



Role of Socio-Cultural Norms in Shaping Women's Reproductive Health: A Qualitative Analysis of Married Women from Safdarabad, Punjab

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Abstract

Women's reproductive health plays a vital role to maintain their position in society. The practices to ensure the women reproductive health encapsulates many factors that range from religious to socio-economic. The study was conducted in Safdarabad, central Punjab Pakistan by using IDI's of thirty married women of reproductive age through purposive sampling. The findings reflect poor knowledge of reproductive health among married women that deprives them of exercising control over their bodies. The study also highlights the significant role of in-laws especially, mother-in-law and husband in the decisions related to women's reproductive health. Moreover, the role of religious beliefs has been found a dominating factor in matters pertaining to fertility control and family planning. In order to protect women from the plight of unwanted pregnancies and clandestine abortions, their understanding of fundamental health rights must be increased by bringing positive attitudinal change through socio-cultural norms and beliefs.

Key Words: Reproduction, Socio-economic Status, Religious Perceptions, Family Planning

Introduction

Currently, the reproductive issues appear to be accelerating in most of the societies. The discrimination against females are witnessed on the bases of their reproductive rights ([Tawab et al, 2015](#); [Coates et al: 2014](#); [Bosmans et al, 2008](#)). The marginalized position of women in Pakistani society silencing their voices in their own affairs. However, the reason behind the silenced voices of females for their personal issues is the dealing of men with them in daily life matters. Men regard them illogical and wavering in thoughts, despite realizing that the way they treat them becomes a reason of their lack of confidence ([Mahrukh, Ahmad & Iqbal, 2017](#)). The women of developed countries possess lack of knowledge about the factors that contribute to the increasing number of infertility rates. However, their ignorance about their own reproductive health results in drastic consequences. It seems that the most essential aspect of one's life that is reproduction process face ambiguous and uninformed position. They don't have accurate knowledge about the assisted technologies of reproduction as well as the maternal age ([Ford, et.al, 2020](#)).

According to the recent study, Pakistan included in the countries with highest stillbirth rates in the world. In Pakistan, as estimated by Maternal and Newborn Health Registry, 43 stillbirths are reported per thousand births mostly occur in rural areas. It seems that the unexperienced traditional birth attendants, maternal age along with their lack of knowledge are the main reasons in this regard ([Mcnolja, et.al, 2020](#)). This article focuses on the reproductive health and hygiene practices of married female dwellers of Safdarabad, Punjab Pakistan. Health refers to the mental and physical fitness of an individual. According to the definition of World Health Organization that was formulated in 1948 health is not merely the absence of disease and illness but also encompasses the well-being of an individual in correspondence to his/her mental, physical and social well-being. The hygiene practices of an individual ensure health status ([Machteld Huber: 2011](#)).

The capacity of women that distant them from men tends to the system of reproduction. She has the capacity to reproduce. It appears that many international forums and studies mainstream the issues regarding reproductive rights of women. Like, females should have control on their bodies as well as the freedom of choice as to when, how and how many numbers of children she would like to deliver. Furthermore, she should have accessibility towards modern methods of birth control and be well-informed about novel ideas in the discourse of sexual and reproductive health. The United Nations International Conference on human

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rights Teheran 1968 (ICHR) was the first international document to recognize reproductive rights. The conference had a view that parents are free to choose the number and spacing in children as it is their basic human right (Siddiqi & Ranganathan, 2001). Likewise, in the international conference on population and development (ICPD) held in Mexico in 1984, added to the definition of reproductive rights as the couples should get education and knowledge regarding their reproductive health. However, it assists them in their decisions regarding reproductive health and issues. The conference on international population and development which was conducted by center for elimination of all forms of discrimination against women (CEDAW) has also paid attention to the women related reproductive rights. They stated that the women reproductive rights must be distinguished and highlighted so that they can exercise their rights and freely decide and have control on their bodies (Rao, 2001). World conference on human rights which was held in Vienna 1993 (VCHR) discussed the development and betterment in the health facilities to women according to their environment. They ruminates on the quality of family planning methods and the right of women to get knowledge and awareness about their reproductive rights (Boerefijn, 2007).

Despite the international recognition of women reproductive rights, females in many societies of the world tend to be deprived from their basic rights of reproduction. Previous studies highlighted women's lack of autonomy with regard to contraceptives. Women educational status has strong association with the use of contraception (Tawab et al, 2015; Coates et al, 2014; Riyami, 2004; Gupta & Gupta, 1989). Moreover, the previous studies also illustrated women opting for unsafe abortions by unskilled practitioners (Sultana, 2020; Khan & Pamela, 2003), and increase in their social prestige after giving birth to male heirs due to son preferences (Ali, 1989; Arnold et al, 2002; Saeed, 2015).

It seems that numerous problems are emerging from the situation where females are deprived of their basic reproductive rights and access to health facilities encompassing it that ultimately leads to increase in maternal and infant mortality (Farrukh, Tariq & Shah, 2017). Many factors including socio economic, biological, cultural and poor quality of reproductive health services contribute to high rates of maternal mortality in Pakistan (Abbasi & Younas, 2015). It emerges as one of the biggest social problems of Pakistani society that needs to be addressed. The question that is raised here is if the international forums and previous literature highlighted the issue then why are we lacking in finding the solution? The present study encapsulates the different factors contributing to reproductive health and hygiene practices of married females. The study focuses on the reproductive health seeking behaviour of married female residents of Safdarabad. It further identifies in-laws behaviour and their involvement in reproductive practices. Moreover, socio-cultural factors and religious practices in reproductive health and hygiene in that area are also examined. Additionally, analysis of the position of females in decision making regarding family planning is also done.

The research questions are as follows: What are the socio-cultural practices of women to ensure their reproductive health and hygiene? To what extent the wife is participating in making decision of family planning? Is the participation of in-laws being significant in this regard? What are the religious myths that restrain women from adopting modern contraceptives?

Socio-Cultural Factors surrounding Reproductive Health

There is a strong possibility that the reproduction health and hygiene practices are influenced by the social and cultural values. The socio-economic factors play a vital role in shaping cognition and perceptions of the people. In the third world countries, women are living in subordinated and deprived position. The mindsets of the people who live in developing countries perceive women as an object of need satisfaction and sexual pleasure. However, the discriminated position of women is influenced by the socialization patterns for both genders. Therefore, the social surroundings and situational factors play significant role in determining people's perceptions (Saxena & Kumari, 2016). On the other hand, the objectification of women on media in terms of beauty and lust negatively affects their position in society and depicts the status of women quite differently in rural and urban settings (Pakeeza, 2015).

In Pakistani society, daughters are considered as economic burdens because of the prevailing dowry system in society. Furthermore, sons are good resource providers as compared to daughters. The married couple believes that if we have more sons, in future we have more chances of financial stability and prosperity as sons serve parents in their old age. Therefore, sons are considered as social security in old age (Pakeeza, 2015).

Arnold et al. (2002) stated that the practice of abortion has a strong connection with son preferences in India. The extreme wish for a male child compels the couple to abort female child after sex identification in

pregnancy. This practice leads to over population and abortions. The clandestine abortion performed by unskilled and untrained people drags a mother to life-threatening conditions. It tends that the main reason behind this alarming situation is son preference to upgrade the social status of a couple in a patriarchal society.

Research Design

With the help of interpretative approach of social sciences, this study was conducted through qualitative research methods using inductive approach that is primarily used in qualitative research method to generalize the findings of the study.

The research was conducted in Safdarabad, central Punjab Pakistan. The population of that area is more than 20,000 inhabitants with a Muslim majority. It appears that the area has insufficient facilities for the insurance of reproductive health care. It seems that majority of married females are not educated and that tends to influence their state of awareness about reproductive health and hygiene practices. The area was selected for the study to identify the state of reproductive health and practices among married females. Moreover, the major objective was to investigate the socio-cultural and religious factors involved in the practices of reproductive health. The data was collected from thirty married women who were selected with the help of a purposive sampling technique.

The researcher directly asked questions to the respondents in accordance with the prepared interview guide. Firstly, the researcher tried to make the respondent comfortable as they have to share their private information. The researcher assured the respondents to keep their information anonymous and confidential. After that, the researcher asked questions to the respondents by considering adaptive ethics. Therefore, the questions were asked in localized context. However, the researcher has an interactive nature of communication with the respondents (Opdenakker: 2006).

The data was analyzed with the help of thematic analysis which is most commonly used in qualitative research method. The data was interpreted in the form of thematic headings which are associated with the research questions and objectives of the study. Finally, the researcher analyzed the data extracted from interviews in thematic headings. The fictitious names of the respondents were used to ensure anonymity and confidentiality of them.

Results & Discussion

The findings of this study are discussed under relevant sections mentioned below:

Sources of Knowledge and Information

The researcher asked the respondents about their sources of information and knowledge for reproductive health and hygiene practices. Field findings reveal that majority of the women have least information to ensure their reproductive health as one of the stated that *'I had no knowledge about the sexual intercourse before the wedding day and my husband briefed me the nature of sexual activity within a marital relationship and the mandatory practice of ritualistic bath (Ghusl) after having sexual intercourse.'*

Although mothers are playing a significant role in providing reproductive health awareness still the detailed information is usually taken from the peer group that might be because of the friendly communications between them. One of the respondents Rubina, informed that, *"my mother only informed me about the menstruation process. The other reproductive issues were discussed between my peer groups. I passed 8 classes after that I joined madrassa (an organization for religious teachings) from where I got some knowledge about reproductive health and hygiene practices."*

One of the respondents Ruqaiya, believed that no one is exactly informed. She stated,

Shadi k baad khudi pata chal jata ha

You will get to know once you are married

Ruqaiya's words reflect her least concern to have scientifically correct information needed to safeguard sexual and reproductive health needs of young girls. Moreover, it also highlights their cultural resistance and reservations about the sexual information and knowledge before marriage. They considered it against their norms and values to talk about these issues directly and openly.

Influence of Financial Constraints on Reproductive Health

Financial affordability appears to be a crucial factor behind the adoption of reproductive health practices. People who hardly fulfil their basic needs of life cannot afford heavy fee of gynecologists. One of the respondents Zahida Bibi, argued that in all her pregnancies, she consulted the local practitioner (locally known as *da*) for not being able to pay the fees of service provider and also due to the lack of transport facility. Having no choice, she had to rely on the expertise of local practitioner.

The females who are facing the issues of infertility are more conscious about their financial status. As, one of the respondents Munira Begum, said that she consulted quack as the modern treatment of infertility is so much expensive. The traditional medicine prescribed by quack caused her health issues like acne, obesity and diabetes. She said her father-in-law once said to her husband,

Aurat paon ki jooti ha, purinaay to utar kr phenk do

Woman is like a shoe, if she is not of your size get rid of her

The above-mentioned statement reflects her fears and vulnerability for not being able to reproduce successfully and secure her marriage. She wished to afford modern ways of dealing with infertility.

Nexus Between Religious Teachings and Reproductive Health

All the religions give the right of physical well-being to everyone. The teachings of Islam promulgate the reproductive rights of an individual along with the health seeking behaviours to ensure the physical well-being as well. As, Islam is the religion of cleanliness, it has guidelines for the practitioners to safeguard their health status. It is generally recognized that in the matter of reproductive health, women face discrimination as well as exploitation based on religion. The reason behind that discrimination is the false interpretations of religious codes and principles (Serour, 2006). It seems that people are practicing their traditions in the name of religion, whereas they don't have any knowledge and awareness in this regard. One of the respondents Zahida Parveen stated that her husband doesn't allow contraceptive use considering it un-Islamic. Once she asked her husband about the family planning measures, he simply refused by saying that "*do not interfere in ALLAH's matter*".

It is observed that female lack basic knowledge regarding religious practices. Their mothers, peer group and husbands informed them more about it. Only one of the respondents Rubina said that before marriage she attended some sessions of *dars* [religious classes] from where she learned about the religious teachings regarding reproduction. No other respondent admitted having any kind of religious knowledge about reproduction.

Husbands Demand for Cleanliness and Hygiene Practices

It appears that husbands are conscious about the hygiene practices of their wives. One of the respondents Rubina said that her husband demands for cleanliness and they always have a conflict over this matter. She informed about not having enough time for herself due to excessive workload. She explained her husband's views as,

Meri khatir waqt nikal leya kro, mujhy tm saaf suthr iachi lgti

I like you when you are neat and clean, spare some time for my sake.

Another respondent Uzma explained her husband's opinion as

Wo aurat hi kia jo apny mard k leye tyar na ho aur humara mazhab bhi safai ki baat krta

A wife should get ready for her husband, its according to our religious teachings.

It can be concluded that the wives are evaluating the demands of their husbands on the bases of their own interests. It was observed that the respondents who are lethargic and lazy by nature accused the household chores as a hurdle towards maintaining their hygiene practices.

Role of In-Laws in Family Limitation and Fertility Regulation

The involvement of in-laws in family planning decisions of a married couple cannot be denied. One of respondents Abida said that her husband and mother-in-law never took her consent in any matter. Her mother-in-law decided when to get pregnant, who to consult and where to deliver a child. All her children were born at home with the assistance of traditional birth attendant and she could consult hospital only when her in-laws knew the upcoming baby is boy.

Field findings reveal that the role of mother-in-law in the family formation of a married couple is indispensable. One of the respondents Kalsoom said that her mother-in-law was not happy until she gave birth to a child who was born after six years of her marriage. She forced her son to remarry otherwise she will not forgive him.

Influence of Traditions on Reproductive Health Practices

Societal norms and cultural practices highly influence reproductive health practices of women. In the traditional Pakistani culture, young unmarried girls are not encouraged to participate in any discussion that surrounds married life or sexuality. Culture imposes certain restrictions on them such as avoiding physical contact with those women who experienced miscarriage. Post-partum is also a well-known practice among rural women that confines them to their homes. They are not permitted to go out of their home except in the case of emergency, like to visit a doctor. Even their elders do not let them open the door of their house. Interestingly, women agreed with the restrictions that they had to observe during the days of impurity. It reflects the influence of societal norms and culture on reproductive practices.

It appears that the elder married females play a significant role to guide the newly married women. Azra responded that her *bhabhi* (brother's wife) was divorced just because she did not bleed on her wedding night that is culturally considered a sign of being virgin. Women mentioned to remain under pressure till they proved their chastity by meeting this cultural expectation of being modest. This shows that many beliefs rural women held were not actually based on scientific reasoning rather just the byproduct of their cultural values.

Conclusion

Field findings reveal that socio-cultural and religious interpretations are playing significant role in shaping women's reproductive health practices. It is observed that people do not have enough knowledge about religious teachings and they merely practice traditional values in the name of religion. The denial of contraceptive and family planning methods is related to their religious misinterpretations. The married females selected in this study were greatly influenced by their societal norms and culture. They felt more comfortable complying to their norms that have been transmitted to them from previous generations. The findings of the present study represent that mothers and peer groups are the chief source of information and knowledge for women to understand their reproductive processes in the study area. Moreover, the financial stability of the family along with family structure has a great effect on the method female adopted to ensure their health status in this regard. The practices of females are affected by family structure due to the involvement of in-laws in this regard. Whereas, the previous literature highlighted the females deprived position because of her economic instability. Furthermore, the general position of female in family is relative and according to the family structure ([Tawab et al, 2015](#); [Bosman et al, 2008](#)). It appears that most husbands are demanding hygiene practices and cleanliness of their wives. However, wives are more concerned about the fulfillment of their household chores to become a perfect daughter-in-law and it becomes a matter of conflict between spouses. On the other hand, women are more conscious about the birth of a baby boy. Son preference is prevailing in the study area, and females attach their privilege and social security with becoming mother of a son.

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