

# Knowledge and Practice of Women Reproductive Health Rights in a Tea Garden of Jorhat District

Lipika Sarmah<sup>1</sup> and Dr. T.R. Gogoi<sup>2</sup>

<sup>1</sup>Research Scholar, Department of Sociology, USTM

<sup>2</sup>Professor, Department of Sociology, USTM

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**Abstract**—Reproductive health rights ensure that people are able to have satisfying and safe sex life and that they have the capacity to reproduce with freedom to decide, when and how often to do so. This study deals with knowledge and practices among the women tea workers regarding reproductive rights which leads to women empowerment by letting her decide how many children to have, the spacing and the methods of contraceptive to be used. A descriptive study was conducted among 100 women of a tea garden in Jorhat district who belongs to the reproductive age group. Of the 100 respondents, majority were of the age group 18-28. Most of them were illiterate and lack basic awareness towards reproductive health and rights. The women also lack in the use of Family planning services provided by the Primary Health Centres. Thus, the knowledge and practice of reproductive health rights were significantly low among the women tea workers in the Tea Garden.

**Keywords:** Reproductive Health Rights, Empowerment, Family Planning services.

## INTRODUCTION

Reproductive rights refers to the rights of an individuals to be able to decide whether to reproduce or to have reproductive health, which comprises an individual's right to family planning, use of contraceptives methods, sex education, terminate a pregnancy, and proper access to reproductive health services. The World Health Organization defines reproductive rights as "Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence." Reproductive rights began to develop as a subset of human rights at the United Nation's 1968 International Conference on Human Rights (Freedman, 1993). Amnesty International has argued that the realization of reproductive rights is linked with the realization of a series of recognized human rights, including the right to health, the right to freedom from discrimination, the right to privacy, and the right not to be subjected to torture or ill-treatment. The reproductive rights are universal, indiscrete, and indisputable. Such rights are grounded in other essential human rights,

including the right to health, right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one's children, and the right to be free from sexual violence.

An estimated 222 million in women in developing countries are at risk of and want to avoid pregnancy but have an unmet need for contraception. Women's reproductive rights may include some or all of the following: the right to legal and safe abortion; the right to birth control; freedom from coerced sterilization and contraception; the right to access good-quality reproductive healthcare; and the right to education and access in order to make free and informed reproductive choices. The women all over the world are fighting for control over their health and their body, as it is considered as the basic human rights. When women are empowered to this reproductive health, it's not only the women's who wins, but their children and the community wins as well. In 2012, UN declared access to contraception as a universal human right, but still the unmet need of birth control for women worldwide is astonishing. Women reproductive health threats are still leading to illness and death among the poor section of the population due to restrictions, ignorance or not having a proper accessibility to information. Reproductive rights lead to women empowerment by letting her decide how many children to have, the spacing and the methods of contraceptive to be used along with awareness regarding healthy reproductive life. Benefit of awareness of reproductive health among the women's also lead to have a proper family planning decision which further have a control of population in the community. All these makes a woman have a strong position in the family and also increases her decision-making skills.

Maternal Mortality rate of Assam is highest in India and the reason behind is due to poor access of healthcare, illiteracy, no proper awareness on nutrition, sanitation and health in tea belt regions. Women in Tea gardens have limited access to healthcare, and due to illiteracy, the awareness among the women is also less. Most of the women are anemic due to poor nutrition during their prenatal period. In spite of various Government schemes, the women lack access to it either due

to unawareness or the schemes does not reach them. Women workers are an asset to the tea industry, and despite their contribution women workers have always been neglected as they are considered as the cheapest work force.

The purpose of this study was to investigate the awareness level of reproductive health rights among the women of tea garden. The dimensions affecting reproductive health and rights among the women can be also studied. The study will also further highlight the researcher to examine the Right to access in order to make reproductive choices free of coercion, discrimination and violence.

### MATERIALS AND METHODS

The study was conducted in a Tea Garden of Jorhat District named as Sokalating Tea Estate, near Kakodonga. The tea gardens labour community of Assam represents around 20% of the total population of the state, and is one of the biggest contributors to the organised workforce as well as to the economy of Assam. An attempt was made to study the reproductive health status including the awareness on the reproductive health and rights among the women workers of Tea Estate. The methodological approach of the study was explorative and descriptive. The data was collected by means of primary source, which was obtained through Focus group discussion and interview schedule. Socio-economic Survey, Books and related Journals, Annual Report were also referred related to the study. The Application of observation technique in the entire period of the study was also used accordingly.

The primary data respondents we reselected from the reproductive age (18-49 years) married women in the selected Tea Estate. The primary data with regard to socio economic factor and major demographic factors, the use of contraceptive methods, the knowledge and family planning techniques, acceptors of family planning and size of family, awareness and accessibility of reproductive health services was collected from the respondents by using an Interview schedule and Focus group discussion.

The sample of the study were taken from the Sokalating Tea Estate, Jorhat. Therefore, the study was conducted using stratified and purposive sampling and further some case studies was also conducted to support the fact finding. The study consisted of 100 women respondents which was taken as sample size for the study. The respondents were further divided into different age categories namely 18-30 years, 31-39 years and 40-49 years to facilitate the research work for better analysis.

### FINDINGS

Of the 100 female respondents, who were between the minimum reproductive age of 18 to maximum of 49. Table 1 shows the demographic details of the respondents. Majority of the respondents were illiterate. Almost all respondents belong to Hindu religion, and most of them were Telegu and their caste were Bawri and Tati. Their original language is Sadri, but they were also fluent in Assamese. Table 2 depicts that the

respondents have little significant knowledge regarding Family Planning methods, and they were infact scared of using such temporary methods. The ASHA workers also did not provide much information rather created any awareness on the importance of Family Planning Methods. No condoms were also provided in the Primary Health Centre. Few among the respondents had availed the permanent methods like IUDs, among which there were respondents who were unsuccessful and they again undergone through unwanted pregnancy after 2-3 years of implantation. There was some wrong conception regarding the ipill for which they avoided using them as they believed they might cause some side effects. Most of the respondent's age of marriage were less then 18 years of age. When enquired regarding the awareness on Reproductive Health Rights, maximum of the respondents was unaware. Among the respondents, there were less couple who decide among themselves the number of births of child and spacing in between. On focus group discussion, it was observed that most of the respondents were forced to become pregnant to have a boy child. The communities still prefer boy child over girl child. The women respondents mentioned during the focus group discussion that the Males did not prefer using the condom, which can be either due to the lack of knowledge or they prefer it to be bad practice.

**Table 1: Distribution of respondents by socio-demographic and background information (n=100)**

| Variables                    | Frequency (n) |
|------------------------------|---------------|
| Age of the Respondents       |               |
| 18-23                        | 38            |
| 24-28                        | 31            |
| 29-33                        | 11            |
| 34-38                        | 14            |
| 39-43                        | 2             |
| 44-49                        | 4             |
| Respondents Education Status |               |
| Primary education            | 17            |
| Secondary School             | 11            |
| Higher Secondary             | 4             |
| Illiterate                   | 68            |
| Type of Marriage             |               |
| Arranged Marriage            | 33            |
| Love Marriage                | 14            |
| Forced Marriage              | 11            |
| Child Marriage               | 42            |
| Family Types                 |               |
| Nuclear                      | 57            |
| Joint                        | 43            |

**Table 2: Distribution of respondents by their knowledge and practices on components of reproductive health rights (n=100)**

| Variable                               | Frequency (n) |
|--|---------------|
| Heard about Reproductive Health Rights |               |
| Yes                                    | 7             |
| No                                     | 93            |
| Best Age of Marriage                   |               |
| < 18                                   | 56            |
| >18                                    | 44            |

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|--|----|
| Heard about Family Planning                |    |
| Yes  | 33 |
| No   | 67 |
| Who decides the birth of child and spacing |    |
| Both spouse                                | 41 |
| Husband                                    | 37 |
| Self                                       | 16 |
| Family member                              | 6  |
| Use of Family Planning Method              |    |
| Yes  | 21 |
| No   | 79 |

### DISCUSSION AND CONCLUSION

In this study, the knowledge and practices on Reproductive Health Rights among the respondents were low. Development partners and government authorities should conduct programs on raising awareness on Reproductive Health Rights through Mass Media, i.e. Radio, Television and Newspaper. There should be some empowerment program for the Tea garden women employees. There should be some objectives to improve the usage of contraceptive methods through proper provision of information. When the women will be empowered to take their own decision on Family Planning, only then a Nation will develop as she will be directly or indirectly be a part in controlling the Population. Thus, creating awareness will benefit the and will help potentially in community and nation development. The primary health systems should also be strengthening to provide easy accessibility of Family Planning Services including an impactful awareness program in the communities.

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