

GENDER ASPECTS OF REPRODUCTIVE CHILD HEALTH PROGRAMME A CASE STUDY OF JHARKHAND

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In 1995 the Government of India introduced the Reproductive and Child Health Programme (RCH) as part of "Paradigmatic Shift" in its ongoing Family welfare programme. The major impetus for this shift can be traced to the change in the international discourses around population policy and that had followed the International Conference for Population and Development (ICPD in Cairo, 1994). This was also a beginning of a global reproductive well being that draws considerably on feminist vision of women's empowerment. India was among the 179 countries that ratified the resolution of ICPD. Reproductive Child Health (RCH) implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often, to do so. Thus Reproductive Health Care is a method, technique and services that contribute to reproductive Health and well being by preventive and solving Reproductive child Health problems. Present study analyses the gender aspects of RCH in Jharkhand.

Keyword: Reproductive Health, HIV/AIDS, RIT/SIT

INTRODUCTION

The Reproductive and Child Health (RCH) programme that has been launched by Government of India in 1996-97 is expected to provide quality services and achieve multiple objectives. It ushered a positive paradigm shift from method-oriented, target-based activity to providing client-centered, demand-driven quality services. Also, efforts are being made to reorient provider's attitude at grassroots level and to strengthen the services at outreach levels. Because health is a fundamental right of people and improved health status of people not only leads to individual and social happiness but also significantly contributes to the economic development. Sexual and reproductive Health is a fundamental component of the physical and emotional health and well being of individuals, couples and families, and of the social and economic development of communities and nations. The International Conference on Population and Development (ICPD)¹ in 1994 captures the essential elements that make sexual and reproductive health so unique compared to other fields of Health, such as its holistic nature, its extension before and beyond the years of reproduction, and its socio-culture, gender and-human rights dimensions.

The adoption of ICPD was the beginning of the new era in the field of health i.e. RCH. Government and International agencies no longer speak of population control, but of Reproductive Health and Rights, and quality of services of care. New policies and programmes have been developed by many national Government as well as International Governmental agencies, especially to improve Reproductive Health. New Partnerships have been formed between Governmental and Non-Governmental Organisations working to implement Reproductive Child Health and Rights².

There are several innovative dimensions to the Government's new reproductive health programme that makes it unlikely to any of the other programmes that have focused on decentralized participatory planning, the target free approach, an emphasis on provision of quality services. It is however, the state's claim that the programme is "Gender Sensitive" and "Responsive to the needs of women" that deserves special attention.

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This claim of the government is an important one as “the states interpretation of “Gender” and “Gender Needs” is critical. If women, at all levels of social hierarchy are to realize the potential of reproductive empowerment. The term “Gender Ideologies” is a broad one and can pertain to various aspects associated with the construction of women, and the social relations between Men & Women. The Mental Organisations often assume that Gender issues can be effectively tackled through Crafty programme design without substantially without substantially questioning the dynamics of power and inequality in the society. What need to be critically examined is the fundamental understanding about Gender, that these “Gender Sensitive Policies, their ideologies of Gender”.

Gender inequity is a major Human right concern in India. It cuts across all other forms of discrimination and represents an added bias denying women and men the freedom to choose the means for their well being and growth. Our Society is organized around some given parameters and aims, the functionality of which is ensured by a set of systems and institutions. Gender is a socio-culturally determined identity of men and women. It could be understood as the process of acquisition of qualities, attitude, behavior patterns and roles through socialization by which biological categories of male and female becomes social categories of men and women. Women have been part of preserving the past, which has taken the form of cultural traditions that provides the link between generations, and connects past and future.

GENDER: THE CONCEPT

Gender, a debatable concept that crosses many disciplines has been defined and interpreted in various ways by different scholars. Ann Oakley (1972) defines gender as a matter of culture, which refers to the social classification of men and women into masculine and feminine³. Bhasin (2000) views gender as the socio-cultural definition of men and women, the way societies distinguish them and assign them social roles⁴. However, gender is man-made and is variable, which changes from time to time, culture to culture and even from family to family. Unlike a biological designation, gender is a social construction the differentiation and institutionalization of the expected characteristics, norms and behaviors associated with being female or male in a given social context. Defining and understanding the complex nature of gender as a social category has been characterized by the ideological struggle between the essentialist's and the social constructionist's conception of gender. Essentialist notion of gender argues that the distinctions and separate spheres assigned to women and men are inevitable and natural, owing to biological differences as natural opposites. Constructionists on the other hand, view it as a historically developed social system that operates interactively on social, political, economic and cultural levels. Nevertheless, it is an institution that acts as a key organizing principle in human social life (Kuumba, 2003)⁵.

Actually gender is related to status, which is related to discriminating behaviour of the society that is the differentiation in status. The behaviour is associated with any given status i.e. the position within a social system is referred to as a role. The concept of status and role are key components of a social structure and are necessary in helping us organize our lives in a consistent and predictable manner. In combination with the norms or shared rules of behavior established by society, we have prescribed methods of acting and associating with others. Gender roles, also known as sex roles, are thus the attitudes and behaviors, the members of a society are expected to act out (Lindsey, 1990)⁶. Again, it includes the rights and obligations that are normative for the sexes in a given society (Brinkerhoff and White, 1988)⁷. Similarly, Burnette (2006)⁸ defines gender roles, as those social behaviors, lifestyle and personality characteristics that women and men are expected to exhibit and people who adhere closely to these roles are gender-typed. By assuming that all members of a sex possess characteristics and behave in ways that are consistent with gender role expectations, we are gender stereotyping i.e., we expect females to be feminine and males to be masculine. Further, when we stereotype, we fall prey to gender bias, that is, we treat women and men differently and often based on their sex.

The issue of gender crosses many disciplines. Nevertheless, sociological concepts provide the basic framework for addressing gender role and thus, analyzing gender through the three major theoretical models seems pertinent. Functionalists such as Emiel Durkheim and Talcott Parsons, view that the smooth functioning of the family and the society necessitates the assigning of different roles to women and men, which results in social differentiation (Haralambous and Heald, 1992)⁹. In pre-industrial societies, women were spending more time in homes and taking care of the household and children. Consequently, men were assigned the role of breadwinner. Women were largely dependent on men for food and protection, emphasizing a high value to male activities. Gradually, the pattern became institutionalized resting on the belief that gender stratification is inevitable owing to biological sex differences. On the other hand, the conflict theorists like Karl Marx and Frederick Engels have highlighted the importance of private property. The protagonists of this thought assert that men have an economic advantage over women, which provides the basis for gender inequality (Dahrendorf, 1959)¹⁰. Contrary to functionalism and conflict theory, which approach gender roles from a broad societal view, symbolic interactionists give importance to the people's perception of their own behavior as well as the behavior of others (Mead, 1934)¹¹. Interactionists view gender as a component of ongoing interactions among people, in which the actions are influenced by the expectations of the perceivers, negotiation of their own identities and most importantly the setting in which the behavior occurs (Deaux and Major, 1987)¹².

IMPORTANCE OF THE STUDY

The youth, a considerable percent of Indian population, are experiencing rapid changes in a fast changing world. The perception of their being less vulnerable to diseases, their large number, priorities set for the limited resources and above all general failure to understand their needs seems to lead them to be under-serving from service point of view. It is evident that gender plays an important role in sexual and reproductive behavior of youth. However, the studies in the past have primarily focused on men in the urban settings and only a few have attempted to study young women. There are even fewer studies, which addresses issues such as association of gender roles with vulnerability towards RTIs/STIs and HIV/AIDS; problems and prospects of being young parents besides the coping strategies adopted by youth. Further, studying sexual and reproductive rights from a gender perspective in a rural set-up will unfold many un-addressed issues.

In the above context, it is now strongly argued that there is a need to study the sexual and reproductive behaviour of married youth from a gender perspective. It has-been expected that such an attempt would unfold some of the ways in which society transmits and reinforces the ideological beliefs pertaining to women and men in different socio-cultural settings.

OBJECTIVES OF THE-STUDY

Broadly, the present study focuses on the sexual and reproductive health risks of married rural youth from a gender perspective. The prime objectives of this study are:

- To analyse the gender role, about sexual and reproductive health of Sample youth.
- To analyse the association between the socio-cultural factors including gender role and unintended parenthood, risk of RTI/STI as well as HIV/AIDS.

METHODOLOGY

A multi-stage sampling design had been adopted for selecting the youth for the study. At the first stage 5 tribal dominated districts like Pakur (49.3%), Lohardaga (56.4%), West Singhbhum (66.4%), Gumla (69.8%) and Simdega (72.4%) (Census 2001) were selected, out of 5 existing district firstly 2 blocks froms each districts were randomly selected for the study. And at the second stage, 20 villages of more than 300 households were selected at random (10 each for men and women). The distribution of the villages for

interviewing young men and women were done at random as well. This was followed by complete house listing of all 20 selected villages. At the time of house listing, information about sex and marital status of the persons aged 15-29 years had been collected to identify the households having eligible youth for the main survey. With this, a new list of households having at least one eligible youth had been prepared for each of the 20 villages. In view of the non-response, 20 percent over sampling of the sample size had been done. From the new list of households, 30 households from each village were selected using circular systematic random sampling. Keeping in view the sensitiveness of the information to be collected and problems envisaged during data collection, it was decided to interview only one youth from a household and separate village for the men and women. In case more than one eligible youth in the selected household, only one youth for the interview was selected, the findings of the present research are thus based on 250 married women aged 15-24 years and 250 married men aged 20-29 years.

The study has been conducted in three phases i.e. the pre-survey qualitative phase, the main survey and the post-survey qualitative phase. In the pre-survey qualitative phase, focus group discussions (FGDs) separately for young men and women in some selected villages were conducted. The selection of those villages was done at random in the block selected for the main survey. The youth for the FGDs were selected keeping in mind the age, education, occupation, caste and marital duration etc. These focus group discussions were carried out mainly to understand, the society's perception about young boys and girls, sexual and reproductive life of young people, health problems youth usually suffer from, and coping strategies besides the existing gender differences in the society.

FINDINGS

The study analyses the association of perceived gender role with selected sexual and reproductive health risks of youth using both qualitative and quantitative tools. At first, the chapter discusses the perceived gender role of youth and its differentials by sex. The chapter further describes the dynamics of perceived gender role and youth sexual behavior. This is followed by the discussion on experience of RTI/STI and its correlates. Finally, the chapter portrays the experience of unintended parenthood¹ and its attributes, with special emphasis on perceived gender role.

GENDER ROLE IN REPRODUCTIVE HEALTH

Gender roles, the attitudes and behaviors, which the members of a society are expected to act out, are variable and change from culture to culture, place to place and even from family to family. The data in table 1 reveals youth's gender role towards sexual and reproductive behavior by selected household characteristics. It is evident that 15 percent of the young men have a low equitable view, while another 57 percent possess a moderate equitable view, and the rest are in favor of higher gender equity in sexual and reproductive behavior of both sexes. On the other hand, in case of the young women, 17 percent have a low equitable view, 35 percent a moderate equitable view, and the remaining a high equitable view towards the sexual and reproductive behavior of both sexes. Again, irrespective of sex, higher percentages of youth residing in non-nuclear families possess a higher equitable gender role than those residing in nuclear families. Chi-square test also suggests existence of an association between the above mentioned variables have a positive relationship. As may be seen, the percentage of young men having higher equitable gender role is 11 percent, 17 percent and 34 percent, respectively, among those aged 20-24 years, 25-27 years and 28-29 years. A similar trend can be observed so far as the age at marriage is concerned. The data again reveals that irrespective of educational status, a majority of the young men have a moderate equitable gender role. However, out of the young men with ten or more years of schooling, 41 percent have a higher equitable view, while the same figure is 31 percent and seven percent, respectively, among those with six to nine years of schooling and less than six years of schooling.

¹ Experience of any pregnancy that is/was not wanted by youth at that time it happened or is/was not wanted at all.

Table 1: Gender Role towards Sexual and Reproductive Behavior of Sample

Individual characteristics	Men				Women			
	Low equitable	Moderate equitable	High equitable	Number	Low equitable	Moderate equitable	High equitable	Number
Age*								
15-19 years ¹ / 20-24 years ²	57.9	31.6	10.5	19	34.8	26.1	39.1	23
20-22 years ¹ / 25-27 years ²	14.1	69.0	16.9	71	32.5	31.3	36.3	80
23-24 years ¹ / 28-29 years ²	10.6	55.0	34.4	160	5.4	38.8	55.8	147
Age at marriage								
< 18 years	--	()	--	1	20.0	48.9	31.1	45
18-20 years	69.2	26.9	3.8	26	23.0	28.7	48.4	122
21-24 years	3.6	75.0	21.4	56	6.0	37.3	56.6	83
25-29 years	10.8	55.7	33.5	167	NA	NA	NA	NA
Education*								
0-5 years [@]	28.3	65.0	6.7	60	22.2	41.3	36.5	63
6-9 years	13.2	56.2	30.6	121	9.3	35.5	55.1	107
10 or more years	7.2	52.2	40.6	69	22.5	30.0	47.5	80
Present occupation								
Household work	--	70.0	30.0	10	16.9	34.3	48.8	213
Cultivation/ labour	19.2	61.6	19.2	151	26.3	31.6	42.1	19
Business/service sector	10.1	48.3	41.6	89	5.6	50.0	44.4	18
Mass media exposure[€]								
No exposure	--	72.2	27.8	18	15.6	60.0	24.4	45
Partial exposure	20.1	58.7	21.2	189	19.9	32.2	48.0	171
Full exposure	--	44.2	55.8	43	2.9	17.6	79.4	34
Caste*								
Scheduled caste	34.8	58.7	6.5	46	32.0	32.0	36.0	50
Other backward class	13.3	53.3	33.3	120	22.0	31.0	47.0	100
General caste [#]	7.1	61.9	31.0	84	4.0	41.0	55.0	100
Total	15.2	57.2	27.6	250	16.8	35.2	48.0	250

1 Age of women. 2 Age of men. () Not calculated. NA: Not applicable. @ Includes non-literates. -- No observations. # Those who do not come under SC, ST or OBC category.

* Chi-square test is significant at 1 percent level of significance for both men and women

€ Chi-square test is significant at 1 percent level of significance for women only

Table 2: Gender Role towards Sexual and Reproductive Behavior by Selected Household Characteristics

Household characteristics	Men				Women			
	Low equitable	Moderate equitable	High equitable	Number ¹	Low equitable	Moderate equitable	High equitable	Number ¹
Type of family*								
Nuclear	47.4	31.6	21.1	38	34.5	31.0	34.5	29
Non-nuclear	9.4	61.8	28.8	212	14.5	35.7	49.8	221
Parent's education^Y								
Both non-literate	10.8	65.7	23.5	102	14.0	40.9	45.2	93
Either literate	1.9	50.0	48.1	52	24.6	29.2	46.2	65
Parent's occupation								
Both not working	--	75.0	25.0	24	8.7	30.4	60.9	23
Either working	16.8	55.3	27.9	226	17.6	35.7	46.7	227
Household wealth index								
Low	24.0	57.7	18.3	104	13.8	53.8	32.3	65
Medium	11.5	55.8	32.7	113	22.9	22.9	54.3	140
High	--	60.6	39.4	33	2.2	46.7	51.1	45
Total	15.2	57.2	27.6	250	16.8	35.2	48.0	250

¹ Total may not add to N due to missing cases. -- No observations

* Chi-square test is significant at 1 percent level of significance for both men and women

^Y Chi-square test is significant at 1 percent level of significance for men only

The analysis elucidates that a higher percentage of youth from both sexes, whose one parent is literate, have a higher equitable view compared to those with both non-literate parents. As may be seen from the data, 48 percent of the young men with one literate parent have a higher equitable view while the same is 24 percent among the young men with both non-literate parents. The same figures are, respectively, 46 percent and 45 percent in case of young women. Nevertheless, chi-square test reveals an association between the education status of the young men's parents and their perceived gender role. Young men having one parent working outside the home have a relatively higher equitable gender view (28 percent) than those whose parents do not work outside the home (25 percent). However, it seems that parent's occupation outside the home has little impact on young women's perceived gender role towards sexual and reproductive behavior. As the data shows, 61 percent of those young women whose both parents are not working outside the household possess a higher equitable gender view (based on 23 observations) while the same figure is 47 percent among the young women whose either parent work outside the home. The reason may be that irrespective of occupational status of the parents, young women are often socialized to adhere to the traditional gender role of female submissiveness, which in turn is reflected in their subsequent ways of thinking and actual behavior. It is also clear that irrespective of sex, a relatively higher percentage of youth from households with a moderate or high wealth index have a higher equitable gender role than their counterparts belonging to households with a low wealth index.

The information in table 2 provides youth's perceived gender role towards sexual and reproductive behavior by selected individual characteristics. Age of the young men and higher equitable gender role has been found to the percentage of young men with a high equitable gender view are again higher among those engaged in business/service sector (42 percent) than those engaged in cultivation/labour (19 percent) or exclusively in household works (30 percent). Exposure to mass media is further expected to influence the gender role in a more equitable direction and has been found in the present analysis too. It has been observed that among those young men with full mass media exposure, 56 percent have a higher equitable gender role. The corresponding figures are 21 percent and 28 percent, respectively, among those with partial and no exposure. Most of the young men belonging to scheduled caste (SC) have either a moderate (59 percent) or low equitable gender role (35 percent). It may be due to their backwardness on other social fronts like low education and no/partial exposure to mass media. Additionally, among the young men belonging to other backward class (OBC) and general caste (Non-SC/ST/OBC), a majority have a moderate equitable gender role.

In case of women, analysis reveals that out of the young women aged 23-24 years, 56 percent have a higher equitable gender role followed by 39 percent with a moderate equitable view, and the rest with a low equitable view. The same figures are 39 percent, 26 percent and 35 percent, respectively, among those aged 15-19 years. This may be due to the possible simultaneous increase in the bargaining power of the young women in household matters, with increase in their age. A similar trend can be observed so far as the age at marriage of the young women is concerned. Again, a higher percentage of the young women with ten or more years of schooling (48 percent) have a higher equitable gender role than those young women with less than six years of schooling (37 percent). Analysis further reveals that almost half of the young women (49 percent) engaged in exclusive household work possess a higher equitable view while the same figure is 44 percent and 42 percent, respectively, among those engaged in business/service sector and working as laborers.

Young women's exposure to various mass media appears as a factor working towards gender equity, as 79 percent of those with full mass media exposure possess a higher equitable view as against 24 percent among those with no mass media exposure. The data in the same table clarifies that 36 percent of the young scheduled caste women have a higher equitable view, which is 47 percent and 55 percent, respectively, among those young women from other backward class and general caste. Chi-square test finds that regardless of sex, there is a significant association between age and perceived gender role of youth. Similarly, education and caste of the youth shows a significant association with their perceived gender role. However, exposure to mass media and perceived gender role has significant association among the young women only.

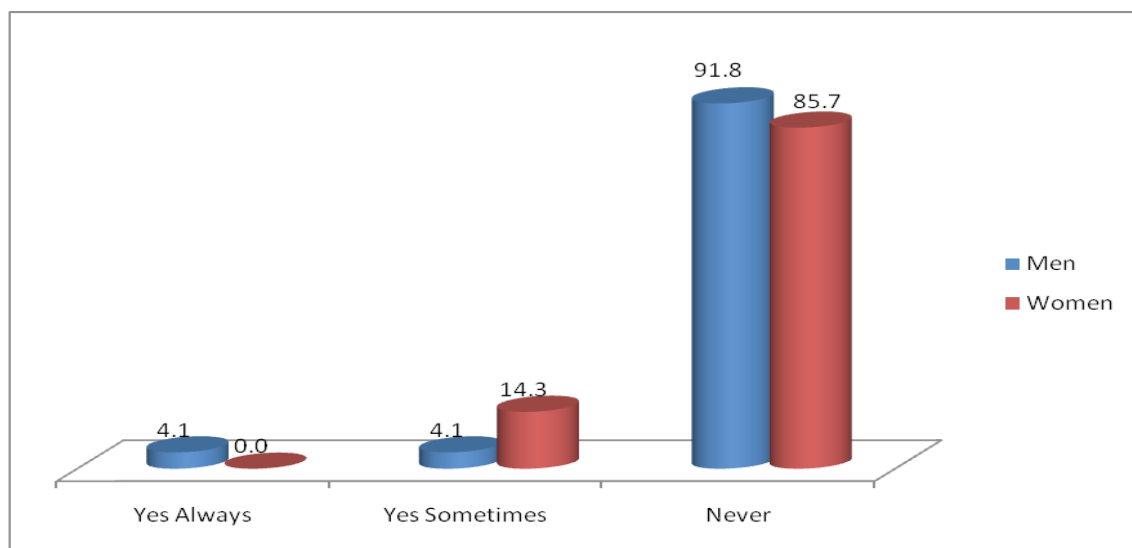
SEXUAL HEALTH RISK & SEXUAL BEHAVIOUR

Sexual health matters are considered as something private and an issue not to be discussed in public sometimes even within the family, especially in the Indian context. What comes out from the field data is that perceived gender role of youth contributes largely to their sexual behavior. While society praises the virginity for girls until marriage and being faithful to their husband, the picture emerges slightly different for boys. For the young women from the onset of menarche to menopause, their sexual behavior seems to be controlled by either parents or husbands besides their own perception about their expected behavior. They are often considered to be more volatile and thus require restrictions. Though boys are not encouraged to have sex outside the marital union, society has a softer view in case if one is found to be indulging in such activities. Surprisingly, many of the young women also have similar opinion. Social stigma as well as discrimination and the young women's own internalization of their expected gender role perhaps lead to such thinking.

RISK OF HIV/AIDS

Risk of HIV/AIDS among the reproductive age group is comparatively high because of unsafe sex. The information in figure 1 reveals the frequency of condom use with premarital sex partners. Analysis shows that most of the young men (45 out of 49) have never used any condom with their premarital sexual partners. Some of these partners are with unknown sexual history and thus the youth expose them as well as their partners to sexual and reproductive health risks such as unintended parenthood, RTI/STI as well as to the risk of HIV/AIDS. Qualitative data analysis reveals that perceived masculinity of the young men besides their attitude towards the partners and perceived decline in pleasure influences the condom use in premarital encounters.

Figure 1: Frequency of Condom Use in Premarital Sex



The situation among the young women is also not better as a majority (12 out of 14) have revealed that their partners have never used any condom during those premarital sexual encounters. The data further illustrates that none of the young men with a low equitable view has always used condom, while the same figure is 2 out of 31 among those with a moderate/high equitable view (table not shown). Although, the above results are based on a relatively small sample, the trend it shows is a matter to be taken seriously.

RTI/STI

RTIs/STIs and their outcomes are an important component of programs for family planning, child survival, women's health, safe motherhood and HIV prevention. RTIs/STIs not only pose a threat to health but also impose an economic and social burden due to the stigma and discrimination associated with these infections. The present study tries to understand the experience of RTI/STI and the demographic as well as socio-cultural factors, including gender role affecting RTI/STI among the rural youth. The findings are given below:

PREVALENCE OF RTI/STI

The data in table 3 shows the percentage of youth, who have experienced any symptom of RTI/STI and the specific symptoms during the three months prior to the survey.

Table 3: Symptoms of RTI/STI among Sample Youth during Three Months Preceding the Survey

Men (20-29 years)	Percent	Women (15-24 years)	Percent
Any RTI/STI Symptoms	36.8	Any RTI/STI Symptoms	34.8
Involuntary loss of semen	18.4	Itching over vulva	15.6
Thinning of semen	12.8	Boils/ulcers/warts around vulva	11.2
Early ejaculation	12.0	Any involuntary escape of urine	9.6
Swapnadosh/wet dream	11.2	Pain in lower abdomen not related to menses	8.8
Burning during urination	9.6	Low backache	8.8
Kamjori/sexual weakness	9.2	White discharge	8.8
Loss of sexual desire	8.8	Pain during sexual intercourse	6.0
Quantity/colour of semen	6.0	Frequent/painful passage of urine	4.0
Redness/bentness of penis	5.6	Bleeding after sexual intercourse	2.0
Ulcers in genital	4.8	Mass coming out of vagina	1.2
Lack of penile erection	2.8	Swelling in the groin	0.8
Garmi	2.4		
Number of men	250	Number of women	250

It is apparent that a little higher than one-third of the young men aged 20-29 years (37 percent) have experienced any RTI/STI. Exploring the specific symptoms, 'involuntary loss of semen' is the most commonly prevalent problem as a majority of the young men (18 percent) have reported it. 'Thinning of semen' and 'early ejaculation' are other commonly prevalent problems, respectively, reported by 13 percent and 12 percent of the young men. Besides this, nearly 10 percent of the young men have also revealed 'wet dream', 'burning during urination', 'sexual weakness' and 'loss of sexual desire'. The same table reiterates that about one-third of the young women aged 15-24 years (35 percent) have experienced RTI/STI during the three months preceding the survey. 'Itching over vulva' and 'boils/ulcers/warts around vulva' has come out to be the most commonly prevalent problems as, respectively, 16 percent and 11 percent of the young women have revealed. Besides this, 'any involuntary escape of urine', 'white discharge', 'pain in lower abdomen not related to menses' and 'low backache' are the other problems revealed by nearly 10 percent of the young women.

The data in table 4 provides the percentage of youth who have experienced any symptoms of RTI/STI during the three months prior to survey by selected background characteristics. The analysis shows that 79 percent, 32 percent and 23 percent of the young men, respectively, with a low, moderate and high equitable gender role have experienced any RTI/STI. A similar trend may be observed in case of young women. As may be seen, 69 percent of the young women with a low equitable gender role have experienced it, while the same figure is 27 percent and 28 percent, respectively, among those with a moderate and high equitable view. It may be due to that youth with a high equitable view probably have more awareness of RTI/STI coupled with subsequent inter-spousal discussion on the issue, and thus are in a better position to prevent it.

Table 4: RTI/STI during Three Months Prior to Survey among Sample Youth

Background characteristics	Men		Women	
	Percent	Number	Percent	Number
Perceived gender role				
Low equitable	78.9	38	69.0	42
Moderate equitable	32.2	143	27.3	88
High equitable	23.2	69	28.3	120
Age				
15-19 years ¹ /20-24 years ²	68.4	19	56.5	23
20-22 years ¹ /25-27 years ²	38.0	71	41.3	80
23-24 years ¹ /28-29 years ²	32.5	160	27.9	147
Inter-spousal age gap				
3 years or less	36.3	91	36.7	60
4 or more years	37.1	159	34.2	190
Decision-making power in the household				
Low/medium	33.9	127	37.8	193
High	39.8	123	24.6	57
Duration of marriage				
Less than 3 years	33.5	161	32.5	123
3 or more years	42.7	89	37.0	127
Couple's educational status				
Both have 0-5 years of schooling [@]	50.0	38	52.5	40
Either have 6-9 years of schooling	37.4	131	27.9	104
Either have 10 or more years of schooling	29.6	81	34.9	106
Present occupation				
Household work only	--	10	31.9	213
Cultivation/labour	36.4	151	73.7	19
Business/service sector	41.6	89	27.8	18
Mass media exposure				
No/partial exposure	40.6	207	35.2	216
Full exposure	18.6	43	32.4	34
Comprehensive knowledge about RTI/STI*				
Yes	41.5	212	35.1	231
No	10.5	38	31.6	19
Inter-spousal communication on reproductive issues				
Poor	57.0	79	52.0	50
Average/good	27.5	171	30.5	200
Caste				
Scheduled caste	65.2	46	52.0	50
Other backward class	25.8	120	32.0	100
General caste [#]	36.9	84	29.0	100
Household wealth index				
Low	37.5	104	40.0	65
Medium	36.3	113	36.4	140
High	36.4	33	22.2	45
Total	36.8	250	34.8	250

1 Age of women. 2 Age of men. @ Includes non-literates. -- No observations. # Those who do not come under SC, ST or OBC category. *Chi-square test is significant at 1 percent level of significance for both men and women

It has been noticed that irrespective of sex, RTI/STI experience is less among the relatively older youth than the younger ones. As may be seen, 68 percent of young men aged 20-24 years have experienced any RTI/STI while the same figure is 33 percent among those aged 28-29 years. Similarly, among the young women, about 57 percent of those aged 15-19 years have experienced any RTI/STI as against 28 percent of those aged 23-24 years. However, inter-spousal age gap seems not to make much difference in RTI/STI experience. Again, no clear trend has emerged so far as decision-making power in the household is concerned. As may be seen, 40 percent of those young men with a relatively high decision-making power have experienced any RTI/STI compared to 34 percent of those with a low/medium decision-making power. On the contrary, lower percentage of those young women with a high decision-making power has experienced any RTI/STI (25 percent) than those with a low/medium decision-making power (38 percent).

The data in the same table reiterates that irrespective of sex, a higher percentage of youth with three or more years of marriage duration have experienced any RTI/STI than their counterparts with less than three years of marriage duration. The possible reason may be that with increase in duration of marriage, the risk of RTI/STI increases owing to more exposure to sexual acts. Education is likely to increase the awareness of RTI/STI and subsequent decline in its prevalence. The findings of the present study have come out on similar lines. As may be seen, among the young men reporting either partner with ten or more years of schooling, about 30 percent have experienced any RTI/STI while the same figure is 50 percent among those reporting both partners with less than six years of schooling. The trend is almost similar among the young women. Again, 42 percent of the businessmen/service holders and 36 percent of the cultivators/laborers have experienced any RTI/STI. However, in case of the young women, 74 percent, 28 percent and 32 percent, respectively, of the cultivators/laborers, the businessmen/service holders and the housewives have experienced it.

Exposure to mass media is considered as increasing the awareness about RTI/STI and subsequent decline in its prevalence. It has been observed that merely 19 percent of the young men with full exposure to mass media have experienced any RTI/STI as against 41 percent of those with no/partial exposure. Among females, it is 32 percent and 35 percent, respectively, among those with full exposure and no/partial exposure. Comprehensive knowledge about RTI/STI is expected to decrease RTI/STI prevalence and the present study confirms the same. Chi-square test also reveals significant association between the two variables. Inter-spousal communication on reproductive issues has emerged as a deterrent to experience of RTI/STI as the data reveals that irrespective of sex, a lower percentage of youth with an average/good inter-spousal communication have experienced any RTI/STI than their counterparts with poor inter-spousal communication. Again, regardless of sex, a higher percentage of the scheduled caste youth have experienced any RTI/STI compared to youth belonging to OBC or general category. Additionally, a higher percentage of young men and women from households with a low wealth index have experienced any RTI/STI as against their counterparts from households with a medium or high wealth index.

DETERMINANTS OF RTI/STI

The data in table 5 portrays the odds ratios from logistic regression assessing the association between youth's selected background characteristics and experience of any RTI/STI.

Table 5: Ratios from Logistic Regression Assessing the Association between Youth's Selected Background Characteristics and Experience of any RTI/STI

Background characteristics	Men	Women
	Exp (B)	Exp (B)
Perceived Gender Role		
Low/moderate equitable ®	.588*	.695*
High equitable		
Age		
15-22 years ¹ /20-27 years ² ®	.594	.501**
23-24 years ¹ /28-29 years ²		
Duration of Marriage		
Less than 3 year ®	1.908*	1.595
3 or more years		
Couple's Educational Status		
Both have 0-9 years of schooling [@] ®	.675	1.332
Either have 10 or more years of schooling		
Decision-making Power in the Household		
Low/medium ®	.934	.555
High		
Inter-spousal Communication on Reproductive Issues		
Poor ®	.294***	.469**
Average/good		
Caste		
Scheduled caste/ other backward class ®	1.653	.748
General caste [#]		
Household Wealth Index		
Low ®	1.552	.886
Medium/high		
Constant	1.248	1.622

1 Age of women. 2 Age of men. @ Includes non-literates. ® Reference category.

*** $P < 0.01$ ** $P < 0.05$ * $P < 0.10$. # Those who do not come under SC, ST or OBC category

It has been observed that after controlling the effects of other variables, there prevails an inverse and statistically significant association between the perceived gender role of youth and RTI/STI experience. As may be seen from the odds ratio, the likelihood of RTI/STI is significantly low among the young men with a high equitable gender role than those with a low/moderate equitable gender role and the association is statistically significant too. A similar picture may be noticed so far as the association between the two above-mentioned variables among the young women is concerned.

It is also evident that although statistically not significant, the likelihood of any RTI/STI is low among the young men aged 28-29 years than those aged 20-27 years. Similarly, young men with a high decision-making power in the household are less likely to experience any RTI/STI than those with a low/medium decision-making power. However, duration of marriage seems to have a significant linear association with RTI/STI experience, as with increase in it, the chance of any RTI/STI increases too. Joseph et al.

(2003) in their study among the rural young married women in Tamil Nadu have also found similar results. Again, inter-spousal communication on reproductive issues shows an inverse and statistically significant association with experience of RTI/STI. The probability of any RTI/STI is high among the young men belonging to general caste than those belonging to SC/OBC category. Additionally, after controlling the effect of other variables, young men from households with a medium/high wealth index are more likely to face the problem than those from households with a low wealth index.

So far as the other determinants of RTI/STI among the young women are concerned, the picture is almost the same like that of the young men except for the variables such as the couple's education, caste and household wealth index. It has been found that controlling other variables, the likelihood of RTI/STI is high among the young women reporting 'either partner with 10 or more years of schooling' than those reporting 'both the partners with less than 10 years of schooling'. Again, although not statistically significant, the chances of RTI/STI are less among those from households with a medium/high wealth index compared to those from households with a low wealth index. Besides this, general caste young women are less likely to have the problem than those from SC/OBC category.

CONCLUSION

The present study finds an unequal perceived gender role of youth towards sexual and reproductive behavior of both sexes. The majority of young men have a moderate equitable gender role while the majority of young women are with a high equitable gender role. The study further validates that the household level variables such as parent's education and type of family are significantly associated with perceived gender role of youth. Similarly, the individual level variables like age, education and exposure to mass media do have a significant association with perceived gender role of youth.

The study reveals that about 20 percent of the young men and 6 percent of the young women have experienced premarital sex. Analysis reveals that the factors such as ideal attitude towards premarital sex, presence of unmarried sister(s) in the family seem to be deterrents in premarital sex while migration has been proved to enhance the chances of premarital sex. Again, although not statistically significant, youth with a moderate/high equitable gender role are less likely to indulge in premarital sex compared to those with a low equitable gender role. The study reiterates that young men are more likely to experience premarital sex in comparison to young women. The majority of these premarital sexual encounters are unplanned and unsafe in nature, exposing the youth to a host of unwanted sexual and reproductive health outcomes. Analyzing condom use during these premarital sexual encounters, it has been observed that a majority of the young men have never used a condom, often owing to ignorance of the consequences, non-availability of condoms, and most importantly their negligent attitude towards their partners.

The study further finds that about half of the young women have not enjoyed their first marital sex while almost all the young men have reportedly enjoyed it. A considerable percentage of young women further reveal that they were forced to have sex by their respective husbands during their first marital sex. Qualitative data finds many young men with the perception that the wife's unwillingness for sex during the first encounter as something expected out of them. It has also been found that many young people consider painful first sexual intercourse for young women as a sign of their virginity and usually is praiseworthy. Extramarital sex seems to be less prevalent in the study population as only a few of the young men have reported it. It is again the contextual factors, desire to fulfill sexual need, besides the perceived gender role of the young men that have emerged to be the factors influencing extramarital relation of the young people. Although, the finding is based on a small sample, the perception of the young people towards such relationships is surely a matter of concern.

The study reiterates that regardless of sex, a little higher than one-third of youth have experienced any self-reported symptoms of RTI/STI during the three months preceding the survey. Again, experience of RTI/STI has a significant inverse association with perceived gender role of youth. The possible explanation may be that youth with a relatively higher equitable gender role are expected to have a good inter-spousal communication on reproductive issues leading to more awareness about RTI/STI, maintenance of hygiene, care for partner's health and subsequent decrease in the prevalence of RTI/STI. There exists wide variation in the experience of RTI/STI among youth from different castes, from households coming under different economic strata of the society, among those in different age groups, with different education level, with different degree of mass media exposure and above all with level of inter-spousal communication on reproductive issues.

A sizeable number of youth in the study area have experienced any unintended parenthood. The finding from multivariate analysis reveals that irrespective of sex, after controlling the effects of other variables, there exists a significant inverse association between perceived gender role of youth and experience of unintended parenthood. Society expects the newly married couple to be parents soon after marriage in order to be a man or woman in the true sense or in other terms to be a 'real man/woman'. People are often influenced/ pressurized to adhere to these culturally accepted roles of a man/woman and have children, for which they may not be prepared at that point of time. Again, it is the young women who are under more pressure to prove their fecundity and are also the more disadvantaged ones. The findings from qualitative data support that poor contraceptive awareness, low autonomy, and an unpleasant environment in the family besides a desire to avoid social criticism of being labeled barren- young women succumb to the traditionally expected gendered role, often resulting in early conception soon after marriage.

Notes

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