

Understanding Maternal Health and Motherhood Experience of Women: A Study on the Gendered Role Practices

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Abstract- Maternal Health and Motherhood experience of women are the two most inextricably linked terms. This has been further affected by the gendered role practices of our society. Women throughout the history have been associated with the compulsory childbirth process. This has not only constructed their maternal identity but has also affected their reproductive health. In our society although womanhood is celebrated through childbirth practices but the problems of maternal health have been the most ignored sector. Women are often denied from their basic reproductive rights and are forced into the institution of motherhood. The dominant discourse on motherhood has ingrained this idea of maternalism among women so strongly that they have refused to identify with any other self. This has further placed women in a low bargaining position within society.

Feminist thinkers have strongly condemned this patriarchal construction of motherhood. It has dominated women, and their bodies have been utilised to maintain the power structure of the society. As a result, critical issues about women's health like abortion, infertility, gynaecological morbidity, circumcision, forceful coercion, etc. have always been ignored as it never concerned the interest of men.

Here the present paper using an intensive research literature survey has first tried to understand how the gendered practices have shaped the concept of motherhood, second it has tried to understand the experience of compulsory motherhood in the life of women and finally, it has tried to enquire about the maternal health complexities faced by women in their everyday life.

Index Terms- Reproductive rights, Forced Motherhood, Patriarchy, Maternal Health, Gendered Practices.

I. INTRODUCTION

The notion of motherhood has always been a disputed subject matter among feminists. There has been a constant split among feminist scholars over the notion of mothering and motherhood. Few believed in the concept of compulsory motherhood and regarded it as an inescapable phenomenon in the life of women. While others believed it to be detrimental to women's reproductive rights and strongly rejected it. The dominant discourse on motherhood has made women vulnerable at the hands of men. They have been denied access to resources and various opportunities. The very idea of a natural mother has been constructed by patriarchal ideologies to keep women within their docile state. As a result in our society instances of early marriages and childbirths have become a common phenomenon. Women also for long have internalized this role of mother and wife, discarding their other personalities. Moreover, marriage in our society has also been viewed as a legal contract that has authorized a man's power over women's body and their reproductive rights (Neyer & Bernardi, 2011).

Motherhood as a situation has severely undermined the decision-making ability of women. The logo-centric cultural norms have restricted women from identifying their other selves. Motherhood as a practice has long convinced women about their single identity as mothers. The only role prescribed for them has been childbearing and nurturing. Further, they have also adopted this role so deeply that even they are contented with this contrived reality of motherhood. Moreover, women's understanding of coitus has also been wrought by men's experience of sexuality and female bodies. As a result abortion, lesbianism, and illegitimate relations are regarded as illegal by men as they do not serve their interests (Rich, 1986).

The present paper has tried to elucidate how the meaning and experience of motherhood varies among women. Further, the discussion has also taken into consideration how the myth of compulsory motherhood has hampered the reproductive health rights of women.

Women are the most vulnerable section of our society. The duality of our belief system has made women on the one hand polluted for menstruating and on the other hand pure for procreating. This has shown the biases of our society towards women. Here the present study using extensive research literature has tried to dive deep into the experience of women about compulsory motherhood and its effect on their maternal health.

The study has been constructed on the basis of three objectives:

- To understand how the gendered practices has shaped the concept of motherhood.
- To understand the experience of compulsory motherhood in the life of women.
- To enquire about the maternal health complexities faced by women in their everyday life.

II. GENDERED PRACTICES AND THE CONSTRUCTION OF MOTHERHOOD

In the modern economy, the role of women has been encouraged due to their adaptable nature. Moreover, their capability to build a network of communal ties has also been appreciated for the development of organisations. But at the same time, patriarchal ideologies have feminised this role of women as well. As a result, they are often blamed for any disintegration of society due to their non-performance of traditional roles. Here, Maddock (1999) has taken the reference of Fukuyama and criticized his patriarchal thinking on women's return to traditional roles. He has ignored the fact that women can also be thinking individuals with their reasoning capacity. His romanticisation of women as mothers has given him this sexist perspective on women as caregivers and men as free individuals. Women trying to fight against this unequal power structure and demanding equal partnership are often criticized for not performing their prescribed feminine roles. Women are regarded as mindless individuals who will continue to provide food and care without proper health care and denied access to the labour market. But in reality, it has never been women but the oppressive capitalist structure that has been responsible for the disintegration of community ties (Maddock, 1999).

Here, Boyd (2005) has further discussed about the employment system of our society that has always been discerned by the patriarchal power structure. It has placed men and women in their gendered space making childcare responsibility essentially a part of women's life. Feminists have failed to recognise how society has created this politics of dualism between working and non-working mothers. A constant divide has been made between mothers who are staying at home and women who are working outside for wages. The radical beliefs of a section of feminists made it clear that to break the patriarchal power structure women must participate in the labour market. As a result, women staying at home and taking care of their children are regarded as fragile and curse to womanhood. Here it has been forgotten that women staying at home are also participating in household labour which goes unrecognized. On the other hand, women working outside also have to come back home and take the child care responsibility. The discourse here lies in the fact that this dualism has made women stand against each other. They have forgotten that whether working or non-working, child care remains the responsibility of women (Boyd, 2005, p. 195-201). Men have very easily escaped from this responsibility by creating a divide between women. It is the unequal power structure of our society that has been responsible for these gendered household practices.

Here Chodorow (1978) has also discussed about the gendered practices of our society and their effect on our belief system. Women for long have been trained to take the household responsibilities which have further tied them to the identity of a mother and home maker. A sharp distinction has been made between the work of men and women. They have been forced to participate in the process of cooking, cleaning, and nurturing. But here the question is why men avoid these responsibilities? The answer lies in the fact that household work has no monetary profit and it does not bring any prestige and power to a person. Henceforth men often try to participate in the labour market by controlling the reproductive power of women. Further Chodorow (1978) has also criticized various bio-evolutionary views that have connected women's reproductive role with their child-caring role. According to her, there has been hardly any evidence which supports this view. Moreover, the sexual division of labour that has supported primitive hunting-gathering society is hardly relevant for other economies. Even in a hunting-gathering society, the sexual division of labour was not based on any physiological or hormonal differences between men and women. Rather the division was based on the convenience as majority of the women remained home due the child labour process. In the hunting-gathering society it was essential to reproduce more for the survival of the clan which is not essential for other economies (Chodorow, 1978).

Betty Friedan (1974) even in her essay 'Feminine Mystique' mentioned about the gendered practices within the household that is still relevant today in our society. Women going beyond the identity of a mother and creating world for them have often been criticized as monstrous and unfeminine. They are considered to have a bad effect on their children and family. They even suffered unknowingly from the problem of identity crisis. But women failed to recognize that this issue was not faced by any single woman alone. It was a common phenomenon noticed among a majority of women. They suffered in silence for many years accepting this as their fate. Many blamed women's literacy and others considered them lucky to live on their husband's earnings. But here the major problem of identity crisis was not understood by anybody. Women wanted more than just a house, husband, or children. They wanted to be free and have their own identity as a poet, academician, or any other professional. This 'problem that has no name' has been the major problem for women for centuries (Friedan, 1974, p.68). The gendered roles and practices for long have shaped the identity of a woman as mothers and wives that they have happily accepted. Going beyond this characteristic and having individuality has always been a challenge for them.

III. COMPULSORY MOTHERHOOD AND REPRODUCTIVE DECISION MAKING

Here, Beauvoir (1956) has discussed the horrendous picture of the enforced childbirth process that has become an inevitable phenomenon in the life of every woman. For ages, they have been forced to participate in this childbirth process foregoing their other identities. Moreover, the gendered socialization process of our society has also persuaded them that it is their moral obligation to participate in the procreation process. Even dominant religious beliefs about motherhood have also convinced them that a child which has already been conceived cannot be aborted. It has a life and henceforth no human has the right to interrupt it. Child care has always been considered a massive responsibility that should be taken up wisely. Forced motherhood can have a harmful and far-reaching impact on the life of children as well as on the health of the mother. Thus speaking against abortion is a baseless argument that will only endanger the lives of women. Abortion can only be risky for women when it is practiced illegally by untrained personnel (Beauvoir, 1956).

However, the reproductive rights and household decision-making power of a woman have always been determined by her bargaining position within the family. Here Fennell (1999) has mentioned about Women in the Development approach (WID) where the focus has only been on female economic growth. But this approach has completely ignored women's contribution and their decision-making role within the family. As a result, a new approach to Gender and Development (GAD) has been established. It has shown how gender relations are constructed within the household. The unequal distribution of property and resources within the family has often placed men and women in different bargaining positions. This has further worsened the situation for women

and made their claim to equality illegitimate. Fennell (1999) has further discussed about two approaches i.e. 'The Bargaining Approach' and 'Dictator Approach' to discuss about the decision-making of the families. The bargaining approach enables a person to establish his bargaining position within the household. It also further helps the individual to establish a favourable term with the decision maker of the family and influence his decision. But the situation might not always be in his favour. Thus it may further complicate the entire situation and give rise to conflicts. Contrary to the Bargaining Approach, Dictator Approach on the other hand is another approach based on the model of altruism. It has shown that individuals vested with decision-making power often take decisions that benefit all the members of the family. But in both the situations bargaining position of women remains under the control of men. As a result, they often lack in their decision-making power within the family. This has also further affected their reproductive decision-making role within the household. The representative in charge often takes the reproductive decision of the family. According to them, childbirth is a process that cannot be hampered as it ensures the existence of the next generation. On the other hand productive activity of the family can also not be jeopardized due to childbirth as it ensures more assets. Thus women are often barred from participating in productive activities and are encouraged for more childbirth (Fennell, 1999, p.51-55).

Popular discourse on mothering has placed working women (paid work) in dilemmatic situations. For ages, compulsory childbirth has given them only identity of a mother. As a result, working women are often faced with criticism for not being good mothers. Mothers are often regarded as all self-sacrificial, loving, caring, and nurturing beings performing their expressive roles. This has often contradicted with the workplace ethos which requires a woman to be dedicated, hardworking, tough, and competitive in nature. But at the same time, they are also required to play their expressive roles while performing their duty as a mother. Women who try to combine both these roles are often faced with disparagement from society. The myths of motherhood discourse have made them believe that the well-being of a child is often dependent upon the mother's attachment to the child. As a result, majority of the working mothers experience guilt, burden, and self-hatred for not caring enough for their children. In this regard, Horwitz and Long (2005) have also mentioned that apart from the mother's attachment there are various other factors that determine the development of a child. Dominant voices on mothering have excluded other factors like poverty, bad neighbourhood condition, distressing events, and even discrimination which are equally relevant to the development of a child. It has always been the mothers who are blamed for any misdemeanours of their children (Horwitz & Long, 2005, p.97-105).

Motherhood carries different meanings in the life of women. The experience of pregnancy makes them act differently. The hidden emotions of pain, fear, and anxiety often confront them in such a way that they fail to realize their actual feeling toward pregnancy. Sometimes women desire children but often hide away their feeling due to bad health conditions. On the contrary for some women, child birth may be a forced act of bodily violation. Thus child birth often reflects women's position and status within the society (Beauvoir, 1956).

In our society, women have been restricted from taking any reproductive decision-making due to their low bargaining position. As a result decision maker of the family usually takes all the reproductive decision on behalf of the women. This has further reflected serious infringement on women's reproductive rights. In our society childbirth has often been viewed as an auspicious event in the life of women. It has been ingrained within every member of the society that motherhood gives women true meaning to their self. The dominant ideology on mothering has made compulsory childbirth the most important event in the life of every woman. As a result, working mothers are often portrayed as a bad influence on their children. The patriarchal power structure of our society has for long convinced women in this myth of motherhood to control the economic power of society. This has further helped to create an unequal power structure within the society that has dominated women and made them insignificant others.

IV. CHILD-BIRTH AND MATERNAL HEALTH: RIGHT TO REPRODUCTIVE JUSTICE

In our society adulthood transition for men has often been marked by their participation in sexual activities. But for women, this has been marked by their reproductive performance. Fertile women have always been valued in our society for their childbearing capacity. As a result, women in many rural settings continue to get married at lower ages. The patriarchal social structure has not only controlled women's bodies but also their reproductive justice. Young women entering into the contract of marriage also unknowingly involve in the act of coitus which results in early pregnancy. They often submit themselves to sexual violence and the unquestioning authority of their husband. This has a tremendous impact on their reproductive health. Sometimes they are even unaware about the existence of various diseases and infections surrounding them which further deteriorate their health condition. Apart from this, various other social taboos, low levels of education, and lack of information have also made them susceptible to harmful diseases and infections. Women often shy away and ignore talking about their bodily ailments like vaginal infections, menstrual discharges, or any other sexual problems. This has further made their body at risk. World Health Organization has also reported the increased rate of HIV/AIDS (human immunodeficiency virus, acquired immunodeficiency syndrome), RTIs (Reproductive tract infections), miscarriage, cervical cancer, infertility, ectopic pregnancy, and many other such problems. Maternal health has always been the most ignored sector which has risked the lives of many women (Manderson, 1999, p.75-76).

Reproductive right ensures the complete well-being of a woman. It is not just providing a few elementary cures to some basic infections and diseases. It also encompasses a wide range of factors that can affect women's body and their reproductive well-being if not taken into consideration. This includes women's right to plan their pregnancy without any coercion, their right to quality healthcare facilities, and finally, their right to be free from any kind of sexual violence and discrimination. Various conferences and programmes like the International Conference on Population and Development (ICPD, 1994), Beijing Conference (1995), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and many others have time and again echoed women's denied access to reproductive and sexual rights. Several attempts have also been made to remove legal hurdles from existing orders to free women. Yet throughout the world, women have been dominated and their rights have been violated (Roy, 2003, p.108-114). A more comprehensive plan is required to be chalked out now and then to fight against the growing injustice against women. It is not only about the implementation of legal policies and charters that would bring justice to women. The social and cultural barriers that have barred women from full participation should also be removed to ensure their all-round development.

Maternal health condition has also been determined by the prevalence of gynaecological morbidity among women. In many parts of our country, women continue to ignore symptoms of gynaecological morbidity which have resulted in infertility, reproductive tract infections, pelvic pain, abnormal vaginal discharge, HIV, and various other pregnancy-related complications. Beyond such health problems, women with gynaecological issues also face marital conflicts and severe social humiliation. There have been various factors that are responsible for this low level of health-seeking behaviour among women. Firstly, existing cultural taboos about women's reproductive and sexual health, secondly, their inhibition towards medical check-up of private body parts, thirdly, their lack of monetary support and finally, the nature of their busy work schedule at home which also makes it impossible to care about their health (Rani & Bonu, 2003).

Maternal health problems have always varied across different classes. Knowledge about contraceptives and their usage have mainly been prevalent among the middle classes where the availability of bathrooms has also been an important factor. Women living in poverty-stricken households with too many members also sometimes face the issues of miscarriages and abortions due to existing lifestyles and unhygienic conditions. Abortion should be a choice for women. It should neither be enforced nor should it be denied. But women coming from lower economic strata and unmarried women with no monetary support often faces the crisis of abortion. Unlike women with money, they cannot opt for expensive abortion centres or visit some place where abortion has been legalised. They often fall trapped in the hands of untrained personnel and criminals who risks their life. The incidence of suicide and self-harm has been one of the most common phenomena in the life of rural women who cannot save themselves from humiliation. They often blame themselves for such a situation and bear the pain of abortion which has been nothing compared to the embarrassment. Sometimes the situations are opposite for married women who are forced for abortions. They often go through the guilt of committing crime against their child. Men have often failed to realize the pain suffered by women (Beauvoir, 1956). Pregnancy, childbirth, abortion, miscarriage, and infertility have all been very complicated matters in the life of women. This has not only affected their physical health but also their mental health condition. Full reproductive justice for women will never be achieved until these complex webs of emotions have been fully realized. It is not only about recognizing their decision-making rights and making them free from all kinds of coercion. It is also about understanding their behaviour patterns and emotions during their pregnancy and even after childbirth. Motherhood is a lifetime condition that should be analysed very carefully taking into consideration all the factors that can impact their well-being. Full reproductive rights will only be achieved when patriarchal ideologies will accept these complexities of motherhood that have affected maternal health.

V. CONCLUSION

The concept of motherhood has been a socially constructed ideology built around the traditional belief system of our society. It has created a sharp distinction between the role performance of a man and a woman. For ages, women have been barred from being professionally active in any field. They have been relegated to full-time childcare responsibilities. Even women who are working outside for wages are also not free from this responsibility. Childbirth and mothering have a huge impact on the maternal health of a woman. The role expectation from a mother often makes her a passive individual. Motherhood is an age-old notion created by the patriarchal norms of our society to control the procreation process of women. This has resulted in serious violations of women's maternal and sexual health rights. Their reproductive rights have often been determined by the male centered value system that has dominated women for a long. As a result, women like bonded labourers fall prey to the hands of men who exploit them. Their right to family planning or decision-making has been seriously questioned. Various international bodies and donor agencies have worked for the rights of women to meet the Millenniums Development Goal. But still, issues like forced abortion, infertility, lack of decision-making power, and compulsory motherhood has been detrimental to achieving full reproductive rights of women.

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