aur mannat bhi mangte hain. Kuch log mante hain ki agar dawai khalo to ladka paida ho jata hai. Mere husband ko bhi kisi ne bataya tha ek gaon ka naam, naam to mujhe yaad nahi, kaha tha ki wahan jane par ladka paida karne ke liye dawa milti hai usse ladka paida ho jayega, koi hakeem hai jahan ilaaj hota hai. Bohot selogon ke ladke hue bhi hai unki dawa se. Hamare to ghar mein hi meri nand hai aur ek meri jathni lagti hain unke bhi ladka hua hakeem ji ki dawa se. Hakeem ji ek dawa dete hai jise aisi gaaye ke dudh se khaya jata hai, jo pehli baar bachcha biyai ho lekin uska bachada hua ho bachiya nahi. Isse ladka paida hota hai. Ye dawa shuruwat ke 15 din se 3 maheene ke andar hi khani hoti hai (IDI-9)

> Log kehte hai ke shuruwat ke teen maheene tak kela nhi khana chahiye, kyoki kela ladka banne mai rukawat krta hai or ho sakta hai ki ladka na ho (IDI-11)

> Log beta paida karne ke liye bhi bahut kuch karte hain. Jaadu tona karte hain mazaron par jaate hain maulana ko bhi dikhate hain. Mere to do bete hai hi aur hamare ghar mein ladkiya nahi hai isi liye main to aisa kuch nahi kiya tha. (IDI-10)
>
> Maine to ladka karne ke liye koi ilaaj nhi karaya, waise bhi mera to pehla baccha tha kuch bhi ho jaye koi bat nhi. Ladka karane ke liye log mazaron par dua mangte hai, dawai bhi khate hai. Gumasani (gao ka nam) mai ek aurat phool deti hai. Ladka hone ke liye is phool ko khana hota hai. (IDI-19)

From findings, it seems that there is a strong desire to have a son and resort to sex selection techniques (Bandyopadhyay & Singh, 2007). In the dominant culture having a son is very important for every family, and the people do many ritualistic activities and use various types of traditional methods for the birth of a son. People look for faith healers and visit shrines and use traditional medicines to ensure the birth of a baby boy.

4.3 Notions around antenatal Care

The concept of special care during the antenatal period is not unknown traditionally in India (Jejeebhoy & Rao, 1998). However, the poor antenatal care has serious implications for maternal mortality (Mukhopadhyay, 1992; Sheth & Songara, 2015). Antenatal care is not only health care, but it is also related with the social environment which provides psycho-social support, physical strength, and the affection for the people who are the taking care of the pregnant woman.

Antenatal checkups

A number of studies and surveys have argued that Antenatal checkups have a significant positive impact on pregnancy and childbirth but ANC care still has poor utilization due to the traditional belief and practices (Finlayson et al. 2010; Lilungulu, 2016; IIPS, 2015; Neyaz et al. 2015). During ANC, the iron and folic acid tablets provided by the government health facility were not consumed at all because they believed that iron tablets increase the weight of the foetus, thereby making natural delivery difficult (Begum, et al., 2017; Eram, 2017; Kant, 2014; Lilungulu, 2016: 7; Titaley et al. 2010).

The researcher has found a different type of arguments regarding antenatal checkups. Some respondents follow full antenatal care while some go for only one or two ANC visit and some even negate antenatal care per se.

> Maine pregnancy ke dauran sabhi tarah ki janche aur teeke lagwaye, jo-jo dawa doctor ne likhi sabhi khai, jab jab doctor ne mujhe bulaya tab tab gai, akhir mere bacche ka saval tha. (IDI-3; IDI-24)
>
> Pregnancy ke dauran bahut se checkup bhi kare jaise hemoglobin, thyroid, ultrasound sab checkup karaye. Ultrasound second month may karaya, 4th month mein karaya aur saatwen mahine mein bhi karaye. Delivery ke time par bhido bar karaye. (IDI-9)
>
> ASHA ne mere sare check up hospital mein karaye, urine test, thyroid test, ultrasound, blood test aur sabhi tarah ke test karwaya or iron calcium ki dawa bhi khayi. Iske alawa khoon ki kami puri karne ke liye anaar khaye, anaar mein bahut iron hota hai. (IDI-12; IDI-16)
>
> Jab confirm ho gaya ke main pregnant hoon tab mujhe meri saans hospital le gayi waha sari janche hui, ultrasound hua, aur mujhe dawai bhi khane ko di gayi. Maine time par sari janche karai. Aur jo dawa khane ko di wo bhi khai. (IDI-8)

Only a few narratives show that women are very careful about their ANC and they properly visit the health care centre.

> Pregnancy ka pata chal gaya tab sabse pehle husband ko bataya phir saas ko bataya, sab bahut khush huye, phir hospital be gayi confirmation ke liye. Ultrasound karaya to pata chal gaya ki twins hai aur isi wajhe se dard zyada ho raha tha. Delivery se pehle mere blood bhi chadhaya, hamari sasural mein pregnancy ke dauran koi rasam vagairah nahi hoti bas delivery ho gayi baat khatam. (IDI-9)
>
> Pregnancy ke dauran maine sabhi tarah ki janche karai. Lekin doctor ne jo iron ki dawa di thi woh nahi khai. Mera dil ghabrata tha aur poore din dhakare aati thi. Lekin main ghar mein hi khoon badhane ke liye anaar gaajarl aur hari sabji khai thi. Isliye delivery ke baad mujhe koi pareshani nahi hui. (IDI-7; IDI-6; IDI-10)
>
> Main saare checkup karaye, bas last ka ek checkup reh gaya tha. Maine koi dawa nahi khayi iron calcium ki dawa bhi nahi khai. Hamare yahan to dawai koi nahi khaata. Khana peena thik ho to sab theek rehta hai. Hamare yahan pregnancy ke dauran sat masa aata hai. Aur god barai ki rasam hoti hai. Mewa aata hai jisse takat bani rehti hai. (IDI-11; IDI-18)
>
> ASHA ne hospital mai bas ek ultrasound karaya tha. Baki hospital mai koi checkup nhi karaya kiyoki mai to bilkul theek thi kya zarurt thi hospital jane ki. Bade bete ke time to ek ultrasound karaya bhi tha lekin chote ke time to koi janch nhi karai yaha tak ki registration bhi nhi karaya. Jab mai bilkul theek thi to zarurt hi nhi lagi. Ghar mai hi takat ke liye fal, sabziya murga machli khai. Maine to pregnancy mai ghar ka sara kaam kiya bhari wazan bhi uthaya lekin koi preshani nhi hui. Aur dekho ghar par dono bacche normal huye. (IDI-21)

In this research, it was found that antenatal services were still underutilized in urban areas. Initially, they only go for registration and prefer first and second antenatal care

visits in health care centres. The narratives reflect that women go for antenatal care, and receive medicines but a very less number of women will take those medicines properly. Women ignore iron, calcium and other supplements and prefer traditional food for the improvement of haemoglobin levels. Women argued that after having IFA tablet they start feeling kind of nausea, acidity, and heartburn so they avoid IFA tablets. The common argument is that when one is perfectly fit there is no need to visit a health facility (Finlayson, & Downe, 2013; Titaley et al. 2010).

Food prescriptions during pregnancy

A nutritious diet is must for the pregnant woman (Catherin et al., 2015: 118). Health professionals, in fact, encourage women to increase their normal food intake during each trimester of pregnancy (Capila, 2004). It is also noted that by and large, however, existing traditional practices concerning diet, combined with traditional omission, notably the reluctance to seek antenatal care, do little to enhance reproductive health (Jejeebhoy & Rao, 1998). The notion of hot and cold foods devoids women of many easily available and affordable food items and which have bearing on the health of the pregnant mother (Choudhry, 1997; Nag, 1994).

In this study, three types of food habits were found to be in practice. These are cold food, hot food and fatty food. Cold food items are milk, fruits, fruits juice, and curd. Hot food items are papaya, dry fruits, meat, egg, pineapple, mango, spicy and oily food. And the fatty food items are chawal (Rice), Basi Roti (stored bread), udhad ki daal, and oily based food. The narratives further provide the rationale for taking and not taking specific food items and their timings.

> Pregnancy ke dauran mujhe sab kuch khane ko kaha gaya koi aisi cheez nahi thi jise mana kiya gaya ho sab khana chahiye aur sabhi tarah ke kaam karne chahiye. Sirf bhari bajan nahi uthana chahiye, aur baki sab kaam karo sahi se. (IDI-10)

> Seb, kela, aur hari sabziyan khai. Jo accha lagta tha wo khay, jo accha nhi lagtha tha wo nhi khaya. Log bolte hain ke pregnancy main papeeta nhi khate lekin tzb mujhe nhi pata tha isi liye maine to papeeta bhi khoob khaya aur koi farq bhi nhi pada. (IDI-6; IDI-14)

> Sab ne anaar aur seb khane ko kaha kyoki anaar se khoon badhta hai. Waise chukandar bhi khoon badhata hai wo bhi accha rehta hai. Lekin maine to inme se kuch nhi khaya, lakar hi nhi diye, itne paise hi nhi the ki ye cheeze khate. (IDI-6)

> Teesre mahine mein mere maike se sukhe meve ka bana gond aaya tha. Jisme badam, chuhaare, makhane, kaju, gond aur cheeni ko desi ghee

> mein bhuna jata hai. Ye maa aur uske hone wale bachche ke liye bahut fayde mand hota hai. Jise khane se bahut takat milti hai. Aur maa mai khoon aur calcium ki kami bhi nahi hoti. (IDI-7)
>
> Maine khane mein fruits aur doodh liya. Aur mujhe cold drink bahut achi lagti thi kyunki mujhe bahut ulti aati thi last time tak mujhe bahut ultiya aati thi. Kuch bhi khati thi turant ulti aa jati thi. Isliye cold drink peene se sukoon milta tha aur seene par jalan bhi nahi hoti thi. (IDI-8)
>
> Khane peene mein to sab kuch khaya kuch mana nahi tha waise doctor ne bhi kuch mana nahi kiya tha lekin gharwale hi kehte the ki papita mat khana. Ghee khane ko kaha gaya, dry fruits ke liye bola iss se bachha healthy hote hain. Aur bolte hain ki chai mein ghee dalkar peene se bachche ki delivery normal hoti hai. Lekin aisa bhi suna hai ki jyada ghi wagairah khane se bachcha zyada mota ho jata hai jisse delivery mein problem ho sakti hai. Meri saas ne mujhe to kuch nahi bataya tha lekin meri nanand matlab apni beti ko sab smjhati thi isliye usne khoob ghee wagairah khaya, chai aur doodh mein khoob ghee dalkar khaya to usko normal bachcha hua (IDI-9)

It is also possible, as has been shown in other areas of India, that women are fearful of producing a large baby that may be difficult to normal vaginal deliver and hence to keep themselves underfed or eat less or "eating down' (Begum, et al., 2017; Chatterjee, 1991; Choudhry, 1997; Jeffery et al., 1998; Jejeebhoy & Rao, 1998; Kant, 2014; Nag, 1994; Rao, 1985; Sood and Kapil, 1984; Werner & Bower, 1995). However, a healthy mother and a healthy child actually reduce complication.

> Khane mein bhi sabhi tarah ka khana khana chahiye. Garam hai ya thanda sab kuch khana chahiye. Hmne to sabhi kuch khaya. Shuru shuru main bhi anda, murga, papita sab khaya. Lekin jin aurato ki bachedani mein pareshani hoti hai unhe garam cheez nahi khani chahiye. (IDI-13)
>
> Pregnancy ke time doodh, dahi khane ke liye zyada kaha jata hai, lekin uss time jo mann karta hai wohi khaya jata hai. Papita wagairah khane ko mana kiya jata hai. Garam cheezo ko bhi mana kiya jata hai. Lekin yeh sab shuru shuru mein hote hain baad mein sab kha sakte hain. (IDI- 23)
>
> Pregnant aurat ko sabhi cheeze khani chahiye, shuru shuru thoda garam cheezo ka parhez karna chahiye, kiyoki inki garmi se baccha gir sakta hai. Pregnant aurat ko papeeta bhi khana chahiye isse pet ki safai hoti hai aur khoon bhi badta hai. (IDI-15)

Healthy food and good nutritional diet during pregnancy make sure that your baby gets the best start conceivable. The good food and nutritional diet is a sensible diet that delivers ample quantities of protein, vitamins and minerals, carbohydrates, healthy types of fat. The findings of practices visibly showed the local dominance of the powerful impact of tradition and culture. The study revealed that milk, fruits, fruit

juice and green vegetables are known as the most usually mentioned beneficial food items during pregnancy.

> Pregnancy ke dauran sabhi tarah ka khana khana chahiye. Doctor ne bhi yahi kaha tha ki sab kuch khana hai. Lekin ghar wale kehte hain ke shuru ke dino mai papeeta, ande, aur garam cheeze mat khao. Isse baccha gir sakta hai. (IDI-16)
>
> Pregnancy ke dauran kisi ke yahan ki pili safed cheez nahi khani chahiye, isse koi aap ke upar jaadu bhi kar sakta hai aur bachche ko nuksan bhi ho skta hai. bahar se kharid kar bhi nahi khani chahiye kyunki aisi cheez per upari huawei zaldi asar karti hai. Isliye bahar ki pili safed cheeze nahi khana chahiye. (IDI-12; IDI-8)

Further, there are restrictions of the outside movement of the pregnant mother for the fear of evil eye or witchcraft (Catherin, 2015; Kant, 2014; Joshi, et al., 2006).

> Pragnancy ke dauran dudh aur fal jaisi thandi chize khane ko kaha gaya, garam cheeze jaise dry fruits vagairah nahi khana chahiye aur khatti cheese, maans machli, anda, papita, ananas, garam masala, zyada mirch ka khana wagairah bhi nahi khana chahiye.Nau maheene tak in chizon ko hath bhi nhi lagane diya. Dry fruit 5-6 mahine se kha sakte hain. (IDI-12) (IDI-7; IDI-14; IDI-19)
>
> Pregnancy mai basi roti khane ko mana kiya gaya tha. Pregnancy ke time kesar daal ke dudh piti thi, kesar se baccha gora hota hai. (IDI-20)
>
> Pregnancy ke dauran mere sasuralwalon ne mera bahut khayal rakha. Fruits aur juice pilane par zyada dhyan diya gaya, khastaur par anaar ka juice pilane par zyada dhyan diya gaya, urad ki daal, basi roti jaisi chize bilkul mana kar di gai. (IDI-4)
>
> Khane mein baadi cheezon ko mana kiya jata hai. Jaise chawal urad ki daal. Isse sharir mein sujan aa jati hai. Aur kachha papita bhi nahi khana chahiye. Waise khoon badhane ke liye subziyon main palak, gajar, chukandar aur anaar khana chahiye. (IDI-17)

The cold foods are recommended during early pregnancy to avoid miscarriage (Choudhry, 1997 p. 534). WHO (2001) provides to eat a wide variety of food items especially beans, lentils, nuts and fish. In Uttarakhand, the foods women commonly avoided during pregnancy, the reasons were given by most women were that they could not digest these items and that they made them feel sick and heavy. Foods like meat, eggs were also avoided as it was believed that the baby might abort due to their consumption (Capila, 2004). Nag (1994) & Choudhry (1994) found that fruits perceived as 'hot' are more in number (papaya, pineapple, mango, jackfruit, and groundnut and palmyra fruit) and are avoided in the early pregnancy period. Interestingly, for ensuring that the prospective child has fair skin (white), the pregnant

is prescribed to take milk with saffron every night (Catherin et al., 2015; Kant, 2014). Negative practices such as food taboos could deprive pregnant women of good nutrition and consequently could lead to maternal anaemia, low birth weight and postpartum haemorrhage (Otoo et al., 2015 p. 48).

The narratives revealed that women usually avoid some food items during pregnancy because they could not digest, or do not feel comfort after having those food items. In Uttarakhand, it is a popular commonsense that by consumption of high protein and high calcium content food like meat, egg, dry fruits will produce a large baby in size which will increase complications during delivery time. There is a popular perception that hot food items like *mass-machli* (meat and fish), egg, papaya, pineapple, *Garam Masala*, spicy and especially papaya are harmful to the fetus. These traditional beliefs are still held high in the community which restricts women from rich food intake which is very much required for pregnant women.

Domestic chores during pregnancy

In Indian society, childbirth is seen as a celebration while the period of pregnancy is considered a very normal event. Pregnancy is not only a period when a woman gets substantial weight gain, but also this period affects her psychological and emotional aspect. It is commonly believed that regular physical activity facilitates labour and makes child delivery less painful (Patel, 2006). However, the tasks that require bending often or standing for prolonged periods of time should be avoided (Aparna, 2018). The narratives show that for differential meaning for the domestic chores, one is highly prescribed as beneficial and some are proscribed as detrimental to the pregnant woman.

The narratives revealed that for a pregnant woman it is good to be active and do all household works; this will help the woman in a normal delivery. The desirable tasks are cooking, cleaning, and washing clothes. Those women, who avoid these kinds of works, face difficulties and deliver their baby by surgery/ caesarean.

> Baccha hone se pahale waise to bahut khyal rakha gaya, zyada kaam ke liye bhi mana kiya gaya. Bas mujhase bina patre par baithe kapade dhone ko kaha, jisse baccha asani se ho jaye aur rage jaam na ho (IDI-1)
>
> Jab aurat pregnant hoti hai to sabhi tarah ke kaam karne chahiye. Khana banana, kapde dhona, jadhoo dena, sabhi kaam karna chahiye.

> Waise bhi alsi aurato ke bachcha hone mai bohot preshani hoti hai, kyoki wo kaam dham to karti nhi isse bachcha bohot pal jata hai. Aisi aurato ke to opretion se hi bacche hote hai normal baccha to chalne firne aur kaam dham karne wali aurto ke hi hote hai. (IDI-13)
>
> Pregnancy mai pocha lagane ko kaha gaya isse exercise ho jati hai. Zyada zor se chalne aur kudne ko bhi mana krte the. (IDI-14)
>
> Pregnant auraton ko kaam karte rehna chahiye.zyada aram karne ya baithe rehne se bachcha jam jata hai. Agar aurat chalti firti rahegi to rage khuli rahengi aur aurat ko bachcha paida karne mai koi preshnai nhi hogi. Isi liye pregnancy mai khub kaam karte rehna chahiye. Is duran aurat agar masala peese, aanta gundhe to theek rehta hai. Usse haddiya khul jati hai aur bachcha hone mai asani hoti hai. Jitna kaam kare utna accha hi rehta hai. (IDI-15)

Unlike the medical advice for not carrying too heavy items by pregnant mothers (Otoo et al., 2015 p. 45), the narratives provide that it is perfectly safe to attend to most of the household activities during pregnancy, some tasks are best avoided or delegated to others during the pregnancy like lifting heavy weight items, sharp bending, running and jumping etc.

> Jab main preganent thi tab mujhe bhari wajan uthane, zor zor se chalne, jaldi jaldi chalne, kudane, unchi heel ki chappal pehenne ke liye mana kiya gaya tha. Kyuki pregnancy ke shuruwati din bahut nazuk hote hain, tab aurat ka bohot khayal rakhna chahiye. (IDI-5; IDI-7; IDI-6; IDI-10; IDI-17)
>
> Pregnancy ke dauran sasural wale aur maike wale dono ne bahut acche se khayal rakha jaise dudh wagairah peene par dhyan diya kyunki mere twins hone wale the aur isi wajhe se double dekh bhal ki gayi bahut se kaam ko bhi mana kiya gaya jaise jhadoo dene ko mana kiya gaya kyuki bade budhe kehte hain ki iss se bache ke gale mein nal fas jayega. Jhaadu beth kar hi dena chahiye. Satwa month laga to aata gundhane ko bhi mana kiya gaya. (IDI-9; IDI-8)
>
> Jab mai pregnant hui to ghar mai sabne bahot khayal rakha, bhari wazan uthane ke liye mana kiya gaya, jhuk kar jhadu dene ko bhi mana kiya gaya. Jhuk kar jhadu dene se bachche ka naal bachche ke gale mai fas jata hai. Wese jhadu to khade ho kr bhi mana kiya tha mtlb jhadu lagana hi nhi chahiye. (IDI-14; IDI-20; IDI-16)
>
> Aata gundhne, masala pisne jaise takat ke kaam karna mana hote hai kyoki inse bachadani ka muh khulne ka dar rehta hai. Isi liye ye kaam nahi karna chahiye. Waise yeh baat pehel ke bachche mein hi rehti hai. Bad ke bachchon par koi asar nahi padta. (IDI-23)
>
> Pregnancy mai wazan nhi uthana chahiye aur 5ve maheene se niche beth kar kaam nhi karna chaiye. (IDI-18)

Thus the narratives reveal that the family does not allow pregnant women to do more work; it will create problems when a pregnant woman walks especially during her

first and third trimesters. Other women in the family come forward to support and help during pregnancy. There is a common agreement for doing the routine household chores but certain hard and heavy household tasks are considered hazardous. Some hard works like Aata Ghundhna (kneading the flour dough), Sil se Masala Pisna (Mashing the spices on the cob), Unchi Heal ki Chappal Pehenna (wearing high heel slipper) and fast and brisk walking are prohibited for pregnant women. There is a special restriction for cleaning by broom with leaning position because it is believed that if the pregnant woman does the cleaning by Jhuk kr jhadu dena (broom in a leaning position), the umbilical cord can strangle around foetus neck and this belief is still transferred by the older to younger women in the family.

Outdoor work during pregnancy

There is renewed interest in counting the spirituality aspect in the nursing and midwifery discourse (Crowther & Hall, 2015; Nardi & Rooda, 2011). Pregnant women usually like to avoid going outside in evening time with their hair open because of the effect of evil eye & ghosts on the baby (Bhakta, 2014). The women are also not allowed to sit in the entrance of the door, because they believe that if a woman sits there, the birth of her child will be delayed. It will keep moving in and out in the passage (Capila, 2004). In the popular perception, it is believed that the pregnant woman ignites a different type of smell which will invite to an evil eye or spiritual powers. The studies have recorded the widespread notions of evil eye and witchcraft around pregnancy but these practices ultimately end up in negatively affecting the early utilization of the health services (Aziato et al., 2018; Joshi, et al., 2006; Otoo et al., 2015).

The findings show that among the Muslim woman of Haldwani, pregnant women are restricted to going out of home at the time of dawn and dusk, also at the time of Asar and Magrib prayer (dono waqt milte huye), including the time of zawal (12 noon) and on specific days like Wednesday and Thursday (Budh aur Jumerat). If it is so important and emergent to go outside they go with a protective cover of some taaweez (amulet) that the women in the study area commonly bear during pregnancy. They also keep specific items especially of iron along with them to ward of any ill effects.

> Asar aur magrib ke beech ghar se bahar nahi nikalna chahiye, aur dophar mein barah baje bhi ghar se bahar nahi nikalna chahiye kyunki logon ka kehna hai ki in waqt par sheh nikalti hai. Aur

> pregnant auraton ke paas se khushbu nikalt hai jis se yeh hawayein peeche lag jati hai. aur pait mein bachcha gayab karti rehti hai. Isliye easi aurato ko bina dupatte ke aur maghrib ke time par dehleez par bhi nahi baithna chahiye Aur agar nikalna hai to lehsun aur pyaz lagakar nikalo ya churi bhi le sakte hai our Isi liye hath pairo par seene par pet par lehsun mal lena chahiye aur saath mein churi rakhni chahiye. Lahsun pyaz ki mehek se balaye dur bhagati hai aur isse unki kaat bhi ho jati hai. Aisa nhi karne par bachche ko nuksan bhi ho skta hai. (IDI-10; IDI-11; IDI-13; IDI-24)
>
> Meri saas ne mujhe bahar kahin nikalne hi nahi diya tha. Lekin agar emergency mein jana bhi ho to hifazat se jana chahiye, jaise maine taweez pahan rakha tha. Is ke alawa lehsan rakh lena chahiye ya hing rakh lo. Hing se bhi hawaye dur bhagti hain. Asar maghrib ke darmiyaan bahar nahi jana chahiye, raat mein to bilkul bhi bahar nahi nikalna chahiye, dopahar mein barah baje ke time chhat par nahi jana chahiye. (IDI-12; IDI-23)
>
> Pregnancy ke dauran main ghar se bahar hi nahi nikli bahut zaroori kaam hone par main bahar gayi wo bhi din din mein aur apne sath mai lehsan bhi rakha. Waise mere husband ne maulana ka taweez mere pet par band diya tha jisse koi bad nazar mujhe pareshan na kare. (IDI-7)
>
> Pregnant aurat ko bahar jaate huye maulana ka taweez pehna chahiye, ya lehsun laga lena chahiye. Lehsan, chaaku aur machis se hawaye, shaitan aur chudail dur bhagti hai. Kyunki aisi auraton ke andar se khushboo nikalti hai isliye hawaye lag jati hai. aur fir wapas aane par Lehsan wagherh bahr hi fank kar aana chahiye warna jo hawaye pich lagi ghar mai bhi aa sakti hai .Baal bhi khole nahi chodna chahiye isse bhi hawaye lag jati hai. (IDI-17; IDI-18; IDI-2; IDI- 12)
>
> Pregnant aurato ko dono waqt milte time bahr nhi nikle chahiye, jumeraat ke din bhi nhi nikalna chahiye, aur maulana ne bhi in waqto par nikalne ko mana kiya tha. Aur kahi ka khane ko b mana kiya tha jo bhi khana hai wo ghar par hi bana kar khana chahiye. Lekin pili chiz to ghar par bhi bana kar nahi khani chahiye. (IDI-14; IDI-15)
>
> Pregnancy ke dauran maghrib se pehle hai ghar wapas aa jana chahiye kyunki uske baad balaye bahr tehli hai or pregnant aurat ya naye peda huye bacche pr pr hamla kr deti hai. Aisa hua bhi hai meri bhatiji ke isliye uski tabiyat abhi tak kharab hai. (IDI-9)
>
> Main har waqt apne pallu mai lehsun band kar ke rakhti thi jisse koi hawa ka asar na ho.Bahar nikalate samay lahsun, klaunji ka tabiz bana kar pehnaya gaya, jisse hawa ka asar na ho, kyonki isse bachcha khatm bhi ho sakata hai. (IDI-5; IDI-8)

It was revealed that the majority of respondents have a strong belief that the evil spirits resided there and could harm either the pregnant women or her foetus. In the study area, the casting an evil eye (buri nazar) is the biggest fear of every pregnant woman. The narratives have shown that it is in vogue and the pregnant women are not allowed to go outside the home on specific timings and days for the fear of Buri

Hawa/ Sheh (an evil spirit which will cast evil eye). If the evil eye falls on a pregnant woman and her child fetus, that would be harmful, and this impacts on the health of a mother and her fetus. Pregnant women use different things like lassun (Garlic), piyaz (Onions), kalonji (Nigella seeds), hing (Asafoetida), and churi (Knife) etc to avoid evil eye effects. The lahsun (Garlic) and churi (knife) are the most frequent things used to avoid the evil eye. At the same time, they also take taveez (amulets/threads) for the spiritual persons and religious shrines which the pregnant women bear all through the pregnancy to ward off any evil effect on the women.

Beliefs around the effects of solar and lunar eclipses

The solar and lunar eclipse is a natural happening but in the category of rare and unique and hence auspicious. There a number of misconceptions and superstition around the eclipses in Indian society (Haristiani et al., 2017). During a Solar Eclipse, the pregnant women are advised to cover themselves and stay indoors during an eclipse to protect the foetus from these rays (Hari & Hari, 2014). It is also prescribed that do not use a knife or any sharp metal objects at the time of a lunar eclipse as it may cause the baby to have a cleft lip or birthmarks (Lifecell Team, 2018). During the eclipse, pregnant mothers are asked not to take food or cut anything with a sharp instrument because of the baby born with a cleft lip (Harish, 2016). The similar narratives emerged from the field.

> Jab chandra ya surya grahan padhta hai to tab koi cheez nhi kaaten, na hi kuch dhakte hain aur na hi kapdo ki tay banate hain, kiyoki aisa kaha jata hai koi cheez kaatna nhi chahiye. Aur agar kaat diya to dar rehta hai ki kahi bachche ka kuch kat na jaye, jaise naak kaan wagairh. Aisa dekha to nhi lekin Aisa kaha jata hai. Mere bete ke kaan par bhi grahan pada tha to uska kaan thoda ulta ho gaya hai. Maine shayd grahan ke waqt kaan par khujla liya hoga to jaha khujaya wahi haddi uthi hui hai ye grahan ki wajh se ho gaya hai. (IDI-6)
>
> Surya grahan ke waqt aurat ko bahar nahi nikalna chahiye, na hi kuch kaatna chahiye, kyuki is waqt chand aur suraj ko bahut taklif hoti hai aur usse kuch aisi roshni nikalti hai jis se hone wale bachche ko nuksaan ho sakta hai. Isliye maa ko chand or suraj grahan ke waqt ghar se bahar nahi nikalna chahiye. (IDI-7)
>
> Suraj grahan mein batate hain ki kuch kaat do to bachche ka kuch kat jata hai, ya pair mod kar baith jao to bachche ke bhi pair mude hote hain. Aisa dekha bhi gaya hai, meri bhabhi ki behan ne surya graham mai aalu kat liye the to unhe baad mein pata chala ki aaj surya grahan hai. Fir jab unki beti hui to uska hoth kata hua tha. Uska operation kiya gaya tab thik hua. Isi liye surya ya chandra grahan mai kuch katna nahi

chahiye, kuch dekhna nhi chahiye, yaha tak ki aankhen bhi band nahi karna chahiye isse bhi bachche ki ankhe band ho sakti hai. Hamare yahan to aisa kehte hai ki ladies pregnant hoti hai wahi nhi balki gaaye bhais jo pregnant hoti hai unke bhi surya ya chandra grahan ka asar mana jata hai. Isi liye un par gero laga diya jata hai. Aur isi tarah aurto ke bhi nakhoono aur pallu par gero laga diya jata hai jisse grahan ka asar nhi ho. (IDI-9)

Surya grahan main sone ya letne ke liye mana kiya jata hai.Surye grahan mai kuch kaatna nhi chahiye, isse bacche ke hath pair kat skte hai. Bal dalkar kapde nhi nichodne chahiye isse bhi bachche par asar padhta hai. Sui aur dhage ka kam bhi nhi karna chahiye isse bachche ke shareer par nishan aa jate hai. Kuch silna bhi nhi chahiye, ulta seedha bhi nhi letna chahiye bilkul sidhe lete rehna chahiye, kuch kaam nhi karna chahiye bahar bhi nhi nikalna chahiye. Kyonki iska siddha asar bachche par hota hai aur maa to apne bachche ki khatir har baat ka khayal rakhti hai. (IDI-18; IDI-10; IDI-14)

Chandra grahan mein pregnant aurat ko bahar baith kar kuch nahi karna chahiye isse bachche par bura asar padta hai. Bahar bhi nahi nikalna chahiye. Geru zarur laga lena chahiye. (IDI-17)

Chand grahan mein yeh hota hai ki agar tum pair mod kar baithe ho aur grahan par raha hai to bachche ki bhi haddi ease hi jud jayegi. Kaam sui se nahi karna chahiye isse bachche ke dil mein ched ho jata hai. Churi se koi cheez nahi kaatna chahiye isse hoth ya koi ang kat jata hai. Isi liye chandra grahan mein chalte phirte rehna chahiye. Maine kapdo ki tay banayi thi to meri beti ke kaan ki gaddiya ulti ho gayi. (IDI-11)

Surya grahan mein aurat ko jyada sona nahi chahiye, isse bachcha chunda ho jata hai, aur usse suraj ke samne dekhne mein pareshani hoti hai. (IDI-13)

The narratives illustrate that that in popular perception, solar and lunar eclipses are considered as a hazard for pregnant woman and her fetus and there is the prescription to avoid the ill effects of the eclipse. During the period of eclipse, the pregnant women are strictly warned to stay inside the home, not to eat anything, not to sleep, not to carry any sharp objects, not to cut anything and not to do anything during the period of eclipse. If she does anything of the works then the fetus will develop with certain abnormalities. Pregnant women and their relatives are worried that an eclipse has an adverse effect on pregnancy and child are born with cleft lips, blindness, and birthmarks. That is why they practice some precautions like pregnant women are not allowed to go outside the home, not to cut anything, not to sleep. And they use Gairu (rust colour dust of brick) on their nails and scarf to protect from eclipse negative effects on mother and her fetus. They have a strong conviction and share from the

experiences of their relatives that any ignorance of precautions will result in a baby with deformities.

It is important to note that these practices are done to combat evil spirit given by psychological support and satisfaction to pregnant women on their safety and the restrictions on mobility also otherwise imply to their being at home for rest. But at the same time, this generates a general restriction on their ability which in consequence also devoids the women of ANC checkups and hence the popular perception of going to the health facility on when it is necessary. There is a need to take the meaning-making of these precautions during pregnancy against the evil spirit towards the importance of ANC care.

4.4 Preparing for childbirth and place of delivery

In most of the part of worldwide, childbirth is celebrated as the happiest occasion. However, many pregnant women are also subjected to pain, depression, anxiety, and even death during and after childbirth (Nayak & Nath, 2018). The childbirth is commonly referred to as child delivery or simply delivery. This delivery is seen as a social phenomenon rather than medical care. There are elaborate prescriptions on who shall own the responsibility for first childbirth (natal or conjugal family of the pregnant mother), what shall be the place of delivery (home-based or institutional), whom shall the newborn be first handed over after the delivery, who shall bring the cloths etc. Patel (2006) in her study of Rajasthan found that first delivery takes place at the natal home and is believed to be more congenial for the young pregnant woman. It requires greater emotional care always available in the natal home.

> Yaha to sab ke sare bachche sasural main hi hote hain chahe pehla ho ya dusra. Agar kisi ke yaha koi nhi hain to wo chali jati hain maike lakin main nhi gai kiyoki mujhe sharam aa rhi thi. (IDI-1; IDI-3; IDI-6; IDI-7; IDI-8; IDI-10; IDI-13; IDI-15; IDI-18; IDI-20;)
>
> Bachcha sasural mai hona hi theek rehta hai, agar bachcha maike mai hota hai to khuda na khasta use kuch ho gaya to sasural walon ko kon jawab dega. Zindagi bhar maike par dag aur lag jayega isse behtar hai ki jinka bachcha hai wahi ho (IDI-2; IDI-5; IDI-9)
>
> Jab bachcha hota hai tab sabse pehle dadi ko diya jata hai kyunki dadi ka haq jyada hota hai unka hi to khoon hota hai. (IDI-10)

The narratives illustrate that in Haldwani, the women give birth to their babies in their conjugal home. The delivery of first child, second child or the last childbirth, every birth is the responsibility of the conjugal home only. Only those women, who have no

one in their conjugal home, deliver their babies in their natal home. And the first right to see or to take a baby after birth is only with the grandparents.

Institutional delivery

The institutional delivery could significantly improve the maternal care (Dixit & Dwivedi, 2017; IIPS, 2015; Sarkar et al., 2018; Shifraw et al., 2016) but a number of factors contribute in avoiding institutional delivery including the decision making by the mother-in-law (Shah et al., 2018).

> Delivery to hospital mein hi sahi rehti hai kyunki wahan achchi facilities mil jati hai. Waise bhi hospital mein itni facilities mil rahi hai to ghar par bachche kyu karna. (IDI-9)
>
> Meri saas ne pahale hi kah diya tha ki bachche ki paidaish aspataal mein hi karayenge, isi liye pehle se hi aspataal ki taiyyari kar rakhi thi. (IDI-3)
>
> Meri beti sarakari aspataal mein hui hospital mein bachche ki paidaish is liye karai gai kyonki meri nanad ke ghar mein bachche hue the to daai ne case kharab kar diya tha isaliye sab kahate hain ki aspataal mein hi bachche ki paidaish thik rahati hai. (IDI-5)
>
> Meri devrani ke bachche karane ke liye ghar par hi daai ko bulaya tha. Use bohot problem ho rhi thi lekin daai bohot kosish kar rhi thi ke ghar pr hi bachcha ho jaye wo use tehlne ko keh rhi thi lekin uski tabiyat kharab ho rhi thi. Kyunki wo bahut kamjor thi isiliye jab koshish ke baad bhi ghar par bachcha nahi hua to hospital le gaye the. (IDI-10)
>
> Maine toh shuru aise hi soch rakha tha ki hospital mein hi delivery karana hai. Beti hone ke baad anganwadi se 6 hazar rupay bhi mile. (IDI-12)
>
> Delivery se pehle jab dard shuru ho jate hain to aurat ko hospital le jana chahiye. Ya zyada se zyada ek din pehle. Kiyoki kabhi kabhi kuch preshani bhi ho sakti hai. (IDI-6)
>
> Waise to meri beti hospital mein hui lekin bachcha hone se pehle mujhe siwaiyo ka pani pilaya aur chai mein desi ghee dalkar palaya, isse chiknahat rehti hai aur bachcha paida hone mein asani bhi hoti hai. Jab mera bachcha hone wala tha to maine apni saas se kaha ki surat mariyam padho ghar par, meri khala ne mariyam panja diya tha use paani mein daalna hota hai ye madina se late hai wahan par ek phal hai jiski daliya sukhdi hui hoti hai usse pani main daal dete hai to wo phool jata hai jitna pholta hai bachcha hone mein utni aasani hoti hai. Iske alawa surat mariyam teesri bar puri nahi ho pai thi ke meri beti ho gayi. (IDI-12)
>
> Bachche ki delivery ghar par hi karane ki koshish ki. Daai ko hi bulaya tha bachche ke liye. Lekin bohot koshish krne ke bad bhi bachcha ghar par nhi hua tab hospital le kar gaye. Daai bachcha krane ke liye bar bar betha rhi thi, kabhi leta rhi thi lekin dard nhi badh rha tha aur nind bhi

> bohot aa rhi thi. Dard badhane ke liye daai ne ghee daal kar dudh pilaya tha, siwaiyon ka pani bhi pilaya aur ghee, mewa daal kar chokha bhi diya tha. Lekin ghar par bachcha nhi hua. Hospital lekar gaye tab hi hua. Waha nurse bohot sakht thi, mujhe operation ke liye bol rhi thi, mujhe bohot dant rhi thi. Lekin doctor acchi thi usne sab achche se kiya. (IDI-18)

The narratives collected from the field illustrate that those who have preferred institutional delivery has done so on account of bitter experiences in the past of home delivery of themselves or their relatives for getting better and safe health services, they prefer delivery at hospitals. It was also seen that there is also a motivation for institutional delivery because of the incentives facilitated through grassroots level workers. More recently, the role of Janani Suraksha Yojna (JSY) has been recognised in this regard (Vellakkal et al., 2017).

Fear of surgery in the institutional setting

In the recent year, concerns are raised on the increasing rate of caesarean section (C-section) of C-section deliveries particularly in private sector health facilities (IIPS, 2015; Shabnam, 2013; Torloni et al., 2011). Those who preferred caesarean delivery, the avoidance of labour pains were the main reason given along with the importance attached to the astrological calendar, and the demand for a baby to be born in an auspicious time (Ajeet et al., 2011 p. 246).

> Mere sabhi bachche ghar par hi huye, kyonki aspataal mein opration ke nam se hi dar lagata tha. Mai sui lagne se bohot darti thi. Isi wajah se maine apne bachcho ki pedaish ghar par hi karai. Aur daai ne bhi jaisa-jaisa kaha waisa-waisa karti gai. Mujhe eaton par bhi bethaya gaya jisse bachche ki pedaish asani se ho. Bachche ki pedaish ke waqt daai ne chalane par zor diya, sivaiyon ke pani mein ghi dalkar pilaya maulana se gud aur barfi padhava kar bhi khilai. (IDI-2)

> Main to chah rahi thi ke mera bachcha ghar par hi ho, kyunki sab ne mujhe dara diya tha ki agar hospital main bachcha hua to operation kar denge isliye mere kehne par meri saas ne mujhe daai ko dikhaya. Doctor ne mujhe bola tha ke zyada ulti aane ki wajah se mera bachcha upar ho gaya hai, ho sakta hai ki operation ho, isi dar ki wajah se main ghar par hai bachcha hone ko kaha. (IDI-8)

> Main to bachcha bhi hospital mein hi karti lekin mujhe dar lagta hai kahi operation na kar de. Aaj kal to vaise hi sab ke operation ho rahe hai isi liye maine apna bachcha ghar par hai kara. (IDI-7)

> Meri beti ke wakt doctor ne kaha bachche ke do nal hain, isi wajah se mujhe dusare hospital reffer kar diya gaya, waha operation bola gaya lekin meri saas ne mana kar diya, wo boli main apani bachchi ka opration nahi karaungi, pet nahi katawaungi, isse insan ko bahut

> pareshani hoti hai, na kuch kha sakate na kuch kar sakate, aur mere ghar mein bhi koi kam karane wala bhi nahi hai. (IDI-4; 5)
>
> Bachche to ghar mein hai thik rehte hain hospital mein jao to chira fadi kar lete hain. (IDI-13)
>
> Main to sare check up karaya injection wagairh sab hospital mein hai karaye lekin mere bachche ghar par hi huye, kyunki mujhe dar lagta tha ki kahi mera operation na kar de, kyunki doctor ne mujhe operation ko bola tha. Meri halat bahut kharab thi haath pair suj gay the. Tab mujhe operation ke liye doosre hospital mein refer kiya gaya. Mere septic phail gaya tha, poore sharir mein khoon bhi bahut kam tha. Maine dua mangi ke mera bachcha ghar par hi ho jaye aur salamat rahe, har mazar par mannat mangi ki meri beti ghar par hi ho jaye, fir beti ghar par hi ho gayi. Aur sahi salamat hai. Mere baap ne mujhe maulana ko dikhaya tha kyunki tab mujhe kisi ne kara diya tha. (IDI-17)
>
> Mujhe doctor ne opretion se bachcha ke liye bola tha. Mere opretion hone wala tha, par maine mana kar diya. Mai nhi chahti thi ki mera opretion ho. Bas mai dard ko bardast karti rahi dawaiya khati rahi, uske bad normal delivery ho gai. Mujhe opretion se dar lagta hai aur log bhi kehte hai ki opretion ho jata hai to wazan utha nhi sakte, kaam zyada nhi kar pate, bohot problem hoti hai. (IDI-18)

Women are found to be scared from the very name of caesarian section for fear of death during surgery and those of having gone for it are stigmatized (Okafor, 2000). In the study area, the institutional deliveries are perceived as C-section deliveries and the widespread belief that if they will go for health facility, they have to undergo surgery. There all chances of the survey at the hospital, no chance of normal delivery, have been the common perceptions. Women call Dai at home for childbirth, because they are afraid of cesarean section delivery. They think that cesarean section delivery is like incision and cutting which is not good for women. For the fear of cesarean section delivery, women deliver high-risk childbirth at home by Dai. The reasons preferring normal vaginal delivery to caesarean delivery is that most of the women feel it a safer and easy way to deliver a baby as is considered the natural way, and the normal one brings early relief to women as compared to those undergoing caesarean delivery. Caesarean delivery also puts women to long term health threats.

Home Based deliveries

There are many reasons because of which home based delivery is preferred and the most significant is that giving birth is considered normal (Shah et al., 2018; Vellakkal et al., 2017). Other factors are those relating to fear of c-section; domestic tasks; caring of other children; (Bruce et al., 2015; Sarkar et al., 2018; Wilunda et al., 2014).

The religious faith also provides them confidence for going for home-based delivery (Jesse et al., 2007; Liamputtong et al., 2005). The narratives from Haldwani are reflective of all these justifications for home-based delivery.

> Mera beta ghar par hi hua. Aspataal is liye nahi gai kyonki meri maa ne mana kar diya tha. Meri saas to lekar ja rahi thi, lekin meri maa ne mana kar diya ki aspataal mat lekar jao, kyoki aspataal mein chida phadi ho jati hai (IDI-1)
>
> Maine khud apni saas se kaha tha ke mujhe ghar pr hi bachcha karana hai. Jab mere dard shuru huye tab daai ko bulaya gaya, ye to bahut hi khatarnak dard tha. Daai kabhi mujhe tehlne ko kehti to kabhi eton par bethati. Mujhe itna dard ho raha tha ki kuch samajh nahi aa raha ki mai kuch keh nhi skti. Tab maine apni saas ko mujhe hospital le jane ko kaha mein dard se tadap rahi thi lekin koi mujhe hospital lekar nahi gaya. Main sab ke aage hath jod rahi thi apni saas ke, apne jeth ke sabse minnate kar rahi thi, lekin kisi ne meri nahi suni. Aur meri saas ne mere husband ko ghar se bahar bhej diya, aur jeth ko bhi bahar jane ko kaha. Bahut hi mushkil se ghar par hai 5-6 ghante baad mera beta ho gaya lekin mein woh din kabhi nahi bhulungi. Main tadap rahi thi lekin meri kisi ne nahi suni. Agar mujhe kuch ho jata to uski zimmedaar sirf meri saas hoti. (IDI-8)
>
> Mere teeno bachche ghar par hi huye. Lekin hospital mein sari janche karai. Lekin bachche ghar par kare, kyunki waha bahut badtameez hoti hai aurat ko aise hai khula daal dete hain. Koi bhi aaye koi bhi jaaye mard bhi dekhte jaate hain. Ghar par kam se kam parda to rehta hai. (IDI-13; IDI-7)
>
> Hamare yahan sabhi ke bachche ghar par hi huye, kiyoki hum sab devrani jethanio ke bachche aas pas hi huye hospital mai bachche karate to ghar par kon dekhta. Or waise bhi hospital mein to ghin aati hai. Wahan bohot gandagi rehti hai. Dekhkar bhi ulti aati hai, isliye humne apne bachche ghar pe kiye. (IDI-23)
>
> Doctor ne to mujhe operation se bacha karne ko kaha tha lekin main nahi gayi, mujhe bahut dar lagta hai aur agar pareshani hoti bhi to Allah ke upar chhod diya tha jo hoga dekha jayega mere andar khoon kam tha isliye operation ko bola tha lekin bachche to 6 point par bhi hote hain mera to 10 tha. Isliye hospital nahi gayi ghar par hai bachcha karaya. (IDI-13)
>
> Meri beti ghar par hi hui. Delivery ke time par mujhe dudh mai castor oil dal kar pilaya tha aur siwaiyon ka panipilaya tha. Ek nurse ko ghar par hi bula kar dard badhane ke injection bhi lagwaya tha. Meri delivery bed par beth kar karai thi. Mai chah rahi thi ke mera bachcha hospital mai ho, lekin gahr walo ke samne mai kiya kehti? Meri baat nhi mani gai. Meri jethani ki ladki bhi ghar par hui thi isi liye meri bhi ghar par hi karai. (IDI-16)
>
> Bachcha to ghar par hi karna chahiye. Hospital mai konsa zyada gaur karte hai, waha par bhi to aurat ko aise hi pade rehne dete hai. (IDI-22)

> Ghar par bachche ki pedaish ke time kamre mai hi bachche ki pedaish honi chahiye. Kiyoki bachcha kamre mai paida ho ya dallan mai napaak to pura hi ghar mana jata hai. Bachche hone ke bad jab kharyai nhi aati to us waqt aurat ke muh se uske balo ki lat dabwate hai aur aurt se uski maa ka nam kehelwate hain. Tab kharyai aram se aajati hai. Ladka hone ke bad turant bad ye nhi kehna chahiye ki ladka hua hai isse kharyai upar chadh jati hai. Jab tak kharyai nhi aaye tab tak naal nhi katna chahiye. (IDI-22)

The narratives provide a detailed overview that Haldwani has an urban setting, but still, women prefer home-based deliveries. These deliveries are without hygienic conditions and with untrained health attendants. The significant reasons attributed are the fear of cesarean childbirth at a health facility (*aspatal mein chida phadi ho jati hai*) and pressure of family elders for the same reason (meri ma ne mana kar diya tha). Women also feel that there is no privacy in the health facility (*aise hai khula daal dete hain*) and the hygienic conditions at the facility are pathetic (*wahan bohot gandagi rehti hai*). In the normal course, the mother in law and other elders of a family decision plays an important role to decide the place of delivery. People call Dai (local birth attendant) for childbirth at home. Some relatives also come for delivery and at the time of childbirth. Dai insists to walk during labour pain. If the childbirth process has started at home then they try to deliver the baby at home, though sometimes things become very critical. The male members of a family are less emotional and they did not involve themselves in the childbirth and elder women usually ask them to stay outside. If one baby is delivered at home without any complications then the mother will prefer to deliver her next baby also at home. The main reasons for home delivery are that women are shy to show their genital part to male doctors and feel that there is no privacy. Sometimes there are spread out tent and stench in hospital, rude behaviour and improper attention of doctors and staff, women also remain worried about their other children for their take care back at home. But all of these the main reasons of childbirth at home and they consider home deliveries as the fair process than the caesarean deliveries. Women believed that if they opt the hospital-based delivery then the doctors will do caesarean delivery and this to them is the most fearful factor.

Traditional home based delivery practices

There are many types of childbirth like institutional delivery, caesarean section delivery, home-based delivery with the help of trained birth attendants and home-

based delivery with untrained birth attendants. Traditional birth attendants (TBAs) provide the majority of primary maternity care in many developing countries and have earned the trust of the community on account of their long years of association as they live in the same or nearby community; speak the local language, and share the cultural practices (Inyang & Anucha, 2015).

> Meri delivery gahr par hi daai ne karai. Bachcha hone se pehle kapda, blade, aur dhaga in sab ka intizam kra. Jab bachcha hone wala tha to dudh garam karke usme badam dal kar diya tha. Padhi hui barfi bhi khilai thi. Bachcha hone ke bad mera pet dabaye rakha jab tk khariyai bahar nhi aai tab tak pet nhi choda. (IDI-21; IDI-23)
>
> Ghar mai delivery do trah se hoti hai ek leta kar aur dusra baitha kar. Delivery kaise honi hai wo pehle se decided nhi hota na hi alag trah ki delivery ka koi mahir hota hai. Jiske jaise delivery honi hoti hai waise hi hoti hai. (IDI-22)
>
> Meri pehali beti hui tab bahut pareshani hui thi hospital jane tk ki naubat a gayi thi, lekin daiyo ne sabhal liya. Do do daiya lagi hui thi. Wo bhi hamari janne wali thi, Isiliye sambhal liya mujhe. (IDI-24)
>
> Maine shuru se hi socha tha ki ghar mai hi bachcha krungi iske liye meri saas ne taiyyari bhi kar rakhi thi. Daai ko bulaya daai ne mujhe ghee dal kar siwaiyon ka pani pilaya, tehlaya, eton par bhi bethaya, jo taweez gale mai the ya kahi bhi bandh rakhe the khulwaye. Ye Taweez bachcha hone ke liye tha, isi liye delivery ke time par khol dena chahiye, aur jab baccha ho jaye to bacche k gale mai wahi Taweez bandh dena chahiye. Daai ne bohot koshish ki lekin delivery k time mujhe bohot preshani hone lagi. Dai ne mujhe bohot preshan kar diya tha, wo bar bar mere hath dal rhi thi jisse mujhe bohot takleef hui. Unhone time se pehle hi easa kar diya tha. Marte marte bachi isi liye hospital le jana pada aur wahi par bachche ki pedaish hui. (IDI-14)
>
> Bachcha hone se pehle mujhe bahut pareshani ho rahi thi, isiliye gharawalon ne mere hathon se bandhi sabhi ganthe mujhse hi khulawa di, jaise bal khol diye, kamaraband mein jo ganthe hoti hain unhen khol diya gaya, ghar mein jitani bhi potaliyan maine apane hatho se bandhi thi khol di, aisi ganthe jo maine apane hathon se bandhi thi wahi kholna thi, phir chahe koi aur dubara apane hathon se bandh de. Bachcha hone se pahale maulana se padhi hui barfi khilai gai jisse dard badh jaye. (IDI-4; IDI-13)
>
> Mere bachche ghar par daai ne kare. Bachcha hone ke time sawaiyon ka pani pilaya, badam wala doodh pilaya. Delivery ke time daai ne mujhe castor oil pilaya. Isse pet ki safai ho jati hai aur gas wagairah bhi sab khatam ho jati. Isse aurat ke dard badh jate hain. Padhi hui barfi khilate hain, hath pairo mein taveez bandh dete hain aur jo aurat ke hatho ki bandhi gaathe aur choti bhi khol date hain. Jab tak saari gaathe nahi khulti tab tak bachcha nahi hota. Chalni mein aata lekar usme hath lagwate hai, usse sadka utarte hain. Isse bachche aasani se ho jate hain. Waise yeh cheez to drama lagti hai lekin kya kare aisi

> halat mein jo jaisa kehta waise karte hain. (IDI-17; IDI-19; IDI-11; IDI-22; IDI-24)
>
> Delivery ke time shivayo ka pani pilaya aur jaitun ka tel palaya. Isse baccha chikna hota hai aur aasani se ho jata hai. Maine quran sharif ki surat abhi padne ko boli thi. (IDI-20)
>
> Daai ne mere do bachche leta kar kare aur ek bachchi baitha kar karai. (IDI-13)
>
> jab bachcha hone wala tha tab bachche ki kheriyt ke liye mazar par bhi gayi thi ke jo bhi ho thik thak ho jaye. Maulana se Taweez bhi karaya tha, ek gale mein pehnaya gaya tha aur ek pet par bandhne ke liye diya tha. Jis se bachche ki hifazat hoti hai (IDI-12)

The study revealed that pregnancy and childbirth are related to traditional and religious belief practices in Haldwani. Women used prayer and other religious practices during childbirth for their own delivery and others. Traditional home remedies and decoction are used during labour and delivery in the study area. Because these decoctions stimulate labour pain and help in delivery. It was argued that the process of childbirth is a natural process. Childbirth may occur by lying on the bed during delivery or squat on the bed or floor. Dai gives some kind of drinks to increase the labour pain like *siwaio ka pani* (macaroni water), garam dudh (hot milk), *badam ka dudh* (almond milk), castor oil, *jaitoon ka tel* (olive oil), *ghee dalkar dudh* (milk with ghee). If the delivery/labour pain process gets delay then people prefer for some traditional and religious rituals like women are asked to eat *Padhi hui barfi or gudh* (holly Gujjary sweet, on which verses are recited), use *Taveez* (amulet), *Sadqa dena* (donate charity) and verses of holy Quran, *Ganthe kholna* (open all the knots which were tied). They think that child will not be delivered until all knots are open which a mother has tied in the wish of a safe delivery. Dai uses a different type of traditional methods and indigenous decoction or potion for delivery which is very risky and harmful for the women.

4.5 Postpartum care practices

Most maternal and infant deaths occur in the first month after birth: almost half of postnatal maternal deaths occur within the first 24 hours (WHO, 2015). The postpartum period continues to be an important part of the tradition and culture among Indian women but frequently the health of the postnatal women is neglected (Pillsbury, 1978; Rao et al., 2014).

Purity pollution and confinement

In Asia, the period 21 to 40 days after parturition is believed to be a period of convalescence and also known as 'the confinement period' (Teo et al., 2018 p. 2). In India after delivery confinement period is the time for women to recover health but it is marked by specific traditional practices and prohibitions as she is considered vulnerable during this period (Choudhry, 1997; Dennis et al., 2007). A more privileged new mother is given a massage with oil or ghee by a Dai to relax and bring her back to the normal state (Patel, 2006). Chilla nahana is a term used for the last ritual bath which conveys the message about the woman regaining her purity and completing the sawa mahina *(*Qamar, 2017 p. 134).

> Bachcha hone ke bad maa ko sava mahine tak bina gaddon ke palang par letaya jata hai. kyonki bachcha hone ke bad maa ke pet se bahut kabada nikalata hai jisse sari chize napak ho jati hai. (IDI-1)
>
> Soveri sawa mahine tak hoti hai, lakin chhati main safai ho jati hai, lekin sawa maheene tak maa aur bachcha dono gande mane jate hai. Bachcha is liye ganda mana jata hai kyoki hota to usi maa se peda. Isi liye sawa maheene tak maa bhi gandi hai to bachcha bhi ganda hi hoga. Sawa maheene bad jab maa naha leti hai tab wo paak mani jati hai uske bad wo chilla badalne apne maike jati hai. (IDI-6)
>
> Bachcha hone ke 40 din tak aurat jachcha rehti hai. Isliye kam se kam 40 din tak maa ko aaram karna chahiye. Bachcha hone ke baad aurat har tarah se kamzor ho jati hai. Uski aaaten bhi kamzor hoti hai, isi wajah se heavy khana nahi pachta, isliye bachcha hone ke baad aurat ko halka khana dena chahiye. (IDI-17)
>
> Bachcha paida hone ke bad maa se alag ho jata hai lekin uski ankhe kaha khul pati hain, wo kuch nhi jaan pata. Isi liye bachcha ganda mana jata hai. Isi liye kuch log sawa mahine tak use god mai bhi nhi lete. Aur agar god mai le bhi lete hain to uske bad nahaye bina namaz bhi nhi padhte. (IDI-6)
>
> Bachcha hone ke baad jachcha ko ghar ka koi bartan nahi chune dete. Aur theek bhi hai, kyunki aisi halat mein aurat napaak mani jati hai. Sawa mahine tak aurat napaak mani jati hai. Bachcha hone ke bad aurat ko sawa mahine tak aram karna chahiye aur sawa mahine tak wo roza namaz bhi nhi kar sakti. Jis room mai bachcha hota hai wo room napak mana jata hai. Jinke Taweez hota hai wo sowar ke gahr mai entry nhi karte isse Taweez ka asar khatm ho jata hai. (IDI-14; IDI-2; IDI-17; IDI-6)
>
> Bachcha chahe ghar mai ho ya hospital mai ghar ganda hi mana jayega. Isi liye ghar mai putai karana zaruri hai. Agar maa sowar mai hai to bachche ko god mai lene ke bad kapde badal kar hi namaz hogi. (IDI-18)

These prohibitions are related to the fulfilment of basic religious duties – it is absolutely forbidden to her to make prayers and worship namaz, to do oruch (to fast), touch and read the Quran, to enter the mosque, to make tavaf (Gancheva, 2015 p. 358). For the mother ritual washing of the 40th day after birth is the boundary, which marks the passage from ritual impurity to ritual purity, for the newborn, it marks the completion of a potentially dangerous 40-day period after birth (Gancheva, 2015 p. 368).

> Delivery ke baad maine sawa mahine tak aaram kiya, aur sawa mahine baad hi kam karna shuru kar diya tha waise aisa kaha jata hai ki ladka hone ke 40 din tak jachcha rehti hai aur ladki hone par do mahine tak, kyunki ladka hone par aurat ko kam takleef hoti hai aur ladki hone par zyada taklif hoti hai isliye aur zyada din tak jachcha maani jati hai. (IDI-9; IDI-11)
>
> 20 din baad main apni nanand ke ghar gayi kyunki main sowar mein thi, isi liye unki jethani us bed par hi nahi baithi jahan mein baithi thi. Kyunki wo keh rahi thi ki main napak hu isliye ve mere paas nahi bethi. Wo maan rahi thi ke unka bed napak ho gaya tha. Sawa mahine tak bachcha bhi napaak maana jata hai. (IDI-20)
>
> Ghar mai jab delivery hoti hai to ghar napaak ho jata hai. Jaha tak sowar ki khushbu failegi waha tak sab napaak mana jata hai. Sowar ki charpai par nhi baithna chahiye. Isi liye 40 din baad ghar mai putai karai. Waise bleeding to 7-8 din mai hi khatam ho jati hai, lekin ghar 40 din tak ganda mana jata hai. (IDI-21; IDI-19; IDI-10)
>
> Sawa maheene tak sowar se hi to sowroi hoti hai. Aaj kal to bachche hospital main ho rhe hain to sowar ka ghar kaha reh jata hai, sab kuch to wahi fek kar aate hain. Fir kahe ka sowar ka ghar. (IDI-6)
>
> Agar ghar mai bachcha hota hai to jab tak putai aur saaf safai nhi karte tab tak us kamre mai niyaz, namaz aur roza nhi karte. Ye baaten to bade budhon se chali aa rhi hai to inhe follow karna hi padta hai. Log bachcha hone ke bad aurat ko napak mante hai. Mere hisaab se to ye jahalat hai. Kis baat ki napaak hai wo aurat? Ek to wo apni jan par khel kar bachche ko janm de rhi hai upar se log use napaak keh rhe hain. Jo bhi kuch ho raha hai wo to sab kudrati hai. Islam mai in cheezo ko is liye kaha gaya hai kyoki bachche ki pedaish ke bad aurat bohot kamzoor ho jati hai, use aram diya jaye. Log uske pas jakar use zyada preshan na kre. Lekin log to apni trah se hi paki napaaki jod lete hain. (IDI-16)

In Haldwani, women should take rest till 40-day period. It is their religious or cultural beliefs. In the postpartum period, some specific and precarious traditional and religious rituals are observed to secure recovery and avoid poor health of women in later years. The narratives provide that sawa maheena (40 days) are very important days. It is also called Sowary and sower in Haldwani. Women are advised to rest and

recover their health. But these days women are considered as napak (impure). Some people consider the child also napak (impure). After sawa maheena (40 days) when women bath she is considered paak (pure). During shower it is absolutely forbidden for her to perform namaz (prayer), Roza (fast), and touch and read the Quran and other religious holy books. People believed that home and room are also considered napaak (impure) during this period and without whitewash, the religious work is not allowed in that room, where the women live during shower. Mother and her child do not go outside during this confinement period because the evil eye and witchcraft can attack them. People believed that person who wears taveez (amulet) he/she should not go near with jaccha aurat (puerperal women) in this period if that person goes there then taveez (amulet) will be lost its effectiveness. While some women believed that pregnancy, delivery and confinement period are normal and natural happenings.

Prescribed and proscribed food items after delivery

Like the food practices during the pregnancy, the postpartum dietary choices are governed by the traditions whereby hot foods are encouraged and cold are avoided (Choudhry 1997; Dennis et al., 2007). The Traditional-Indian-Confinement (TIC) diet was characterized by ethnic bread, Indian herbs, whole milk, seed herbs, and butter/ghee, which are known to be common food items present in diets across Northern and Southern India (Teo et. al., 2018 p. 6). Manderson (1981), Choudhry (1997) and Chen et. al., (2013) have also listed these TIC food items. Multiple pieces of evidence indicate that postpartum diet has important effects on the health of mother and baby (Saad & Fraser 2010).

> Bachcha hone ke 9 din tak maa ko khane ko kuch nahi diya jata sirf dudh, chai, pape, biscuit aur daliya hi diya jata hai. Dudh bhi daliye ke sath paka kar dete hai. Khali dudh maa ke liye achcha nahi hota. Achche khane ka offer sirf chhati ke din ke lie hi hota hai. Baki din sada khana diya jata hai. Bhook to bahot lagti hai, lekin kar bhi kiya skte hai. Bade buzurgo ki to manni hi padhti hai. Hari cheez jaise sabziya bhi nhi khane dete, isse bachche ke pet mai hara hara ho jata hai. Bachcha hone ke bad garm chize khane par zor kiya jata hai kyonki thandi chijon se nalon par sujan a jati hai. Isse aage chal kar bahot preshani ho jati hai. Aur dusra bachcha hone mai bahot mushkil ho jati hai. (IDI-1; IDI-7; IDI-5; IDI-2; IDI-17)
>
> Hospital mein to mujhe normal khana diya, Dal/Chaval/Roti/Sabzi di gai, lakin ghar par in ka parahez karaya gaya ghar par sada khana diya gaya. (IDI-3; IDI-6)

Bachcha hone ke bad chhati mein maike se bahut sara saman aaya, jisme mere khane ke liye mewa bhi aai. Isse aurat ki taqat bani rehti hai (IDI-5)

Bachcha hone ke bad mujhe zyada mirch ki cheeze, karri cheeze aur khatti cheeze khane ko mana kiya gaya, kiyoki is sabka asar bachche par bhi padhta hai jisse bachche ko nuksan ho skta hai, aur bachche ki tabyt kharab ho skti hai. (IDI-6)

Delivery ke baad khane mein sirf dal aur daliya hi dete the. Roti wagairh nahi di jati thi, isi wajh se mujhe constipation ho gaya tha jis ki wajah se tako mai bhi dard hota tha. Doctor ne mujhe sab kuch khane ke liye bola tha, lekin sab log zyada oily and spicy cheeze khane ko mana karte hain. Delivery ke baad dry fruit ya hareera kuch nahi diya gaya sab mana kar diya tha, isse taake pak jate. Bhook to bahut lagti thi lekin majboori thi kya karti, jo dete the wohi khana padta tha. Delivery ke baad garam pani piti thi. (IDI-9; IDI-14; IDI-5)

Hamare bachcha hone ke baad koi doodh ghee nahi khilate balki turrant roti khilai jati hai aur pet bharke thanda pani pilaya jata hai aur Allah ka shukr hai koi pareshani bhi nahi hui. Koi kaam mana nahi hota agar kisi ko jyada kamzori hai to wazan uthane ko mana kiya jata hai. (IDI-11)

Jachcha ka parhez agar thik se ho to sahi rehta hai, thandi cheeze na khaye jaise kela, tarbooz, kharbuj, jesi cheeze nahi khana chahiye. (IDI-13)

Bachcha hone ke bad mujhe khana nhi diya gaya, kyoki log kehte hai ki bachcha hone ke bad aurat ko khana nhi dena chahiye. Isi liye mujhe khane mai chaye, biskit, mung ki dal ka pani, bakre ka gosht roti ke sath dena chahiye. Isi trah ka halka khana dena chahiye. Chatti ke bad khane mai sab kuch diya gaya. (IDI-16; IDI-18; IDI-12; IDI-10; IDI-8)

Bachcha hone ke bad aurat ka pet saaf karne ke liye uske pet se sari gandagi nikalne ke liye garam cheeze khilai jati hai. Jaise hareera, ye bohot garam hota hai. Iske alawa khukhla munakko ki tikiya bana kar khailai jati hai. Is tikiya se jachcha khane mai aane wala bukhar theek ho jata hai. Bachcha hone ke 2-3 ghanto bad ma ko kali chaye pilani chahiye. Bachcha hone ke bad maa ko pani paka kar dena chahiye. Lekin chhati wale din satrange khane par niyaz dila kar sabse pehle use jachcha aurat ko dete hai aur pital ka lota bhar kar wo pani pilaya jata hai. Chhati ke bad se dubara ubla hua hi pani pilate hai. (IDI-22; IDI-5)

Bachcha hone ke baad zyada achcha khana nahi diya jata. Kehte hain ki aurat kamzor hoti hai aur zyada khana khane par usse baar baar toilet aayegi aur khade hone par chakkar aane se gir bhi sakti hai to use uthayega kon? Isi liye usse zyada achcha khana nahi diya jata. (IDI-23)

Gond dard ke liye bahut fayda karta hai. Delivery ke bad mujhe harera bhi khilaya gaya. Hareera sonth, khaskhus, gola, badam aur sare mewe wagairh jitna chahe dalo itna achha hai. Isse body mai taqt bani rehti hai. Normal delivery par sonth aur azwain ka pani bhi pilaya jata hai. Is se pet ki gandagi bahar nikal jati hai aur safai ho jati hai.bachcha hone ke bad meri malish bhi karai gai, isse badan ka jo dard hota hai

> wo khatm ho jata hai. Pehle bachche ke time to 10 din malish karai gai thi, lekin is baar nhi karai gai isi liye aaj 3 maheene ho gaye fir bhi badan mai dard rehta hai. (IDI-16; IDI-20; IDI-10; IDI-2)
>
> Ghar par mujhe khane main moong ki dal, masoor ki dal aur roti di gai. Hareeera bhi diya gaya lakin 8-10 din bad se diya gaya, koi tha hi nhi karne wala to hareera kon banata. Meri maa aai tab unhone bana kar khilaya uske bad shareer main taqak aai. (IDI-6)

Pregnancy is considered to be a 'hot' condition while during postpartum woman moves into a 'cold' state. And 'hot-cold balance' maintained the body state (Manderson, 1981). In the study area, the behaviour and dietary intake of puerperal women are strongly influenced by their culture. The researcher found that there are many changes in food consumption of the women after childbirth as compared with during pregnancy. People preferred sada khana (simple food) after delivery because they think that the intestine of the stomach become weak after childbirth load. They preferred food like tea, milk, rusk, biscuit, daliya (oats), patli dal (Pulse) aur roti, moong daal masoor ki dal (lentils), bakre ka gosht (mutton) and dry fruits. And avoided food like spicy, oily, karri cheeze (hard food), khatti cheeze (citrus food), and cold food like banana, watermelon and musk melon. Women think that every food which mother takes has important effects on child health. People also preferred hot food for flush out of waste things from the puerperal body and the hareera is an initial and important part of hot food after delivery, which is made by dry fruits and pure ghee. It has a hot effect which helps to recover the health and flush out of waste things from the body. Some women start eating normal food after chatti (six days) while some women start after sawa maheena (40days).

Mother's personal hygiene and first bath after delivery

The postpartum women are considered as polluting and hence a series of purification rituals and baths rather medicated baths with warm water (Bhuvaneswari & Swarna, nd; Dennis et al., 2007; Liamputtong, 2004). Post-natal mothers are likely to require a larger and higher absorbency sanitary protection material for the initial days or weeks following the birth (House et al 2012).

> Chhati par jab maa nahakar nikalati hai tab usaki god mein bachcha dete hain aur sath hi sath kuch hari chiz jaise pan, bhi god mein rakhate hain jisse usaki god hamesha hari bhari rahe uske bad hi kamare mein andar aane dete hain. (IDI-1)
>
> Jab aurat ko chhati me nehlaya jata hai to sonth aur azwain ki potli aur saboot haldi pani mai dalkar us pani se jachcha ko nehlaya jata hai.

> Lekin aurat ka nahana din ke hisab se hota hai. Jachcha aurat ko hafte ke din nehlaya jata hai, bachche ki pedaish ke teesre din se jo pehla hafta padhta hai usme jachcha aurat ko nehlaya jata hai. (IDI-22)
>
> Bachcha hone ke baad jab mujhe nehlaya gaya. Tab ajwain, paan,haldi, namak aur chali dal kar ubala aur fir nahlate hain. Jachcha ko ukru baithate hain, iske baad upar se pani daalte hain. Aise pani daalte hain ki pani pet ke paas ruka rahe, jisse pet ki sikai hoti hai. Isse dard kam hota hai aur mazbooti bhi aati hai. (IDI-11; IDI-13)
>
> Mujhe sabse pehle jab nehlaya gaya to garam pani mein namak dala tha bas isse badan ka dard khatam ho jata hai. Thade pani se nehlane se aurat ko bohot nuksan hota hai, uski haddio ka bukhar aur dard zindagi bhar nhi jata. (IDI-12)
>
> Aurat ko jab chatti mein nahlaya jata hai to sonth, ajwain aur haldi ko pani mein dalkar paka lete hain uske baad use chaan kar us pani se aurat ko nehlaya jata hai. Iska fayda ye hota hai ki delivery ke baad aurat ke jism mein bahut dard rehta hai to is tarha ka pani aurat ke liye faydemand hota hai. Kuch jagah par pani mein sendha namak bhi daalte hain, isse bhi jism ka dard khatam ho jata hai. (IDI-17; IDI-19)
>
> Bachcha hone ke baad sabse pehle chhati mai nahai fir 10 din bad nahai, fir 20 we din nahai, uske bad ek mahine par nahai. Sawa mahine par bhi nahai. Itne dinon main isi liye nahai kyoki roz roz nahane ke liye meri nanad ne mana kiya tha. Lekin hamare maike main to chhati mai nahate hai, fir chahe kabhi bhi nahao. Lekin nand ke mana karne ki wajh se main nhi nahai. (IDI-6)
>
> Bachcha hone ke bad bleeding ke liye pad ka istimal kiya kyoki hospital me nurse ne bata diya tha ke pad ka istimal karna chahiye kapda takon ke liye theek nhi rehta. (IDI-6; IDI-3; IDI-4; IDI-9)
>
> Bachcha hone ke baad zyada bleeding hone ki wajh se maine kapda use kiya, waise bhi aaj ye pad wagairh chal gaye hai pehle ke log bhi to kapda hi use karte the unhe to kuch nhi hota tha. Ye to sab kehne ki baat hai ki ye use kro or wo use kro (IDI-2; IDI-12)

In the postpartum period, the ritual bathing on the 3rd, 5th, 11th, 30th, and 40th days are prescribed (Qamar, 2017 p. 134). The narratives illustrate that after the childbirth, the first bath of the mother is very important. It is given on 5th or 6th day after delivery, while some people decide a particular day for the first bath of the mother. Hot water is strictly used for the first bath of the mother which is mixed with some home medicated items like ajwain (celery), chali (Betel nut), haldi (turmeric), namak (Salt), sonth (dry ginger), and paan (Betel Leaf). The bath with cold water is fully prohibited, because it may cause bone fever and pain for the lifetime. After the first bath of a mother, she can enter in the room with some green thing like paan or green grass which is indicating the fact that her procreation capacity blooms (hari bhari goud). After delivery, the take care of heavy bleeding, some women use sanitary pads,

while some women use traditional methods (cloth). It seems that they are elaborate prescription on ritualistic baths for women but less emphasis is found on good menstrual hygiene practices except for the used cloth or sanitary pad in lieu of it.

Other celebrations

The childbirth in India marks the social celebration and reflective of the beliefs and expectations held by people and their communities (Raven et al., 2014; Shah et al., 2018; Wells & Dietsch, 2014).

> Chhati mein khana banaya aur niyaz dilwai, fir raat mein tare jhakai ki rasam ki gai, isme dewar mujhe angan mai le gaye bachcha meri god mein hi tha fir tare dikhaye gaye. (IDI-6)
>
> Bachcha hone ke baad chhati wale din god bharai ki rasam hoti hai, isme maa ke liye uske maike se gond aata hai isme sare mewe hote or desi ghee hota hai. Raat main isme chand tare dikhate hai 7 ya 11 tare ginwate bhi hain. Kyoki chand tare khusi aur khubsurti ke prateek hote hai jiska mtlb hota hai ke bachcha khubsurt ho aur ghar mai khushiya aaye. (IDI-16)
>
> Bachche hone ke baad koi function nahi kiya gaya kyunki ladki hui thi agar ladka hota to sab kuch hota. Jab ladka hota hain to laddu bate jate bayri niklti. Chand taare bhi dikhaye jaate. Bayri matlab chatti mein raat mein bachche aur maa ko taare dekhaate hain. Chhati hoti hai harira bhi banaya jata hai. Ye sab ladka hone par hi hota hai lekin meri ladkiya hui thi wo bhi judwa isiliye aisa kuch nahi hua. (IDI-9)

Cultural and religious beliefs strongly exist in Muslim communities with varied diversity. People are very happy after childbirth and they celebrate it. There are many types of food and rituals followed in these ceremonies which are useful in the recovery of the mother's health and enthusiasm. People celebrate many rituals after childbirth as a chatti, aqeeqa and sawa maheena and every rasam includes prayer and love for mother and her newborn baby. While some women are disadvantaged and mistreated in many traditional rituals after if they have given birth to a girl child. Thus the rituals, celebrations, care and concern for the mother are also equally subjected to whether a baby boy is born or girl is born.

4.6 Role of Anganwadi and ASHA

The role of community health workers (CHWs) became prominent with the Alma Ata Declaration in 1978 that recognized the primary health care as the key element for improving women health (WHO, 1978). The same is the case with Anganwadi

Workers and ASHA (Accredited Social Health Activist) who are appointed at the community by virtue of the Integrated Child Development Services Scheme (ICDS) and National Rural Health Missions (NRHM), the flagship programs of Government of India (GOI, 1995; 2012), which provides supplementary food, immunization, health checkups, referral services etc through Anganwadi workers (Sandhyarani & Rao, 2013). ASHA is specially trained to link women and child to all reproductive health services through government health facility. They have proved high helpful and supportive to pregnant and postpartum mothers (Saprii el. al., 2015).

> ASHA aur anganwadi ne bhi bahut madad ki jab bhi teeke lagte the wo ghar par aa kar batati thi. Anganwadi ke zariya pregnancy mein khane ka saman bhi mila aur delivery ke bad bhi saman mila. Anganwadi se jo saman milta tha usse bahut fayda hota tha usme bahut iron hota hai. (IDI-2; IDI-3; IDI-4; IDI-5; IDI-8)
>
> Anganwadi mein bachcha hone se pehle sattu, lobhia, namak, chane, daliya wagairh saman milta tha. Delivery ke baad chuware, daliya, moong ki daal milti hai in sab saman se bahut fayda hota hai use khane se maa ko doodh utarta hai. Iske alawa anganwari wali ANM ko bula kar teeke bhi lagwati thi, wazan bhi check karti thi. (IDI-13; IDI-16; IDI-19)
>
> ASHA ne puri tarah se madad ki, jab jab zaroorat hui tab tab aai. Sabhi tarah ke checkup bhi karaye, koi complication nahi bataye the bus thodi problem yahi thi ki judwa betiyan thi aur yeh ek doosre par leti hui thi. Anganwadi mai bhi tika karan ke liye bulane aate the, aur wahan se pregnancy mai daliya, chane ki dal, moong, soya bean wagairh dete the. Delivery ke baad to aur zyada cheeze milne lagti hai jaise chuwara, mung aur gudh milta hai. Aur wo khud bulane bhi aate hain saman dene ke liye. (IDI-9; IDI-12; IDI-14; IDI-10)
>
> ASHA ne hospital mein registration kar diya tha, usne pregnancy ke duran khoob sath diya jab jab bulao tab tab aa jati thi. Anganwadi se bhi saman milta tha aur beti hone ke baad anganwadi se government ki trf se 5,000 rupye bhi mile. Pehle sarkar ki taraf se ek hazar rupay milte the lekin ab nai yojna aaye hai pradhan mantri matar vandana yojana is mein 6000 rupay anganwadi ke zariye aate hain. (IDI-11)

ASHA and Anganwadi workers are seen as responsible for spreading health information to the people, they counsel and motivate women and their families to adopt complete antenatal care and hospital delivery. Anganwadi workers distribute nutritious food for pregnant women/ lactating mothers and promote immunization to mother and child. They promote nutritious food, institutional delivery and immunization through various government schemes like Janani Suraksha Yojana, and Pradhan Mantri Matra Vandana Yojana. Respondents gave a positive response for

ASHA and Anganwadi workers, while the researcher observed that Anganwadi workers limit their role to distribute nutritious food, while ASHA's role is limited to immunization. It was seen that there is not much proactive counselling and emphasis on institutional delivery.

4.7 Summary

Motherhood is not depending on only pregnancy and childbirth but also depends on some other aspects like marriage, antenatal care, and postnatal care. Parents, husband and in-laws have a dominated position in the life of a woman. Parents usually decide the daughter's marriage like when, where and why she should marry. The narratives reflect much prevalence of early marriage. It seems as if the status and hard earn reputation of family revolve around the girls and only till they are married off. There are however counter-narratives emerging which argue for the education of girls and how early marriage delinks girls from education and hence lifelong dependence. After marriage, husband and in-laws pressurize her to get pregnant as soon as possible and especially if she decides to delay her pregnancy. In Indian society, childbirth is seen as a celebration while the period of pregnancy is considered a very normal event. In popular perception, once the marriage is solemnized the next prescribed agenda for the newly married woman is to conceive and make pregnancy declaration. And if she does not conceive within a year then she faces many social and psychological pressures. The social norm is that a woman should get pregnant as soon as possible after her marriage. Rather this is prescribed as a test of her fertility. If there is any further delay in pregnancy declaration, then she is subject to questions and comments on why she is not getting pregnant and after one year she may be subjected to the status of the infertile woman (banjh) which no women want to bear. Mothers-in-law and sisters-in-law have a central role in the confirmation of the pregnancy and decision making related to the pregnancy confirmation and visits to the health facility for the confirmation of pregnancy. This marks the registration for ANC care. But less number of respondent completely follow the antenatal care during pregnancy. In popular perception, more emphasis is given to food practices during pregnancy. In a broad sense, three types of food habits are prescribed or proscribed and these: cold, hot and fatty food items. Women prefer cold food during pregnancy because they think that it is good for fetus while they are not supposed to take hot and fatty food

items. Hot food items are harmful to the fetus and can cause miscarriage or spontaneous abortion. In popular perception the hot food items are *maas-machli, anda, papita, ananas, garam masala, ziyada mirch* and especially *papaya* is considered harmful for the fetus. This traditional belief is still held by the elderly women in the family. It is also prescribed that pregnant women must remain active and does all household works. This will help her in normal delivery. If a woman did not remain active during her pregnancy and that will be the cause of caesarean delivery and the caesarean delivery is seen as a kind of curse in the society. Among the Muslim woman of Haldwani, pregnant women are restricted to going out of home at the time of *dono waqt milte huye* and also at the time of *Asar and Magrib prayer*, included the time of *Zawal* (12 noon) likewise. They are also the denied to go out on particular days like *Budh aur Jumerat*. In the popular perception, the pregnant woman ignites a different type of smell which will invite to *Upari hawa* or *Sheh (*evil eye or evil power). People have strong believes on the ill effects of solar and lunar eclipses. The exposure during the eclipse can be dangerous to a pregnant woman and her child. Pregnant women are insisted to stay inside to the home, not eat, not sleep, not carry sharp objects and not cut anything, and not do anything at the time of the eclipse for the fear of its effects else fetus will develop with some abnormalities. During pregnancy, everyone is highly concerned about the prospective baby's gender, whether the baby will be a girl or boy, and they start predictions on the baby's sex. These predictions are nothing to concerns of parents and family to get satisfied that the baby boy will be born and this is more so if the first child is a girl.

The hygienic condition, cleanliness, cost, and perceptions of quality of care were key factors identified by women as influencing their decisions to deliver her child at a hospital. Yet in the popular perceptions, there is a preference to home-based traditional delivery. The mothers in law have a crucial role in deciding the place of delivery. And the main reason behind home-based delivery is the fear of cesarean section delivery. Women believed that if they go to the hospital doctor will do a cesarean delivery. During the process of labour pain if the delivery gets delayed or there is any problem then the people turn towards traditional and religious support. It is only in the case of complications that they rush to health facility.

People are very happy after childbirth and they celebrate it. After childbirth, in the postpartum period, specific and precious traditional and religious rituals are observed

for good recovery of the mother and well being of the newborn. *Sawa maheena* (40 days) are very important days after childbirth. Purity pollution plays a crucial role during *sawa mahina.* Puerperal (*Jacha*) is treated as an impure woman during these days. People believe that the room and the home of Puerperal will also be considered as *napaak* (impure) during this period. Without whitewash the religious works are not allowed in that room, where the women live during sower. People preferred the hot nature of food and *sada khana* (simple food) after delivery because these food items are light in nature. It is a popular common sense that the intestine of the stomach becomes weak after childbirth and that it could not digest the following foods like spicy, oily, *karri cheeze* (hard food), *khatti cheeze* (citrus food), and cold food items. Some women start eating normal food after *chatti* (six days) while some women start after *sawa maheena* (40days). After the delivery, the first bath of the mother is very important. And this shower is given especially on 5th or 6th day after the delivery and some home medicated remedies are mixed in the hot water for the shower of the mother.

Thus the safe motherhood as a social phenomenon, rooted in the socio-cultural practices. The cultural and religious beliefs strongly exist in Muslim communities with varied diversity. People are very happy after childbirth and they celebrate it. People celebrate many rituals after childbirth as a *chatti, aqeeqa* and *sawa maheena* and every rasam includes prayer and love for mother and her newborn baby. Thus the rituals, celebrations, care and concern for the mother are also equally subjected to whether a baby boy is born or girl is born.

Chapter-5: Child Survival

CHAPTER-5: CHILD SURVIVAL

The childbirth in India is a matter of social celebration and is governed by a variety of traditional beliefs and practices and many of which even have effects on the newborn (John et al., 2015; Lalitha, 2016; Seidu, 2013; Wells, & Dietsch, 2014). The early days, months and years are most critical for the children and provide a window of opportunity to ensure their survival, growth and development (Khan et al., 2017).

In this chapter, the discussion around child survival revolves around many sub-themes that have evolved through the in-depth interviews viz. Child Crying, Child's Bath, Azaan, Breastfeeding, Prelacteal Feed, Colostrum, Weaning, Umbilical Cord, Immunization, Child Mortality, and Childhood Disease.

5.1 Newborn's first cry and risk of asphyxia

After birth, a newborn's first cry is an important measure of the general psychological and physiological status of the newborn (Illingworth, 1955). A feeble or delayed first cry may be an early indication of birth asphyxia (Karelitz, 1966). The crying activity in a neonate young infant is virtually the sole mode of vocal response to a wide variety of stimuli (Aldrich, et al., 1945; Illingworth, 1955).

> Bachcha hone ke baad agar bachcha nahi rota hai to use ulta karake uske pairon par mara jata hai, jisse wo rone lagta hai. (IDI-2)
>
> Paida huye bachche agar rote nahi to uske talwe pakad kar talwo par marana chahiye, ya ulta karke kamar par hath marane se bachche rote hain. Bachche ka rona bohot zaruri hota hai warna aage chal kar usme koi kami bhi aa skti hai.(IDI-11)
>
> Meri bachchi paida hone ke baad roi nahi thi isiliye use ventilator mein rakha gaya tha. Agar bachcha rota nahi hai to use ulta karke hip par marte hain, ya muh laga kar saans bhi dilate hain. (IDI-10)
>
> Bachche to paida hote hi ro jate hain. Rona bahut zaroori hota hai.Lekin agar nahi ro rahe ho to rulane ke liye uspar thande pani ke chhite marte hain jis se rone lage. Ya phir bachche ki peth par marte hain.Ya sehlate hai.Isse bachcha ro jata hai. (IDI-23)

The narratives reveal that the women are aware of the importance of newborn first cry. In cases where the newborn has not cried, a variety of steps are taken to make the newborn cry viz. sprinkle cold water on their face, try to pinch or rub on the soles of feet, or a pat on the back by putting the newborn upside down. These are all harmful

practices but quite in vogue and hence put the newborn to the risk of asphyxia. Only one woman could narrate about the mouth to mouth resuscitation *(muh laga kar saans bhi dilate hain)* if there is a delay in the first cry.

5.2 Newborn's first bath and risk of hypothermia

The medical norms prescribe that baby should not bathe until 24 hours (WHO, 2018). People believe that baby is impure after birth so child bath is compulsory and must be done immediately after birth (John et al., 2015; Patel, 2006; Wells, & Dietsch, 2014).

> Mujhe nahane ke liye to doctor ne hi mana kar diya tha, isiliye 15-20 din baad hi nahai thi. Kyunki jada padh raha tha isliye bachche ko bhi 20 din bad nehlaya. (IDI-9)
>
> Bachcha hone ke baad usse turant garam pani se nahlaya jata hai warna wo napak mana jata hai. Bachche ke upar safed rang ka jo hota hai usko lupdi se aur sabun se hatate hain. IDI-8)
>
> Bachche ko ghar lane ke bad garam pani mai azwaain, namak aur neem dal kar nehlaya jisse wo saaf ho jaye. (IDI-18)
>
> Bachcha hone ke bad gungune pani mai detol dal kar use nehla dete hai. Doctor ka kya hai wo to bachche ko nehlane se mana karte hai lekin bachche par gandagi bhi to lagi hoti hai, usse ghin bhi to aati hai, isiliye nehlana zaruri ho jata hai. Bachche ke badan par jo safed safed laga hota hai, use churane ke liye tel mal kar saf kar dete hai uske bad use nehla dete hai sab saf ho jata hai. Bachcha hone ke bad use nehlate rehna chahiye, isse bimariya nhi lagti. Aur maa ko 5 ya 6 din mai nehlana chahiye kyoki jaldi nehlane se uske sujan aane ka dar rehta hai. (IDI-10; IDI-15)
>
> Delivery ke bad, mujhe 6 din bad nehlaya. Lekin bachche ko usi time nehlaya diya tha. Bachcha hone ke turant bad bachche ko nehlana chahiye, pani garam kreke hi bachche ko nehlana chahiye. Aur bachche ko shahad chata dena chahiye. Bachche ko nehlane ke bad shahad chatao fir turant chaye pila do isse bachche ke badan mai garmi bani rehti hai. (IDI-22; IDI-21)
>
> Bachcha hone ke baad use turant nahlaya jata hai. Kyuki bachcha ganda hota hai aur usko gandagi lagi hoti hai.Use chhute huye ghin aati hai, isiliye bachche ko jldi se jaldi nahlana zaroori hota hai. Bachche par jo safed laga hota hai use hatane ke liye us par sarso ka tel ki malish karte hai. Dabar lal tel se bachcho ki malish karne se unki haddiya mazboot hoti hai. (IDI-23; IDI-17; IDI-2; IDI-24)

The narratives show that newborns are considered as naapak (impure) till they are not bathed. The common practice is to give bathe to the newborn immediately after birth so as to make them pure and remove the impurities. Despite the fact that women are conscious that doctors advise them not to bath to newborn, but still they have given a

bath to born immediately after birth. Rather they are amused at this advice of doctors to delay the baby bath. Even some people don't touch a newborn until they bath them. That is why the babies born at home are given bathe immediately which make them pure. For the purpose of bathing babies, people use hot water and soap and even some people use the antiseptic solution in water. The babies born in the hospital are not bathed immediately as they are instructed by doctors and nurses. The babies born through institutional deliveries are given bathe after bringing them home. The discussions with the women have made clear that they are ignorant of the risk of hypothermia to the newborn on account of giving bathe immediately after childbirth. Interestingly, the mother's bath is delayed but the newborn is put to risk on account of this prevalent notion of giving a bath to a baby immediately to make them pure.

5.3 Other rituals:

It is customary for the father, or any respected member of the local community, to whisper the Azaan or Adhan (Muslim's prayer call) into the newborn's right ear (Gatrad & Sheikh, 2001 p. 6).

> Bachcha hone ke thodi der baad azaan dila de. Bachche ke kaan mein jitni jaldi azaan dilado uthna hi behtar hai. Kyunki azaan dilane main jitna time lagega, bachcha itna he hindu kehlayega. Azaan hone se use pata chal jata hai ki wo kisi momin ki ghar mein aa gaya hoon. Aur samajhta hai ki main musalman hoon. (IDI-13)
>
> Bachcha hone ke baad sabse pehle uske kaan mein azaan dilai gai. Bachche ke kaan mai azaan isliye dilai jati hai jisse use eahsas ho jaye ki wo musalman ke hi gahr mai paida hua hai aur wo musalmaan hai. (IDI-6, IDI-16, IDI-23; IDI-4; IDI-10; IDI-14)
>
> Bachcha napak nhi mana jata, wo bas tab tak hi napak rehta hai jab tak uske kaan mai azaan nhi di jati. Bachcha musalman tabhi hota hai jab uske kaan mai azaan dilai jati hai. (IDI-19)

The narratives illustrate that first Azaan is recited and then only other rituals are followed. After childbirth Azaan is compulsory in Muslim families. In most of the families, Azaan is performed immediately after birth. It is commonly known that if Azaan is not recited in the ear of the newborns, they will not be aware of their descent, their religion and their faith. This is a declaration that they are born in a Muslim family. After Azaan they (newborns) would come to know that they are born in a Momin (Muslim) family.

5.4 Perception and prescriptions around breastfeeding

Newborn starts with breastfeeding unwittingly because it is a great bonding of mother and child relation. It is true that breastfeeding is God's gift and important for the child, but there is a strong circle of cultural practices around its initiation. The art of infant feeding is a blend of biology and culture (Geethalakshmi et al., 2017). The early and exclusive breastfeeding plays a vital role in protecting the infant against infections and providing a wide range of benefits for the mother (UNICEF, 2018; WHO, 2018b; O'Brien, Myles & Pritchard, 2016). The studies have indicated that the breastfeeding significantly contributes in reduction of mortality and morbidity and provides protection against intestinal and respiratory infections and malocclusion, increase in the intelligence and probable reduction in overweight and diabetes (Victora et al., 2016; Edmond et al., 2006). However, the early initiation of complementary feeding is a common cultural practice in South Asian countries (Khan et al., 2017 p. 2).

Prescriptions for prelacteal feeds

Breastfeeding immediately after the birth of the newborn is needed. But before the breastfeeding initiation, the practice of prelacteal feed has been found predominantly in India and the prelacteals may range from honey, ghutty, sugar water to cow milk (Bandyopadhyay, 2009; Choudhry, 1997; Dawal, et al., 2014; Fjeld et al., 2008; Gatrad & Sheikh, 200; Kaushal et al., 2005; Seidu, 2013p. 537). Prelacteal feeding stems from a belief that colostrum is impure and harmful, hence to be discarded (Wells, & Dietsch, 2014 p. 4). Prelacteal feeds are also given under the belief that they act as laxatives, cleansing agents or hydrating agents or as a means of clearing the Meconium (Gupta & Nagori, 2012).

> Bachcha hone par sabase pahale use shehad chataya gaya. Jab bachcha hota hai to use shehad chatana bohot zaruri hota hai, ye to hamari dadi-nani ke time se bhi pehle se chala aa rha hai (IDI-1)

> Maine donon bachchon mein se kisi ko bhi do din tak dudh nahi pilaya. Aspatal mein bhi sabase pahale shahad chataya gaya. Shehad isaliye chatate hai jisse bachche ka sabase pahale muh mitha jo jaye. Isi liye bachche ko sabse pehle shehad zarur chatana chahiye. Aur phir tisre din dudh dhulai ki rasm ke bad hi dudh pilaya jata hai, tab tak sirf *Ghutti* pilate hai. (IDI-3)

> Jab meri bachiya ho gayi phir shaam ko saat baje unhe doodh pilaya lagbhag 9-10 ghante baad doodh pilaya, sabse pehle unhe shehed diya tha. Doctor to mana karte hain lekin humare yahan to paidaish ke waqt aur marne ke waqt mein shehed zaroor date hai. Yeh sunnat hai, kitab mein bhi padha hai. Kyonki jab shehed ki makkhiyan rus chusti hai to Bismillah padhti hain aur chatte tak aane tak poore raste durood sharif padhti hui aati hain, isliye bachche ko shehad chetana sunnat hai.Phir uske baad ghutti di jati ha. Sabse pehle dudh nahi diya jata.*Ghutti* sonf, azwain, chini, aur desi ghee dalkar banai jati hai. Kahan jata hai ki bachche ke pait mein jo gandagi hoti hai *Ghutti* se wo nikal jati hai aur bachche ka pet jaldi saaf ho jata hai. (IDI-9)

> Bachcha hone ke baad sabse pehle shehed chataya jata hai, kyunki tab tak bachche ka roza hota hai aur bachche ka roza shehed se hi khulwate hain. Shehed chetana to bahut zaroori hota hai, jab marte hain tab bhi aur jab paida hote hain tab bhi dono bar shahed hi chataya jata hai. Shahed chatana bohot zaroori hota hai ye hamare huzoor ka farman hai. (IDI-11)

> Paida hone ke bad bachche ko sabse pahel shahed pilana chahiye, kyoki marte waqt bhi shahed aur dudh diya jata hai aur paida hone ke waqt bhi shahed dena chahiye. Bachche ke liye shahed bohot fayedemand hota hai, isse pet ki safai bhi ho jati hai. Agr maa bachche ko apna dudh nhi pila pati to use gaaye ka dudh pilana chahiye kyoki gaaye ka dudh maa ki tarah halka hota hai. Aur agar bhais ka dudh pilana ho to usme pani mila dena chahiye. (IDI-15)

The study reveals that people give importance to prelecteal feed instead of initiating breastfeeding soon after the childbirth. Honey is found to be one of the most essential prelacteal feeds. It is a popular perception that after the childbirth, it is necessary to first lick honey to the newborn. It is an assumption which is linked to their religion (Islam). They believe that honey is supposed to be licked at the time of birth as it is called Sunnah. The researcher observed that people are afraid if they do not follow it, any risk may happen to the child. That is the reason why people first lick honey according to their belief and tradition. It is also a popular perception that the honey has been referred to in the Quran too, but they do not understand the context. People believe that honey cleans the baby's stomach and it is very beneficial for the child's health.

> Hamare yahan bachche ko teesre din doodh pilate hain tab tak bachche ko *Ghutti* or shahad aur upar ka doodh pilate hain. *Ghutti* ajwaain, sonth, bekhand, zayefal and chini dalkar banai jati hai. (IDI-23)

> Bachche ko dudh pilane se pahale *Ghutti* is liye pilai jati hai jisse uske pet ki gandagi nikal sake kyonki bachche ke pet mein koi chiz patthar

ki tarah hoti hai aur *Ghutti* uski kaat karati hai. Jitni *Ghutti* pilai jati hai bachche ke pet ka utna hi babaal nikalta hai. (IDI-1)

Bachche ko *Ghutti* bhi pilai, *Ghutti* banane ke liye ajwaain, pan, gudh ya chaini mila kar banai jati hai. Jab bachche ke pait mein eathan hoti hai to is *Ghutti* se sukoon mil jata hai. (IDI-10)

Shahed chatane ke baad *Ghutti* khilate hain. Pet ki safai karne ke liye isme paan, azwain, badam, desi ghee, chini, unnao, aur munakka dalkar banate hain.Usse bachcha phulta bhi hai.Ise rui ke batti se pilaya jata hai.(IDI-11)

Bachcha hone ke bad bachche ko sabse pehle shahed chataya, fir *Ghutti* pilai uske bad bakri ka dudh pilaya kyoki bakri ka dudh bohot fayedemand hota hai aur bachche ke hisab se halka bhi hota hai. Ghar wali *Ghutti* sirf 15-20 din hi pilai thi. Uske bad bazar ki 555 *Ghutti* pilai. Ghar pr jo*Ghutti* banai thi usme chini, unnab, azwain, desi ghee, munakka badam dal kar banai thi. In *Ghutti*on se bachche ka pet theek rehta hai. Ye sari cheeze pehle se hi chali aa rhi hai hum to sirf in rasmo ko apnate hai aur aage lekar jate hai. (IDI-6)

Ghutti is a laxative solution, which is homemade or purchased at the market but usually, people make it at home. In the popular perceptions it is prepared in a variety of ways and a tentative list (of *Ghuttis*) emerged from the field is given in Table 5.1. It is also used as prelacteal feed for the child but it may be used for a long time after childbirth. The study revealed that the early breastfeeding initiation is usually referred to while obliging to customs around newborn baby in the form of prelacteal feeds. Prelacteal feeds such as honey, *Ghutti*, cow or goat milk and ajwain water is given and thereafter mother's milk endeavours. These are the fluids given to the newborn baby before breastfeeding is initiated. The popular perception is that there is some hard thing in the stomach of the newborn baby and the Ghutti destroys it and cleanses the stomach of the newborn baby. The laxative effect of Ghutti might be the reason behind this. But people have a strong belief in Ghuttiand its effect.

Table 5.1: Tentative List of Ghutti

S.No	**Types of *Ghutti***	**IDIs**
1	Unnab (Dry Jujube), Ajavain (Celery), Pan Ki Dandi (Betel Stem)	IDI-2
2	Chini (Sugar), Unnab (Dry Jujube), Ajavain (Celery), Desi Ghee (Pure Ghee), Munakka (Dry Grapes), Badam (Almond)	IDI-6
3	Sonf (Anise), Ajavain (Celery), Chini (Sugar), Desi Ghee(Pure Ghee)	IDI-9
4	Ajavain (Celery), Pan (Betel Leaf), Gudh Ya Chaini (Jaggery Or Sugar)	IDI-10

5	Pan (Betel Leaf), Ajavain (Celery), Badam(Almond), Desi Ghee (Pure Ghee), Chini (Sugar), Unnab (Dry Jujube), Munakka(Dry Grapes)	IDI-11
6	Ajavain (Celery), Sonth (Dry Ginger), Bekhand (Calamus), Zayefal (Jaifal Nut), Chini (Sugar)	IDI-23

Myths around the mother's first milk (Colostrum)

Colostrum is an important component of breast milk and improves immunity power of the newborn (UNICEF, 2018). Despite this, the valuable colostrum is discarded on account of cultural belief and practices (Choudhry, 1997; Gatrad & Sheikh, 2001; Khan, 1990; Lawrence & Lawrence, 2005).

> Hospital ki wajah se dudh to bachche ko tabhi pilwa diya tha, lekin hamare yahan pehla dudh nahi pilate kyunki pehle dudh se pet mein dard ho jata hai. Hamare yahan par pehla peela doodh nikal kar gaddhe main gaad dete hain, ya phir doodh mein chiti dalkar dekhte hain. Agar chiti dudh mai tair gayi to bachche ko doodh pilate hain aur agar chiti mar gayi to dudh nahi pilate. Fir use maulana se jhadwaya jata hai. Hum to khud ghar par hi jhad lete hain. Isme luhbaan, lassan, pyaz ke chilko se dhuni dete hain uske baad aurat theek ho jati hai uske baad bachche ko maa ka dudh pila dete hai. (IDI-11)
>
> Bachche ko maa ka dudh teesre din dudh dhulai ki rasam ke bad dete hai. Pehla gaadha dudh nikal kar raakh mai dal dete hai. Agar bachcha bimar ho ya dudh nhi pi raha ho to maa ke dudh mai kida dal kar check karna chahiye ki dudh sahi hai ya nhi. Agar kida mar gaya to maa ke upar koi baat hai. Fir mulla molvi ka ilaj karate hai.(IDI-22)
>
> Mera bachcha hone ke teen char din tak dudh nahi pilaya. Tab tak use *Ghutti* pilai gai, phir 3-4 din bad nanand hari ghas se bhabhi ki dudh dhulai karti hai uske bad hi bachche ko dudh pilaya jata hai. Jab tak nanad aisa nahi karati tab tak bachche ko dudh nahi pilaya jata. Ye rasam pehle is liye nhi karai kyoki log kehte hai ke maa ka pehla gaadha dudh bachche ko nahi dete. Tab tak use *Ghutti* pilai gai, hamare yahan bachche ko maa ka pahala gaadha dudh nahi diya jata, balki use ek katori mein rakh kar usme makoda dala jata hai. Agar makoda wo dudh pi kar jinda raha to maa aur uska dudh thik hai, aur agar makoda dudh pikar mar gaya to maa aur uske dudh par koi upari hawa ka asar hai. Tab aisi halat mein bachache ko maa ka dudh nahi pilate aur maulana ka ilaj karate hai, maine to teen bar makode ko dudh mein dal kar dekha jisse mujhe puri tarah tasalli ho jaye kya pata makoda zaldi dudh pikar nikal aaya ho. (IDI-1)
>
> Hamare yahan dudh, dudh dhulai ki rasm ke bad tisare din pilate hai. Pahla peela gaadhe dudh ko nikal kar chitiyon ko dete hain kyonki pahala khees bachche ke liye nukasandayak hota hai. Bachche ko dudh pilate waqt maa ko chaval, tamatar, jaisi khatti aur karri chize nahi khana chahiye isse bachche ko ghati a jati hai. (IDI-2)

> Bachcha hone ke bad 2-3 ghanto mai hi dudh de dena chahiye. Bachche ke liye pehla dudh bohot taqtwar hota hai. Jin mao ke bachche nhi jeete wo apne dudh mai keeda dal kar dekhti hai. Agar keeda dudh pikar zinda raha to theek hai, aur agar mar gaya to maa par hawa ka asar hai. Fir use maulana ka ilaj karana hota hai. Ye sab bachche ko dudh pilane se pehle hi karna hota hai. Jab tak maa theek nahi ho jati tab tak bachche ko *Ghutti* pilai jati hai. Sath sath azwain ka pani bhi pilate hai. (IDI-15)

> Pehla doodh nikal kar rakh mein fenk dete hai, yeh rasm saas aur sasural par depend karti hai. Ab bahu thodi na apni rashme chalegi. Jo ye log kahenge waisa hi karna padta hai. (IDI-24)

Findings show that the colostrum was discarded by most of the respondents. The initial stage of breastfeeding after childbirth is significantly delayed at Haldwani, and for most of the respondents, the valuable first thick milk (colostrum) is discarded before the initiation of breastfeeding. Many rituals proceeded before the breastfeeding initiation like to lick honey, to give Ghutti and breast cleaning ceremony. The practice of discarding colostrum is quite widespread Haldwani. In the present research, the researcher found that the respondents examined the mother's milk by putting ant or any insect in the first thick milk (Colostrum) of the mother. If the ant or insect remains alive after putting in this thick milk then mother's milk is good for the newborn. On the other hand, if the ant or insect dies in the milk or after drinking this thick milk, it is an indication of something wrong or evil eye or black magic on mother and her milk. In such conditions, people avoid given this thick milk of the mother to the newborn. At the same time, the mother is taken to Moulana (Priest) for treatment based on their satisfaction. Thus the mother's first milk is declared impure and not fit for newborn. The ritualistic practices delay breastfeeding for around three days and devoid the newborn of colostrum.

However, there are also counter-narratives against discarding colostrum. It is encouraging and interesting to have these narratives for early initiation of breastfeeding including the importance and potency of it.

> Maine to apne bachcho ko pehla gaadha doodh yad se pilaya kyuki isme bahut protein or vitamins hote hain, isi liye doctor bhi kehte hain ki bachche ko kuch nahi dena chahiye sabse pehle maa ka doodh dena chahiye kyunki pehla gaadha dudh jo hota hai wo bahut postik hota hai. Bachcho ko bimari se bachata hai. (IDI-9)

> Bachche ko pila doodh jarur pilana chahiye kyunki yeh bahut takatwar hota hai, jisse bachcha mazboot banta hai. Jab bachcha hua tab sabse

> pehle shehed chataya, phir doodh pilaya. Iske bad ghar par bani hui *Ghutti* jisme unnao, munakka, ajwain, pani aur batasha daalte hain. Ise pilane se bachche ke pet ki safai ho jati hai. (IDI-13)
>
> Bachche ko maa ka pehla dudh zarur dena chahiye, aapko jo rasme karni hai wo bachcha hone ke turant bad time par kar lo aur 2-3 ghanto ke andar hi dudh pila do. Dr. to sabko yahi baat smjhate hai lekin kuch logo ki samjh mai nhi aati, lekin aaj kal mahol change ho raha hai log dr. ki bate mante hai bas kuch log hai jinhe jo apni purani rasmo ko hi chelate hai. (IDI-10)

Some mothers recalled the advice of health professionals that Pehla Ghadha Doodh (colostrum) has protein or vitamins and it is very nutritious for the health of a newborn. It gives them Taqat (strength) as well as good intellect. The mothers who are informed and convinced on the value of colostrum are coming as an advocate for early initiation of breastfeeding. There is a need to involve these women in the health initiatives for promoting breastfeeding.

Breastfeed within 24 hours

Breastfeeding should be initiated as soon as possible after childbirth. The early initiation f breastfeeding could considerably reduce the neonatal mortality (Clemens, et al., 1999; Khan, et al., 2014). It is also of fundamental importance to the processes of lactation and for that matter the success of breastfeeding of any kind (Quandt, 1995).

> Bachcha hone ke baad dudh dhulai ki rasam to hui nhi, hoti bhi kaise meri nanad aayi hi nahi thi aur maa bachche ko rota hua kaise dekh sakti hai. Sham tak uski fufi ka intizar kia lagbhag 10-12 ghante intizar kia. Aur jab nahi aayi to bina rasam ke hi dudh pilana pada. (IDI-6; IDI-8)
>
> Bachche ko sabse pehle shahed chataya doctor ne to sirf dudh pilane ko kaha tha, lekin humne pehle shehed chataya. Eaisa suna hai ke bachche ko sabse pehle shehed chatana chahiye. Kuch log sabse pehle bakri ka dudh bhi pilate hai. Humne shehed ke bad dudh dhulai ki rasam ki aur 5-6 ghanto bad bachche ko dudh hi pilaya. Ye rasam nanand karti hai isme ghass aur chandi ka challa pani mai dalte hai fir breast ki safai karte hai isse jo gandagi hoti hai wo hat jati hai. (IDI-18)
>
> Bachcho ko sabse pehle shehed chataya aur maa ka doodh 3 ghante baad diya. Sabse pehle maa ka doodh pilana chahiye, ye bahut faydemand hota hai.Yeh sab mujhe pata hai lekin bado ne shehed chataya to mein kya kar sakti thi chup reh gayi lekin bura bahut laga. (IDI-20)
>
> Bachcha hone ke baad bachche ko chandi ki chamach se shehed chataya gaya. Aur phir ajwain ka thoda sa pani pilaya. Isse bachche ke

> pet ki gandagi nikal jati hai aur phir 2-3 ghante baad bachche ko maa ka doodh pilaya gaya. (IDI-7; IDI-4)

> Jab meri beti hui to sabse pehle use shehad chataya gaya kyuki kaha jata hai ki shehed chatana sunnat hai. Shahad ke baad *Ghutti* pillai.*Ghutti* desi ghee, chini, monkka, badam aur unnao ko milakar banai jati hai. Doodh to lagbhag barah ghante baad hi pilaya, lekin zyada din tak doodh nahi pilaya kyunki jab ise hospital se laya gaya tab uski tabiyat kharab hone lagi sabne kaha dudh check kar lo kahi maa kisi hawa ya jhatke mein to nahi hai kyunki aisa kaha jata hai ki jab aurat jaccha hoti hai to use bahar nahi nikalna chahiye, kyoki easi halat mai huawei lag jati hai. Aur main to isko doctor ke le jane ke liye baar baar bahar bhi ja rahi thi isi wajah se mera doodh check kiya gaya doodh check karne ke liye dudh ko ek katori mein lete hain aur usme bada wala cheeta daalte hain, cheeta turant mar gaya to kaha gaya ki cheeta mar gaya hai isi liye maa ka dudh sahi nahi hai. Aur bachche ko pilane ko mana kiya gaya. Phir use upar ka doodh pilaya gaya. Mujhe maulana ko dikhaya. Unhone Taweez diya aur jab tak main theek hui phir usne mera dudh nahi piya. Meri beti ko gaye ka doodh diya gaya, gaye ka doodh bachche ke liye achcha mana jata hai bhains ka doodh bachcha pacha nahi pata aur usse potty aane lagti hai ya pet mein dard hone lagta hai. (IDI-12)

Breastfeeding initiation should be done as soon as possible. The researcher found that not even one respondent initiated breastfeeding within one hour for childbirth. The rituals delay breastfeeding initiation after childbirth. People do some rituals like to lick honey, drink decoction, after that, they perform breast cleaning ceremony and then they initiate breastfeeding. These all rituals consume 3 to 10 hours and this is why breastfeeding initiation gets delayed. People know that only breast milk is enough for a newborn child, still, they do some cultural practices and delay the breastfeeding initiation. Cesarean section is considered as a barrier for early initiation of breastfeeding. Although the new mothers know what is right and what is wrong for their children, and do not believe in these kinds of rituals, still they submit to the directions of in-laws. This also delays the initiation of breastfeeding.

Breastfeed after 24 hours

Despite the fact that the early initiation of breastfeeding has proven benefits, the newborns are given breastfeeding only after much of the rites and rituals and in consequence after the lapse of 24 hours and even few days (Afsana et al., 2019; Aubel et al., 2004; Seidu, 2013).

> Hamare yahan dudh, dudh dhulai ki rasm ke baad tisare din pilate hai.jab tak dudh nahi pilate tab tak bachche ko *Ghutti* di jati hai jo

> unnav, ajavain, pan ki dandi se banai jati hai. use rui ke zariye bachche ko pilate hain. (IDI-2; IDI-3; IDI-5; IDI-17)
>
> Bachcha hone ke bad use teen din bad dudh pilaya. Doctor ne to dudh pilane ko kaha tha to us se jhut bol diya. Teen din bad dudh pilana rasam hai. Baccha hone ke bad sabse pehle shehed diya uske fir teen din tak *Ghutti* pilai. Isse bacche ke pet mai jo ganda pani waghera hota hai sab nikal jata hai. (IDI-19)
>
> Bachcha hone ke bad doctor ne bache ko doodh pilane ke liye kaha lekin mere doodh nahi hua. Sabse pehle bacche ko sehat chataya, phir gaye ka doodh pila, uske bad dudh dhulai ki rasam ke bad 2-3 din bad apna doodh pila diya. (IDI-10)
>
> Meri beti ko char din mera dudh nahi pilaya, kiyuki usne piya hi nahi maine koshish ki lekin nahi piya isi liye meri nanand ne apna doodh pilaya aur sath sath *Ghutti* bhi pilai. (IDI-11)
>
> Jab baccha hua to dusre din dudh dhulai ki rasam ke bad dudh pilwa diya tha. Sas ne turant dudh pilane ko mana kar diya tha kiyoki hamare yaha ye rasam nand krti hai uske bad hi bacche ko dudh pilaya jata hai. Meri nand pas mai nhi thi aur wo dusre din aai isi liye dusre din dudh pilaya. Tb tk bacche ko shehed chataya, aorazwain, paan aur gudh ki bani hui *Ghutti* pilai. (IDI-12)

The narratives revealed that *Doodh Dhulai Ki Rasam* (breast cleaning ceremony) is an important ritual in the study locale. It is the popular perception that breastfeeding of newborn done will be only after this ritual. It is also compulsory that breast cleaning ceremony is done only by sisters-in-law; if the sister-in-law is not available at the time of child's birth then they wait for her. It is one of the reasons for delaying breastfeeding initiation. Doctors advise the mothers to initiate breastfeeding after the child's birth as soon as possible, but people have great faith in this ritual. So they do not initiate breastfeed without the ritual. Most of the respondents initiate breastfeeding after 24 hours of childbirth. Mother-in-law and sister-in-law play an important role in delaying breastfeeding initiation. People give honey, Ghutti and other homemade things to the child till the breastfeeding initiation.

5.5 Duration of breastfeeding

Breastfeeding is positively encouraged by religious teachings, with the recommendation that it should ideally continue for a period of two years (Gatrad & Sheikh, 2001; Omran, 1992). Infants when exclusively breastfed for the optimal duration of six months are significantly protected against the major childhood diseases (WHO, 2018a; WHO, 2012; American Academy of Pediatrics, 2012;

Velusamy, et al., 2017). The studies also provide a variety of evidence that boys are breastfed longer than girls (Barcellos et al., 2014; Jayachandran and Kuziemko, 2011).

> Doctor ne mujhe kaha hai ke bachche ko har do ghanton mai dudh dena, lekin mai easa nhi karti, mai to jab bachcha rota hai tabhi dudh pilati hu. Bachche ko khane ko 3 mahine ke baad se shuru kar dete hain. Ladke ko do saal aur ladki ko dhai saal tak pilana chahiye. Ladki ka haq jyada hota hai.Ladke ko jyada doodh pilane se mohabbat kam ho jati hai. Ladki ko jyada doodh pilane se wo mohabbat zyada rakhti hai. (IDI-16; IDI-23)
>
> Ladke ko do sal aur ladki dhai sal dudh tak pilana chahiye, Ladkiyon ko zyada doodh pilana Allah ki taraf se hi hukum hai. Waise bhi kaha jata hai ke ladki maa se dur chali jayegi wo paraye ghar ki hoti hai isi liye use zyada dudh pilana chahiye. (IDI-10; IDI-12; IDI-14; IDI-18)
>
> Main apni teeno betiyon ko do saal tak doodh pilaya lekin bete ko abhi bhi pila rahi hun. Abhi ye dhai saal ka hua hai, ye chorta hi nahi. Aur jab tak pee raha hai pila deti hoon akela hi to hai karna bhi kya hai. (IDI-7)
>
> Kyunki mere do judwa bachche the to feeding mai bahut pareshan hoti thi. Ek ko feeding karati to dusri rone lagti thi, isi liye ek bar mai ek ko apna dudh pilati thi dursi ko feeder deti thi, fir dusri bar mai pehli ko feeder deti thi aur dusri ko apna dudh. Twins hone ki wajah se upar ka doodh pilana pada. Lekin maine apna dudh sirf do-teen maheene pilaya tha uske bad feeders start kar di thi. Kyunki mere andar itni takat nahi thi ke mai dono ko apna doodh pila pati. Aur is waqt khana peena bhi aisa nahi tha ki takat bani rahe maine apne dono bachcho ko gaaye ka doodh pilaya kyunki bhains ka doodh heavy hota hai, aur bakri ka thanda, jabki gaaye ka doodh normal mana jata hai bilkul maa ke doodh ki tarah hota hai. Mujhe pata hai ki bachcho ko sirf maa ka dudh dena chahiye lekin meri condition aisi thi isi liye mai pilaya nahi pai aur agar agli baar mere kuch hota hai tu inshah Allah mein bachche ko doodh zaroor pilaungi. (IDI-9)
>
> Bachchi ko sower mai hi upar ka dudh dena pada kiyoki dudh utra hi nhi, nazar ho gai thi isi liye usne dudh hi nhi pilaya. Nazar utarne ki bohot koshish ki lekin kuch nhi hua. Nazar fitkari, zeera, mirch sabhi chizo se utar kar dekhi lekin kuch nhi hua. Mualana se zeera padhwaya, chuware padhwaye, dawaiya bhi khai lekin kuch asar nhi hua. (IDI-19)

The narratives revealed that duration of breastfeeding ranges from two years to two and a half years. Further, the girls receive more breastfeeding than the boys as compared to other studies. In popular perception, it is considered as God's commandment that girls are given a longer period of breastfeeding. The commonly

prescribed duration of breastfeeding is two years for boys and two and a half years for girls.

5.6 Extent of exclusive breastfeeding

Exclusive breastfeeding or breastfeeding only means giving the baby breast milk and no other liquids or foods, except for vitamins, medicines and vaccines (USAID, 2019; WHO, 2018a). In particular, the risk of hospitalization for lower respiratory tract infections during the first year of life is reduced by 72% when infants are exclusively breastfed for more than 4 months (American Academy of Pediatrics, 2012).

> Meri che din ki bachchi ko padhos ki auntie ne haleem chata diya tha, wo keh rhi thi ki isse ye zaldi bolne lagegi, aur sach mai ye 8 maheene se hi khub bolti hai. (IDI-19)
>
> Teesre mahine se botal ka doodh de dena shuru kar diya tha. Gaye ka doodh shehat ke liye achha hota hai halka mana jata hai aur dimag ke liye bhi fayda hota hai. (IDI-10)
>
> Maine sare bachche ko 3-4 mahine ki umar se hi kuch na kuch khelana shuru kar diya tha, aur aaj dekho mere bachche sab kuch khate hain. Main khud ghar par bana kar kuch na kuch khilati thi. Bazar ka kuch nahi khilaya dal, khichdi, sabutdana ki khichdi, wagairah bachcho ke liye fayedemand hoti hai. Bachcho ko kabhi kabhi botal mein namak chini ka ghol bhi pila deti thi, usse bachcha mota bhi hota hai. (IDI-7; IDI-4; IDI-5)
>
> Bachche jab baithna shuru kar deta hai, to 3-4 mahine se uske hath mein khane ke liye biscuit wagairah de date hai. (IDI-24; IDI-11)
>
> Bachche ko kuch bhi 6 mahine ke bad se khilana shuru karna chahiye lekin maine to 3-4 mahine se hi dena shuru kar diya hai. Ab maa kha rahi hai to achcha nhi lagta isiliye bachche ko chakha deti thi. Meri bachchi mera dudh nhi piti isi liye bhians ka dudh pani dal kar pilati hu. Aur jab bachcha khane ke layk ho jata hai to use daliya, mung ki dal ka pani, aur khichdi wagairah deti hu. (IDI-16)
>
> Maine apne pehle bachche ko 2 saal tak dudh pilaya aur dusre bachche ko to abhi bhi pila rhi hu. 4-5 mahine ki umar se main apne bachcho ko kuch na kuch chata deti thi, isse bachcho ko khane ka test bhi pata chal jata hai. Jab bachche ko khilana shuru kiya to jo khana banati thi usi se patli patli dal nikal leti thi ya khichdi khila deti thi. Dr. ne bachcho ko cerelec khilane ko kaha tha lakin itne paise hi nhi hote the isi liye jo ghar mein banta tha wahi khila deti thi. (IDI-6; IDI-9)
>
> Maine apne bachche ko 6 mahine bad se khelana shuru kar diya tha. Cerelac, patli khichdi deti thi, parmal ki kheer deti thi, mali hui roti dena chahiye aur moong ki dal ka pani. (IDI-10; IDI-12; IDI-13; IDI-14)

> Jab mera bachcha 6-7 mahine ka hua tab se maine usse cerelac khilana shuru kiya. Wo bahut achche se khata tha, uske baad dheere dheere dusri cheeze bhi khilana shuru ki lekin mera bachcha do saal ka hone wala hai phir bhi jyada kuch nahi khata. (IDI-8; IDI-20)

The researcher found that a maximum number of respondents start weaning of their babies in the age of 3-5 months in the study area. They start weaning with dal ka pani, khichdi, sabutdana ki khichdi, kheer, and less spicy foods and vegetables. It is a popular perception of respondents that if they start weaning early, the child starts eating early and the child will know the taste of everything. Supplementary foods like cerelac, and canned dry milk was also given to the infants before the first six months. A very less number of respondents understand the value of exclusive breastfeeding and fellow the exclusive breastfeeding norms and start weaning after six months.

5.7 Newborn's care practices

Caring preterm newborn

After childbirth, providing child care is an important element of child life. Birth weight is often not recorded in home-based delivery rather they is reluctance for the same on account of cultural practices (Wells, & Dietsch, 2014; WHO, 1987). From a public health perspective, low birth weight is an important multifaceted indicator of maternal nutrition, ill health, and access to good quality antenatal care (Bhattacharya et al., 2008 p. 202).

> Meri tisare nambar ki beti 7 mahine ki hui thi. Wo bahut kamajor thi 2 kg se bhi kam thi, isiliye use kuch samay ke liye rui mein rakha gaya. (IDI-2; IDI-17)
>
> Jo bachche satwe mahine mein hote hain to wo bahut kamjor hote hain. Aise bachcho ko maa ko chati se laga ke rakhna chahiye jisse bachcha jaldi panapta hai. (IDI-9)
>
> Bachcha hone ke bad mera dupatta uske sir par bandha. Bachche ko purane kapde hi pehnaye the kiyoki bachcha hone se pehle koi kapda nhi banate. Warna nazar lag jati hai (IDI-19)
>
> Sawa mahine tak bachche ko akela nhi chora jata uske pas koi na koi rehta hai aur jaise koi na bhi ho to uske pas churi rakhte hain ya fir gale main choti churi bandh dete hain. Isse bachcha darta nahi hai aur na hi chokta hai. Waise ye cheeze sawa mahine tak rakte hain lakin maine to abhi tak bandh rakhi hain, badi beti ke bhi jab churi main jang lagi tab nikal kar pheki thi. (IDI-6)
>
> Bachche ko sawa mahine tak akela nahi chodate bachche ke paas churi, chaku ya maachis rakhani chahiye aur agar bachche ko aisa kuch ho

> jaye to turant maulana ko dikhana chahiye wo Taweez denge ya paani padh kar denge is se bachcha thik ho jata hai. Us time doctor ke chakkar mein nahi padhna chahiye. (IDI-12)
>
> Pehel ke bachche ka bahut khyal rakhna hota hai, kyoki log un ke kapde par ya balo par jadu bhi kar dete hain. Yeh zyada tar ladke par hota hai isliye pehel ke ladke ko aur uske kapde aur balo ko sambhal kar rakhna chahiye. Pehel ke bachche ke upar bijli bhi zyada girti hai isi liye usse andhi toofan mein bahar nahi nikalte aur agar bachcha rang mein kala ho to aur zyada chance rehte hain bijli girne ke. (IDI-24)

Above narratives explain that after childbirth at home people guess the weight of the baby and if they found child underweight, then they try to keep the child warm. They wrap the child in cotton, which keeps the child warm. In popular perception the children who are born in the seventh month are underweight. And they need to keep them warm until 40 days. The child should not be left alone; he/she must always be accompanied by someone. If this is not possible then keep sharp things like a knife or a matchbox and wear taweez to him so that he/she does feed the baby. The people believe that by doing these things so the evil eyes or ghosts will not come near the child. Perhaps they think that evil eyes or ghosts are afraid of these things. That is why people keep these things with the child. Generally, the first child is given more care and attention, especially the male child. It was seen that the women are not aware of the kangaroo care for keeping the mother and preterm or low birth weight baby together. There is also no understanding and appreciation of the importance of first milk to preterm or low birth weight and the chances of infection due to prelacteal feeds.

Umbilical cord care

In India, it is a common practice to use various instruments to cut the umbilical cord mostly by traditional Dais and also by elderly women who conduct the delivery at home (Bhattacharya, 2008; Naraindas, 2009; Sambasiva, et al., 2011; Wells & Dietsch, 2014). Several substances were applied to the umbilical cord both before and after the cord falls off, like engine oil or palm oil, sieved wood ash, heated herbs, breast milk (especially colostrum) (John et al., 2015 p. 239). People believed that putting oil at the cord stump prevented early drying of the cord and entry of air in the stomach (Begum et al., 2017: 883). Further, the fallen umbilical cord was buried at the back courtyard of the house to ensure its safety from wild animals, birds, human

beings to protect the device of witchcraft and any harm to the infant (Begum et al., 2017; Herlihy, et al., 2013).

> Bachcha hone ke baad naye blade se uska naal kata gaya, aur fir dhage se naal ko bandh diya gaya. Phir garam pani se use nehlaya gaya. Muh mein ungli dalkar uski ghati ki jis se uska muh chota na reh jaye. (IDI-7)
>
> Naal to blade se hi kata jata hai. Lekin jab kabhi blade nahi hota tab maine paki hui kaichi se bhi naal kata hai lekin ab to aise halat bahot kam aate hai kyoki blade to sabhi jagha mil jata hai. Naal bandhne ke liye reel ka dhaga use karne hai. (IDI-15)
>
> Bachcha hone ke bad naal katne ke liye ubla hua blade use karna chahiye. Waise to dhage se ganth bandh kar bhi naal kata jata hai. Naal katne ke bad use dhage se bandh diya jata hai. Waise hospital mei to pin laga dete hai, lekin dhaga hi sahi rehta hai. Kyoki pin se preshani hoti hai, wo kapdo mai atak jati hai jisse bachche ko dard hota hai. (IDI-22; IDI-13; IDI-8)
>
> Bachche ka naal sukhane ke liye Dr. ne powder diya tha, use lagane se bachche ka naal sukh gaya tha. Aur jab wo sukh kar jhad gaya to use utha kar rakh liya. Naal ko idhar udhar nhi dala jata kyoki agar ye kisi ke hath lag jaye to is par jadu bhi ho skta hai, jisse bachche ki jaan ko bhi khatra ho skta hai. Iske alawa agar pehle bachche ke kapde aur naal ko musibat ke waqt apne sath rakha jaye to wo musibat hal ho jati hai. Jaise aap par koi case chal raha hai aur aap apne sath court mai pehle bachche ke pehle kapde aur naal lekar chale gaye to aap wo case jeet jaoge. Isi liye bachche ke pehle kapde aur naal hamesha sabhal kar rakhna chahiye. (IDI-6)
>
> Bachche ka naal sukhane ke liye us par sarso ka tel dalna chahiye. Bachche ka naal shukh kar girne ke baad utha kar rakh diya jata hai. Pehle bachche ka naal bahut kaam ka hota hai is par jadu bhi ho jata hai isse aurat ki kokh bhi band ho jati hai. Pehel bachche ke kapde aur naal ko adaalat mein lekar jaate hain usse Allah fateh kara deta hai. (IDI-11; IDI-23)
>
> Bachche ka naal khud gir gaya, phir maine naal utha kar tijori mei rakh liya. Yeh mere bete ka naal hai. Mante hai ki pehle bachche ke samay ki har cheez sambhal kar rakhna chahiye kyunki kuch log chori kar lete hain aur jadu tona karwate hain iss se bachche ko nuksan pahuchta hai. Jin logon par koi pareshani hoti hai wo bachche ka naal chura lete hain isse unki sari pareshani bachche par aa jati hai aur wo thik ho jate hain. (IDI-20)
>
> Bachche ka naal sukhne ke baad maine usse chhat par fake diya. Kehte hain bachche ka naal pakshiyon ke khane se bachche mai waisi hi furti aati hai. (IDI-7)
>
> Bachche ka naal to khud hi sukh gaya tha. Phir use aur pehel ke balon ko uthakar nehar main phek diya. Bade budhe kehte hain ke naal ko neher mein dal dena chahiye, isliye nehar mein daal diya tha. (IDI-9; IDI-14; IDI-17)

> Bachche ka naal sukh kar girne ke bad zameen mai gadh dena chahiye. (IDI-22)
>
> Bachche ka naal sukh kar girne ke bad utha ke rakh diya tha, kyoki kehte hai ki bachche ka nal sabhal kar rakhna chahiye.Mere teeno baccho ka naal abhi tak sabhal kar rakha hua hai. Kuch log kehte hain ke agar is naal ko school mai dalo to bacche padhai ne acche nikalte hai, koi kehta hai agar bacche ka naal hare bhare khet mai dalo to bacche ki sehat acchi hoti hai. Kehne ka matlab hai ki naal ki jaha dalo wesa hi baccha banta hai.Mai soch rahi hu ke mai apne baccho ke nal school mai dalu, jisse bacche padhai mai acche nikle.(IDI-16)

The narratives revealed that home-based delivery usually the sterile blade is used for cutting the umbilical cord and thereafter it is tied using the sewing thread. In order to dry the umbilical cord, people use doctor's prescribed powders and some people use mustard oil. Once the umbilical cord gets dried up and falls down, people keep it very carefully. Otherwise, there is some popular perception of respondents that if someone finds this umbilical cord, they will do sorcery on it so that the child may be harmed, or may even die. Hence, the mother keeps it secretly and she protects the umbilical cord from witchcraft and any other harm to the infant. Many methods of disposal of the umbilical cord are reported. It should not be simply discarded rather it would be disposed of in a planned manner. Some mothers reported that they keep the fallen umbilical cord especially of the first child in their safe custody and it is believed that if they keep it with them in the troublesome state, then all their problems will be resolved. If they dispose of it in a cooler place, it will make the child cool and happy. If it is disposed near the school, the child becomes genius, and if they throw it on the roof and birds will eat it then the child becomes active like birds etc. But in any case, it should not reach thrown in such a manner that it goes in the hands of any evil person.

Shaving the head

Scalp hair that has grown in utero is removed, traditionally on the seventh day of life, and an equivalent weight in silver is given in charity (Stenram et al., 1986). Till this time the exposure of the newborn is prohibited and mothers wear *taweez* in the neck or wrist of the newborn for the protection (Bhattacharya et al., 2008; Gatrad & Sheikh, 2001 p. 6).

> Jab bachcha ho jaye to kachcha lahasun, piyaj aur chhota chaku *taweez* bana kar uske pas rakhana chahiye jisse hawa ka asar nahi ho sakta.

> Isse bachche ko ganja karane tak sath rakhate hai aur che din ke andar bachche ke bal bhi utaravane zaruri hota hai. (IDI-2)
>
> Bachcha hone ke baad use sava mahine tak bahar nahi nikalna chahiye aisa kaha jata hai ki jab tak bachche ke sir par pedaish ke baal hote hain to use bahar nhi nikalna chahiye aur agar use bahar le jate hain to uske balo par mom laga dete hain mom lagane se bachche par koi upari hawa asar nahi karegi lekin agar bachche ko ganja kara dete hain to mom ki zaroorat nahi hoti. (IDI-12; IDI-18)
>
> Bachche ke sir par jab tak pai *Dai*sh ke baal hote hain tab tak bahar nahi nikalte. In balo ko jadule baal kehte hain. Aise balo ke sath bachche ko bahar nahi nikalte is a hawa ka asar ho sakta hai. Yeh sab bachche par sar se hi zyada attack karti hai. Isi liye bachche ko ganja krake in balo ko zameen dawa de ya pani mein bahar date hai. (IDI-10; IDI-23; IDI-13; IDI-10)
>
> Bachche ko chati tak bahar nhi nikalte. Agar zaruri hota hai to bachche ko ganja karne ke bad hi bahar le jana chahiye. Kyonki in balo se khushbu niklti hai aur hawaye lag skti hai jo bachche ko nuksan pahucha skti hai. Aur agar baal nikale bina bhi bachche ko bahr lekar jate hai to sath mai churi rakhna chahiye aur uske gale mein *taweez* pahnana chahiy isse bure saye uske paas nahi aate. (IDI-14; IDI-7)
>
> Sawa mahine tak mujhe aur bachche ko ghar se nahi jane diya, kyunki is waqt kisi ki bhi nazar ya buri hava jaldi lag jati hai. Bachche ke takiye ke niche hamesha chaku rakha gaya, jisse wo dare nahi hai. 6 din tak to bachche ko akela hi nahi chora gaya, koi na koi uske paas hi rehta tha. (IDI-8)

In Haldwani, a popular notion that after childbirth some items like kaccha lahsun (raw garlic), pyaj (onion) and some sharp metal object (knife) are kept near the newborn for keep away from the evil eye. It should be kept near the newborn until the head-shaving ceremony is not done. The birth hair on the head of a newborn is called Jadule Baal, and the newborns are not supposed to be taken outside with this kind of hair because it is claimed that there is a special value of newborn's first hair, and newborn produces some odour which attracts evil eye and witchcraft. So the newborn should be shaved as soon as possible after birth. People may do witchcraft on these hairs. So the mother takes special care of the newborn's hair and hence the head-shaving ceremony is done.

Circumcision

Circumcision is one of the oldest and is almost universally found among Muslim and Jewish men (Alanis, & Lucidi, 2004; Gatrad & Sheikh, 2001; Lerman, & Liao, 200;

Puri et al., 2010). Male circumcision is widely practised and considered to be a Sunnah in Islam (Rizvi, et al., 2002).

> Ladke ka khatna to hota hi hai, yeh sunnat bhi hai. Hospital se aane ke bad bachche ka khatna krawa diya thi. Pehle to bade bachchon ki hoti thi, lekin ab chote bachchon ki hi kara di jati hai. Isse bachcha chhati tak theek ho jata hai, aur use zyada taqleef bhi nhi mehsus hoti hai. Aur chote par khatna karane par wo zyada hath pair bhi nhi chalate isse zaldi theek bhi ho jate hain Lekin agr bachcha zyada kamzor ho to thoda bade hone par hi khatna karana chahiye. (IDI-6; IDI-14; IDI-13)

> Khatna ghar par aakar chauthe din karwa diya thi, ghar par hi nai ko bula liya tha. Dawai di thi 3 din mein thik ho gaya tha. Usne lagane ke liye ek tube bhi diya tha aur koi mitti jaisi ya raakh jaisa bhi diya tha use bachche ki musalmani (khatna) par bandhi thi. Isse uska khatna theek ho gai tha. Nai doctor to nahi hote lekin khatna karte rehte hain unhe pata hota hai ki kaun si dawa deni chahiye. (IDI-6; IDI-10)

> Jab bachcha ek maheene ka tha tab uska khatna ghar par nai ko bulakar karaya. Nai ne khatna sahi karne ke liye dawa aur powder diya tha. (IDI-18)

The study revealed that circumcision is a very important ritual in the Muslim community immediately after the birth of the male child. The narratives reflect that unlike the past when circumcision use used to be late til three-four year, now it is done within a week. The circumcision is preferred as soon as possible after the childbirth because as a newborn he will not be so active for moving the legs and hands. All the respondents reported that circumcision is performed by *Naai* (untrained attender). Naai gives some medicine, ointment and raakh (ashes) to tie on the child's area of circumcision and it gets well within 3-5 days. All the respondents have a strong belief of that.

Massage to newborn

In the Indian context, oil massage has been routinely done on newborn (Sankaranarayanan, et al., 2005). The traditional massage of the baby with various substances (various oils sieved ash and sieved native chalk or calabash chalk etc.) starts from the third day after birth till 9 months, but especially within the first 6 months (John et al., 2015: 239).

> Bachche ke shareer par jo rua hota hai, use hatane ke liye loi karna chahiye. Tumne dekha hoga bohot se bachcho ke hath pero aur chehre par bohot baal hote hai, uski wajh yahi hoti hai ke unki bachpan main loi ya lupdi nhi hoti hai. Loi banana ke liye thode se aate ko ghee mai

ghundha jata hai aur usse bachche ke shareer par lupdi karte hain. (IDI-6)

Maine bachche ki lupri ki. Waise mere bachche ke shareer par kuch safed safed nhi tha. Ye un aurato ke bachcho ke hota hai jo pregnancy ke dauran gutkha ya sukha gola khati hai. (IDI-19)

Kuch din tak bachche ki lupdi ki gayi isse bachche ke sharir ke baal khatam ho jaate hain aur woh chikna rehta hai. Iske karne se koi takleef nahi hoti, maida ko tel mein mila kar halke halke lupri karte hain. Isse bachche ki haddiya mazboot hoti hai or taqat bhi milti hai.(IDI-10; IDI-18)

Bachche ki lupdi maida aur ghee se ki. Isse bachche ka shareer ka rua jhad jata hai. Isse dard nahi hota bachche ko. Balki khal majboot ho jati hai.(IDI-11)

In the study area, women do a special kind of waxing and massage with oil and flour. The waxing is done to remove hairs from the body of the newborn. The oil massage is done for the better health the babies and making the baby's body parts active and strong especially the bones. During the initial first few weeks, waxing is done and after that massage is done. Both the process takes place almost at the same fashion but the focus is different.

5.8 Immunization

Immunization is very important for every child; it protects a child from various diseases and infection and boosts the immunity power of the child. Immunization is one of the most cost-effective public health interventions to date, averting an estimated 2 to 3 million deaths every year (UNICEF, 2018). A global effort was launched in the early 1980s to provide six vaccines- tuberculosis, polio, diphtheria, pertussis, tetanus and measles, to 80 percent of children worldwide, and save millions of lives each year (Kane et al., 2002). Government of India has kept on increasing vaccination against killer diseases and an updated list is given in Table 5.2 (GoI, 2018b; 2018c).

Table 5.2: Universal Immunization Program in India

Vaccine	**Protection**	**Route**	**Dose**	**Site**	**No. of doses**	**Vaccination Schedule**
Hepatitis B	HepatitisB	Intramuscular	0.5 ml	Anterolateral side of mid-thigh	4	Birth dose(within 24 hours)for institutional deliveries,Primary three doses at 6, 10&14 week

BCG (Bacillus Calmette Guerin)-Lyophilized vaccine	Tuberculosis	Intradermal	0.1ml (0.05ml until 1 month age)	Left Upper Arm	1	at birth (upto 1 year if notgiven earlier)
OPV (Oral Polio Vaccine)-Liquid vaccine	Poliomyelitis	Oral	2 drops	Oral	5	Birth dose for institutional deliveries, Primary three doses at 6, 10 & 14 week and one booster dose at 16-24 month of age. Given orally
DPT (Diphtheria, Pertussis and Tetanus Toxoid) – Liquid vaccine	Diphtheria, Pertussis and Tetanus	Intramuscular	0.5 ml	The anterolateral thigh and to older children (4 to 5 years old) in the deltoid muscle.	5	Three doses at 6, 10 & 14 week and two booster dose at 16-24 month and 5-6years of age
Measles Lyophilized vaccine	Measles	Subcutaneous	0.5 ml	Right upper Arm	2	9-12 months of age and 2nddose at 16-24 months.
Hib (given as pentavalent containing Hib+DPT+Hep B) (in 8 states) – Liquidvaccine	Hib Pneumonia and Hib meningitis	Intramuscular		The vastus lateralis muscle of the thigh	3	6, 10 & 14 week of age
Vitamin A		Oral	2 ml(2 lakh IU)	Oral	9	At 9 completed months, second in 16-18months. Thenone dose every 6 months up to the age of 5 years.

Source: GoI, 2018b; 2018c

The interesting narrative emerged from the field on the vaccination, its importance and the role of field-level health workers.

> Apani ladakiyon ko tike nahi lagavaye lakin jab beta hua tab laga ke kahi kuch ho na jaye, isiliye uske kuch tike lagavaye, pure tike isaliye nahi lagavaye jinake tike nahi lage phir bhi unhen kuch nahi hua. Lekin poliyo drop sabako pilavai. Bachcha hone ke bad maa aur bachche ke T.T zarur lagavaya. (IDI-2)
>
> Bachcha hone ke baad injection to sabhi lagwaye. Bachche ke paanch saal tak ke jo teeke lagte hai wo sare lagwaye, aur polio drop be pilai. (IDI-4, IDI-5; IDI-10; IDI-17; IDI-23)
>
> Maine apne sabhi bachcho ko sabhi teeke lagwaye ek do choot gaye ho to pata nahi. Lekin apni yaad se to maine sabhi tike lagwaye. ASHA

> aur Anganwadi ANM ke aane par mujhe bulane aa jati thi Maine apne bachche ko rone ke bawazud bhi sare teeke lagwaye. (IDI-7; IDI-14)
>
> Maine apne bachche ko sabhi tarah ke teeke lagwaye, polio drop bhi pilwaya. Agar main kabhi apne maike bhi jaati thi, tab bhi maine apne bachche ko sare teeke lagwaye. Kyunki bachche ka jo card hota hai uske zariye aap kahi bhi teeke lagwa sakte hain. (IDI-8)
>
> Main ne 24 ghante ke andar apne bachcho ka test bhi karaye the, jo bhi doctor ne likhe the. Maine apni betio ko rubella virus ka bhi teeka lagwaya, iske alawa sare zaroori teeke lagwaye. Main apne dono bachcho ko saare teeke lagwaye koi teeka nhi chora. Kyunki teeke dono ko lagwane hote the isi liye ek sath nahi lagwati thi, ek hafte mein ek ko aur doosre mai dusri ko lagwati thi. Ek sath lagwane par dono ko sambhalna mushkil ho jata tha. (IDI-9)
>
> Meri bachchi bhale hi ghar par hui ho lekin maini uske sare teeke hospital mai lagwaye. Ghar par bachcha kara kar meri sehat ke sath to ghar walo ne khilwad kara hi tha lekin mai apni bachche ke sath kaise hone deti isi liye uske teeke lagwaye lekin kuch bukhar aane ki wajh se chut gaye. Kyoki teeke lagne ki wajh se uske hath pero mai sujan aa gai thi. (IDI-16)
>
> Bachcha hone ke bad tt infection bhi lagwana zaruri ho jata hai. Kyoki bachcha ghar par hota hai to kiya pata maa aur bacche kuch nakhoon wagherah lag gaya ho to ease halat mai titnus hone ke chances rehate hain isi liye baccha hone ke turant bad tt lagwa lena chahiye. (IDI-22)

The narratives thoroughly revealed that the mothers have an understanding of the importance of immunization and quite serious with regard to the complete immunization *(pure/sabhi tike)* of their children. They even lament for missing a few vaccinations of their elder children. The knowledge of vaccine-preventable diseases among all women was quite high and they are also aware of the recent addition of more vaccinations. They emphatically argued regarding the importance of immunization. Most respondents go for full vaccination of their children, and a very less number of respondents delay or ignore the child's vaccination. Moreover,r, it came up that their concern is quite high for the immunization of the male child.ASHA, Anganwadi and ANM have a very active role for the immunization in the study area and that is reflected in frequent reference to ASHA, ANM and Anganwadi. Women have sound awareness regarding immunization card and immunization schedule. They know that the card can be used anywhere (at conjugal home or natal home) for the vaccination of their children. The mother of twins had to face more trouble in vaccination of there children than the others. They vaccinate the

same to both of their children on a gap of one week. This again reflects their concern toward immunization of their children.

5.9 Managing childhood health issues

Millions of children in developing countries die before they reach their fifth birthday (Ingle, & Malhotra, 2007). And these are the conditions which are preventable. Health care-seeking decisions are based on symptoms recognition, which varies from culture to culture (Mishra et al., 2016). Interpretation of symptoms and subsequent health care behaviours require sufficient knowledge about the illness, its treatment and recommended self-care (Hedemalm et al., 2008). Poor recognition of illness by the caregiver and its association with treatment-seeking behaviour are reported (Aigbokhaod et al., 2015). In many communities, folk remedies are usually utilized at home for sick children before seeking medical attention, sometimes when it is too late to save the children (John et al., 2015: 239). In the study area, the quite similar narratives emerged.

> Bachcho ke ilaj ke liye ghar mein hi kuch na kuch karti hun, aur agar zyada tabiyat kharab hoti hai to bangali doctor se dava le leti hu kyonki sarakari aspatal mein laparawahi bahut hai. (IDI-2)
>
> Bachcho ko chhoti moti pareshani hone par ghar par hi kuch istimal kar leti hun, jaise zukam hone par ajawain ka pani, khasi hone par desi ande ki zardi, pasli chalane par lai aur mitti ka tel mila kar laga deti hun isake alawa ulti dast hone par kale chane bhigokar usaka pani pila deti hun aur jyada pareshani hone par doctor ke dikha dete hain. (IDI-4)
>
> Maine apne bachcho ko koi bhi preshani hone par turant doctor ko dikhaya, kabhi kabhi jab koi choti moti baat hoti hai to ghar mai hi theek karne ke liye kuch khila deti hu. Jaise agar bachche ko sahi se nind nhi aati hai to jaiphal aur dalchini pees kar maa ke dudh ke sath pilane se bachche ko acchi nind aati hai. Dalchini ko agar bachche ko khasi main dete hain to bhi bohot aram deti hai. Bachche ko sardi lagne par lassan jalakar uske tel se malish karne par sardi main bohot aram milta hai. (IDI-6)
>
> Zukam hone par tel ko long dal kar garam kiya jata hai aur usse seene, hathelion aur talwo par mala jala hai jisse sardi khatam ho jati hai. Pechis main suhage ko aag par rakhte hain, jab wo phul jata hai tab maa ke doodh mein mila kar pilane se pechis thik ho jati hai aur bachche healthy ho jata hai. (IDI-9)
>
> Agar bachche ko diarreah ho jaata hai to dudh main suhaga bhoon kar deti hoon. Bachche ko sardi ho jati hai to sarso ka tel garam karke

malish kar deti hoon. Bachcho ke dat nikalne par suhaga ko shehed mai mila kar bachche ke masood par laga deti hu. (IDI-12)

Bachche ko sardi hone par lehsun ko tel mai jala kar dete hain. Thande pani mein 555 *Ghutti* milane se sardi, bukhar, ulti, dast, thik ho jate hain ye ulti dast mein sabse jyada faydemand hota hai. ORS ka ghol pilane se bhi dast main fayda hota hai. Iske alawa koi pareshani hone par doctor ko dikhana chahiye. (IDI-10)

Jab bachche ke pait mein aithan ho to usse *Ghutti* pila do. Bazar wali gutti.Paan, ajwain ki *Ghutti* aur lahsan, long, zayefal yeh teeno cheezen til ke sath mila kar paka kar bachche ke sine aur talwe mai lagane se shadi khatam ho jayegi.(IDI-11)

Jab bachche bimar hote hai to hum apna hi ilaj karte hain. Jaise sardi hone par sarso ka tel mal diya, azwain ka pani pila diya. Paan aur namak dalkar paka kar use pilane se bachche ka jukam aur khansi main fayda karta hai. Piliya ho to jhadwa lena chahiye. Mata nikalti hai to ghar mein choka wagairah nahi karna chahiye, usse dua karna chahiye ke (mata maiya) jaise aai ho waise wapas chali jao. Bachche ko nazar se bachane ke liye nazar utarna chahiye aur kala tika lagana chahiye. Pelia maulana se jhadwaya, doctor ko isliye nahi dikhaya kyunki doctor ne use machine mein rakhne ko kaha tha. Humne to maulana se hi jhawaya aur wo theek ho gaya. (IDI-13)

Agar meri beti ko sardi ho jati hai to azwain aur lahsun ka tel lagati hu. Ulti dast hone par bazar ki *Ghutti* gungune pani ke sath di jati hai. Bachche ko nazar se bachane ke liye badan par padhi hui rui malte hai aur fir use tel me bhigo kar jala dete hai. (IDI-14)

Jab bachche ko bukhar aata hai to thande pani ki pattiya rakhni chahiye. Mai to apne pas peracetamole ka syrup rakhti hu jab bachche ko bhukhar aata hai to wahi de deti hu. Agar bachche ko thand lag jaye to maa ka dudh chammach mai nikal kar use mombatti par garm kar fir uski malai hatakar wo bachche ko dena chahiye. Agar bachche ke pet mai dard ho to heeng ka lep lagana chahiye. (IDI-16)

Bache ko bukhar aane par sabut dane ki khichdi dena chahiye aur khokhala, monakka khilana chahiye. Ulti dast mein namak chini ka ghol pilana chahiye. Sardi lagne par bachche ko paan azwain khila dena chahiye. Aur agar bachche ko in sab cheezo se asar na ho to doctor ko dikhana chahiye. Shuruwat mein bachche ko jo kali potty aati hai uske liye bachche ko doodh me shahad dalkar pilena chahiye. Isse bacche ka pet bilkul saaf ho jata hai. (IDI-17)

Bachche ko thanda hone par azwain ka pani pilaya tha. Hospital mai jo bachche hote hai unhe piliya ki shikayt ho jati hai aur jo ghar pr hote hai unhe nhi hoti. Jin bachcho ko piliya ki shikayt ho unhe dhoop dikhani chahiye. Mere dono bachche hospital mai huye isi liye unhe piliya hua. Bachcho ka piliya jhadhwaya bhi aur doctor ko bhi dikhaya. (IDI-18)

Sardi se bachane ke liye badam aur shehed deti hu. Dast mai mung ki dal aur chawal ki patli khichdi deni chahiye. Jisme moong ki dal jyada hona chahiye. Bachche ke dant nikal rahe hain to grape water aur

> homeopath ki goli khila rahi hoon, doctor ne to aisa nhi bola lekin yeh mai khud hi deti hu maine bahut logo ko ye dawa khilate hue dekha hai. (IDI-20)
>
> Bachche ko thand se bachane ke liye ghar par gutti bna kar pilani chahiye. Bachche ki pasli chalne par haldi ka lep laga kar use news paper se dawa dena chahiye. Agar bachcha chidchida ho rha ho ya nind kam aa rhi ho to zaifal ko ghis kar use chatana chahiye. Bachche ko thand lagne par lahsun aur long ka tel jala kar lagane se bachche ko aram hota hai. (IDI-22)
>
> Lehsun, ajwain, long ko mila kar tel banate hai. Aur use malne se bachche ki sardi khatm ho jati hai. Zyada ultiya hone par pyaz ka ark pilate hai. Bukhar aur dast main doctor ko dikhate hain. Zyada chote bachche ke pait mein dard ho to heeng ko garam karke unke pait par aur nakhoono par bhi milte hain, isse pait dard kam ho jata hai. (IDI-23)
>
> Naye bachche ko jo pehli kali potty aati hai uske liye chaye mai ghee dal kar do din tak ye pilane se ye theek ho jata hai. (IDI-22)
>
> Abhi kuch din pehle mera beta chakkar khakar gir gaya tha, uske liye maine doctor ko hi dikhai bachche ke mamle mein koi risk nahi leti (IDI-8; IDI-3)

The common childhood diseases are khasi (cough), zukham (cold), pasli chalna (respiratory illness), ulti dast (vomiting-diarrhea,), bukhar (fever) and pet mai eathan (abdominal cramps) etc. Home-based treatment is found to be very frequent in the Muslim community of Haldwani. The respondents reported that they use various indigenous medicines for protecting the baby from illness and other health problems. These include traditional methods like the use of charms and amulets made by religious leaders, use of herbs, leaves, bark and roots. Home-based indigenous remedies and different types of herbal mixtures of all types (decoction, infusion, juices etc.) and oil massage are commonly used in the treatment of childhood diseases. The commonly used indigenous herbs include paan (betel leaves), ajwain (celery), lassun (garlic) etc. The details are given in Table 5.1. It is strongly assumed that all these methods give relief to children's health and improve their immunity power. It has also come up that now mothers are also equally concerned to approach the doctors if they feel that illness is like that (turant doctor ko dikhaya). However, in such a situation they also avoid government health facility because of their carelessness of government hospitals *(Sarkari aspatal mein laparawahi bahut hai).*

Table 5.3: Childhood Health Issues and Home Remedies

S.no.	Health Issues	Home based Remedies	IDI
2	Khasi (Cough)	Desi ande ki zardi (egg yolk)/ Dalchini (Cinnamon)	IDI-4/ IDI-6
3	Pasli (respiratory distress)	Lai aur mitti ka tel mila kar laga deti hun ((mustard oil & kerosene) / Haldi ka lep (Turmeric paste)	IDI-4/ IDI-22
4	Ulti dast (Vomiting & diarrhea)	Kale chane bhigokar uska pani pila deti hun (the water of Soaked black gram)/ ORS water/ Namak chini ka ghol (Salt sugar solution)/ Pyaz ka ark (Onion extract)/ Namak nimbu ka pani (salty lemon water) aur ORS / Moong ki dal aur chawal ki patli khichdi	IDI-4/ IDI-10/ IDI-17/ IDI-23/ IDI-24/ IDI-20
5	Chidchidahat aur Sahi se nind nhi aana (Irritability and poor sleep)	Jayefal aur dalchini pees kar maa ke dudh ke sath pilane(Grinding nutmeg and cinnamon and with mother's milk)/ jayefal ko ghis kar use chatana chahiye (grinding Nutmeg should be licked)	IDI-6/ IDI-22
9	Pechis (dysentery)	Suhage ko aag par rakhte hain, jab wo phul jata hai tab maa ke doodh mein mila kar pilate hai (borax with mother's milk)	IDI-9
10	Sardi bukhar ulti dast (cold, diarrhoea & fever)	Pani mein 555 *Ghutti*	IDI-10
13	Sardi (Cold)	Ajawain ka pani (celery water)/ Lehsun jalakar uske tel se malish karna (massage with roasted garlic oil)/ Tel me long dal kar garam kiya aur malish ki (massage with Clove oil) / Paan, ajwain ki *Ghutti* aur lehsun, long, jayefal yeh teeno cheezen til ke sath mila kar jala kar bachche ke sine aur talwe mai lagana 9a decoction of betel leaves, celery, and massage of the chest with garlic, cloves and nutmeg)/ Sarso ka tel (musterd oil) mal diya, azwain (celery) ka pani pila diya/ Azwain aur lessun ka tel lagati hu/ Dudh chammach mai nikal kar use mombatti par garm kar fir uski malai hatakar wo bachche ko dena chahiye/ Paan (Betel leaves) azwain(celery) khilana chahiye/ Badam aur shehed(almond and honey) / Lehsun aur long ka tel/ Lehsun, ajwain, long ko mila kar tel banate hai /Ande ka lape (egg paste)/ Pan, ajwain dete hai	IDI-4; IDI-18/ IDI-6; IDI-10/ IDI-9/ IDI-11/ IDI-13/ IDI-14/ IDI-16/ IDI-17/ IDI-20/ IDI-22/ IDI-23/ IDI-24
15	Jukam aur khansi (Cold and cough)	Paan aur namak dalkar paka kar use pilane (a decoction of betel leaves and salt)	IDI-13
16	Piliya (jaundice)	Pelia maulana se jhadwaya (treatment by Maulana)/ Dhoop (sun light)	IDI-13/ IDI-18
18	Bukhar (Fever)	Thande pani ki pattiya (Cold water bars)/ Sabdane 9Sago) ki khichdi dena chahiye aur kokhala, monakka khilana chahiye (hedge seed/London rocket, dry grapes)/ Kangaroo sikhai/ Doodh mein makka paka kar (dry grapes with milk)	IDI-16/ IDI-17/ IDI-20
24	Kali potty (Black potty)	Doodh me shahad (milk with honey)	IDI-17
30	Dant (teething)	Grape water and homeopath tablets	IDI-20
36	Pait mein dard/ ethan (Stomach pain/cramps)	Bazar wali gutti /Heeng ka lep (Asafetida paste) /Heeng ko garam karke unke pait par aur biso nakhoono par bhi milte hain (Asafetida massage)	IDI-11/ IDI-16/ IDI-23

5.10 Child mortality

In 1998, about 2.5 million fewer than 5 year olds died in India, the highest total of any country (Claeson et al., 2000). In Uttarakhand, the main cause of child death in the first few days of life have been assessed as acute respiratory tract infection, tetanus, and diarrhoea, and the most common is an infection of the umbilical cord (Capila, 2004). The cases of stillbirth are also high in India (Nayak, 2016).

> Meri ek bachchi 13 din ki mar gai, use piliya ho gaya tha. Jab pata chala to agle hi din guzar gai, piliya jhadwane ka mauka bhi nhi mila. (IDI-14)
>
> Mere dusre number ki 8 mahine ki ek bachchi hokar mar gayi thi. Uske time par doctor ne mujhe safai karne ke liye kaha tha lekin maine nahi karai. Use bukhar rehta tha, ilaj bahut karaya lekin woh nahi bach pai. pata nahi kya hua tha usse uske muh mein chhale bhi nikle the. (IDI-23)
>
> Mare huye bachche ke waqt bhi sabhi janche aur tike lagavaye aur uski bhi ghar par hi paidaish karai. lakin pata nahi kaise wo mara hua paida hua. Lakin mujhe dikhaya nahi gaya saas ne bataya ki uska sir pichka hua tha jaise kahi kahi pani bhara hua ho. (IDI-1)
>
> Mera tisara beta mara hua paida hua. Shuru mein to doctor ne aisi koi baat nahi batai thi lekin last dinon mein mera pura sharir suj gaya tha aur khun ki kami bhi ho gai thi, pahale dono bachcho ki tarah is bachche par bhi maine sabhi tarah ki janche karai aur tike lagwaye. Jaisa jaisa doctor ne kaha sab kiya. Lekin jab bachcha hone wala tha tab mujhe aisa mahsus ho raha tha jaise bachcha ghum nahi raha hai, isilie doctor ke yaha gai waha usane ultrasound karaya aur ultrasound se pata chala ki bachcha ulta ho gaya hai, doctor ne opration ko bola lekin main ghar aa gai, main bahut dari hui thi, meri saas ne mujhe doctor ke chalne ko bola lekin maine mna kar diya zyada tabiyat kharab hone par mohalle ki *Dai* ko bulaya gaya, *Dai* ne bhi mujhe aspatal ki ray di, lekin meri himmat nahi hui, jab bachche ki paid*ai*sh ka time ho gaya tab *Dai* ne naya blade mangawaya, pani garm karawaya aur mujhe eato par baithaya. Is bachche ke waqt mujhe bahut pareshani ka samana karana pada. Jab wo mara hua paida hua to use bachane ki bahut koshish ki, muh se bhi sans dilai, garmahat mein bhi rakha, tange pakadkar ulta bhi kiya lekin koi farq nahi pada. (IDI-3)
>
> Is se pehle mere saathwe mahine mein ek bachcha aur hua tha wo bhi ladka tha. Jab wo hua to wo pura nila sa lag rha tha, aisa lag raha tha jaise kisi ne jahar chala diya ho. Usse turant doctor ko dikhaya lekin wo nahi bacha. Shayad wo mara hua hi paida hua tha. Mujhe nahi dikhaya gaya, mai bahut sadmein main aa gayi thi. (IDI-7)

The researcher found a very less number of child mortality and stillbirth. In one case of child mortality, the woman whose child died, according to her, the baby had jaundice, and she did not know this problem from the beginning and due to which she could not provide proper treatment. But whatever treatment she has given to her child, she has done local treatment which is the reflection of the attitude of the people of Haldwani that they have a strong belief of local medicine. Some women prefer hospital if they feel complications in their pregnancy while others do not prefer to go to the hospital and perform high-risk delivery at home. In the case of stillbirth, women are not aware of the reasons for this. Although one woman was aware of complications she did not go to the health facility due to the fear of C-section delivery. She delivered her child at home by a traditional birth attender *(Dai)* which resulted in a stillbirth. In such cases, Dai uses a different type of traditional methods and indigenous decoctions or concoctions for the delivery which may be very risky and harmful for the women.

5.11 Fear of evil eye

In the socio-cultural traditions the newborns are considered vulnerable from the fear of evil eye and witchcraft (Bhattacharya et al., 2008; Choudhry, 1997) and to ward off the evil eye, a black dot of kajal is placed on the newborn's forehead or articles made of iron are placed around the newborn's bed to prevent the evil eye (Wells, & Dietsch, 2014). In the study area also the similar narratives on the evil eye *(buri nazar)* came up and these have a strong influence in the popular perceptions.

> Bachcha hone ke sawa mahine baad hi aurat aur bachche ko kahin bahar jana chahiye. Aur bachche ki care ke liye uske sath Lehsun rakhte hain aur bachche ke laga bhi dete hain, jis se bachche ki khushboo se koi saya nahi lagta. Nazar se bachane ke liye bachcho ko nazariya pehna dete aur tabiz bandh dete hain. (IDI-9)

> Agar nazar lag gayi hai to mircho se nazar utarte hain, isme sat mirchi, lassan, pyaz, namak, chokar aur chaurahe ki mitti se nazar utarte hain, phir use sat bar bache ke upar se utar kar jala dete hain. (IDI-23)

> Bhatiji ki jab chhati hui thi tab tak wo theek thi lekin uske baad dore padhne shuru ho gaya kyoki shuruwati dino mai hi use raato ko doctor ko le gye the. Jab dore padhte the to use doctor ko bhi dikha lekin koi asar nahi hua maulana ko dikhaya to unhone bataya ki uske upar hawa ka asar hai phir usse utara bhi gaya. Abhi to thik hai sabhi doctor ko dikhaya lekin koi aasar nahi hua maulana se hi asar hua. (IDI-9)

> Agar bachche zyada rota hai to uski dadi nazar utar deti. Meri saas nazar utarne ke liye safed kapdo ki katran par dua padti hai, aur usse bachche ke poore jism par lagati hai usse bahut fark padta hai aur uska rona ruk jata hai.(IDI-8)
>
> Nazar se bachane ke liye bachcho ko kala tika lagate hai, nazarband haath mein bandh date hai. Kale dhage haath mein bandh date hai. Taweez bandh dete hai. Choti si churi bandh date hai. Isse bachcha darta bhi nahi hai. (IDI-23)
>
> Bachche ko nazar lagne par chappal ya phir mirch se nazar utarte hai. Aur nazar se bachane ke liye Taweez bhi pehnate hai. Kajal ke teeke se kuch nhi hota. (IDI-19; IDI-11)

Casting an evil eye *(buri nazar*) is the biggest fear of every mother for the newborn and accordingly a variety of prescriptions are there to stay out of the evil eye. The first month (*Sawa mahina*) is considered very crucial and sensitive duration for the newborn child. It is argued that these are the days when a different type of smell comes from the newborn. Mother is advised to rest and recover their health. Mothers are also advised not to take newborns do not go outside during this confinement period because the evil eye and witchcraft can attack them. People blame the evil eye for the sickness of the baby. If the evil eye falls on a newborn, that would be harmful, and this impacts on the health of the newborn. So they keep some sharp things like a small knife with the newborn and make them wear the amulets and *Nazar utarte hain*. In order to keep them from the evil eye, people apply a black dot on the forehead or sole of the feet of newborns and make them wear black bangles.

5.12 Summary

The narratives have provided information that among the Muslims in Halwani, the family is highly concerned about the health and wellbeing of the children and the childhood is full of rites and rituals. These rites and rituals start right from the birth of a newborn and are deeply ingrained in the socio-cultural matrix and hence the strong conviction reflected by the mothers to perform those rites and rituals. The study highlights that there are traditional practices which exist in the community. But many of these practices are also having negative effects on their health and wellbeing. Mothers have a little power on deciding about their babies or on newborn care; most of the grandmothers have a dominating power regarding newborn care and their survival. There is a need to understand that the health care decisions are based on sign and symptom identification, which vary from one culture to another culture. Dais tries

to make newborn cry immediately after birth. The newborn is considered as *naapak* (impure) until given the bath. *Azaan* is compulsory in Muslim families. It is believed that if Azaan is not recited in the ear of the newborn, they won't be aware of their religion. Prelacteal feed was used frequently in the study locale. Prelacteal feeds such as honey, ghutti, cow or goat milk and ajwain water is given. Honey is found to be essential prelacteal feed for a newborn well in advance than the breastfeeding. It is considered as Sunnah. Due to too many rituals like *Doodh Dhulai Ki Rasam* (Breast cleaning ceremony), to make the newborn lick honey, to give Ghutti and discarding colostrum, breastfeeding initiation gets delayed. Thus the early initiation of breastfeeding is delayed. It is interesting to note that the respondents breastfeed their baby girl for a longer time than the baby boy. Exclusive breastfeeding is restricted to three-five months. The women start weaning of their babies at the age of about 3-5 months. Casting an evil eye (*buri nazar*) is one of the biggest fear of parents regarding their newborn child. There is a special value of newborn's first hair; it is believed that newborns produce some odour which attracts evil eye and witchcraft. Thus, it is being practised to shave the hair of the newborn after birth as soon as possible. The umbilical cord is also kept very carefully. It is believed that if someone finds it, the child may be harmed, or may even die. Women have a good awareness regarding immunisation card and Schedule.ASHA, Anganwadi and ANM are playing a very active role for the immunization of children and making mothers highly concerned about the vaccination of their children. Home-based treatment is found to be very frequent in study locale and a variety of indigenous medicines and concoctions are used for protecting the baby from illness and other health issues. However, the poor identification of illness by the respondents and their association with home-based remedies are reported and many times it is too late to save the child. Although the young mothers are conscious about what is right and what is wrong for their children and do not believe in these kinds of rituals, still they submit to the prescriptions of the elder women mainly the mother in law.

Chapter- 6: Family Planning

CHAPTER-6: FAMILY PLANNING

Family planning saves women and children's lives and mends the quality of life of everyone (WHO, 1995). Family planning allows individuals and couples to anticipate and attain their desired number of children, the spacing between the children and the timing of their births (WHO, 2010a). India was the first country in the world to launch an official family planning programme way back in 1952 (GoI, 2016c) and this has a concurrent theme in the later on policies and programs (Chaurasia, 2011). The quality of family planning care must be a key focus for ensuring the success of family planning programs (Muttreja & Singh, 2019).

This chapter reflects on the family planning practices in Haldwani. The trajectory of practices is discussed under major sub-themes that evolved through the in-depth interviews viz. Child Calculate, Child Preference, Contraception, Abortion and Miscarriage.

6.1 Complexities of ideal family Size

Culture, place of residences, educational status, living standards, ethnicity and job status may be the factors in affecting the ideal family size (Khongji, 2013). People usually rationalise the decision with proximate explanations when they restrict their fertility. Many factors such as social, economic and cultural influence decision the fertility decision making. But the remote causal force behind all fertility transitions in mortality decline (Dyson, nd). Several studies found that infant mortality rates in women with 5-6 children were nearly three times the rate of those with only two children (Rahman and Nessa, 1989; WHO, 1995). Dyson (nd) noticed a trend towards a fertility regime in which Indian women tend to cohabit at a relatively young age, have two children in fairly quick succession (including almost certainly at least one son) and then become sterilized.

> Ek aurat ke do bache hone chahiye ab meri do twins ho gayi hai to next ek aur karna chahti hu, mai chahtihu ke agla ladka ho. Waise to ek aurat ke do hi bacche hone chahiye kyunki itni mehangai hai aur baccho ko padhana likhna hai unke har shauk pura karna hota hai, aur ye sab kam baccho mai hi ho skta hai. (IDI-9)

> Bacche to do hi thik rehte hain, ek ladka aur ek ladki. Kisi aurat ke sirf do hi bache hone chahiye. Do bache honge to un ki parvarish acche se

> ho jati hai, jayada bacche hone par unka khayal acche se nahi rakh sakte hain. Unki zaroorate bhi puri nahi ho pati. Is liye aaj ke time par do hi bache theek hai, inme ek ladka aur ek ladki bahut hai. Ladka ladki dono hi ahmiyt rakhte hai ladka aapka wansh chalega, aur ladki ghar ki raunak badhegi. Bina ladkiyon ke ghar virana lagta hai isliye dono hona zaroori hai. Kisi ek se kam nahi chalta. (IDI-20)
>
> Ek aurat ke do bache hone chahiye ek beta aur ek beti Meri ladki ho gayi hai ab agli baar ek ladka aur ho jaye, ladka bhi bahut zaroori hai. Waise to jinhe do ladki ho gayi hai woh bhi operation kara leti hai, aur jinhe ladke ki chahat hai woh to tin bade operation se bache hone ke baad bhi bacche kar rahi hai. Hamare piche ek aurat hai usne pachwi bar mein ladka paida kr hi liya. (IDI-11)
>
> Ek aurat ke 2-3 bache hi hona chahiye is se zyada theek nahi rehte ek ladka aur ek ladki hona chahiye. Kehne ko to kehte hain ki vansh ladka badta hai lekin ladki hona bhi bahut zaroori hai. Wansh to ladka hi badhata hai aur ladki paraye ghar ki hoti hai waha ka wansh badhane liye bhi to ladki honi chahiye. (IDI-10; IDI-12; IDI-7)
>
> Do baccho ke bich kam se kam 3 sal ka farq hona chahiye aur 4 bacche hone chahiye do ladke do ladkiya. Isse km baccho mai ghar mai raunak nhi rehti (IDI-21; IDI-13; IDI-18)

The total fertility rate at the time of first national family health survey was 3.4 (IIPS, 1992), which was declined to 2.9 in NFHS-2 (IIPS, 1999) and 2.7 in NFHS-3 (IIPS, 2006). It is now 2.2 as per the latest NFHS-4 (IIPS, 2016). The narratives revealed that there is an increased argument regarding two-child norm as for an ideal size of the family but with a condition of at least one boy and one girl. It is argued by the women in the field that if they have fewer children, the upbringing of children will be good. They were also quite clear of the fact that in the present scenario of inflation, it is difficult to send children's to school or provide them with good education and to provide them with good facilities. But all this reasoning is subject to the condition that there has to be one boy and one girl. It is quite convincingly argued that both the boy and girl child are important and for the ideal family one should have a minimum of one boy and one girl (*Ek aurat ke do bache hone chahiye ek beta aur ek beti*; *Bacche to do hi thik rehte hain, ek ladka aur ek ladki*).

6.2 Preference for both-baby boy and baby girl

Most societies have a certain degree of preference for a son, but mostly so mild that they are virtually undetectable (Williamson et al., 1976). An ideal family size masks an underlying preference for a son, making some people more willing to have families bigger than what they desire. Men are more willing to pursue the birth of sons at the

expense of increasingly large families than their wives (Stash, 1996). In northern India, female infants and children are neglected, especially girls of second or higher-order (Dyson, nd). When a girl baby is born, parents are more likely to want to have more children to 'try again' for a baby son (Das, 1987; Rindfuss et al. 1982; Trussell et al. 1985; Arnold, Choe & Roy 1998; Pande & Malhotra, 2006; Retherford & Roy 2003). Fertility, especially a son's birth, improves the status of a woman (Patel, 2006). This is reflected in decisions to use contraception or to have an additional child, contingent on the sex composition of the children already born (Gupta et al., 2003).

First preference for baby boy

> Aaj ke time par 4 bacche hone chahiye 2 ladke, aur 2 ladkiyan. Lekin har ghar mein kam se kam ek ladka zarur hona chahiye, kyonki bhai ghar mein behano ki hifazat karta hai. Aur easi ladkiyon ki zaldi shadi bhi nahi hoti jinake bhai nahi hote. Log sochte hai ke pata nhi kese pali hongi, na sir par bhai ka haath hai na dil mai khoof. (IDI-1; IDI-6)

> Shadi ke pure do saal bad meri pehli beti hui, lekin beti hone par sab ne kaha ke pehla beta hona chahiye tha. Meri sas, nanand, aur padhosi sab yahi keh rahe the ki pehla beta hota hai to theek rehata hai. Fir do saal bad humne socha isbar to ladka hi hoga, lekin isbar fir ladki ho gai. Is ladki par bhi tana kasi hui. Lekin mene bhi socha tha dekhte hai kab tak Allah beta nhi dega. Koshish to kar hi sakte hai. Lekin teesri bar bhi beti hi hui. Aur fir uske bad chothi bar mai beta ho hi gaya. Lekin ab jab ek beta ho gaya tha to socha beto ka joda hona chahiye, isi liye fir koshish ki lekin fir beti hui. Is trah se meri char betiya aur ek beta ho gaya. Beta hone se pehle mere mohalle mai koi mujhe apna beta nhi deta tha kehte the ki iske to sirf ladkiya hi hain. Kisi se ladai hone par tane marti thi ke tere to bête nhi hai, le ladka na khila le (IDI-2)

> Meri phuppo har bar ladke ke kapade bana kar lati thi lekin ladaki ho jati thi aur ladki dekh kr unka moode kharab ho jata tha lekin jab ladka hua tab unhonne socha shayad is bar bhi ladki ho to wo kapade hi nahi bana kar lai. aur jab pata chala ke ladka hua hai to wo bohot khush hui aur turant kapade sile. (IDI-2)

> Ghar mein ladka hona bahut zaruri hota hai. kyonki wo ghar ka chirag hota hai. Khandan ka naam ladke se hi badhta hai. Bap ka hath batata hai usse wansh age badhata hai khanadan ka nam bhi ladake hi age badhate hai aur ladakiyan to apane ghar chali jati hai (IDI-2)

> Ab agla ladka ho jaye to accha hai, kyonki ziyada bacche bhi acche nahi hote. do ko palna mushkil hai lekin agar agali bhi ladki hui to ek bar aur try karungi aur agr tab bhi ladki hui to phir koshish to karani hi hogi ghar mein ek ladka to hona hi chahiye. (IDI-5; IDI-4)

> Mere is se pehle tin betiyan thi, is baar umeed thi ki ladka ho isliye mannat maang rakhi thi. Aur meri mannat puri hui is baar mere beta hua waise betiya bhi achi hoti hai lekin beta beta bahut zaroori hai

> varna budape mein kaun karega aur 3-3 betion ka bojh akele baap kaise uthayega, isliye ek beta to hona hi chahiye. Mein betiyo ko bura nahi manti lekin bete ki bhi apni ehmiyat hoti hai. (IDI-7; IDI-12).
>
> Mere maike mein meri badi behen ki betiya hi hai, isi liye main to shuru se hi chaha rahi thi ki mere beta ho. Iske liye main mannat mangi thi jab mera bacha hone wala tha tab bhi mai yahi dua mag rahi thi ke mera beta hi ho. Allah ne meri dua qubool ki aur mera beta hi hua. Kyunki jinke beta hota hai unki zyada izzat hoti hai, aur logo unka zyada khayal bhi rakhte hain. kiyoki ladke se hai maa baap ka naam chalta hai. mere bhai ke 3 ladkiya hai jiski wajah se bhabi bahut pareshan rehti hain. Wo chahti hai ki kaise bhi karke ek ladka ho jaye. Bahut pareshan hai. Wo hakeem ki dawa bhi kha rahi hai dekhte hai ab kia hoga. Lekin mere ek beta ho gaya hai, to ab mujhe koi tension nahi, ab chahe ladka ho ya ladki koi baat nahi. (IDI-8)
>
> Mujhe dekh kar sab ne ladke ka andaz lagaya tha. Meri saans tu ladka hi chahti thi aur sasural ke baki log bhi ladka chahte the lekin husband kehte the jo ho jaye theek hai lekin wo ye bhi sochte the ki ek ladka aur ek ladki ho jaye to theek hai. Har koi yahi sochta tha ki twins hai tu ek ladka aur ek ladki ho jayega. Sas kehti thi ke dono ladke ho jaye to theek hai. Kyon ki hamare ghar mein ladkiyan. Sas to kehti thi ki hamare yahan to khushiyon ne darwaza mod liye, khushiya aati hi nhi. Hamare yahan tu ladkiya hi ladkiya hai ladke ka pata hi nhi. Meri saas ladka isliye chahti thi ki unka karobaar chal jayega aur khandan ki peedhi badh jayegi. Hamare yahan tu sare log ladkiyon ko bura hai samajhte hain. (IDI-9)
>
> Beta to zaroor hona chahiye kyunki beti parai ghar ki hoti hai aur beta apna hota hai beta apne ghar ka ujala hota hai. Ghar mein ek ladka zarur hona chahiye, rahi ladkiyon ki baat Allah ki marzi hai de ya na de. (IDI-13)
>
> Ladka hona bhi bohot zaruri hai, insan yahi chahta hai ke ek ladka ho jaye to use naam chal jayega. Kiyoki jo zameen jayedad hoti hai agr ladka nhi hua to uska warish kon banega. Fir betiya to hi banengi, isi liye zaruri hai jiska haq ho usi ko mile, aur ghar mai chirag jalane ke liye bhi to ladka hona chahiye. Betiya to paraye ghar ki hoti hai, aur beta apna hota hai. Har cheez ka malik hota hai, ye to mazburi hai ki kisi ke beta nhi hai to wo betio ko apni jayedad de deta hai. (IDI-15)

The narratives revealed that the birth of a baby boy is the top priority agenda of each family. It seems as if all expectations in the family are linked to the birth of a baby boy. It is considered not only desirable but highly significant for an individual family. There is a popular perception in Haldwani that there should be at least one boy in the family because the boy will take care of the girls at home. Those girls who don't have brothers are married late and are respected less. Boys create brightness in the house and become the main lead in the family. Whereas, some of the people think that *hamare yahan to khushiyon ne darwaza mod liye, khushiya aati hi nhi. Hamare yahan*

tu ladkiya hi ladkiya hai ladke ka pata hi nhi (Happiness doesn't knock at our door, we only have girl children, there are no boys in our family…. *Beta apne ghar ka ujala hota hai, ghar mai chirag jalane ke liye bhi to ladka hona chahiye (*Boy lights up the future of the family). Ultimately, one day girls have to leave" and are seen as outsiders. There is a strong preference for the son birth and the ideal size of the family has to be read with the birth of a baby boy in the family.

Conditional desire for baby girl

Interestingly, along with the preference for a son, mothers also want a balance of daughters and sons, and so, at least one girl is wanted and hence when the parents already have sons, they are more likely to have a baby girl (Pande & Malhotra, 2006).

> Mere do bête ho gaye hai abi mai aur bacche karungi. Ab jab tak ladki nhi hoti tb tak try karungi lekin 4 baccho tk hi try karungi. Mujhe ek ladki aur chahiye. (IDI-21)
>
> Bacche ke bich teen sal ka farq hona chahiye, aur ek ladki zarur hona chahiye. Kiyoki maa bap ke marne par ladki hi roti hai ladke nhi rote. Wese to aaj ke time par ladka ladki dono hona zaruri hai. Agar kisi ke sirf ladkiya hai to ladka zaruri hai, aur agar kisi ke sirf ladke hai to ladkiya hone zaruri hai. (IDI-22)
>
> Aaj ke mahol ko dekhte huye to bête se behtar beti hi ho jaaye to theek hai. Kam se kam apne maa baap ki izzat to rakhengi. Usse dant kar ghar mein to bethe sakte hain. Aaj kal to beti bhi bete ki barabar hai. Hum log sochte hai beti hogi to sasural chali jayegi, aur ladka ghar mein rahega isi liye ladka chahte hain. (IDI-23)
>
> Aur ek aurat ke do hi bache hone chahiye ek ladka aur ek ladki. Mere do bete the ek beti ki kami thi isi liye teesra baccha kara or ladki hui fir socha ek hi hai ek aur honi chahiye isi liye ek aur beti ki. Ladki ladka dono hi zaroori hai. (IDI-17)
>
> Beti beto mai koi fark nhi hota. Betio ko acche se padhao likhao wahi tumhara khiyal rakhegi ladke se ziyad acchi trah se. (IDI-16)
>
> Jab mere baccha hone wala tha to mere husband chah rhe the ki mere pehli beti ho unhe ldki se ziyada piyar hai. Aur main bhi yahi chah rhi thi ke pehli ladki ho. (IDI-6)
>
> Pehla beta tha isi liye is bar mein chahti hun ki meri beti ho kyunki mujhe pehle ek beta hai aur is bar ek beti aur ho jaye to family complete ho jayegi aur waise bhi mujhe lagta hai ki meri sasural mein betiyo ko jyada pyar karte hain. (IDI-8)

It seems that the desire is high both for the baby boy and baby girl. It starts with a preference for the boy but if there are only boys (one, two or three), the couple tries for a girl (*Mere do bête ho gaye hai abi mai aur bacche karungi.Ab jab tak ladki nhi*

hoti tb tak try karungi lekin 4 baccho tk hi try karungi). It seems that carving for a girl child is also high. The narratives evolved that *boys and girls are not different*; *if the girls are educated properly they will take care of their parents, girls are more caring than boys*; *when the parents die, girls cry more than boys that is why those who have boy child they also want to have a girl child and like*. They say boys and girls both are important but consider their family as complete when they have both a girl and a boy. The narratives revealed that there is a high preference to boys but at the same time there is also an equal concern to have at least one baby girl. This seems to be very rational for calculating the desired number of children or the decision to procreate more till the desired calculation of boy and girl is achieved which results in more number of children to the couples.

6.3 Desired but unmanageable spacing

An approximate 222 million women in the third world countries want space between their pregnancies or restrict them, but they do not use any contraceptive method (USAID, 2012). In a study, it was found that those undergoing sterilization had an average spacing is 2.29 years while those adopting the temporary methods of contraception had a spacing of 2.31 years (Shahid, 2010).

> Shaadi se kam se kam 2 saal baad bache karne chahiye. Tab tak ladki ko family smjhne ka thoda time mil jata hai. (IDI-10)
>
> Do baccho ke beech kam se kam 3 saal ka farq hona chahiye, kyunki pehla bachha jab khub chalne firne lage, school jane lage tab dusra bachha hona chahiye. (IDI-8)
>
> Pehla baccha chalne lage to dusra baccha karna chahiye.Do baccho ke beech kum se kum 3 saal ka farq hona chahiye. jisse aap baccho ki parvarish acche se kar sakte hain. Mere to dono bache jaldi ho gaye. Jb doosra bacha ruk gaya tha to kya karti, karna hi pada, warna mai to chah rahi thi ki dusra bacha teen saal baad ho. (IDI-6; IDI-3; IDI-7; IDI-9; IDI-1)
>
> Dusara baccha kam se kam 2-3 saal bad karenge lekin kuch istimal bhi nahi karenge, Allah ki marzi hui aur khud ho gaya to khatam bhi nahi karenge. (IDI-5)
>
> Pehla bachha lagbhag ek-dedh saal baad hona chahiye aur pregnancy mein kam se kam 6 mahine ka rest hona hi chahiye tab tak ek doosre ki samajh ban jati hai kyonki ek dusre ko samajhna bhi zaroori hota hai. Shaadi ke dedh saal baad meri tu pehli hi baar mein judwaa beti hui. (IDI-9)

> Do bachon mein kam se kam char panch saal ka fark hona chahiye. Tab tak pehla bachha thoda khud par depend hone lagta hai aur maa ki baat jaldi samajh jata hai. Isse ek baccha smjhdar ho jaye tb dusra baccha karna chahiye. (IDI-12; IDI-10; IDI-11)
>
> Do baccho me teen sal ka farq hona chahiye wrna baccho ki parwarish sahi se nhi ho pati, aur ma bhi kamzor rehti hai. (IDI-18)

The narratives revealed the awareness and concern of the women regarding the adequate length of spacing between the children and the reasons for the same. There were proper arguments with they can provide good health and future to their children. And also the mother will be fit and healthy. The popular perception regarding spacing between two children is that *Pehla baccha chalne lage to dusra baccha karna chahiye.* The mother wants at least two years of spacing between their children. But that seemed to be their wish list as many ended up in having children in quick succession for which they lamented their helplessness (*Main chahti thi ke mera dusara baccha kam se kam 2 sal bad ho lekin jab dusari bar preganent ho giya thi to kya karati socha ab ho hi jaye).*

6.4 Contraception

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures and this allows a physical relationship without fear of unwanted pregnancy and ensures freedom to have children when desired (Jain & Muralidhar, 2011 p. 626). The availability of a variety of methods encourages contraceptive continuation by allowing women to decide the number and spacing of their children (WHO, 1995). However, it also requires understanding the extent of the contraceptive knowledge among the couples and the communication among them on these issues (Shahid, 2010). The perception and prevalence of the contraceptive methods in this chapter are discussed under the broad headings of Modern Contraceptive Methods and Traditional Contraceptive Methods.

Modern contraceptive methods

Condom

A Condom is a barrier method and its effectiveness greatly depends on people's ability to use it correctly every time they have sex (USAID, 2012 p. 57). This is also

vital in achieving the level of protection required to prevent unintended pregnancy and the transmission of HIV and other STIs (WHO, 2010b).

> Bachcho ki rokatham ke liye kandom ka istimal kiya, iski janakari mujhe MITR ngo ke zariye hui. (IDI-2)
>
> Bacha rokne ke liye condom ka use karti hoon. Isse koi nuksan bhi nhi hota or gupt bimariyo se bhi bachata hai. (IDI-20).
>
> Mujhe zyada bache rokne ke tarike ki jankari nahi hai. lekin mein anganwadi/anm or asha se condom le liya karti hu aur usi ka use kiya. Lekin mere shohar ne kabhi condom nahi kharida. Mein hi condom ka intezaam karti thi. (IDI-3)
>
> Bachana na karne ke liye insan ko ihtihat rakhni chahiye aaj kal toh bahut si cheeze chal gayi hai jaise condom, dawai aur injection chal gaye hain. Lekin in sab mai sabse theek condom ka use krna hai (IDI-10) (IDI-16)(IDI-8)
>
> Mujhe condom use karna accha nhi lagta, maza hi nhi aata isi liye condom use nhi karti hu. (IDI-24)

The studies have revealed that as much as 50 percent of Muslim couple had used a different variety of contraceptive methods (Shahid, 2010). In this study, findings revealed that the condom is the most popular contraceptive methods in the study locale thanks to the role of the NGOs and community health workers. Women know that condoms are useful for preventing unintended pregnancy and also for the sexually transmitted disease.

Oral contraceptive pills

Oral contraception is a very popular method of contraception and refers to birth control methods taken orally, to prevent or delay pregnancy (Jain & Muralidhar, 2011 p. 228). The combined oral contraceptive pill was the first oral contraceptive method and was marketed in 1960 (GoI, 2016a). Emergency contraceptive pills (ECPs) can help prevent pregnancy if taken within 5 days (or 72 hours) after unprotected sex (USAID, 2012 p. 63).

> Pahle bacche ke bad mene koi protection istimal nahi kiya, kyonki inse bhi sharir ko nukasan hota hai. Jaise mala-D goliyon se sans ki pareshani ho jati hai. Meri bhabhi ne use ki thi to unhen ho gai. (IDI-1)
>
> Bacche rokane ke lie mala-D goliyon ka bhi istimal kiya lekin usaki wajah se main phul gai, aur mera wajan bhi badh gaya. Usse mujhe chakkar bhi aye aur piriods mein bhi problam hone lagi. (IDI-2)

> Maine suna hai baccha rokane ki goliyan jaise mala-D aur saheli waghera khane se bahut nukasan hota hai. (IDI-5)
>
> Agar kisi ke do chaar din chad gaye hai to mala-d ki jo ek roz goli hoti hai usme se niche upar ki kathai rang ki goli khane se safai ho jayegi. (IDI-11)

Women know that oral contraceptive pills like Mala-D and Saheli are used for the prevention of unintended pregnancy but they are afraid of their side effects. Women think that if they use these contraceptives pills they will suffer from asthma, obesity, nausea and vomiting etc. So a small number of women use oral contraceptive pills.

Injectetables

Long-acting injectable contraception is one of the several methods available all over the world for spacing pregnancies but there are a lot of controversies associated with its use (Rai, Prabakar & Nair, 2007). Intramuscular injection of Medroxy Progesterone Acetate (MPA) is being widely used as a three monthly Progestin-only Injectable contraceptive for over 50 years. A lower dose MPA is also available for subcutaneous use; called MPA-SC (NRHM, 2016b).

> Baccha rokne ke tareekon ki mujhe to koi jankari nahi hai, lekin mere husband keh rahe hai ki mere injection lagawa denge jisse teen char saal tak bacche se chhuti ho jaegi. (IDI-5)
>
> Ab to injection bhi lag rahe hai usse bhi rok ho jati hai. injection se aap ek lambe waqt tk tenshion se dur reh skte hai. Bohot se ease waqt hote hai jb insan ke pas koi tareka nhi hota lekin pati ki khawahish ke liye sambandh banane padhte hai ease waqt k liye injection theek rehte hai. Lekin kabhi iska istimal nhi kia. (IDI-16)
>
> Delivery ke bad doctor ne injection ke baare mein bola tha ke wo injection lagane se 6 maheene tk bacche hone ki tension khatm ho jayegi. Uske alawa khud par control karke bhi bacho ko roka ja sakta hai. (IDI-9)

Researchers found that women have heard about the injectable contraceptive method. They are also aware that it helps for a long duration. But none of the women shared that they have used the injectable method.

Intrauterine device

Intrauterine contraceptive devices (IUDs or IUCDs) are small, flexible plastic devices that are inserted into the woman's uterus and depending on the type; IUDs can provide protection for 5 to 12 years (USAID, 2012 p. 64). It prevents the fertilized

egg from settling in the womb as the Copper ions have spermicidal activity and are 95–98% effective (Jain & Muralidhar, 2011 p. 228).

> Agar kisi ko baccha nhi chahiye to uske liye dawa kha leni chahiye. Ya use coper-t lga leni chahiye ya fir condom ka intimal kre. (IDI-19)
>
> Doctor ne mujhe coper-T lagane ko kaha lekin maine mna kar diya, maine kaha meri bhabhi ke bhi lagi thi unhonne nikalawa di, kyonki copper-T chubhti hai aur dard bhi karti hai. (IDI-4)
>
> Agar bacche nahi chahiye to bandish kara lo, nirodh ka istemal karo, mala-d ki goli khalo. Lekin in sabse nuksaan hota hai. Coper-T bahut nuksaan deti hai yeh upar chad jati hai, aur anton mai chipak jati hai. (IDI-13)
>
> Dusra baccha hone ke bad doctor ne bina puche coper-t laga di take agla baccha na ho. Coper-t lagane ke bad mujhe bohot dikkat hui. 10-15 din jada dekar bukhar aaya. Thoda sa uthne par behosh ho ja rhi thi. Ek bar jab mai toilet gai tb mujhe dhaga dikha tb mene uske bare mai asha se pucha fir usne bataya ki mujhe coper-t lagi hai. Fir pas ke urban hospital le gaye to unhone meri coper-t nikal di. Aur jab coper-t nikal gai tb mujhe bukhar aana band ho gaya aur mai sahi ho gai. (IDI-18)
>
> Bahut sare log to goli bhi khaate hain, Nirodh ka istemal karte hain. Coper-t bhi lagwa lete hain, lekin copper-t se bahut nuksaan hota hai, jaise upper chad hai jisse khoone bhi aane lagta hai. (IDI-23)
>
> Abhi maine copper-t laga rakhi hai mujhe isse koi pareshani nahi hoti (IDI-17).

According to USAID (2012), IUDs are one of the best methods of contraception; still, very small numbers of women are using copper-T. In the filed area the IUD is commonly referred to as Copper-T. During the fieldwork, the researcher found that the women have many misconceptions for Copper-T which are further aggravated due to their bad experiences. The popular reflection is that Copper-T about *nuksaan deti hai* (Copper-T harms a lot), copper-T *chubhti hai* (Copper-T sting pinches), copper-t *upar chad jati hai* (Copper-T moves up inside the body) *anton mai chipak jati hai* (it moves and sticks with the intestines), and copper-t *dard bhi karti hai* (Copper-T also gives pain) etc. Here researcher observes that medical settings play a negative role regarding copper-t while it is one of the best methods of contraception. After delivery, the health attender inserts it in the uterus of women without their consent and hence also the reason that people are afraid of using copper-t. Further none of the women shared that they are given proper counselling for the use and benefits of the Copper-T and nor their doubts and bitter experiences give a proper hearing.

Sterilization

In India female sterilization is the most usually known mode of contraception with overall 98.6 per cent of currently married women have knowledge about female sterilization (IIPS, 2015). Female sterilization is an effective method of contraception. There is need to understand the family dynamics in the process of undergoing sterilization couple the socio-religious correlates of the women (Kohls et al., 2017; Oliveira, Dias, & Padmadas, 2014; Shahid, 2010).

> Pehle to mai condom ka istemal karti thi lekin ab jab 4 bacche ho gaye hain aur ladka bhi ho gaya hai to maine apni nasbandi karwa li kyunki ab mujhe koi aur baccha nahi karna hai. Nasbandi theek bhi rehti hai. Ab koi dar ya tension nahi rahi. (IDI-7)
>
> Agar bacche nahi chahiye to nasbandi kara leni chahiye. Bahut sare log to goli, condom, coper-t ka use karte hai. Waise in sabse accha operation (nasbandi) hota hai tension hi khatam ho jati hai dawaiyon se to motapa badhta hai. (IDI-23)
>
> Mere husband mujh se kehte hai ki jakar coper-t lagwalo, ya nasbandi hi kara lo to mene unse kaha ki tum hi apni nasbandi kara lo to unhone bataya ki admi ke nasbandi karane se bohot preshani hoti hai, admi bekar ho jati hai. Kuch kam ka nhi rehta, wazan bhi nhi utha skte hai isi liye unhone nhi karai. (IDI-24)
>
> Mai nasbandi karana chah rahi thi to mene apni sas se kaha to unhone mujhe gali dena shuru kar di. Kiyoki wo kehti hai ki jiske nasbandi hoti hai uske janaje ki namaz nhi hoti. Isiliye nasbandi nhi karani chaiye. Agr meri sas mujhe support karti to mai nasbandi kara leti. (IDI-24)

The narratives reveal that only women go for sterilization. They do so only when they are sure that now they do not need any more children (*ab jab 4 bacche ho gaye hain aur ladka bhi ho gaya hai to maine apni nasbandi karwa li kyunki ab mujhe koi aur baccha nahi karna hai*). The study revealed that some women favour sterilization (*sabse accha operation (nasbandi) hota hai tension hi khatam ho jati hai*). Some have shared that they wanted but could not go for sterilizations for the fear of mother in law negated it on religious ground (*Kiyoki wo kehti hai ki jiske nasbandi hoti hai uske janaje ki namaz nhi hoti. Isiliye nasbandi nhi karani chaiye. Agr meri sas mujhe support karti to mai nasbandi kara leti).* There are many misconceptions regarding sterilization still many women do it. Interesting narratives also came up wherein women asked their husbands for male sterilization. But they turned it down on the ground that it is not good for men as it will make them weak and they will not be able to do the hard work (*Nasbandi Se Admi Bekar Ho Jata Ha, Kuch Kam Ka Nahi Rehta,*

Wazan Bhi Nhi Utha Skte Hai Isi Liye Unhone Nasbandi Nhi Karai). It may be noted that technically male sterilization is easier than female sterilization but this responsibility is completely enforced upon the women.

Traditional contraceptive methods

A plethora of studies have reported on the existence of indigenous methods of fertility control (Mandelbaum, 1974; Patel, 2006; Shahid, 2010).

> Maine kabhi bhi baccha rokane ke liye kuch istimal nahi kiya sirf alag kar dete hai. (IDI-4)
>
> Bachha hone se rokne ke liye aadmi ko apne jeevanu bahar jhadne chahiye, mujhe to sab se accha tareeka yahi lagta hai. islam mai bhi jayez hai or har lage na fitkari rang chokha ka chokha (IDI-17).
>
> Baccho ke beech farq rakhne ke liye meri bhabhi ne bataya tha ki aadmi ke kitanu bahar jhadna chahiye. Ya phir aadmi se milne ke baad turant khade ho jao aur peshab kar do tab bhi baccha nahi rukta. Iske alawa kuch gharelu tariqe bhi apna sakte hain. Arandi ke beej mc ke baad kahne se baccho k bich faqr rakha ja skta hai. Ek giri khane se ek saal, do giri khane se 2 saal aur teen giri khane se teen saal tak bache nahi hote. Lekin teen se ziyada giri nhi khane chahiye kiyoki is se banjhpan ho sakta hai. Hum log condom ka use nahi karte kiyoki condom ke istimal se mujhe khujli ho jati hai. (IDI-6)
>
> Is bar meri ladki hui agar uske baad ladka hota hai to seh (gender) palat jati hai, jis mein agar tok diya ke dard to nahi ho raha to dard shuru ho jata hai. Tb charpai ke paye se gola foda jata hai, aur agar seh (Interval) unchi karni hai to agr ghar mein baccha hua ho to charpai ko siryane se upar ki aur kheech date hai to sheh lambi ho jati hai. Matlab baccho mai 5 se 3 saal ka farq rehta hai. Hamare yaha to aise hi kara jata hai aur hamare yahan isi vajah se bachchon mein itna fark bhi hai. (IDI-11)
>
> Agar kisi ko baccha nahi chahiye to abortion kara lena chahiye. Gharelu tareeke to bahut hote hain but mujhe pata nahi. Wazan utha lete hain to baccha gir jata hai. Mai to sirf condom ka use kiti hu. Waise bhi jab mene chaha tabhi conceive kiya. Usse pehle khud par control bhi rakhna chahiye ya withdrawal karna chahiye, ya phir sex karne ke baad aurat torrent toilet karde tu abhi bacha nahi rukta. (IDI-12)
>
> Mene suna hai ki ladki ke maike se uske liye gola bhi aata hai ye to shey (child spacing) ke liye hota hai. Jab baccha hota hai to agle bacche ke bich farq rakhne ke liye gole ko jaccha ki charpai ke paye se phoda jata hai. Lekin mere liye easa kuch nhi aaya. (IDI-18)
>
> Aur agar kabhi aisa hota hai ki condom nahi use kiya tab sex karne ke baad turant ulti pet ke bal let jaye isse admi ke jo kitanu hote hai wo aurat ke andar nhi jate. Ya fir sex ke bad turant peshab kar de tab bhi baccha nahi rakhega. (IDI-20)

> Agar bacche nhi chahiye to condom ka use karna chahiye, alag ho jana chahiye. Ya fir sex karne ke bad apni sas zor se leni chahiye aur niche ko jhatke ke sath chodni chahiye. Isse baccha nhi rukta. (IDI-22)

The study revealed that a high number of women used withdrawal as the traditional contraceptive method. They have a strong belief for withdrawal and other traditional contraceptive methods in form of concoctions. The researcher observed that besides the withdrawal method, all methods are connected with their psychology and these methods don't have any scientific validity.

6.5 Abortion

The entire society depends on a woman as she is the one who will bring a younger one in this world, then why is she not allowed to enjoy her motherhood, her right to abortion (Chatterjee, 2017). Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions but it is equally a public health concern (Population Reference Bureau, 2006). The World Health Organization (1993) defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards or both.

In India, the medical termination of pregnancy (MTP) act, enacted in 1971, governs the provision of abortion or MTPs in India and allows termination of a pregnancy up to 20 weeks, for a broad range of indications (GoI, 2010). Voluntarily causing miscarriage to a woman with a child other than good faith for the purpose of saving her life is a crime under section 312 of the Indian Penal Code (IPC) punishable by simple rigorous imprisonment and/or fine (Sebastian, Khan and Sebastian, 2014). When a local method does not work or lead to complications, women generally seek care from a provider outside their village (CEHAT & Health Watch, 2004, p.10).

> Bacche pura karle adhoora na kare adhura hone se kahani kharab ho jati hai abortion karna to guna bhi hai. (IDI-13)
>
> Bacche ka abortion nhi karana chahiye, kiyoki log kehte hai ki pura ho jaye tabhi accha hai, adhoore mai aur bhi ziyada taqleef hoti hai, kiyoki adhe mai khoon ziyada beh jata hai. (IDI-19)
>
> Pehle bacche ke time doctor ne safai karne ko kaha tha. Lekin mere husband ne mana kar diya tha ki hum safai nahi karayenge kyunki pehla case kharab hone ke baad bache hi nahi hote isliye safai nahi karna chahiye. (IDI-23)

> Mera na koi abortion hua na koi miscarriage hua aur agar abortion karana hi ho to seede doctor ke paas jana chahiye. Idhar udhar ke jhad mein nahi padhna chahiye. (IDI-7)
>
> Abortion ke waqt agar aurat ko apni jaan piyari hai to idhar udhar ki bato ya ilaz main na aaye balki sidhe doctor ke jana chahiye, doctor mareez ke hisab se hi ilaz karega. Or uski dawa se agr koi nuksan nhi hota or aur agar hot bhi hai to iski puri zimmedari doctor ki hi hoti hai (IDI-25)
>
> Agar kisi ka baccha reh gaya hai aur use nhi chahiye to use doctor ki dawa leni chahiye (IDI-16).

Unsafe abortion is a very big hazard for health. The researcher found that a large number of women attempted unsafe abortions. Whereas some women know the value of health and if they don't want the baby then they go to the hospital and consult with the doctors. According to these women *"Idhar Udhar Ki Baton Ya Ilaz Main Na Aaye Balki Sidhe Doctor Ke Jaye".* Women know if they choose a safe method of abortion they will be safe.

Self medication for abortion

During the second trimester to induced abortion and believe that abortion will still be dangerous but women will not visit the doctor. Self-medication is common for induced abortion and it is only after complications that they lend up in hospitals (Afsana & Shahid, 2018). Women believe that through self medications abortion can be done easily. The narratives below reflect the same.

> Maine to bahut abortio karaye hain 5-6 abortion to karaye hi honge, matalab last bacche ke bad 6 abortion karaye hai, medical se 350 rupe ki dava lakar kha leti hu. jaise main lagatar mc se hoti rahati hu aur agar mc ko ek mahine se jyada ho jata hai to ghar par hi kit lakar chek kar leti hu, aur agar usme pregnancy ka a jata hai to medical stor se se dava lakar kha leti hu. Ya phir bangali docter ko dikha deti hu, lekin iski vajah se bahut pareshani ho jati hai, kamar mein bahut dard rahata hai, poori rat bleeding hoti rahati hai. Is bar to jab doctor ne mujhse pucha kitni bar dawa kha rakhi hai to mene kaha 5-6 bar kha rakhi hogi to usne mujhe bht data or kaha isse tumhari jaan ko bhi khatra ho skta hai. Lekin kia karti, khani to padhti hai pehle se hi panch bacche hai ab aur bacho ko kese pala jayega. Shuruat mein to maine ghar mein hi kuch cheeze kha kar baccha giraya tha jaise sonth ajavain ka pani, ya wazan utha leti thi, ya rassi kood khel leti thi. lekin itne jhad kon palega isse behatar hai ki medikal stor se 350 ki dava lakar kha lo, agar kisi ke jyada din ho gae hain to docter ke pas hi jana padega, ghar mein to shuru ke dino ke liye hi kha sakate hain. (IDI-24)
>
> Tisare bacche se pahale main ek bar aur preganent ho gai thi. Mein ghar par hi kit lakar khud hi chek kiya aur usse hi mujhe meri

> pregnancy ka pata chala. Lekin main wo baccha nahi chahati thi isilie maine bangali doctor se dava lekar kha li. Kyonki wo baccha sirf 15-20 din ka hi tha isiliye mujhe ziyada pareshani nahi hui. (IDI-3)
>
> Ek bar abortion ke liye maine khud hi chup chap medical store se dawa lekar kha li thi, jiski wajah se baccha andar hi sad gaya tha, sharir mein zehar fail gaya tha, aur bahut tabiyat kharab ho gai thi, tab bangali doctor ko dikhaya tha. (IDI-2)
>
> Mene to abortion ke liye doctor ki dwa khai. Ghar par bhi sont azwain paka kar khane se safai ho jati hai. (IDI-17)
>
> Kuch maheene pehle ek baar pregnant hui thi, doctor ne kaha abhi mere liye pregnant hona theek nhi, mere sharer mai bahut kamzoori hain. Lakin ab jab main preganat ho hi gai thi to kya karti? Doctor ne abortion ko bhi kaha lakin mera man nhi mana. Lakin aage chal kar mujhe bahut preshani hone lagi, mujhe bleeding hone lagi, pura shareer sooj gaya lakin dar ki wajh se doctor ken hi gai aur ghar pr hi medical stor se dawa lekr kha li. Jiski wajh se baccha andar sadh gaya pure shareer main zehar fel gaya. Meri bohot buri halat ho gai thi. Aur jab doctor ke pass gaye to usne bhi bohot danta aur mujhe dekha hi nhi, bahut minnate krne ke bad usne mujhe dekha. Meri bahut buri halat thi pata nhi mujhe kese bachaya gaya. Allah kre easa kisi ke sath na ho. (IDI-5)
>
> Mere kuch din pehle baccha reh gaya tha magar meri tabyat kharab ho gai thi isi liye mene bangali doctor se dawa lekar kha li. Hospital nhi gai kiyoki mujhe waha auzaro ki wajh se dar lagta hai ki wo auzar dalenge isi liye dawa lekar kha li. (IDI-21)

Orally ingested abortifacients include indigenous and homoeopathic medicines, chloroquine tablets, prostaglandins, high dose progesterone and estrogens, papaya seeds with high dose progesterone and estrogens, liquor before distillation, seeds of custard apple and carrots, etc. (Johnston 2002 p. 18). Self-medication is very harmful to health. The researcher found that women know about this very well, still, they use self-medication for abortion. They go to the medical store or untrained health attender and take medicine and face many health problems like- nausea, vomiting, headache, and back pain, while some women face very critical condition like whole night bleeding, poison in the body, and decay baby in the womb etc.

Traditional abortion practices

There are many traditional and indigenous hot concoction for abortion like those made of ‘carrot seed and jiggery mixture’, ‘azvain and jiggery mixture’, ‘tea leaves and jiggery mixture’, ‘haldi fanki and azvain jiggery haldi and anda’ etc. (CEHAT & Health Watch, 2004; Shahid, 2010).

The narratives below reflect this.

> Agar kuch din hi upar chade ho to azwain, purana gudh aur sonth ko khola kar kadha bana kar pine se safai ho jati hai. Mene paka hua papeeta 2-3 din tak khoob khaya to meri safai ho gai thi. (IDI-22)
>
> Ek bar mujhe 20-22 din period age badh gaye the, thodi tensan ho gai thi, lekin mainne garm dudh main dher sari haldi dal kar peeli aur dusare hi din sab safai ho gai. (IDI-3)
>
> Agar baccha nhi chahiye to ghar mein hi sonth, azwain mila kar fanki mar lo, ya purana gud jo kale rang ka hota hai use khub pakakar uska pani din mein 3-4 bar pi lo, ya mala-d ki lal wali goli khao aur upar se sonth azwain ka pani pee lo, pepsi ko paka kar pine se, wazan uthane se aur khub kudane se bhi baccha gir jata hai. (IDI-2)
>
> Gud khane se, aur desi anda khane se bhi baccha gir jata hai. (IDI-4)
>
> Abhi tak to mera koi abortion nhi hua. Lakin abortion ke bare mai suna hai. Bohot se logon ko karte dekha hai. Meri bhabhi ne abortion ke liye bataya tha ke agar kabhi baccha ruk jaye to ease halat main annannaas khub jam kr khana chahiye kiyoki annannaas bohot garam taseer ka hota hai isi liye ise khane se safai ho jati hai. (IDI-6)
>
> Pet wali auraton ke liye til bohot nuksandayk hota hai, agar baccha ruk gaya ho ya baccha nhi chahiye ho to ease halat main til aur gudh ke laddu banaye aur use 2-3 din tk khub khao isse baccha gir ho jayega. (IDI-6)
>
> Til to raat mai bhigo do aur subha uska paani peelo aur bache huye tilon ko chawa le isse bhi safai ho jayegi. (IDI-6)
>
> Agar periods kuch hi din ruke ho to shareefe de beejo ko pees le aur usme haldi powder mila kar uska lep bana le, uske bad use pet pr aur pisab ki jagah lagaye, isse bhi periods shuru ho jate hai. Lekin main in sab baton ko nhi manti jinhone bhi in sab ka istimal kiye hai last main doctor ke pas hi jana padh hai. Aur fir waha jakr doctor ki dant bhi khao. Isse behtar hai ke aurat khud iska dhiyan rakhe kiyoki bat to aurat ki hi hai preshani to use hi uthani padhti hai. Isi liye aurat ko hi in sabka khiyal rakhna chahiye. Condom ka istimal karna chahiye ya agar baccha ruk bhi jaye to turant doctor ke jana chahiye. Ghar pr kuch istimal karne ke bad preshani ko badhte hi dekha hai. (IDI-6)
>
> Gud ki chai mai chai patti dalkar bohot heavy chai bana kar peene se bleeding ho jati hai. medical store se lekr tablet ka use bhi kar sakte hain. (IDI-9)
>
> Abortion ke liye sont, long, adrak aur chai patti dalkar peene se bhi jata hai. (IDI-9)
>
> Abortion to ghar mai bhi kar sakte hain lekin ghar mein sahi nhi rehta hospital mein doctor sahi se dekh lete hain. Ghar mein kaccha papita khana chahiye, paka papita khane se kuch nahi hota kachche papita se hota hai, ya wazan uthalo, ya phir koi garam cheez khalo, jaise anda, machli kha lo to garmai se safai ho jati hai. Rassi kud khelo, haldi aur

> ajwain ka pani, ya shahad pine se in sab cheezo se bhi abortion ho jata hai. (IDI-10)
>
> Agar bacche nahi chahiye to bahut si dawai chal gayi hai. Jise baccha nahi chahiye to pepsi mango garam karke chai ki tarah ubal kar raat mein garam garam piyo aur so jao subah tak safai ho jayegi. (IDI-11)
>
> Ghar mian pappiti hoti hai, us par sirf phool hi phool aate hai fal nhi aate. Papita aur papita ki pehchan mein papeeti ki lambi lambi daliya hongi fuli hui si or chote chote papite niklenge papeete nhi hote. Papeeti banjh hoti hai wo apne baccho se chidti uska doodh peene se aurat hamesha ke liye banjh ho jati hai. (IDI-11)

During the fieldwork, the researcher found that women feel shy while talking about abortion. While some women talk very frankly about this topic. They shared their own and some societal experience with the researcher. When women agree for induced abortion still they don't agree to the visit doctor. They believed that self-medication is common for induced abortion. Women believe that through indigenous methods (concoctions) abortion can be done easily. In the study, a large number of women are using indigenous methods for abortion. They used *garam taseer* (hot effect concoction) things like- *Haldi* (turmeric), *Papeeta* (papaya), *Purana Gudh* (old jaggery), *Annannaas* (pineapple), *Til* (white sesame seeds), *Anda* (egg), *Machli* (fish), *Shehad* (honey) and the mixture of *Azwain (celery), Purana Gudh and Sonth (dry ginger*, *Sonth Azwain*, Til and Gudh ke laddu, Sont, Long (clove), Adrak (ginger) and Chai Patti (tea)" and Boiled Black Pepsi. And some women do hard work like- *Wazan Uthalo* (weight lifting), *Rassi Kud khelo* (skipping) etc. the overall finding regarding this issue that women destroy their health by using self medication.

Life at risk due to unsafe abortions

Abortions performed under unsafe conditions claim the lives of tens of thousands of women around the world every year, leave many times that number with chronic and often irreversible health problems, and drain the resources of public health systems (Population Reference Bureau, 2006).

> Gharelu nuskho se to aisa koi nukasan nahi hota lekin baccha girane ke kuch aise tarike bhi hote hain jin se insan ki jan tak chali jati hai. Mere pados mein aise ek aurat apane char bachcho ko chhod kar chali gai. Use ummid se kuch hi din hue the, jyada nahi do dhai mahine hi hue honge, usne baccha girane ke liye bacchedani mein kuch nokeeli chiz dal li, phir to dard se wo aise tadap rahi thi jaise bina pani ke machali tadapati hai. Itna khoon nikla ke bata nahi sakate, hospital bhi lekar gaye lekin do din bad wo mar gai. Bilkul pili pad gai thi dekha bhi nahi ja raha tha. (IDI-3)

The study found that unsafe abortion practices are common and women are using the same by untrained hands, and indigenous methods which are leading to fits, excessive bleeding, abdominal pain, and maturation problems even death etc. The study also reveals that the rate of induced abortion is increasing by untrained hands with unsafe methods. It is still a secret that why women are avoiding hospital and putting themselves into a life threatening risks by using these indigenous or traditional methods of unsafe abortion practices.

6.6 Miscarriage

Many women experience miscarriage or spontaneous abortion every year. Spontaneous abortion (SA) is defined as the loss of fetal product before 20 weeks of gestation (Choi et al., 2014). Sadly, early miscarriages are very common and many early miscarriages occur before a woman has missed her first period or before her pregnancy has been confirmed (RCOG, 2016).

> Mera ek miscarriage hua hai mujhe pata hi nhi chala tha ki mai preganant hu, tb mene gess cylander utha liye tha isi liye mujhe bleeding ho gait hi. (IDI-16)
>
> Is bache ke liye mannat mangi thi. Isse pehle bhi kuch din ke 3 miscarriage ho gaye the tu yahi manga tha ki ab koi nuksaan na ho, ab meri goud bhari rhe, ladka ho ya ladki kheriyt se ho jaye. Baccha hone ka bad mazar par chadar bhi chadai. (IDI-10)
>
> Panch baccho ke bad ek bar aur preganent hui thi. 6 mahine ka baccha tha tab gola nadi se mitati utha kar la rahi thi, tabhi bahut bhari wajan ki wajah se baccha gir gaya. Iski paidaish bhi ghar par bahut mushkil se karai. us waqt ghar mein hi gud, sonth aur azawain ka pani paka kar pilaya, aur kali wali pepsi ki do botal chay ki tarah khub ubal kar pilai iske alawa sivaiyon ka pani bhi pilaya. Ye silasila do din tak chala aur in sab chijon ke sevan ki wajah se baccha ho gaya. isi wajah se mujhe do din tak bleeding hui, lekin hospital nahi gai. wo baccha ladka tha, aise hi teen-char din pada raha phir use kude mein phenk diya. (IDI-2)
>
> Mere do miscarriage ho chuke hain. Pehla teesre mahine mein hua tha shuru mein to mujhe koi pareshani nahi hui. Hospital mai hi sare check up karaya the to lekin tb to kuch nahi aaya. Lekin baad mein kuch bleeding hone lagi. Phir dobara doctor ko dikhaya to doctor ne ultrasound kaha to raat mein to ultrasound nhi karaya balke pairo ke niche takiya laga kar let gayi jise pair upar rahe aur bleeding ruhi rahe. Subah jab doctor ke paas gayi tab doctor ne ultrasound karaya aur bataya ki bacha ki dhadkan nahi hai. Aur kaha ki operation karna hoga kyunki yeh baccha kharab ho chuka hai. (IDI-12)

> Dusra miscarriage panchwe mahine mein hua is bar mujhe koi pareshani bhi nhi hui ye to achanak se hua. Pehle ultrasound karaya tha sab theek tha lekin jab doosra ultrasound karaya toh doctor ne bataya ki baccha khatam ho chuka hai aur panchwa mahina hai isi wajah se delivery hi krani hogi. Mujhe lagta hai ki mera bacha kisi jhatke ya hawa ke asar main aa gaya tha. Kyunki mujhe andhruni koi pareshani nahi thi. Kiyoki mene to shuru se hi apna khayal rakha tha. Bhari wazan nahi uthaya, garam cheez bhi nahi khai, phir bhi aisa hua. (IDI-12)

As we know that miscarriage is unintentional and the study revealed that the main reason for miscarriage is lifting heavy weight. Many women face miscarriage, after it, they become physically and mentally stressed till the time they don't get pregnant again.

6.7 Summary

The time, location, and the situation are changing but the condition of women still remains the same. The narratives from study women are quite close to reflection in other studies (Duggal & Ramanathan, 2004; Patel, 2006; Shahid, 2010). The discussions regarding planning the family size and family well being revolve around gender roles. Both husband and wife play an important role in planning a family. However, contraception is considered to be the responsibility of the woman alone. So women make family planning decisions on the use of different contraceptive methods. Still, husband and in-laws also play an important role to decide their pregnancy time, desired family size, and sterilization. Every pregnancy and childbirth is important for husband and wife to decide their family size, space or avoid future pregnancy and use of contraceptive methods. It came out that women want a small family with at least one baby boy and one baby girl. They want a minimum of two years spacing between the children but failed in doing the same ad consider helpless in this. The popular contraceptive method is condom while women are afraid of copper-t and sterilization. The era is modern but still, abortion and sterilization are sensitive issues and are considered as a sin in Muslim families. When the women achieve their desired family size they think about sterilization. Women use many types of traditional contraceptive methods at the risk of their health and life as well.

Chapter- 7: Reproductive Morbidity

CHAPTER-7: REPRODUCTIVE MORBIDITY

Indian women suffer problems during the obstetric period in large numbers and label it as a hidden epidemic, yet the major cause of this epidemic remains unknown (Ramakrishna et al., 2008). Reproductive Tract Infections (RTI) often causes discomfort and loss of economic productivity (Over and Piot, 1996; Piot and Rowley, 1992). The presence of a Sexually Transmitted Infection (STI) increases the risk of acquiring and transmitting HIV infection by three to five times (Cohen, 1998; Gray et al., 1997; Wasserheit, 1992). Treatment of these infections and preventions of their sequelae are complicated by the fact that 30 50% of women with infection but a significant proportion of men are asymptomatic (WHO, 2001). Studies like- Jejeebhoy, 1998; Prasad et al., 2008; Singh, Devi and Gupta, 1999 & Barua and Kurz, 2001 found that In India, there is a culture of silence around gynaecological morbidity and even the married women are reluctant to seek medical treatment. Reproductive morbidity defined as consisting of three types of morbidity: obstetric, gynecologic, and contraceptive (WHO, 1992).

This chapter reflects the practices going around reproductive morbidity and practices in Haldwani.

7.1 Infertility

Infertility is defined as the inability to conceive naturally after one year of regular unprotected intercourse (Anwar, Anwar, 2016). Primary infertility is the term used in reproductive medicine for a woman (couple) who failed to achieve a pregnancy for 1 or 2 years and who was never pregnant before while the secondary infertility is the term applied to women who meet the criteria for primary infertility but at some time in the past have been pregnant (Lunenfeld, 2004). Both husband and wife are equally responsible for the causes but usually, it is the woman whose fecundity is doubted. Underlying the factors of infertility are psychological factors related to the current stress of modern-day society, sexually transmitted diseases, increased smoking rates among young females, weight abnormalities such as obesity and underweight resulting from diet, an age-related decrease in reproductive function resulting from late marriage and late childbearing (social infertility) and increasing numbers of patients with polycystic ovary syndrome, endometriosis, or uterine myoma (Kubo, 2009).

> Banjhpan to aurat ki zindagi ki sabse buri chiz hai. Allah kisi dusman k sath bhi easa na kre. Jinke bacche nhi hote unse pucho unke dil pr kia bitti hai, log unke sath kesa bartao krte hai. yaha ka to fir bhi theek hai hamare yaha to banjh aurato ko koi apne ghar hi nhi bulata (IDI-2)
>
> Agar kisi ke bache nahi hote to dono mein kami ho skti hai, isiliye dono ka check up hona chahiye. Lekin sare ilzam to aurat par hi aate hain. Agar kisi ke bacche nahi ho rahe ho to doctor ko dikhana chahiye. Aisi aurat ko banjh banjhtia kehte hain. Log jeena mushkil kar dete hain apni khushi mein shamil nahi karte baccho ko uski god mein nahi dete. (IDI-13)
>
> Agar kisi ke bache nahi ho rahe ho to usse doctor ko dikhana chahiye aur agar usse koi fayda nahi ho raha ho to maulana ko dikhana chahiye. (IDI-10)
>
> Jinke bache nahi hote unhe doctor ko dikhana chahiye aur saath saath maulana ka bhi ilaj karna chahiye. (IDI-12)
>
> Mere do sal tk koi khushi nhi hui thi isi liye doctor ka ilaz chal rha tha. Sath hi sath maulana ka bhi ilaz karaya, maulana ne mujhe Taweez bhi diye. Un Taweez ko apne upar se teen bar utar kr jalana hota tha. Aur nahane k liye bhi Taweez diya tha, wo Taweez pani mai dal kar usse nahana hota tha. Mere bacche der se huye isi wajh se mazaro pr duaye bhi mangi aur puri bhi hui. (IDI-14)

Infertility is a stigma in Indian society, infertile women also face discrimination. People call them Banjh, Banjhotiyaand also some more names. The researcher observed that in the study local, people have sympathy for infertile women and they advised them to go to doctors, as well as for the treatment by Maulanas.

Secondary subfertility is a delay for a couple who have conceived previously, although the pregnancy may not have been successful for example- miscarriage, and ectopic pregnancy (Taylor, 2003). Secondary infertility refers to couples who are unable to conceive after one year of unprotected intercourse after a previous pregnancy in the reproductive age group (Momtaz et al., 2011). The biggest factors leading to the high secondary infertility rates in these countries are sexually transmitted infections (STI) and medical interventions under unhygienic conditions, particularly post-partum (Lunenfeld, 2004).

> Mere do bacche huye, donon ki paidaish ghar par hi hui. Dusara baccha mara hua paida hua uske bad easi to koi pareshani nahi hui lekin uske bad mai kabhi preganent nahi hui. maine age baccha karne ke liye panasure se surate padhi, phaal bhi khulavai, maulana ko bhi dikhaya, maulana ne mujhe daragah ke phul diye aur kaha jab donon pati patni mil jao to in phulon ko pani mein dalana aur us pani se nahana, lekin daragah ke phulon ke sath aisa karane ke liye mera dil

> nahi mana isiliye maine ilaj bich mein hi chhod diya. lekin ab maine soncha hai ke main baccha krne ke liye ab kuch ilaj karau. (IDI-1)
>
> Meri pehli beti hone ke baad mere bacchedani mai bahut sujan aa gayi thi. Dusra bacha hone ki umeed hi nahi thi. Mujhse doctors ko bhi dikha lekin doctor se kuch nahi hua. Maulana ko dikha tb usne utare kiya, aur peene ke liye Taweez bhi diye. Ab dekho kia hota hai aage abi to ilaj hi chal rha hai. (IDI-23)

The narratives revealed that some women face secondary infertility problem. They try their second baby because they think that every woman should have at least one child. For the treatment of secondary infertility, they go for clinical treatment but they also prefer maulana's treatment (religious leaders).

Treatment of infertility

The causes of female infertility are multifaceted and may extend to either of the partners or even both (Kashani & Akhondzadeh, 2017). Infertility is not only a health problem but is also a central existential intrapersonal and relational conflict and infertility treatments are invasive, expensive, time-consuming, emotionally draining (Nazik et al., 2015: 1). Treatment for infertility must first address any underlying medical condition that may be contributing to fertility problems. Herbal remedies have long been used to address problems with fertility (Kashani & Akhondzadeh, 2017).

> Agar kisi ke bache nahi hote to usse doctor ko dikhana chahiye mujhe tu uske baare mein kuch bhi nahi pata lekin maine suna hai ki aisi aurte jinke ke bache nahi hote, doctor ke ilaj se bhi koi fayda nahi ho raha ho to, wo chutki bhar dalchini powder mein shahad milaye hai aur din mai char paanch baar use khaye. Unka banjh pan dur ho sakta hai. Ab ye baat kitni sahi hai yeh tu mujhe nahi pata lekin suna to aisa hi hai. (IDI-7)
>
> Agar kisi ke bacche nhi ho rhe hai to miya bibi ke milne ke bad thanda pani nhi pina chahiye, garam pani pina chahiye isse bacche hone mai madad milti hai. (IDI-2)
>
> Agar kisi ke bacche nhi ho rhe hai to use bacche ka naal chupchap kisi chez ke sath goli bna kar khila dena. Lekin is bat ka us aurat ko pata nhi hona chahiye. (IDI-22)

Guntupalli & Chenchelgudem (2004) in their study found the consumption of the umbilical cord as a remedy for women facing infertility. This umbilical cord is given to her for consumption without her knowledge. Infertility becomes the stigma for any person, when a woman or man is infertile they face many types of emotional and mental stress and they do everything which has any hope to pull them from this

condition. They go to doctors, religious leaders and use many types of traditional or homemade remedies for the treatment of infertility. The study indicates that infertile women use traditional methods in order to get pregnant and have a child. They use *Dalchini* (Cinamon), *Naal* (Umbilical cord) for the treatment of infertility.

7.2 Reproductive Tract Infections

White discharge

Women use interchangeably to describe vaginal discharge which is not bloody but might be of another colour. The term "bones or body is melting" stems from women's beliefs about their bodies: when their bodies are weak and women are unwell, it is believed that their bones begin to melt and come out as vaginal discharge (Oomman, 2008). Women perceived only those instances of the white discharge as problems which were different from their usual or routine discharge and if they were associated with abdominal pain, burning, itching and boils in the vaginal area (Joshi et al., 2008).

> Andruni pareshani hone par sochati hun ki accha hai ease hi thik ho jayega, lekin jab ziyada badh jati hai, ya mere husband ko pata chalta hai to wo turant doctor ke le jate hain. bacche hone ke bad se safed pani ki pareshani, kamar mein dard aur hath pair sun hone lage. (IDI-4)
>
> Baccha hone ke bad mujhe kamar mein dard aur kamajori rahati hain aur safed pani ki pareshani badh gai hai. (IDI-5)
>
> Safed pani ki bhi pareshani ho gayi thi is se kum qamar aur pair mein dard rehta hai. Safed pani ke ilaj ke liye ghar mein hi ammi dawa bana deti hai wahi kha leti hun isme jeera bunkar pees lete hain aur chini mila kar din mein do teen baar khane se chaar paanch din mai theek ho jata hai. Iske alawa mewa ko milakar khane se bhi safed pani ki pareshani thik ho jati hai. waise bhi ye koi ziyada badi pareshani to hai nahi isliye zyada doctor ke paas nahi jati bulke yeh khud thik ho jati hai. (IDI-10)
>
> Safed pani ki pareshani ke liye makte chane, kachi khand, akhrot, badi elaichi, aur taal makhane in sabko mila kar pie lo aur subah nahar mu ghaye ke dudh se 3-4 din khane se preshani theek ho jayegi. (IDI-11)
>
> Safed pani ke ilaj ke liye humne sher khadi aur makte chane aur kachi khand bakri ya gaye ke doodh se khane se sahi ho jata hai. (IDI-13)
>
> Safed pani ki preshani ke liye pehle docter ko dikhaya bhi tha lekin fir nhi gai. Ghar mai hi nahar mu kacche chawal ka pani pine se sahi ho jata hai. Kele mai desi ghee bhar kar khane se bhi ye preshani dur ho jati hai. (IDI-14)

> Mujhe safed pani ki problem ho jati hai. Uske liye kabhi kabhi gharelu dawaiya use kar leti hu. Isme mishri aur isabghool ki bhusi use karte hain. (IDI-21)

The vaginal discharge is the most common gynaecological morbidity found in the study area. A very less number of women go to the hospital for a vaginal discharge problem. The maximum number of women simply waits for the resolution of the problem by itself and hence in most cases the ith vaginal discharge remains undiagnosed unless it is followed by some other complications. The women consider it as a normal problem and use home-based remedies.

Swelling in the pelvic area

Omman (2008) in her study found that *Nad Dukhe (*referring to the area where the fallopian tubes are located) is used to describe a problem women face at several different times of lives. Women say that this pain is experienced when they work for a long period in the field, or if they lift heavy weights, and post-childbirth. Women believe the tubes swell up with air and cause pain.

> Baccha hone ke bad wese to mujhe koi preshani nhi hui. Lekin pet main bohot dard rehta tha aur sujan bhi aa gait hi. To mene juo ke pani ko ubal kar usme neebu dal kar piya. Isse mere pet ki sujan to kam ho gai lekin dard main ziyada asar nhi hua. Isliye mene doctor ko dikhaya to doctor ne mujhe dawa di jisse mere pet dard bhi theek ho gaya. (IDI-6)

> Kisi ke bache pet ki sujan ki wajah se nahi ho rahe hain tu hamare mako ka ilaj kiya jata hai. Mako ko khate bhi hain. Mako ek jadi buti hoti hai. Iski bhujia bhi banakar khilate hain. Hari mirch ke patte aur mako ke patte mila kar unko piece kar goli bana lete hain use subah shaam khane se pet ki sujan kam ho jati hai. Iska ark bhi nikal lete hain aur usse bhi peete hain aise bhi bahut fark padta hai. Long, lahsun, aur jao ko ek sath ubalkar uska pani peene se bhi pet ki sujan kam ho jati hai. Neem ke patte, sambhalo ke patte aur sonth ka kadha bana kar usse rui faye (cotton balls) mein lekr andar rakh dete hain subha mein nikal lete hain to ye andar ki sari sujan kheech leta hai. (IDI-11)

> Mako ke patte aur haran ke patte ko koot kar usse period mein jaise pad use karte hain usi trh se rakhne se bhi sujan khatam ho jati hai.yeh sab karne ke baad bacha ho jata hai. (IDI-11)

> Marhum dekeloon glycerine late hain aur makoka aur yeh teeno cheeze mila kar andruni rakhne se bhi sujan kam ho jati hai. Jab ye dawa khai jati hai tab chawal, khatti cheezo ko mana karte hain. (IDI-11)

The second most common gynaecological problem in the study area was swelling in the pelvic area of the body. Many women suffer from this problem and it was seen

that women use home remedies like sambhalo ke patte, Marhum dekeloon, and makoka for the cure of swelling in the pelvic area. They just do not go to the doctors for this and attempt local home-based remedies.

Menstrual problems

Menstrual problems included symptoms such as excessive bleeding, scanty flow, irregular cycle, pain during menses and black colored or foul smelling menses. Menstrual irregularities, particularly excessive bleeding, caused considerable anxiety among women as it can have serious repercussion on their social and family lives (Joshi et al., 2008). Women believe it is the state of weakness.

> Bacche hone ke baad mujhe bahut kamzori rehne lagi periods jaldi jaldi aate hain uske liye maine doctor ko dikhaya hai. (IDI-8)
>
> Agar mc kam ho rahi ho to marhum dekeloon tub ko lagane se mc theek ho jati hai. (IDI-11)
>
> Agar kisi ke bacche hone ke kafi din baad tak bleeding hoti hai to multani mitti, kachi khand lo, multani mitti ka ek tukda pani me dalo phir thodi der baad jab mithi niche beth jaye to upar ka pani le lo aur usme adha chammach kachi khand mila lo aur dhai patte podina pees lo, in sabko mila kar subah subah nahar muh 3 din pio bleeding thik ho jayegi. (IDI-11)

From the study it was seen that many women suffered from menstrual problems, some were going to doctor while some used home remedies like a mixture of *Marham dakeyloon* and *Multani Mitti* for the treatment of menstrual problems.

Uterine Prolapse

When women sit or pass urine the uterus comes out by a few inches that are prolapsed uterus. Women attributed the cause of prolapse to repeated childbirth (Joshi et al., 2008). While the Oomman (2008) described in his study that women do not appear to distinguish between vaginal and uterine prolapse. They simply refer to a feeling of heaviness *down below* and/or that *some come out* of the one women described the worst kind to prolapse as when a woman has to tie her uterus with a cloth because it *hangs out like a camel's udder*. Women believe that prolapse is an illness which needs attention from health care providers because there is no local treatment for it.

> Baccha hone ke baad to mujhe koi pareshani nahi hui lekin baad mein mujhe safed pani ki pareshani ho gayi aur bachedani bhi neeche aane lagi isliye maine doctor ko dikhaya usse safed pani ki pareshani to khatam ho gayi lekin bacchedani ki pareshani puri tarah se thik nahi ho

> pa rahi hai kuch logon ne mujhe tej patte ko pees kar uska churan khane ko kaha, abhi tu wahi kha rahi hoon aur sathi sath doctor ko bhi dikha rahi hoon. Aaram to kafi hai aage dekhte hain. (IDI-7)
>
> Kisi ke bachedani bahar aa rahi ho, garam pani mein brandi milla lo aur usse tub mein dalo phir usme aurat kobina kapdo ke bethao to usse bacchedani andar ho jayegi. Sath sath brandi ka faye bhi pad ki trh rakhne se do char din mai sab theek ho jayega. (IDI-11)
>
> Pehla baccha hone ke bad meri bacche dani niche aa gai the jiske liye mene bohot se doctors ko dikhaya lekin mujhe koi fayeda nhi hua utla preshani our badh gai. Kisi ne mujhe bataya ke dusra baccha kr lo to bacchedani apni jagha aa jayegi mene dusra bacch bhi kr liye lekin uske bad bhi koi farq nhi padha. Doctors ne opration bola hai krne ko lekin itne pese hi nhi hai ke opretion kraye.(IDI-18)

A prolapsed uterus is one of the most serious concerns of reproductive morbidity among respondents. Some women suffer from this problem and face many types of physical and mental stress. Women followed both traditional and allopathic treatment for this. On the one hand, they go to the hospital and on the other hand, they used traditional medicines.

Back pain

Tiredness, headache, neck, shoulder and low back pain were common postpartum problems. Jangsten et al. (2005) argued that birthing women's perceived postpartum pain which increases with parity and during breastfeeding.

> Bacha hone ke baad meri kamar mein bahut dard hota tha kyunki operation ke time par reedh ki haddi mein injection lagta hai usme abhi tak dard hota hai. (IDI-10)
>
> Delivery ke bad jo kamar mai dad hota hai aur kamzori aati hai to ghar par desi kadha banaya tha, is mai saboot haldi, chali, paan, azwain se banai jati hai. (IDI-19)
>
> Opretion ki wajh se meri reedh ki haddi mai aaj bhi dard rehta hai, mene bohot se doctors ko dikhaya lakin koi asr nhi hua. Log kehte hai ki ye dard to aurat ki mout ke sath hi khatm hota hai. (IDI-20)

Many women suffer from back pain after delivery but most of the women who face this problem have delivered their babies by caesarean section. It is the popular argument that *Operation ki wajh se meri reedh ki haddi mai bhi dard rehta hai* and *ye dard to aurat ki mot ke sath hi khatm hota hai*. Women take allopathic medicines while some women used home remedies for this.

Itching in the vaginal area

Women with bad smell and itching in the vaginal area were more likely to seek care compared to those who experienced vaginal discharge only. But women who experience itching problems in the vaginal area could either have or be at risk of getting a reproductive transmitted infection (Mutharayappa, 2006).

> Baccha hone ke bad jab mere periods khatm ho gaye to mujhe pishab ki jagha bahut khujli hoti thi, tab mene doctor ko dikhaya tha to doctor ne mujhe creem lagane ke liye di thi. Use lagane se meri preshani khatam ho gai. (IDI-6; IDI-12)
>
> Baccha hone ke baad bohot si pareshaniya ho jati hai, jaise bacchedani me dard, dono kulho mein dard, kamjori hoti hai, chakkar aane lagte hain, mujhe to sabse ziyada khujli ki preshani ho gai thi, pisab ki jagah bohot khujli machti thi in sab ke liye doctor ko dikhana chahiye. (IDI-23)

Itching in the vaginal area and urinary tract infection are also faced by the women in study locale and they move to health care centres for the treatment of these problems.

The reasons are given for not seeking care on account reproductive tract infections were similar to those reported in other studies in India: stigma and embarrassment, lack of privacy, lack of female doctors at health facilities and treatment cost (Barua & Kurz, 2001). This study indicates an unexpectedly high prevalence of reproductive morbidity among married women, including a high prevalence of RTIs, white discharge, swelling in the uterus, uterine prolapse, period's problems and secondary infertility. It was evident that the conscious of the signs and symptoms of RTIs but they just ignore these and do not seek treatment until the discomfort is quite high and unbearable. Only a small number of women who sought care did so at the health facilities, while the majority prefers home-based care. The analysis based on following treatment showed the preferred sequence, as traditional care followed by religious and allopathic treatment. While women started the treatment of infertility with religious methods and other gynaecological problem cure by home-based traditional methods. Further, the allopathic treatment is not affordable by poor women (Doctors' ne operation bola hai krne ko lekin itne pese hi nhi hai ke operation kraye) and as an alternative, they choose to go for other forms of treatment.

7.3 HIV/AIDS

As one of the development crises, the HIV/AIDS epidemic is still spreading all over the world (Gile, 2013). AIDS is defined by the development of infections, or other severe clinical manifestations (WHO, 2019). HIV transmission in most of the world remains firmly resolute among Sw (sex workers), MSM (men who have sex with men), IDUs (injecting drug users), and their sex partners (Potts et al., 2008). Women are the most affected by this epidemic – both in the number of infections and as chief caregivers for those with the disease – and continue to be at the forefront of the fight against it (UNICEF, 2018). Ever married women are a more vulnerable group to sexually transmitted diseases (STDs), HIV/AIDS infection, and unplanned pregnancies (Mondal et al., 2012). Further, it is a family disease, wherein if one member of the family has HIV/AIDS, the impact radiates through the entire family (Lizy et al., 2011).

The first case of HIV infection in India was found in 1986 among female sex worker in Chennai. And now India is home to the second largest population of people living with HIV and AIDS and the housewife is becoming the new face of the epidemic in India (Solomon et al., 2006).

Knowledge

Increasing in the level of general knowledge about transmission of HIV/AIDS from mother to child and reducing the risk of transmission using antiretroviral drugs are critical to reducing mother-to-child transmission (MTCT) of HIV/AIDS. To assess MTCT knowledge, respondents were asked whether HIV can be transmitted from a mother to her child during pregnancy, during delivery, and by breastfeeding. Women were also asked if a mother with HIV can reduce the risk of transmission to her baby by taking certain drugs during pregnancy (IIPS, 2015). Though HIV/AIDS is a talking point on street corners, many people still are not informed conscientiously what HIV/AIDS absolutely means and they are not informed how to keep safe themselves as well (Mondal et al., 2012). A national knowledge, attitudes, beliefs, practices (KABP) survey showed that 94% of pregnant women attended antenatal clinic at least once, yet only 4% had knowledge of vertical transmission (Vieira et al., 2017). The strong impact of education, mass-media accessibility, place of living, wealth index and working status on respondent's HIV knowledge and awareness was detected (Haque et al., 2018). But though it is not sufficient enough, it is expected that people

at least seem to know about AIDS. Often knowledge and awareness of the women rely on their husbands' education and occupation (Mondal et al., 2012).

> HIV/AIDS kaise hota hai mujhe iske bare main kuch nhi pata. Mene apne husband se iske bare main janne ki koshish bhi ki lekin unhone mujhe dant diya. Kaha ye bate hamare janne ki nhi hai. Kiya tujhe mujh pr yakeen nhi hai? Fir kabhi mene iske bare main unse koi bat nhi ki. (IDI-6)
>
> Yaun janit bimariyon ki mujhe koi janakari nahi hai hiv/aids ke bare mein bhi kuch nahi pata bas yahi pata hai ki yah khatarnak bimariyan hoti hai.(IDI-5)
>
> Hiv/aids ke bare mein bas TV mein dekha hai aur koi janakari nahi. (IDI-4) (IDI-14)
>
> Hiv/aids wale ki sui laga lete hain ya phir bina condom ke hiv positive insaan se rishta banane se hiv ho jata hai. Iske alawa aur kisi sti ke baare mein nahi janti hoon. (IDI-9)
>
> Hiv aids ek kitanu hai, yeh waise kisi cheez se nahi phelta balke kisi aur ke saath mein sex karne se failta hai. Jab aadmi ya aurat kisi hiv aids wale se sex karne ke baad apne ghar mein bhi karte hain aids ho jata hai. Sui ke use se, khoon se bhi ho jata hai. Sath khana khane se rehne se nahi hota. Is se bachne ke liye nai sui ka use chahiye, condom ka use karna chahiye. (IDI-7; IDI-10)
>
> Mujhe aisi bimariyon ka pata hai jo aurat se aadmi aur admi se aurat ko lag jati hai. Aids bhi easi hi bimari hai ye ek hi sui ka istimal karne se aur ma se uske bacche ko lag skti hai. (IDI-12)
>
> Hiv/aids ke bare mai suna hai. Jese kisi aur ki lagai hui sui agar hamare lag jaye to aids ho jata hai. Husband wife agar precausion use nhi karenge to unge ho skta hai. Hiv wali ma se uske hone wale bacche ko ho sakta hai. Hiv se bachne ke liye khud par saiyam rakhna chahiye. Allah se darna chahiye.Agne partner ke sath imandar rehna chahiye. Galat kaam nhi karna chahiye.(IDI-16)
>
> Hiv/aids tb hota hai jab husband ya wife ek doosre ke liye imaandaar na ho, aur unka kahin aur bhi rishta ho aisa halat mai aids ho jata hai. (IDI-17)
>
> Hiv aids k bare mai mujhe kuch nhi pata. (IDI-18)
>
> Hiv aids ke baare mein jyada nahi suna.Ye sath khane se peene se nahi phelta hai. Khoon mix hone se ho jata hai. Sambandh banane se, jaise normal insaan hiv wale se rishta banale hai tab usse bhi hiv ho jayega. (IDI-23)

The narratives show the understanding of HIV/AIDS amongst the women of Haldwani. In this study, most of the respondents are of the age of 20 to 30 years. They stated that they came to know about HIV/AIDS from television when the ladies talk to each other sometimes they discuss HIV/AIDS. Some people told that they came to

know about HIV/AIDS through the NGOs that are responsible to create awareness regarding HIV/AIDS. All the women respondents were married but none of them came to know about HIV/AIDS during their ANC period, neither through doctor nor through any other concerned staff of the hospital.

Attitude

In the last few years, researchers have recognized the need of conducting studies among married women (Chatterjee, 1999) and for developing intervention strategies that focus on married women whose risk perception is low but whose risk is inextricably linked to the behaviour of their husbands (Newmann et al., 2000) and also the need for partner notification and counselling services (Pallikadavath, 2003).

> HIV aids kya hota hai mujhe nahi pata aur kabhi jaane ki koshish bhi nahi ki kyunki hum dono thik hai to kya shak kare. Hiv to ease hota hai ki ek ko chhod kar doosre se mil jao hamare yahan aisa thodi na hota hai jo bat kare. (IDI-13)
>
> Hiv/aids ka itana pata ki jab pati ya patni kisi dusare se rishta banate hain to aisi bimariyan ho jati hain, lekin mujhe apane pati par yakinn hai ki wo mere siva kisi ko dekhate tak nahi hai. (IDI-3)
>
> Hiv/aids ke baare mein jankar mai kya karungi. Hum log khandani log hain, hamare ghar mein galat kam nahi hote. Mujhe hiv/aids ke bare mai pata hai ki jab kisi aise insaan se jismani taluka sakte hain jise hiv/aids ho to usse hi sahi insaan ko bhi ho jata hai. Mere maike aur sasural dono jagah ke sabhi ladke ladkiya bahut acche character ke hain, isi liye umeed hai ki hame nahi hoga. Aur mere husband to bahut hi acche aur sidhe sadhe insaan hai mujhe un par yakeen hai ke wo kuch galat nahi karenge.(IDI-8)
>
> Hiv/aids ke bare mai kabhi nhi suna, shayad pregnancy mai janch hui thi iski. (IDI-19)
>
> Hiv ke bare mai kuch nhi pata kiyoki hum padhe likhe nhi hai (IDI-21)

The narratives provide that women still think it is not good to talk about HIV/AIDS. The narratives depict that talking about HIV/AIDS is considered a sin. It is believed that if the wife will talk about HIV/AIDS to her husband then this will create dispute among them and this can destroy their relationship. They say that HIV/AIDS is confined to the people who are not good in character.

Practice

The studies show that our nation's prevention efforts have averted hundreds of thousands of HIV infections, saving many lives and millions of dollars in medical costs since the early years of the epidemic (CDC, 2015). Married women in the

context of Indian culture are rarely in a position of empowerment to practise protected sex (Chatterjee & Hosain, 2006). The housewife is becoming the new face of the epidemic in India. These monogamous women are primarily put at risk by the extramarital sexual behaviour of their husband, from whom their infection is most probably acquired (Solomon et al., 2006). Those who are sexually active, they emphasize the importance of using condoms and staying faithful to one partner (UNAIDS, 1999).

> HIV/AIDS se bachne ke liye main to condom ka istimal krti hu, wese condom se bhi behtr hai ke apne sathi ke sath imandar rahe to aapko kabhi kbhi HIV nhi hoga. Lekin condom ke istmal ka ye fayeda hai ke easi bemariyo ke alwa pregnancy ko bhi rokta hai. (IDI-18)
>
> HIV/AIDS se bachne ke liye condome ka istimal karna chahiye, condom ke istimal se our dusri anduruni bimariya bhi nhi lagti hain. (IDI-15)
>
> HIV/AIDS ke bare mein thoda bahut tv mein dekhane se pata chala, lekin jab mujhe apane pati par pura yakeen hai to easi baton se kya fayeda, accha khasa chal raha hai fizul mein in baton se apane ghar mein kalesh karalu.(IDI-1)
>
> Condom to apko HIV se tb bachayega jab aap mai se kisi ko HIV hoga or mujhe pata hai ke hum dono theek hai to kiyo in bato pr behes kre(IDI-25)
>
> Hiv/aids ke bare mein sari janakari hai aur sti/hiv/aids se bachane ke liye condom ka istimal karti hun.(IDI-2)

The study reveals that husband and wife are not able to talk about HIV/AIDS to each other. Wives think that if they talk about this disease there will be a dispute in the family. Only a few women were clearly talking about HIV/AIDS. Women have a negative attitude while talking about HIV/AIDS like *hum dono thik hai to kya shak kare, HIV/AIDS ke baare mein jankar mai kya karungi. Hum log khandani log hain, hamare ghar mein galat kam nahi hote.*

Summary

There are a large number of women who do not seek treatment for their reproductive health problems. Husbands were not actively involved in the choice of appropriate providers or in accompanying their wives to seek treatment while mothers in law have an active role. Women did not seek treatment for RTIs because it is believed to be a common occurrence. The home remedies are most popularly adopted for the treatment of reproductive morbidities. Women were also hesitated to take outside treatment. A

small number of women went to doctors. There was also complete silence even in uttering the word HIV/AIDS. It came out that discussing the same with husband will only create tension in the family as asking the same would amount to doubting the Integrity of the husband.

Chapter-8: Conclusion and Recommendations

CHAPTER-8: CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

This study was undertaken to understand the phenomenon of reproductive health among Muslim women in Haldwani district of Nainital, Uttarakhand. The study specifically attempted to explore, understand and describe the lived experiences of women in negotiating their reproductive health and issues around reproductive health in an urban town.

The study focused on the narratives of Muslim women and their meaning making of reproductive health. The study progressed with the ontological assumption that reproductive health has to be approached from the perspective of the subjects, the way they give meaning to it. Keeping the multiple realities of the meaning making around reproductive health, the epistemological position in this study was inclined towards subjectivism. We moved with the assumption that the understanding of the reproductive health was embedded in the socio-cultural constructions and made visible through the socio-cultural practices, rites and rituals around the issues of reproductive health. In this study, the popular common sense repertoire lens helped in locating a plethora of reproductive health practices and the rules governing the same. The methodology evolved in the light of ontological and epistemological positioning. And the qualitative research approach was adopted. The descriptive research design was employed to explore, understand and describe the reproductive health practices deeply rooted in popular perceptions of the masses. In order to gain the finer nuance of the problem, it was decided to include those women who were in the age group 15-45 years and have the youngest child of age two years or less. This was done to tap the recent memory and record the latest experiences around reproductive health. Further to gain more familiarity with the issues and practices, the key informants in form of mothers-in-law were also included. The in-depth interview was used as a tool of data collection with a comprehensive and dynamic interview guide to map the lived experiences around the phenomenon of reproductive health.

The overall findings of the study were discussed under the four broad themes- safe motherhood, child survival, fertility and reproductive morbidity. These findings are summarized herein.

Safe Motherhood: from marriage, conception to childbirth

The narratives have amply illustrated that the safe motherhood is a period of desperate priorities, large socio-cultural prescriptions and limited choices. The desperation starts with the onset of puberty and the quest of the parents to marry off their daughters at the earliest. And once the marriage is solemnized, the desperation shifts towards the conception and childbirth more specifically the son birth. Each phase from marriage, conception and childbirth is marked by a plethora of rites and rituals, prescriptions and proscriptions which are rooted in the socio-cultural milieu and religiously enforced as a social commitment of the family leaving the individual woman with limited choices. However, the trajectory of safe motherhood is not singular, linear and uniform. It is marked by variations in experiences of women who had early pregnancy to those having delayed pregnancy; from first pregnancy to later pregnancies; from birth of baby girls to birth of baby boy; and from food practices to delivery practices.

Marriage: It was found that the social norms enforced upon the parents both authority and responsibility to decide on the issue of daughters' marriage and also in terms of when, where and why they should marry off of their daughter(s) at the earliest. The narratives reflect much prevalence of early marriage. It seems as if the status and hard earn reputation of family revolve around the girls and only till they are married off. There are however counter-narratives emerging that argue for the education of girls and how early marriages delink girls from education and hence lifelong dependence. In this research, different narratives came regarding marriage whether early marriage is good or late marriage is better or what is the appropriate age at marriage. The popularly acceptable range for age at marriage is 14 to 25 years. Still, there is not much popular support for girl's higher education, job and the ideal age of marriage (22-25 years). It is the popular perception and quite sacredly practiced that the girls should be married off earlier because this is the most burdensome duty of parents. The general perception is that the girl after menarche is biologically capable to produce a child and therefore parents should marry her daughter soon after menarche. Other factors also trap to the girls in the early marriage maze such as low socio-economic condition, level of education, and insecure surroundings or the bad environment. The notion also goes like if the parents will not marry off their daughters early then girls will get involved in love marriage without her parents' consent and eloped. There is also a strong perception that it is difficult to bear

children after late marriages. It seems as if the status and hard earn reputation of family revolve around the girls and only till they are married off. As if the family is completely absolved from the concerns for their daughter after marriage.

First pregnancy: After the marriage, husband and in-laws pressurize to newly married women to get pregnant as soon as possible and especially if she decides to delay her pregnancy. In Indian society, childbirth is seen as a celebration while the period of pregnancy is considered a very normal event. And if she does not conceive within a year then she faces many social and psychological pressures. The social norm is that a woman should get pregnant as soon as possible after her marriage because the first pregnancy is desperately awaited in the family and community. It has also come up that husbands are also concerned about the first childbirth and even if women want to delay it. The newlywed women fall in a really vulnerable situation because they don't have any power to take a final call on their first pregnancy. If the newly married woman does not conceive within a year of marriage, the questions are raised on her fertility potential and she is taken to different treatments (medical/ home-based remedies/ spiritual) to overcome the stigma of not having children (infertility). In such a situation no question is raised on the fecundity of the husband. So in practice, the newlywed women are also very excited for their first pregnancy and they start guessing on this on account of missing the menstrual cycle. The mothers-in-law and sisters-in-law have a central role in the confirmation of the pregnancy and decisions relating to visit a health facility for the confirmation of pregnancy. But the elder women still have more faith in the traditional and homemade remedies for the pregnancy test. Initially, the first pregnancy is quite often marked with a celebration along with the prescribed rituals which are there for all pregnancies-first or last. Women receive the blessing, food items, dry fruits and more specific items like coconut from her natal family in this ceremony which makes the diet of women more nutritious and contribute to the health of the mother during and after the pregnancy.

The desire for a baby boy: The rites and rituals are performed to identify the sex of the child and to ensure the son birth. In popular perceptions, there are many ways to make guess on the sex of the prospective baby. During the pregnancy, it remains a hot topic whether the baby will be a girl or boy. In the popular perceptions, the commonly used checkpoints are the nature of food cravings, shape and size of the stomach, the complexion of mother's her face during pregnancy, and also the hair shape of the

previous child, if it is not the first pregnancy. It could be safely argued that all these guess works around the sex of the prospective child are nothing but a clear indication towards a desperate desire for baby boy. If the first child happens to be a girl then there is much pressure on the mother for the birth of a baby boy and there are ample ritualistic prescriptions for getting a baby boy. In a popular common sense having a son is very important for every family, and the people do many ritualistic activities and use various types of traditional methods for the birth of a son. People look for religious persons and traditional medicines to ensure the birth of a baby boy. And more the delay in the birth of a baby boy more is the psychological pressure on the mother for begetting a boy as a sacred duty towards the family.

Antenatal care: It was found that antenatal services are still underutilized in urban areas and there is a lack of awareness about the importance of antenatal care (ANC) and ANC services. The study women were failing to reflect on the complete ANC services. Women go to the health care centre only for registration for pregnancy confirmation and prefer first and second ANC visits in health care centres. And it is only a very less number of women who take the medicines and prescribed test properly. It is quite usual and common for women to ignore or forget the iron and folic acid tablets (IFA), calcium and other supplements because they have strong notions about the side effects of the supplements. Much preference is given to the traditional food items for increasing the haemoglobin levels. The popular notion is that when one is perfectly fit there is no need to visit a health facility. Further women are also underfed during pregnancy to ensure a small baby and easy delivery with fewer complications in labour. Women are afraid to grow a big baby that might be hard to deliver as a normal delivery. Thus despite the availability and easy access to public health facilities in Haldwani women the ANC services are restricted to one or two visits. In the popular perceptions the pregnancy is considered as a normal social phenomenon and these notions discourage women to access complete ANC services. Further the virtue of having a normal delivery instead of C-section and consequently to this end they are underfed so as to have easy childbirth. But these notions have resulted in making the pregnant women malnourished, anaemic and susceptible for much morbidity.

Food practices: There is a lack of information on diet and nutritional practices during pregnancy among the Muslim women of Haldwani. The food practices that are

recorded are reflective of the local dominance and the powerful impact of tradition and culture. In popular perceptions, it is the food practices that are much emphasised during pregnancy. In a broad sense, three types of food items are prescribed or proscribed and these: cold, hot and fatty food items. Women prefer cold food items such as milk, fruits, fruit juice and green vegetables during pregnancy because they think that it is good for foetus while they are not supposed to take hot and fatty food items. The narratives provide that the women specifically avoid some hot food items like mass-machli (meat and fish), egg, papaya, pineapple; spices and especially papaya. It is feared that pregnant women would not digest hot food items and it may be harmful to the foetus and could also lead to miscarriage or spontaneous abortion. Further with regard to fatty food like meat, egg, dry fruits and it is quite popular that these food items will produce a large baby in size which will increase complications at the time of delivery.

Daily chores: There is a strong notion that the pregnant women must remain active and do all household chores during pregnancy and this shall help in having a normal delivery. If a woman did not remain active during her pregnancy then it will become a cause for caesarean delivery. And the caesarean delivery is seen as a kind of curse in society. While it is normal to do household work during pregnancy, it is significant to remember that certain hard and heavy household tasks are hazardous to pregnant women and to their babies. There is a special restriction for cleaning by broom with leaning position because it is believed that if the pregnant woman does the cleaning in a leaning position (*Jhukkr jhadu dena*)), the umbilical cord can strangle around foetus neck. This belief is still very popular even in the younger generations.

Outdoor restrictions: There are ample narratives restricting the outdoor movement of pregnant women on account of bad omen. They are restricted from going out of the home because casting an evil eye (*buri nazar padna*) is the biggest fear of every pregnant woman. There is a popular perception that the pregnant woman ignites a different type of smell which will invite the evil eye or evil power and which could harm either the pregnant women or her foetus. Pregnant women used different things such as Garlic, Onions, Nigella seeds, Asafetida, and iron objects like knife etc to negate the effect of evil eye. At the same time, they also take amulets/threads (*tabeez-ganda*) from the spiritual persons and religious shrines. These amulets/threads the pregnant women bear all through the pregnancy so as to ward off any evil effect on

the mother and the foetus. There are also narratives that solar and lunar eclipses are dangerous to the pregnant woman and her foetus and there are prescriptions to avoid the ill effects of the eclipse. Hence during the period of eclipse, the pregnant women are strictly warned to stay inside the home, not to eat anything, not to sleep, not to carry any sharp objects, not to cut anything and not to do anything during the period of eclipse. If she does anything kind of work then the foetus will develop certain abnormalities. It is important to note that these practices to combat evil spirit give psychological support and satisfaction to pregnant women on their safety and the restrictions on mobility also otherwise imply to their being at home for rest. But at the same time, this generates a general restriction on their mobility which in consequence also devoid the women of ANC checkups and hence the popular perception of going to the health facility only when it is necessary. There is a need to take the meaning-making of these precautions for protecting pregnancy against the evil spirits towards the importance of ANC services whose very purpose is to ensure safe motherhood.

Childbirth: It emerged that in Haldwani it is a social norm that the women will give birth to their babies in their conjugal home because of it the responsibility of the conjugal home only. And the first right to see or to take a baby after birth is only with the grandparents. In popular perceptions, there is a preference to home-based traditional delivery. In the normal course, the mother in law and other elders of a family plays an important role to decide the place of delivery. Women believed that if they go to the hospital doctor will do a cesarean delivery. The other factors influence the home delivery such as women are shy to show their genital part to male doctors and feel that there is no privacy, sometimes there are spread out tents and stench in hospital, rude behaviour and improper attention of doctors and staff and women also remain worried about their other children for their take care back at home. People call *Dai* (local birth attendant) for childbirth at home. Women used prayer and other religious practices during childbirth for their own and others. Traditional home remedies and decoction are used during labour and delivery because these decoctions stimulate labour pain and help in delivery. If the childbirth process has started at home then they try to deliver the baby at home though sometimes things become very critical. The male members of a family are not involved in the childbirth and elder women usually ask them to stay outside. If one baby delivers at home without any complications then the mother will prefer to deliver her next baby also at home.

Postnatal care: People are very happy after childbirth and they celebrate it. After childbirth, in the postpartum period, specific and precious traditional and religious rituals are observed to secure the recovery and avoid poor health in later years. *Sawa maheena* (40 days) are very important days after childbirth. Purity-pollution plays a crucial role during sawa maheena. Puerperal (Jacha) is treated as an impure woman during these days. People believe that the room and the home of puerperal will also be considered as *napaak* (impure) and woman is absolutely forbidden from doing religious activities. People preferred the hot nature of food and *sada khana* (simple food) after delivery because these food items are light in nature and hot food items drain out all impurity from the body. Some women start eating normal food after *chatti* (six days) while some women start after sawa maheena (40days). After the delivery, the first bath of the mother is very important. And this shower is given especially on 5th or 6th day after the delivery and some home medicated remedies are mixed in the hot water for the shower of the mother. While some women are disadvantaged and mistreated in many traditional rituals after if they have given birth to a girl child.

Child Survival: from newborn care to immunization

The narratives have provided that among the Muslims in Haldwani, the family is highly concerned about the health and wellbeing of the newborn and childbirth is full of rites and rituals. The rites and rituals start right from the birth of a newborn and are deeply ingrained in the socio-cultural matrix and hence the strong conviction reflected by the mothers to perform those rites and rituals. The study highlights that there are traditional newborn care practices which exist in the community. But many of these practices are also having negative effects on a child's health and development. Mothers have a little power on deciding about their babies or on newborn care; most of the grandmothers have a dominating role regarding newborn care practices. Appropriate health care decisions are based on sign and symptom identification and sometimes these decisions are too late and too risky.

Newborn care: After birth, mother and newborn care is the most important task for everyone. And the first postnatal cry is an important indicator of the newborn's general psychological and physiological status. The narratives reveal that the women are very aware and sensitive for the newborn's first cry. After that, there is a strong

belief that baby is impure after birth so baby bathe is considered compulsory immediately after birth. The common practice is to give bathe to the newborns immediately after the birth so as to make them pure and remove the impurities. Despite the fact that women are conscious that doctors asked them not to give bathe to newborn, they have given bathe to born immediately after birth. Rather they are amused at this advice of doctors to delay the baby bathe. Even some people don't touch a newborn until the bathe. The discussions with the women amply made it clear that they are ignorant of the risk of hypothermia to the newborn on account of giving bathe immediately after childbirth. Interestingly, the mother's bath is delayed but the newborn is put to risk on account of this prevalent notion of giving baby bathe immediately to make them pure. The narratives provide that after childbirth at home people guess the weight of the baby and if they found child underweight, then they try to keep the child warm. They wrap the child in cotton, which keeps the child the child warm. Generally, the first child is given more care and attention, especially the male child. The narratives provide that Azaan is recited in the ear of the newborn immediately after the birth and then only other rituals are followed. After childbirth Azaan is compulsory in Muslim families, this is a declaration that they are born in a Muslim family. The popular perception is that after childbirth some items like raw garlic, onion and some sharp metal objects are kept near the newborn to ward off the evil eye. These objects should be kept near the newborn until the head-shaving ceremony is not done. So the newborn should be shaved as soon as possible after birth. The mother's takes special care of the newborn's hair and hence the head saving ceremony is done.

Breastfeeding practices: The narratives revealed the much importance given to prelacteal feeds instead of initiating the breastfeeding soon after the childbirth. Honey is found to be one of the most essential prelacteal feeds. The other prelacteal feeds are hot water, sugar-water, honey, mustard oil, tea, milk and butter. These prelacteal feeds are given under the belief that these are a cleaning agent and laxative, or hydrating agent and as a way of clearing Meconium. The initiation stage of breastfeeding after childbirth is significantly delayed at Haldwani, and for most of the respondents, the valuable first thick milk (colostrum) is discarded before the initiation of breastfeeding. Many rituals precede the breastfeeding initiation like to lick honey, to give Ghutti and the breast cleaning ceremony. The researcher found that not even one respondent

initiated breastfeeding within one hour for childbirth. These all rituals consume 3 to 10 hours and this is why breastfeeding initiation gets delayed. The practice of withholding colostrum is widespread in the current study locale because people avoid giving this thick milk of the mother to the newborn. The ritualistic practices delay breastfeeding for around three days and devoid the newborn of colostrum. While some mothers recalled the advice of health professionals that *Pehla Ghadha Doodh* (colostrum) has protein or vitamins and it is very nutritious for the health of the newborn. Although the new mothers know what is right and what is wrong for their children, and do not believe in these kinds of rituals, still they submit to the directions of in-laws for delayed initiation of breastfeeding. Most of the respondents initiate breastfeeding after 24 hours of childbirth. Mother-in-law and sister-in-law play an important role in delaying breastfeeding initiation. People give honey, Ghutti and other homemade things to the child till the breastfeeding initiation. The narratives revealed that duration of breastfeeding ranges from two years to two and a half years. Further, the girls receive more breastfeeding than boys. The commonly prescribed duration of breastfeeding is two years for boys and two and a half years for girls. The researcher found that maximum numbers of respondents start weaning of their babies in the age of 3-5 months. In popular perception, the weaning is started early because the child starts eating early and the child will know the test of everything. The notion of exclusive breastfeeding till six months has not gained current among the women.

Umbilical cord: There is a strong notion for keeping the dried and fallen umbilical cord stump at a safe and cool place. Once the umbilical cord gets dried up and falls down, people keep it very carefully. Otherwise, in popular perception, if someone found this umbilical cord, they will do sorcery on it so that the child may be harmed, or may even die. Some mothers reported that they keep the fallen umbilical cord especially of the first child in their safe custody and it is a popular common sense that if they keep it with them in the troublesome state, then all their problems will be resolved. The study revealed that circumcision is a very important ritual in the Muslim community on the birth of a male child. The circumcision is preferred as soon as possible after the childbirth because as a newborn he will not be so active for moving the legs and hands.

Immunization: The narratives amply revealed that the mothers have an understanding of the importance of immunization and are quite serious with regard to the complete immunization of their children. Among mothers, it is a matter of popular perception and high concern to have full vaccination of the children. Most respondents go for full vaccination of their children, and a very less number of respondents delay or ignore the child's vaccination. Women have sound awareness regarding immunization card and immunization schedule. The respondents reported that they use various indigenous medicines for protecting the baby from illness and other health problems. These include traditional methods like the use of charms and amulets made by religious leaders, use of herbs, leaves, bark and roots. Home-based indigenous remedies and different types of herbal mixtures of all types (decoction, infusion, juices etc.) and oil massage are commonly used in the treatment of childhood diseases. It has also come up that now mothers are also equally concerned to approach the doctors if they feel that illness is like that. The casting an evil eye is the biggest fear of every mother for the newborn and accordingly a variety of prescriptions are there to ward off the evil eye. In order to be away from the evil eye, people apply a black dot on the forehead or sole of the feet of newborn and make them wear black bangles.

Family Planning: from family size calculus to contraception

Family size: It emerged quite clear from the narratives that the socio-cultural and the religious factors are the most affecting elements in deciding the ideal family size as also the choice of contraceptive methods. The narratives revealed that now there is an increased argument for the two-child norm as an ideal size of the family but with a condition of at least one boy and one girl. It is argued by the women that if they have fewer children, the upbringing of children will be good. But all this reasoning is subject to the condition that there has to be one boy and one girl. But the birth of the baby boy is the top priority agenda in most of the families. It is considered not only desirable but highly necessary for every family. Thus there is a strong preference for the son birth and the ideal size of the family has to be read with the birth of the baby boy in the family. But if there are only boys (one, two or three), the couple tries for a girl. It seems as if there is also a high craving to have a girl child. The narratives revealed the awareness and concern of the women regarding the adequate length of spacing between the children and the reasons for the same. There were arguments

with proper spacing they can provide good health and future to their children and also the mother will be fit and healthy. The mother wants at least two years of spacing between their children.

Contraceptives: In this study, findings revealed that the condom is the most popular contraceptive methods in the study locale. Off course the women do know that oral contraceptive pills like Mala-D and Saheli are used for the prevention of unintended pregnancy but they are afraid of their side effects. So a small number of women shared the use of oral contraceptive pills. The researcher found that women have heard about the injectable contraceptive method but none of the women shared that they have used the injectable method. The women have many misconceptions for Copper-T which are further aggravated due to their bad experiences. After delivery, the health attender inserts it in the uterus of women without their consent. Maybe this is one of the main reasons that people are afraid of using Copper-T. The narratives reveal that only women go for sterilization. They do so only when they are sure that now they do not need any more children. Some have shared that they wanted but could not go for sterilizations for the fear of mother in law who negated it on religious ground. There are many misconceptions regarding sterilization still many women go for it. It may be noted that technically male sterilization is easier than female sterilization but this responsibility is completely enforced upon the women. The study revealed that a high number of women used withdrawal as the traditional contraceptive method. A large number of women attempted unsafe abortions. Whereas some women know the value of health and if they don't want the baby then they go to the hospital and consult with the doctors. Self-medication is very harmful to health still, they use self-medication for abortion. They go to the medical store or untrained workers and take medicine and face many health problems. Women feel shy while talking about abortion. While some women talk very frankly about this topic. They shared their and societal experience with the researcher. In the study, a large number of women are using indigenous methods for abortion. The study found that unsafe abortion practices are common and women are using the same by untrained hands, and indigenous methods resulting in reproductive morbidity.

Reproductive Morbidity: from RTIs to HIV/AIDS

Reproductive morbidity: Some women face secondary infertility problem. They try their second baby because they think that every woman should have at least two children. For the treatment of secondary infertility, they go for clinical treatment but they also prefer faith based treatment. Vaginal discharge is the most common gynaecological morbidity found in the study area. The second most common gynaecological problem in the study area was swelling in the pelvic area of the body. And prolapsed uterus is one of the most serious concerns of reproductive morbidity in the study area. And the other problems are back pain, itching in the vaginal area and urinary tract infections. Some women suffer from these problems and face many types of physical and mental stress. Only a small number of women who sought care did so at the health facilities, with the majority preferring home-based care. The maximum numbers of women simply wait for the resolution of the problem by itself and hence in most cases the gynaecological problems remain undiagnosed unless it is followed by some other complications. Women followed both traditional and allopathic treatment for this.

HIV/AIDS: Maximum women know about HIV/AIDS from television. Some people told that they came to know about HIV/AIDS through the NGOs that are responsible to create awareness regarding HIV/AIDS. But none of them came to know about HIV/AIDS during their ANC period, neither through doctor nor through any other concerned staff of the hospital. Women still think it is not good to talk about HIV/AIDS. It is believed that if the wife will talk about HIV/AIDS to her husband then this will create dispute among them and this can destroy their relationship. They say that HIV/AIDS is confined to the people who are not good in character. Women have a negative attitude while talking about HIV/AIDS.

8.2 Recommendations

The study revealed the rootedness of reproductive health practices in the socio-cultural notions of the masses. The reproductive health issues as intimate personal and family matters are governed more by the popular perceptions than by the choices of the individual women. It is these popular notions that have set the conditions on the early marriage of girls followed by the prescriptions for early pregnancy and childbirth and so on and so forth. It is now evident that there is a need to understand

the finer nuances of these popular perceptions around reproductive and child health practices. There is a need to use these popular notions, the prescriptions and proscriptions, the advantages and disadvantages, around the reproductive health practices to promote health and better reproductive health services.

For example, the pregnancy is highly celebrated but the ANC services are just ignored and even ridiculed as not necessary. There is a need to make use of these rituals and practices for promoting ANC services. Because rituals during pregnancy and childbirth are very crucial junctures and are also the appropriate context for the grass-root workers (ANM/USHA) to do the counselling to the women regarding various reproductive health services for the safe and better health of the mother and newborn. Similarly, the positive popular notions for the complete vaccination of children could be capitalized to motivate the mothers for having equal concern towards their reproductive morbidity as the health of both the mother and child is important. The same could also be used for positive behaviour change towards early breastfeeding, institutional delivery, safe abortion and contraception.

Despite the fact that popular perceptions discard colostrum and early breastfeeding, the mothers who are informed and convinced on the value of colostrum are coming up as an advocate for early initiation of breastfeeding. There is a need to involve these women in health initiatives for promoting breastfeeding.

There seems to be much ignorance among the mothers about the reproductive health services and facilities. Hence there is a need for social and behaviour change communication for increasing the awareness and developing positive attitude and behaviour towards reproductive health services.

Further as envisioned in national health missions, the reproductive and child health services should be provided at the doorsteps and at the nearest facility. There is a need to work in this direction as unavailability of money for transportation also sometimes acts as a deterrent to Muslim women to access health facility.

There is a need to develop a good communication network between the grassroots health workers and the young mothers for understanding the socio-cultural context of the reproductive health practices and then using the same popular notions for counter narratives for increased interest and use of the reproductive health services.

8.3 Social Work Intervention

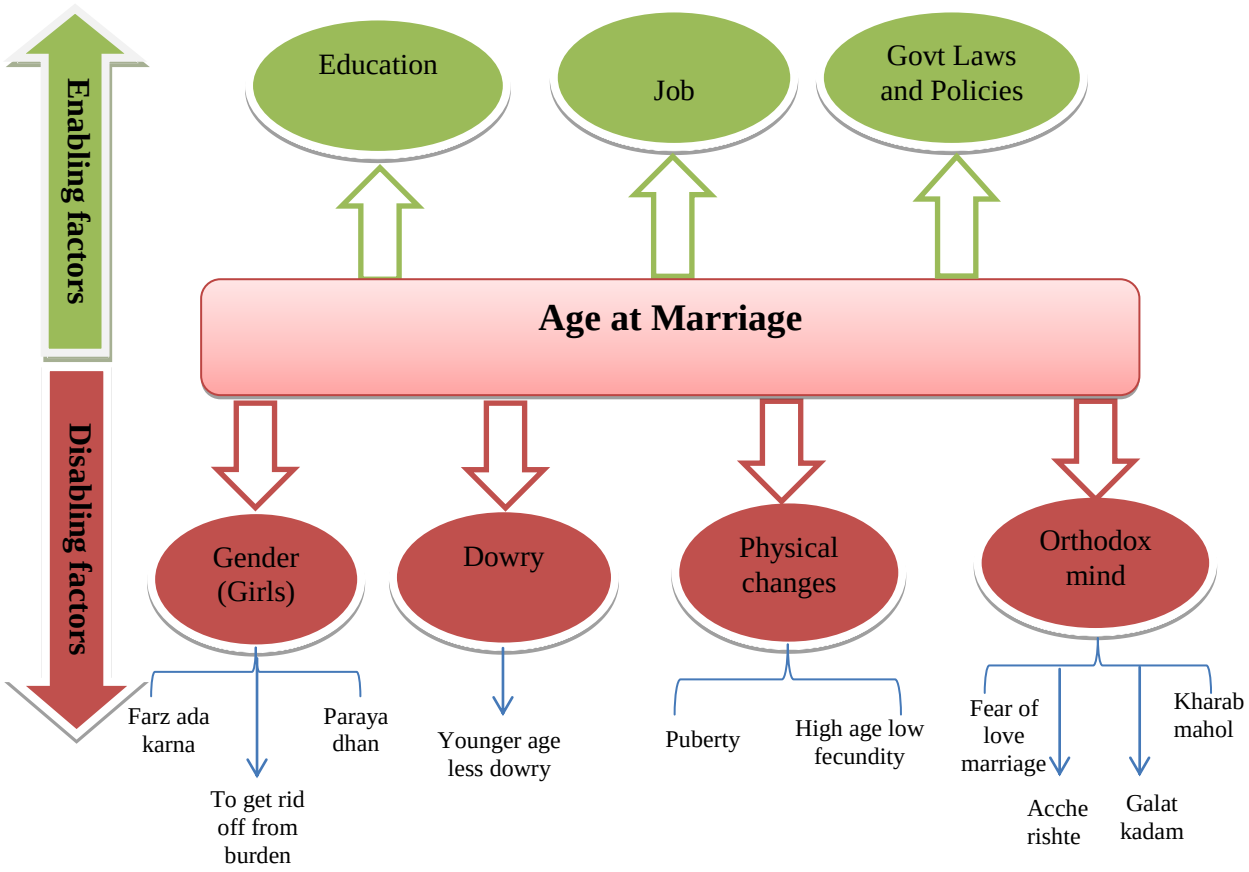
The cultural and religious beliefs and practices of Muslim communities of Haldwani influence the reproductive and child health practices. These beliefs and practices negatively influence the acceptance of availing antenatal care, institutional delivery, child health practices, successful breastfeeding practices, family planning practices, and other health-related practices. Because these beliefs and practices are an integral part of their culture so culturally sensitive tailored social work interventions are required to improve reproductive and child health outcomes.

As a result, social work practitioners, as well as other human service professionals working for the cause of public health, may take some lessons on the understanding of reproductive and child health practices. This requires a high degree of intellectual acumen and cultural sensitivity among professionals in order to identify the stigmatized attitude towards reproductive and child health, the heterogeneity of reproductive and child health practices, and the desperate need, desperation and detachment with which women use unsafe reproductive and child health practices instead of safe reproductive and child health services. The popular common sense repertoire, the conceptual lens, could provide an advantage for the community to join and facilitate dialogue on reproductive and child health practices. Women themselves could be encouraged to join reproductive and child health practices, track the consequences of these practices and recognize women and children who have been exposed to major health morbidity or die as a result of unhealthy reproductive and child health practices. This participatory approach to mapping and assessing the safety and ill effects of reproductive and child health practices can help in saying 'no' to unsafe reproductive and child health practices.

The social workers must endeavour to identify programmes, policies and practices which are culturally and religiously sensitive and which resonate and appeal to local practices. It is only through research that planners and policymakers can create female-friendly projects that are socially viable, culturally relevant. In this way, it will be possible to reduce the high incidence of reproductive and child health problems. In view of the findings of the study and the narratives that evolved around the key processes of reproductive health, an attempt is made to list the enabling and disabling factors around reproductive health. Moving quite in sync with Kurt Lewin (1951)

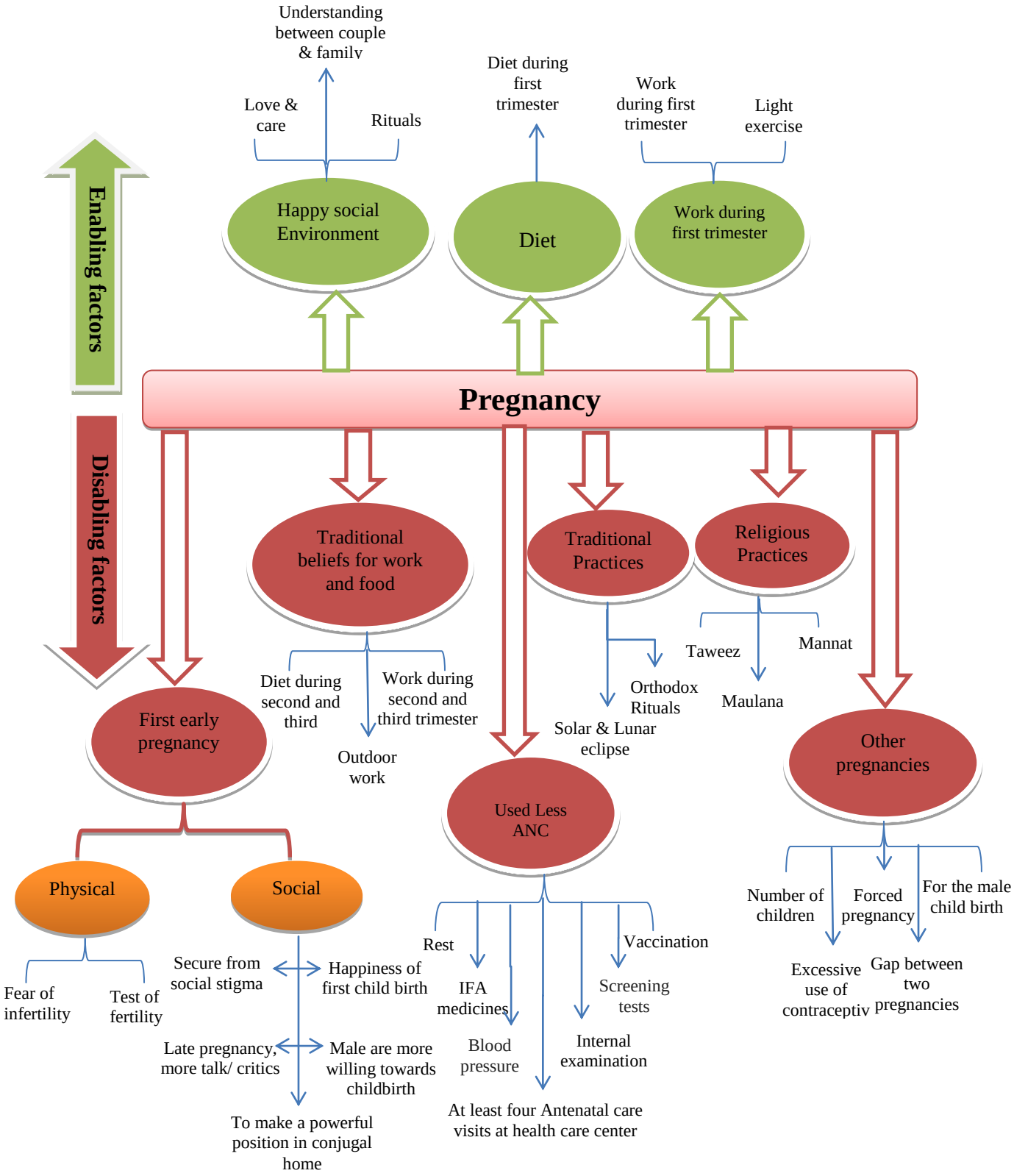
field theory, the researcher used one of the participatory learning and action (PLA) technique, called forced field analysis, to facilitate the women in the field to list and map the positive (enabling) and negative (disabling) factors around each of the critical and key reproductive health issue (early marriage, pregnancy, delivery, postpartum care, child survival, breastfeeding, family planning, reproductive morbidity) and the same is pictographically depicted in the following paragraphs.

Figure 8.1: Force Field Analysis on Age at Marriage



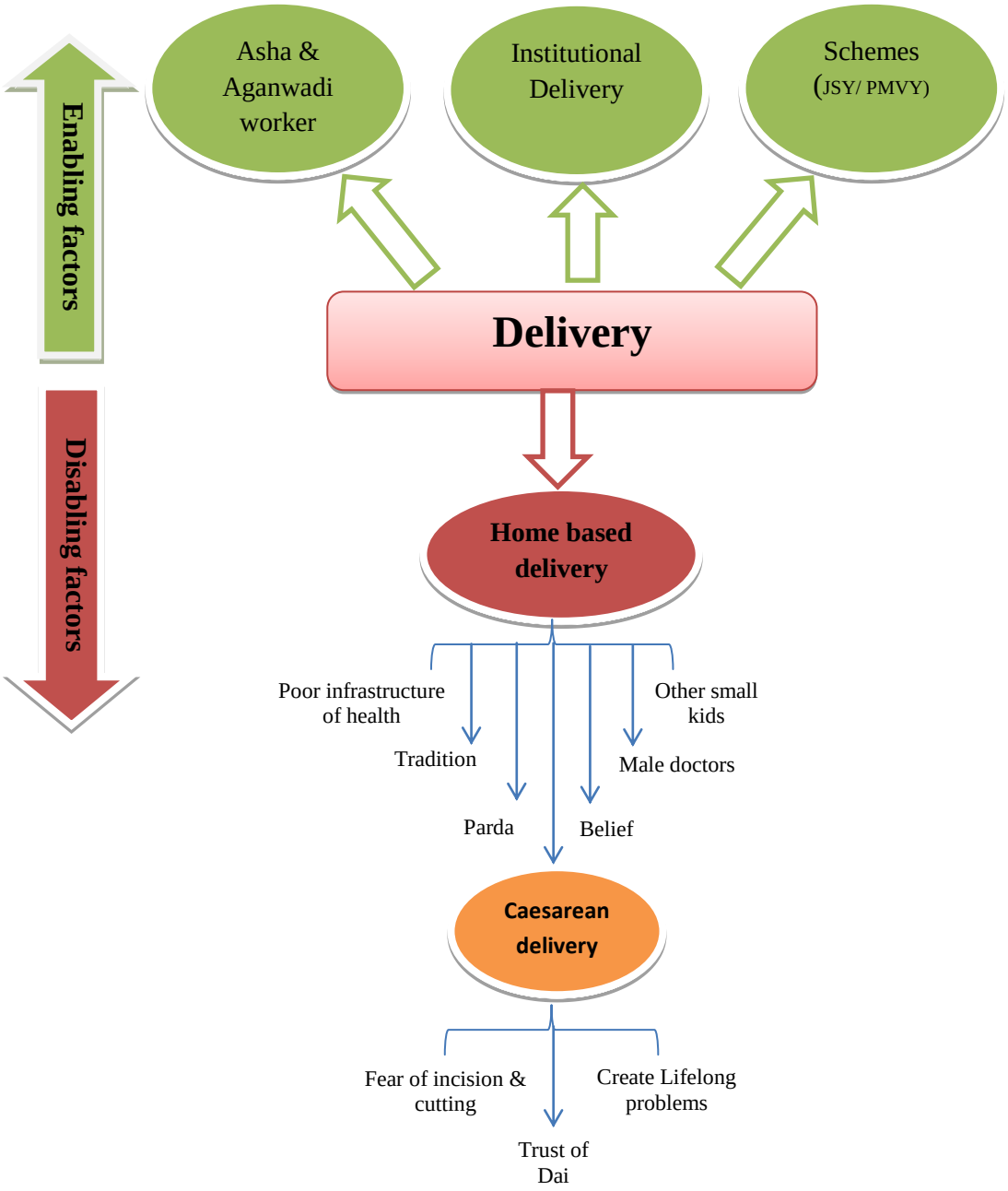
According to the figure 8.1, there are many factors influencing the age of marriage of girls. Some factors are playing negative role in the age of marriage while some factors are playing positive role in the age of marriage. Education, government law and policies and employment status are the factors which are positive in terms of age of marriage and it should be promoted by the government. While gender (as girls are considered as the biggest burden for the parents and it is good if they should get rid off from burden as soon as possible), dowry system, physical changes (because parents think that now the girl is eligible to get married and if the girl will not get married after her menarche that will be considered as the biggest sin on the part of parents, it is difficult to bear children after late marriages) and orthodox mind (love marriage is the most shameful act for the parents because it is connected with their social status regarding girls) are the main areas, which have an urgent need to intervene with parents because parents are in a dominating position in the whole event.

Figure 8.2: Force Field Analysis on Pregnancy



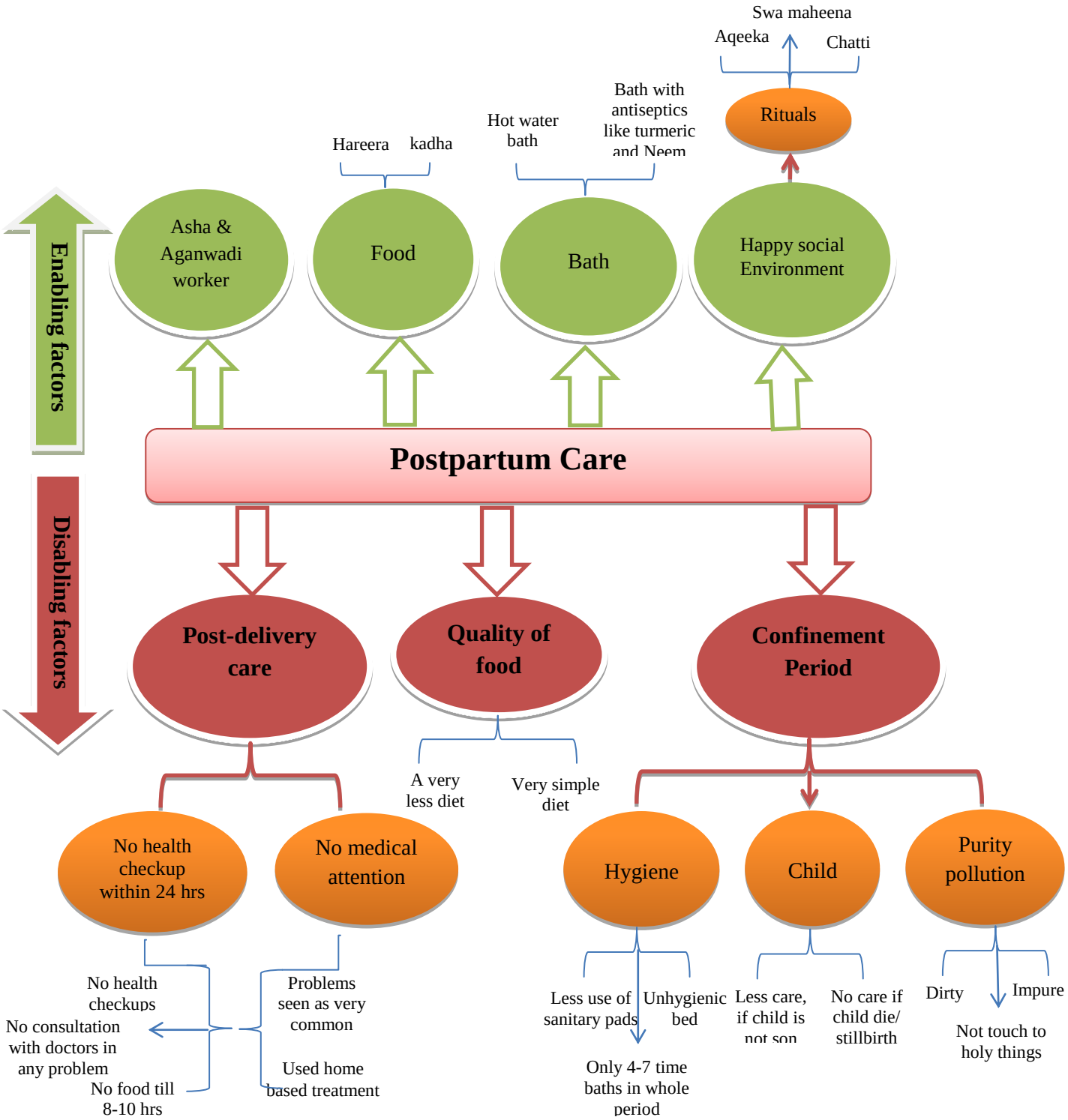
Pregnancy is an important stage in reproductive health. From the figure 8.2, it is evident that the positive factors promoting pregnancy are happy social environment, nutritious diet, light work and exercise. The figure suggests that there is a need for intervention on the following factors. The first factor is early pregnancy including physical elements like fear of fertility, the test of fertility and social elements like security from social stigma, the satisfaction of first childbirth, social taboos- late pregnancy. The second factor includes ANC and the need of intervention includes information related to IFA Tablets, taking proper care, vaccination of women and "at least four Antenatal care visit at health care centre: ideally at 16 weeks, 24 to 28 weeks, 32 weeks and 36 weeks (USAID/Population Council, 2006)." The third element is traditional practices including the elements of (Taveez, Maulana and Mannat). It was also seen that the fourth factor which needs intervention is religion practices (solar and lunar eclipses). The findings also suggest an intervention in other pregnancies which is the fifth element including the burden of other pregnancies, the gap between two pregnancies, unwanted pregnancy, child preference and numbers of pregnancies.

Figure 8.3: Force Field Analysis on Delivery



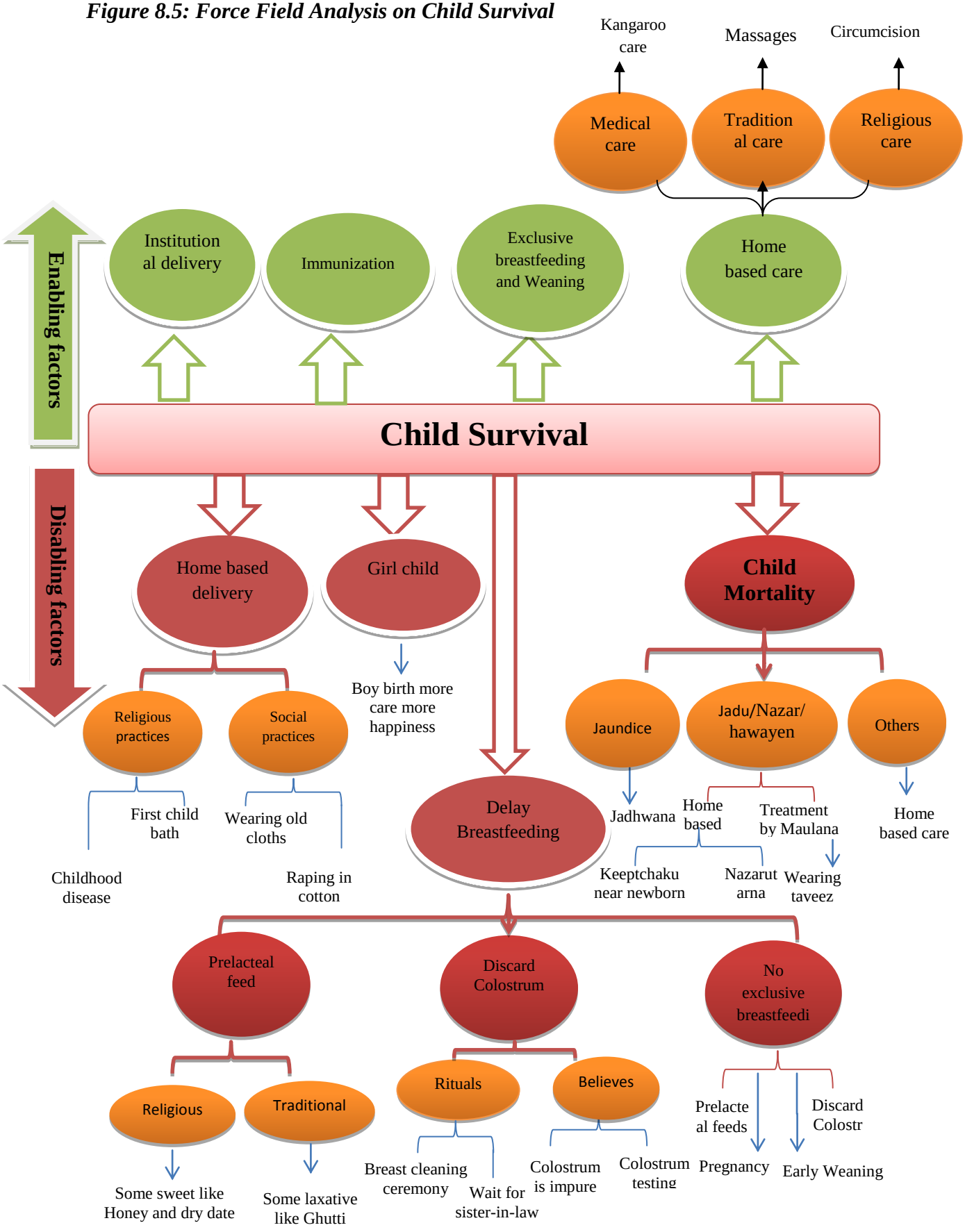
Delivery is celebrating childbirth and a woman requires care, respect, and guidance. Figure 8.3 revealed that childbirth is influenced by some positive and some negative factors. Three positive factors include Asha and Anganwadi workers, Institutional Delivery and Schemes like JSY/PMVY. The findings also suggest the intervention in only one factor which is Home-based delivery. Since Home-based delivery is a broad factor which demotes the condition of delivery or childbirth and home-based delivery is not so safe and the elements which need to intervene are to provide information regarding the poor health infrastructure of health, traditional methods of delivery, male doctors, and orthodox belief system-parda. And a major reason for home base delivery is also the fear of caesarean delivery. For the fear of caesarean section delivery, women deliver high-risk childbirth at home by Dai. So this also needs to intervene which include trust of Dai, fear of incision and fear of lifelong health issues.

Figure 8.4: Force Field Analysis on Postpartum Care



The postpartum care begins after the delivery of a baby and ends when the body returns to its normal stage which can be called a pre-pregnant state (Kansky, 2016). This period lasts 40 days after delivery. Figure 8.4 suggests that findings revealed that postpartum care is affected by four positive factors like Asha and Anganwadi workers, food, bath and happy social environment. These factors include various aspects like food is distributed into Hareera and Kadha gave to women. Bath is taken with hot water using antiseptics like turmeric and neem. Happy social Environment includes some celebrations like *sawa maheens*, *aqeeka* and *chatti*. In case of postpartum care, two broad factors need intervention which is post-delivery care where women are not going for health check-ups to doctor with regularity and are not taking any diet till 8 to 10 hours with a very simple and little amount. Another part is self-medication, a very common problem seen among respondents and the use of home-based medicine. So it is an important factor to intervene in postpartum care. Another factor is confinement period including three important aspects like hygiene, child and purity pollution. Hygiene is an important aspect as women use less sanitary pads, use of unhygienic bed and bath after a long period. To make masses aware it's important to intervene. In the case of the child, child care and diet and gender equality is a very important aspect to be informed. Having orthodox belief like not touching holy things and the notion of impure and dirty is also to be intervened.

Figure 8.5: Force Field Analysis on Child Survival

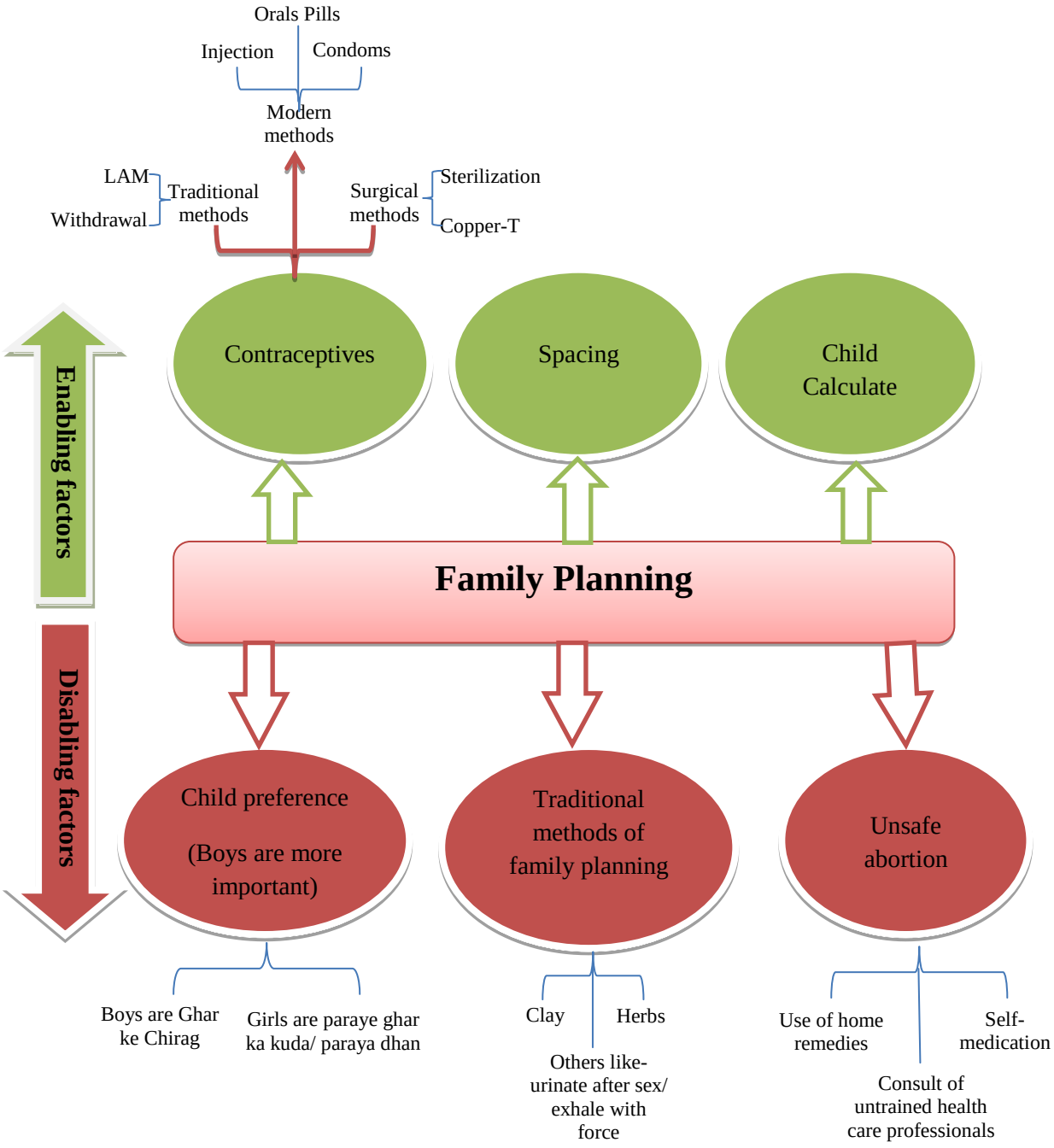


Child survival means improving survival chances of newborn and children and is considered as the biggest challenge in current time. Figure 8.5 suggest there are some positive factors influencing child survival and some negative factors which need to figure out. The factors to intervene are home-based delivery, gender bias, and delay in breastfeeding and childhood disease. The results revealed that religious practices including diseases and first child bath and social practices including wearing old clothes and rapping in cotton need to intervene as it has a negative influence on child survival. Gender bias like giving more preference to a baby boy rather than a girl needs to be informed and intercede.

The study revealed that there are both negative and positive factors influencing breastfeeding. Positive elements include exclusive breastfeeding and weaning. Negative factors include prelacteal feed, rituals, discard colostrum, breastfeed and no exclusive breastfeeding. Prelacteal feed includes religious and traditional elements which can be harmful need an intervention. Rituals including ceremony regarding breast cleaning, wait for sister-in-law etc. also need intervention to make breastfeed without any delay. There are also certain false beliefs regarding Colostrum discard like impurity and testing of Colostrum which is again to figure out and need fast intervention. Breastfeed after 24 hours is also a factor which is influencing breastfeeding badly and need to intervene. Also No exclusive breastfeed is a negated factor including some aspects like early weaning and discard of Colostrum which needs fast interference.

Child Mortality is influencing by childhood disease including false beliefs like Jadu/Nazar, jaundice and other types of diseases. In terms of superstitious beliefs like Jadu, Nazar, people take help of Maulana, knife hanging in the neck, and wearing amulet which must be informed. Jaundice and other diseases also need immediate intervention which can be life-threatening.

Figure 8.6: Force Field Analysis on Family Planning



According to the figure 8.6, it was revealed that contraceptives, the spacing between pregnancies and calculation for children are positive factors influencing family planning. Contraceptives include traditional methods (LMP, withdrawal), Modern Methods (Oral Pills, Injections and condoms), and Surgical methods (Sterilization and copper-T) which are positively influencing family planning. Negative factors influencing family planning are child preference, Traditional methods of family planning and unsafe abortion which needs intervention. Use of clay and herbs to control childbirth is injurious and need to be addressed. Unsafe abortion includes the use of home remedies, self-medication and consultation of untrained health professionals which are also dangerous to live. Thus unsafe abortion is also a factor to be intervention.

The larger intention for developing these forced field diagrams on key reproductive health processes was to provide a roadmap for engaging with the popular community notions around reproductive health as also the community people especially women to involve and evolve them as the change agents for the sound understanding of reproductive health and better access and utilization of reproductive health services. It is only through the engagements with the popular reproductive health practices that we can find the way out for the better reproductive health services.

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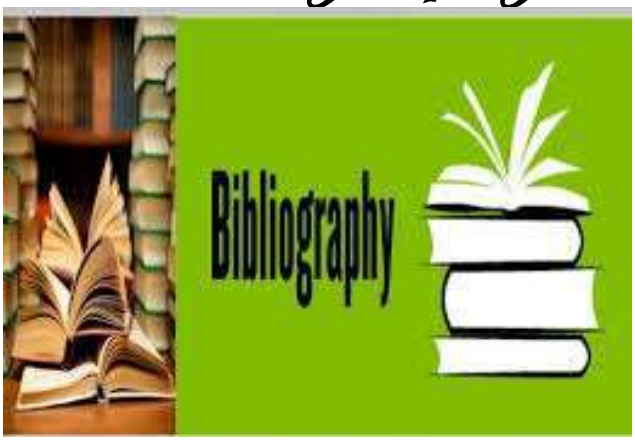

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Appendices

Appendices

Appendix-1: Photos

Godh Bharai ki rasam (Baby shower ceremony)

Maryam Pnaja used during labour pain (Religious faith)

Dry fruits for hareera for the recovery of mother health during postpartum period

A new mother with her baby after the first

Celery, salt turmeric and Neem mixed water for the first bath of the new mother

A newborn child with nazariye and a black dot for the protection of evil eye

Ghutti made by Munakka, unnab, cow milk, sugar and celery

The umbilical cord will be kept in the vault for the safety to the child

Immunization during corona virus period

Mako and its leaves for the treatment of uterus prolapse

Cumin and sugar powder for the protection of white

Appendix-2: Interview Guide

सहमति प्रपत्र

अध्ययन का उद्देश्य

यह अध्ययन शैक्षिक अनुसंधान का एक हिस्सा है। इस शोध का उद्देश्य उत्तराखंड के नैनीताल जिले में मुस्लिम महिलाओं के प्रजनन स्वास्थ्य का एक अध्ययन है। आपका अनुभव इस अनुसंधान में एक महत्वपूर्ण योगदान हो सकता है, जो हमें मुस्लिम महिलाओं के प्रजनन स्वास्थ्य के अनुभव के बारे में जानकारी हासिल करने में मदद करेगा। मैं इस बात कि कद्र करती हूं कि आप मेरे लिए समय-समय पर साक्षात्कार करने के लिए समय निकालेंगी। चूंकि आपके अनुभव और समय हमारे लिए अत्यधिक महत्वपूर्ण हैं, इसलिए हम अपनी बातचीत के किसी भी पहलू को नहीं छोड़ना चाहते हैं जिसके लिए साक्षात्कार को रिकॉर्ड करने के लिए मुझे आपकी सहमति चाहिए। साक्षात्कार के दौरान आप किसी भी समय साक्षात्कार से हटने या इसे छोड़ने के लिए स्वतंत्रता है। साक्षात्कार कि गोपनीयता बनाये रखने के लिए हम आपका नाम और अन्य विवरण बदल देंगे।

हम निम्नलिखित बिदुओं पर आपकी सहमती चाहते हैं----------

- मैं इस अध्ययन में भाग लेने के लिए सहमत हूं।
- मैं जानती हूं कि मेरी भागीदारी स्वैच्छिक है।
- मैं जानती हूं कि एकत्र किया गया डेटा अनुसंधान संबंधी उपयोग तक ही सीमित रहेगा।
- मैं समझती हूं कि अंतिम रिपोर्ट में मुझे मेरे नाम से पहचाना नहीं जाएगा।
- मुझे पता है कि सभी रिकॉर्ड को शोधकर्ता के पास सुरक्षित और गोपनीय रखा जाएगा।
- मैं जानती हूं कि मुझे अध्ययन से किसी भी समय हटने अधिकार है।

प्रतिभागी का पूरा नाम ----------

प्रतिभागी के हस्ताक्षर ---------- दिनांक ----------

DATE OF INTERVIEW

Respondent details

Sl. No	Details	Code
1	Name of respondent (optional) (उत्तरदायी का नाम)	
2	Age (आयु)	
3	Age at marriage (विवाह के वक़्त आयु)	
4	Marital Status (वैवाहिक स्तिथि)	
5	Cast (जाति)	2.OBC, 3.ST 4. SC; 5. General
6	Family type (परिवार का प्रकार)	1.Joint; 2.Nuclear Family; 3.Single Parent; 4.Any Other-(specify)
7	Educational status (शैक्षिक योग्ता)	
8	Occupation/Profession (व्यवसाय)	
9	Family monthly income (परिवार की मासिक आय)	
10	Ration card (APL/BPL) (राशन कार्ड)	BPL 2. APL 3. Others

11		Presently living children (मौजूद जिन्दा बच्चो की संख्या)	Miscarriage (स्व गर्भपात)	Abortion (गर्भपात)	Death (मृत्यु)	Still Birth (मृतजन्म)

	Male					
	Female					
	Total					

12	Place of delivery (बच्चे की पैदाइश का स्थान)			
	Institutional delivery		Home based delivery	
	Govt.	Private	Trained	Untrained

13	Use of contraceptive method (परिवार नियोजन का प्रकार)	
	Condoms	
	Pills	
	IUD	
	Injectable	
	Female Sterilization	
	Male Sterilization	
	Withdrawal	
	Any other	
	Not anyone	

14	Necessary checkup and vaccination at time of pregnancy (गर्भावस्था के दोरान होने वाली विभिन्न जांचे और टीके)	Services	Yes	No
		At least 3 ANC		
		IFA Tablets/ Syrup		
		T.T		

15	Necessary vaccination for children (बच्चे के लिए टीके)	Vaccination	Yes	No	Knowledge of vaccine time
		BCG			
		Diphtheria			

		Pertussis			
		tetanus			
		Poliomyelitis			
		Measles			
		Hepatitis B			
		Haemophilus Influenza type B			

Interview Guide (साक्षात्कार दिशानिर्देशिका)

Themes

1. Safe Motherhood (सुरक्षित मातृत्व)
2. Child Survival (बाल जीवन रक्षा)
3. Fertility and contraception(प्रजननता)
4. Reproductive Morbidity (प्रजनन संबंधी रोग)

Safe Motherhood

1. Marriage
   - ❖ Notion related to marriage (Age at marriage, Whom / where)

2. Pregnancy
   - ❖ First pregnancy
   - ❖ Declaration of pregnancy (When and How) 1- Home (kit, plus, other)
     2- Hospital
   - ❖ Pregnancy expressed
   - ❖ Care During pregnancy
   - ❖ Identification (Guess) of gens

3. Ante Natal Care
   - ❖ ANC Check up
   - ❖ ANC services
   - ❖ Food Practices (Accepted/Avoided)
   - ❖ Other daily practices (Rest, work etc.) 1-Indoor Practices
     2- Outdoor Practices

4. Intra Natal Care/ Delivery
   - ❖ Place of delivery (Institution / Home (Inside/Out Side)
   - ❖ preparation for delivery
   - ❖ Cleaning
   - ❖ Practices for delivery
   - ❖ Surgical Delivery/High Risk Delivery

5. Post natal care (Mother)
   - ❖ Post natal services 1-Checkup with 24 hrs.
     2-Suggestions from Doctor/ANM/Dai/other
     3-Resting/ family care/ suffer
   - ❖ Traditional practices
   - ❖ Food practices (Accepted/Avoided)

Child Survival

1. New born care

- ❖ Umbilical cord
- ❖ Birth Expedia
- ❖ Bathing, Raping, weight etc.
- ❖ Brest Feeding and related practices
- ❖ Any other post-partum practices for baby

2. Child care and Survival
   - ❖ Immunization
   - ❖ Feeding and Nutritional practices
   - ❖ Childhood Disease
   - ❖ Child mortality

Fertility and contraception

1. Fertility notion
   - ❖ Calculation of children 1- Social accepted numbers of children
     2- Girl/boy preference

2. Spacing (Minimum/Maximum)
3. Infertility
4. Contraception
   - ❖ Traditional methods
   - ❖ Modern methods

5. Abortion/Miscarriage
   - ❖ Safe abortion
   - ❖ Unsafe abortion

6. Unwanted pregnancy

Reproductive morbidity

- RTI/STI
- HIV/AIDS

Appendix-3: Brief Bio of Researcher

Brief Profile of the Scholar

Ms. Afsana

Permanent Address : Quidway Nagar, Gafoor Basti, Haldwani
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Present Address : Old Girls Hostel, Maulana Azad National Urdu University
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Email: afsanasiddiqui2011@gmail.com | Mobile: 9410914369; 7906742819

Educational Qualification

2015-2021: PhD in Social Work
Maulana Azad National Urdu University, Hyderabad (MANUU)

July, 2014: UGC-NET
National Eligibility Test (University Grants Commission)

2011-2013: Master in Social Work
Indira Gandhi National Open University, New Delhi (*IGNOU*)

2009-2011: Bachelors in Science (B.Sc)
Kumaun University, Nainital (KU)

Conferences

- Presented a on "Role of Education in Family Planning" in two days International Conference on Lifelong Learning organized by MANUU and AIAER(All India Association for Educational Research), Hyderabad

- Presented a on "Knowledge, Attitude and Behaviour regarding HIV/AIDS: A Study of Muslim Women of Haldwani City" in 2nd National Urdu Social Science Congress, 2018 (15-16 November) organized by School of Arts & Social Sciences & Centre for Promotion of Knowledge in Urdu, MANUU, Hyderabad

Publications

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Research

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Neonatal mortality, breastfeeding practices and popular common sense

ABSTRACT

Despite a proven inverse relationship between breastfeeding within one hour of birth and neonatal mortality, breastfeeding in India is marked by delayed initiation and a limited period of exclusive breastfeeding. This appears to be 'popular common sense', but it is not good sense, as it normalises the delayed initiation of breastfeeding. Narratives in the form of popular common sense perceptions around breastfeeding practices, were collected from Muslim women living in three different urban centres and regions of India — Haldwani, Nainital, Uttarakhand (north); Aligarh, Uttar Pradesh (centre) and Hyderabad, Telangana (south). 'Popular common sense' is used as a theoretical lens to understand how breastfeeding rituals are sanctified as normal and natural in popular perceptions. The diversity, intricacies, and cultural embeddedness of breastfeeding practices are explored and elaborated. It is argued that for promoting early and exclusive breastfeeding, it is important that public health professionals understand and negotiate 'popular common sense' perceptions on breastfeeding practices.

Keywords: *Breastfeeding; colostrum; prelacteal feeds; Muslim women; common sense*

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INTRODUCTION

'First *Azaan* (Muslim's prayer call) is recited in the ear of newborn then honey is given and then only breastfeeding is initiated ... I don't know why it is given', told a young mother laughingly. They do not know 'why' but they perform these rituals without fail, before initiating breastfeeding. How are these popular common sense perceptions or popular knowledge perceptions so fundamental to breastfeeding? To understand this, we need to explore the dominant socio-cultural constructions around breastfeeding and their uncritical acceptance in society as normal and natural in the form of popular common sense perceptions. Here, we endeavour to understand breastfeeding as a social and cultural phenomenon and demystify the ways in which breastfeeding practices are negotiated and made operational.

Human milk directly contributes to the infant's innate immunity. New findings clarify the multifunctional nature of human milk bioactive components and the potential effects of human milk on the infant that will never be possible with milk formulas (Cacho & Lawrence, 2017). The composition of human milk is dynamic with significant change from colostrum, transitional to mature milk. There is only a small volume of colostrum produced (from birth through the first 5 days of lactation), rich in leukocytes, protein, human milk oligosaccharides, bioactive factors, colony-stimulating growth factor and antioxidants (Ballard & Morrow, 2013). Early and exclusive breastfeeding play a vital role in protecting the infant against infections and providing a wide range of benefits for mothers, including the reduced risk of post-partum haemorrhage (UNICEF, 2018; WHO, 2018a; O'Brien, Myles & Pritchard, 2016). Epidemiological studies have shown that breastfeeding contributes to a significant reduction in mortality and morbidity, provides protection against intestinal and respiratory infections as well as malocclusion. It also increases in intelligence and there is probable reduction in overweight and diabetes (Edmond et al., 2006; Victora et al., 2016).

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UNSAFE ABORTION PRACTICES AND POPULAR COMMON SENSE REPERTOIRE: REINVIGORATING METHODOLOGICAL AND INTERVENTION ISSUES FOR SOCIAL WORK PROFESSIONALS

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Abstract

The unsafe abortions are still at large in India and more pathetic are the methods used for unsafe abortions. The ascribed stigma could be the reason for not utilizing the abortion services as also the non-disclosure of abortion experiences. But, popular common sense repertoire is full of the variety of unsafe abortions practices endangering the health and life of women. This calls for reinvigorating the methodological issues in understanding and mapping the abortion and abortion practices. The ontological, epistemological, and methodological issues in studying abortion are explored and explained in this study. It is argued that the framework of popular common sense repertoire on abortion could be helpful in not only mapping the unsafe abortion practices but also in planning

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Appendix-4: Certificate of Plagarism Check

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3.	Title of the Thesis / Dissertation	A study of Reproductive Health of Muslim Women in Nainital District of Uttarakhand
4.	Name of the Supervisor	Prof. Mohd. Shahid
5.	Department / Research Centre	Social Work (MANUU)
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