

**HUSBANDS' SUPPORT TO WIVES IN ACCESSING REPRODUCTIVE
HEALTH SERVICES: A GENDER PERSPECTIVE FROM RURAL INDIA**

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This paper examines to what extent male partners can help women in accessing health services, specifically for rural Indian women who live in a socio-cultural environment where men have a dominant and important role. We also examine the impact of socio-demographic factors such as religion, age, number of children, women's literacy, and husband's education and occupation on treatment seeking behaviour of rural women. This study analyzes data gathered from rural Uttar Pradesh, India collected in 1998-99.

Justification:

In a patriarchal society such as exists in much of rural India, women's health and access to services cannot be studied in isolation of the role played by their male partners, since women are dependent upon their partners economically, socially and emotionally (Ramasubban, 2000). This is even more critical in the arena of reproductive health. Some studies in India suggest that women's reproductive morbidity is seldom discussed, and addressed only when it interferes either with their childbearing abilities or their ability to work in the home. Thus women suffer in silence (Barua and Kurz, 2001;Jejeebhoy et al, 2004). While there has been increasing attention to male involvement in women's reproductive health in some spheres (Barua et al 2004), research is still scant on men's involvement specifically for gynecological morbidities their wives suffer, and whether such involvement improves health-seeking and access to services. Our paper fills this gap by examining the extent to which (a) women discuss reproductive morbidities with their husbands, and (b) such involvement results in better health-seeking behavior and access to services. Further, we examine this taking into account all a range of potential factors that may influence health-seeking behavior.

STUDY DESCRIPTION AND DATA

This analysis is the part of a larger study¹ conducted in rural Uttar Pradesh, India, in 1998-1999, to study women's reproductive morbidity and men's involvement in their wives' experience of such morbidity. Data was collected² with the help of quantitative and qualitative techniques. A structured questionnaire was developed to collect data on sociodemographic characteristics, perceived symptoms of reproductive morbidity, care seeking behaviour, inter-spousal communication on morbidity, obstetric and contraceptive history, and focus group discussion and

¹ Study conducted by author for doctoral dissertation, entitled 'Reproductive health and Involvement of Men' from International Institute for Population Sciences, Mumbai- India.

² The data base in this paper is part of the larger data set of the above mentioned study.

in depth interviews were conducted to understand the obstacles faced by men in being involved in their wife's reproductive health.

This paper focuses on a sample of 595 women currently married in the age group of 14-49 who have reported suffering from gynecological morbidity at the time of data collection. To examine men's involvement, women were asked whether they discussed their problem with their spouse or not, what was the advice given, and what health-seeking action relate to type of medical provider, type of treatment they receive.

PRELIMINARY FINDINGS

Approximately 69 percent of the women included in this study reported suffering from at least one type of gynecological problem³. The problems most often identified include abnormal white discharge, abdominal pain, menstrual problems, uterine prolapse and fistula. About 50 percent of women reported currently suffering (at the time of survey) from white discharge. Fewer women reported currently suffering from abdominal pain (22%), menstrual problems (24%), uterine prolapse (14.6%) or fistula (17%).

Bivariate analysis indicates that among those women who are currently suffering from menstrual problems more than half were reportedly suffering for more than 3 years. Among those who have abnormal discharge, prolapse and fistula, more than one third were reportedly suffering for more than 3 years. The perceived severity varied among the problems, but a large proportion (two third and above) considered abnormal discharge, abdominal pain and prolapse to be somewhat serious.

Our analysis also shows that young women, those who have no children, and those lacking in education are less likely to share their reproductive problems with husbands than are women in their 30s, those who have had at least one child, and those with some education. This suggests that women in the early years of marriage, and particularly if they are un-educated, may have less power or a lower status in the household and thus be unable or embarrassed to share

³ The study focused on self report symptoms of gynecological problem which were not clinically tested. Information was collected on ever suffering and currently suffering from the problem. For this paper author has considered only women who were currently suffering.

gynaecological symptoms with their husbands. Other research on adolescent and young married women has found similar results (Barua et al 2001).

We also found that when women do share their problems with their husbands, they benefit: overall treatment seeking is higher among women these women compared to those who do not communicate with their spouses. Among those women suffering from reproductive problems except fistula more than half discussed their symptoms with their husbands. Among those who discussed, more than half had sought treatment for abdominal pain, abnormal vaginal discharge and menstrual problems. On the other hand, among those who did not discuss their symptoms with their husbands, less than one-fourth sought treatment. Finally, among those who sought treatment more than fifty percent utilized the private non allopathic health facilities.

Our study strongly suggests that improving couple communication is potential an important programmatic interventions for increasing women's care-seeking and access to services for gynaecological symptoms.

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