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Reproductive Health and Labour Women

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ABSTRACT: *Has been the social structure comprised in the path of health and physical strength. A power of human body and the Health is the basic need of a human being and therefore denying women their health needs has affected seriously their productive and reproductive roles. It has also to be noted that the health and the well-being of the members of the family is far more dependent on the productive capacities of the woman than that of any other member of the family. The health of a population is dependent on the social, economic, cultural, political and environmental factors prevailing in the country. Health as an outcome is contingent on factors that operate at three levels. The political, the social and the household. Patriarchal values and cultural perspective intersects at all levels, which have implication for women. Reproductive health is a crucial feature of healthy human development and of general health. It may be a reflection of a healthy childhood, is crucial during adolescence, and sets the stage for health in adulthood and beyond the reproductive years for both men and women.*

I. INTRODUCTION

According to the World Health Organisation, health is a state of "complete physical, mental, and social well-being and not merely the absence of disease or infirmity".Reproductive health refers to a condition in which reproductive process is accomplished in a state of complete physical, mental and social well-being and is not merely the absence of any disease in the reproductive organs or in the reproductive system (Ram, Unisa, Sekher, 2011). The concept of women's reproductive health was developed by the World Health Organization, International Women's Health Movement Groups and International Family Planning Network in contrast to bio-medical approaches to women health. The 1975 WHO panel delineated the basic elements of reproductive health as the "right to sexual information and …..Pleasure," the "capacity to control sexual and reproductive behaviour," "freedom from …….psychological factors inhibiting sexual response and …….relationship." This definition bears the imprint of the WHO's 1946 definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It represents a fundamentally social rather than strictly bio-medical understanding of sexual health, going beyond a narrow focus on disease, physiology, and reproduction to consider the sexual contexts in which sexual feelings and activity occur.

II. STATEMENT OF THE PROBLEM

The present research attempts to analyse the reproductive health of the labour women in Jammu city. The present research attempts to understand and identify various factors affecting labour women's reproductive health, the levels of utilization of the reproductive health services and analyse their quality from the perspective of women who are labourers. Therefore, in order to understand reproductive health the analysis of social, cultural and economic dimensions will be taken into consideration Any work whether manual or mental which is undertaken for a monetary consideration is called as labour. Labour may be defined as any exertion of mind or body undergone partly or wholly with a view to some good other than the pleasure derived directly from the work. (Bhagoliwal, T.N.). Labour class means a group of people in society who traditionally do physical work and do not have much money or power .The working labour class do what the system sets out for them. Labouring class is a term used in social sciences and in ordinary conversation to describe those employed in lower tier jobs (as measured by skill, education and lower incomes), often extending to those in unemployment or otherwise possessing below average incomes (en. Wikipedia.org). the women labour constitutes an important segment of the labour force in India and their participation in the labour force is increasing over the years. Wage work in India, as elsewhere, in a number of sector is sharply differentiated along sexual lines. There are only a few occupations, which are the exclusive preserve of either men or women. When men and women work in the same industry, one can find clear distinction between men's and women's work. The present study would be specifically focussing on the labourer women in the unorganised sector working at the construction sites.

Men and women both work, the main issue is the types of work they do, where it is done , how it is done and what rewards/ remuneration are obtained. When work is defined in terms of activities performed for pay or profit, there are many activities that remain outside the domain of "work". Consequently, to a great extent

women's work remains unaccounted and unreflect in the census. This lacuna has an adverse effect on government policies, status of women and the perspective of people.(Desai , Thakkar,2001).
The main reasons for the invisiblity of women's work from statistical data are:

- Cultural construction of women's work;
- Insensitivity of the society towards women's work
- Difficulties in measuring women's work in the family, agriculture and unorganised sector economic and non-economic activities;
- Women's socialisation in counting their work as insignificant;
- The dominant social bias to regard men as heads of family and to push home-related, home-based activities to secondary category;
- Inadequate format of questions.

Women all over the world have to face this problem of adjustment among their varied role expectations. They are required by their position to play a dual set of roles-one as home-makers, wives and mothers and the other as employees. Being simultaneously confronted with dual demands of home and work, they are liable to face adjustment problems. At home, in addition to biological functions, there are other duties which they are expected to perform because of the prevailing cultural norms and values. These new circumstances and responsibilities require a definition and reallocation of roles, duties and responsibilities, not merely for them but also for every member of the family. Unless and until it is achieved there is no chance of solving the problems of working women.

Unorganised sector workers are those who do not have any job security, income security or social security and are therefore extremely vulnerable to exogenous shocks. The problem of women workers in general and in the unorganised sector in particular deserve special emphasis and focus in view of their marginalised position within the class of workers. Even when women are not employed in the sense of contributing to the national output, a considerable share of their time is consumed by socially productive and reproductive labour. This is what is called as the double burden of work that distinguishes women from men.Women's jobs , both in the organized and the unorganised sector are unskilled or semiskilled jobs at the very bottom of the work hierarchy. In the unorganised sector particularly, women are preferred because they are cheap, they do the jobs that men refuse to do, and they are more docile and they could be exploited with impunity (Sinha and Ranade, 1978).

Women workers in India, as is the case all over the world, are seen as a cheap source of labour. Women are paid less, even when they do an equal amount or sometimes even more work than men. Women are seen as an expandable fraction of the labour market, the last ones to be hired and the first ones to be fired in terms of retrenchment. For a large part the work done by unpaid women workers in agricultural families is not recognized as work and women are seen merely as housewives. Women in many developing countries have tended to be economically 'invisible' (Boserup, 1970).One of the main obstacles to the advancement of women workers appeared to be traditional attitudes which have established stereotyped images of women resulting in their inferior status in society. These socio-cultural values are held by both men and women although they are manifest in different prejudices. For women, it is a case of considering themselves second class citizens having lesser potential, ability and intelligence than men. For men, it is a case of considering themselves superior to women who are thought of as the 'weaker sex'. Greater strength is, thus, erroneously equated to greater wisdom. Such attitudes contribute to the stereotyped division of work: women's work being regarded as belonging in the home and within a family and men's as being outside the home.

A practical effect of these traditional attitudes is the double workload which women bear when they take up employment outside the home. Because women are considered to be responsible for domestic duties, the uneven distribution of tasks in the home between men and women is cited as an obstacle to the amount of time and energy women can devote to activities outside the home and hence, is an obstacle to their equal participation in all aspects of national life.

Studies have shown that on the whole, women work longer hours than men. Employed women spend, on an average, less time on paid work than men. They were often part time workers and tried to avoid overtime because of duties at home. But the average working time of employed women always surpassed that of employed men. This was because increase in time spent in paid employment for women did not imply a proportional decline in the amount of time spent on unpaid household work, but rather a decline in the amount of women's leisure time. In all cases studied, the amount of leisure time of employed women was less than that of employed men (Asian Employment Programme, 1981).

India's construction labour force is estimated at 30 million people, of whom about half are women. Women account for half (51%) of the total construction labour force. Women workers are almost exclusively unskilled, casual, manual laborers :

- Carrying bricks, cement, sand and water
- Digging earth, mixing cement ,breaking stones
- Women are rarely found in male-dominated skilled trades: carpentry, masonry, plumbing, electrical wiring (WIEGO ,2013)

The International Labour Organisation says that women represent

- 50% of the population.
- 30% of the labour force.
- Perform 60% of all working hours.
- Receive 10% of the world's income.
- Own less than 1% of the world's property.

According to the ILO, construction jobs in most countries are undertaken almost exclusively by men. In India, it is estimated that up to 30 percent of the construction workforce are women. They are integrated into the building workforce at the bottom end of the industry, as unskilled workers or head-load carriers. There are a large number of internal migrant construction workers in India. Migrant labourers from different states and regions live on the construction sites, working at very low wages, which in turn impacts on the livelihood of local construction workers.According to Tripathi (1996), in earth work men dig the foundation holes and fill the baskets with mud using spades, while women carry the earth and deposited them in the place allotted for .In masonry work, women carry the bricks, mortar and water to the place where the mason is at work. She also assists mason in his work. Curing work is mostly undertaken by women. Breaking jalli is done by women. The bricks have to be broken into small pieces using a hammer for laying the floor.According to Vaijayanta Anand, the building and construction industry is the second largest economic activity in India. Around 91% of the labour force falls within the unorganised sector and only 9% are from the organised sector. Of this, the construction industry absorbs the largest number of the unorganised labour force.The various problems these construction workers face are non-payment of minimum and or equal wages; irregular employment; lack of welfare facilities. The construction workers as they are mostly migrant are unorganised and exploited and therefore their health aspects are completely neglected.

Through the various health camps organised for workers in general, and women in particular, the author observed that many women suffer with gynaecological morbidities, uterus prolapse, backache and infertility. Working conditions result in premature and still births. The tasks performed by women are usually those that require them to be in one position for long period of time, which can adversely affect their reproductive health.Construction workers face vulnerability to disease resulting from overcrowded living and poor working conditions. The women construction workers are more vulnerable due to added responsibilities of procreation. Lack of knowledge and awareness regarding reproductive health leads to neglect of reproductive health problems.Refugees and displaced persons have frequently faced food shortages, have limited access to food supplies and services, and usually have lived in crowded camp/ temporary accommodation condition. Female migrants and refugees often have health problems related to their cultural-beliefs, socio-economic status and poor environmental conditions prior to migration. Consequently, they continue to have a high risk for poor obstetric outcomes, greater parity and higher prevalence of anaemia, urinary tract infections and sexually transmissible infections (Palmer et al 1999, UNHCR 1995, Kahler et al. 1996).Reproductive health is an essential component of the long dawn process of the empowerment of women. Even though safe motherhood has always featured predominant the Indian programs and policies.the situation today remains discouraging .A variety of socio-economic factors together with the poor responsiveness of the public health care system stands as a major barrier to the utilization of reproductive health facilities. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to reproductive system and to its function and process.(Charter of World Health Organisation).

The International Conference on Population and Development programme of Action(1994) states that reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if,when and how often to do so. Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and child birth they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion. Among women of reproductive age,36% of all healthy years of life lost is due to reproductive health problems such as unregulated fertility, maternal mortality and morbidity.

According to Jejeebhoy (1995), a reproductive health orientation means that people have the ability to reproduce as well as to regulate their fertility, that women are able to undergo pregnancy and childbirth safely, that obstetric and gynaecological disorders are addressed; that the outcome of pregnancy is successful in terms of maternal and child health and well-being; and that couples are able to enjoy sexual relations free from the fear of disease. Reproductive health is affected by a variety of socio-cultural and biological factors on the one hand and the quality of the delivery system and its responsiveness to women's needs on the other. A woman-based approach to reproductive health is one which responds to the needs of adult women and adolescent girls in a culturally sensitive manner.Women's poor reproductive health in India is affected by a variety of socio-cultural, biological, economic and environmental factors .Underlying poor reproductive health among Indian women is the poor overall status on the one hand and an inadequate delivery system to cater to the needs of women on the other. Working women have multiple roles to play According to Ekel of (2003),very often women are stretched to the breaking point ,pulled between the demands of working life and domestic commitments.

Sareen (1997) found salient health problems that confront working women .These are stress arising out of multiple roles, job characteristics, sexual harassment, reproductive hazards, pregnancy outcomes such as abortion, mental disturbances and infertility, and effects of chemicals, such as exposure to pesticides and causing spontaneous abortions.Feminist theory repeatedly postulates the issue of men's control over fertility stating that the social relations which govern human reproductive behaviour serve to reflect, instil or reinforce the subordination of women .In real life situations the closely spaced births of women in developing countries is said to be an indicator of male control . It is widely noted that although women's groups and family planning agencies stress the need for women to have control over their bodies and the reproductive process, theories of demography and empirical research on fertility differentials, with some exceptions have largely ignored these issues. (Arna Seal, 2000).

Sharma and Niranjna (2001) argue that since women are central in the process of reproduction and they live under specific social and cultural conditions underlying the social structure, their social status and behaviour is conditioned by the value structure of a society. The status of a women herself, especially in a patriarchal society, is dependent on the man, family and the social structure. In the modern human society , social status of an individual depends on a multiplicity of factors. Women as a distinct social category, is not merely a biological or sexual being but also a gender category. As a gender category, it is concerned with the social, psychological and cultural differences in the socialisation and personality make up between a male and a female. In terms of her sexuality, a woman represents the anatomical differences between a male and a female. The differences are created in the society by the people themselves and are the product of social and cultural factors. It, therefore, implies that the status of women, besides their economic and prestige attributes, also depends upon the social and cultural milieu in which they are placed. It, therefore, implies that in defining the status of women as high and low the cultural values associated with the female in a given social structure are of considerable importance.

Sharma and Niranjna (2001) further argued that the concept of social structure in sociology in particular ,though means differently to different people ,implies a patterned set of social relationships expressed either through the role relationships and levels of interaction between various segments of population or in position, the amount of power they have ,the authority they exercise in relation to others and privileges they enjoy by virtue of their respective position in the social hierarchy of the society. The social structure influences the child-bearing practices .The nature of influence, i.e.high or low fertility, depends more upon the type of social structure. It is assumed that a liberal social structure enabling women to have control over their bodies and make decisions about the number of children will lead to low fertility .On the other hand, a social structure which permits more of physical promiscuity and pre-marital relationships will lead to higher fertility. The levels and fertility differentials are mediated by social and economic variables which also constitute social structure. They further argue that-Women status is determined by the specific social and cultural conditions underlying the structure. Women's participation in the decision-making process is also generally low in a social structure conditioned by patriarchal values. Women's work participation inside and outside the family is generally high with low recognition in a society based on the values of patriarchy. The child-bearing practices are greatly influenced by the structure of social values conditioning marriage related practices. Therefore, the present study will also try to look that how social structure affects the reproductive health.Varsha Sharma (2003) in her article Women's Reproductive Health and Values has researched on cultural patterns and typical ways of life to give substance to the manner in which reproductive health is perceived, expressed and reacted to. Although reproductive health problems are rooted in the biomedical sphere, their origin lies in human behavior that is embedded in socially and culturally constructed pattern of behavior.

It is these behaviors and practices ,in which individuals are engaged ,the services they make and can make, their awareness of health practices, and their perceptions of what constitutes acceptable behavior for men and women that determine the extent to which men and women can attain a state of complete physical, mental and social well-being. The issues of reproductive health are rarely discussed openly, often leading to ignorance and misconceptions. Hence there is a need for conducting surveys which would help informatory/ planning strategies that would help disseminating proper and adequate information about reproductive health.A few studies (Becker 1996, Blanc 1996, Ezeh et al.1996) have found that communication and open disagreement on sexual and reproductive matters between spouses were uncommon and that men rarely discussed family planning and related issues with their wives. Those who were not in favour of asking women about their willingness or unwillingness to have sex made statements like, it is the duty of the wife to keep her husband happy; the husband has rights over his wife; it is not necessary to ask her for her opinion. But a few have found that there was some degree of communication between husbands and wives. It was not considered important to ask them, as it was understood that whatever decisions the husbands took would be acceptable.Saraswathi and Gupta (1985) have pointed out that in a rare situation if a woman wishes to have fewer children, it is unlikely that her desire will be heard and respected. With regard to the use of contraception, even if she approves, it is unlikely that she would use it without the approval and knowledge of her husband. Thus in a culturally diverse country like India, socio-cultural norms have an edge over other factors in determining contraceptive use also.

The Ford Foundation (1991), with particular reference to women and fertility described status of women in terms of a women centered approach. The variables of measuring status of Women, according to this approach are education, nutritional status, dignity in the society i.e the social recognition of women and their work, access to food and medical care, length of pregnancy intervals, number of children born including still births, premature abortions, number of survivals, maternal mortality, control over sexuality-early or late exposure, decision making about the number of children, cultural values such as age at marriage, social norms governing life of women, income, occupational status, right to spacing and number of children, etc. the list of status variables affecting reproductive health and fertility behaviour is apparently quite exhaustive and covers all aspects of social status of an individual in general and status of women with particular reference to fertility behaviour. The foundation emphasized that women status is important in the determination of fertility. Thereasonbeing that woman's status can act as a key factor in their ability and desire to control fertility.

There are numerous theoretical explanations which take into consideration the socio-economic and the socio-cultural dimensions of human society and the placement of women within it. One such viewpoint states that where women enjoy control over the outcome of their labour and participate in collectivedecision-making they enjoy a high social status. This means that through work-participation and collective decision –making the women enjoy certain amount of authority over the others. At the same time it is also believed that having certain amount of authority and participation in the work doesn't get women high social status. It is a socially recognised fact, as Weber would put, that the social status to a considerable extent also depends on the social and cultural attributes of the person or the group concerned. Whether women command high status participating in the work or they don't depend on the values attached with work in a particular social setting.

Among these,the status of women is assumed to be a significant intervening factor. This study, therefore, attempts at understanding the concept of social structure, its constituent elements and the status of women and how these variables are related with fertility behaviour. Sandhu (1996) in her book 'Sociology of Fertility has argued that there are some variables which affects the reproductive health of the labour women :
Demographic and background variables-Caste,socio-economic status, education of the husband and wife, occupation of the husband and wife, household income, standard of living, age at marriage, duration of married life, perception of infant and child mortality

- Family action possibilities-Family type and participation of wife in decision-making. The custom of child marriage and female infanticide has greatly undermined the status of women in India making her position subservient to that of males.
- Family size attitudes-Value of children, ideal number of children preferred and son-preference.
- Informational and attitudinal attributes-Political awareness, knowledge of family planning methods and attitude towards family planning
- Effective family planning-Spacing of children and current use of contraceptives.
  Therefore, the present study will also try to look into these variables and their effect on reproductive health of labour women.
  There are also some factors that affect the reproductive health of the women which include age at marriage, education, economy, authority, religion etc.

According to Dreze and Sen (2002),Women's education in general and higher education in particular has often

been highlighted as the most important factor towards restoration of their social, economic, legal and reproductive health rights. Education also makes the horizon of vision broader, helps to disseminate the knowledge of family planning. The promotion of female literacy, women's employment opportunities, family planning facilities, can enhance the voice and decisional role of women in family affairs and also bring about radical changes in the understanding of justice and injustice. Female literacy has a strong impact in reducing child mortality rates, and also contributes to reduce fertility.Sandhu (1996) has argued that age at marriage is one of the most important variables in the understanding of women's reproductive health and is directly proportional to it. A woman married at a very young age will have poor reproductive health as compared to the woman married at the right age. Having babies at the right age with the right birth interval and right number of children is essential for the survival of both mother and child.

Yadava has argued in his book Status and fertility of Women in Rural India (1995), the economy too is responsible for women's lack of reproductive health care. Vast majority of the husbands of the respondents did not earn enough to meet the expenses of the household, so the majority of the respondents were working as semi-skilled labourers even during their pregnancy period because of the financial stress of the household.
Sabiha Hussain (2003) has argued that Women hold no authority in decision making regarding the size of the family. Women are just not consulted for such important reproductive matters like use of contraceptives methods or regarding the size of the family or the number of children. Most of the female reported that such matters regarding reproduction are generally decided either by their husbands or by their mothers-in-law, or other elderly persons in the family. Besides these variables religion also plays an important role in determining the reproductive health of the women, the number of children etc.Therefore the present study will also make an attempt to look at these variables and their impact on the reproductive health of the labour women working at the construction sites.

III. OBJECTIVES

- To look into the socio-economic profile of the respondents.
- To analyses the various factors i.e. social, cultural , religious and economic that affect the reproductive health of women .
- To look into the level of awareness among the women and her men regarding reproductive health matters.
- To explore the utilization of the reproductive health services by the labourer women.
- To analyses the working hours of the labourer women in order to view their dual role.

IV. RESEARCH METHODOLOGY

Feminists' continuing concern with giving women control over their own bodies, providing them with the power and the knowledge to enjoy their sexuality and to have children if and when they wish. Although women have made progress in the areas since then, through developments such as effective and safer contraception and abortion, these are still not available to all women worldwide. Moreover, the development of new reproductive technologies can be seen either as a benefit or as an attempt to take away some of the control that women have gained over their child-bearing capacities. Women's lack of control over their bodies and their sexuality is, for feminists, a part of men's domination of women. And whereas for feminists sexuality and the issues surrounding it are less central to women's oppression than other economic and political factors, for others sexuality is the very key to men's domination of women. Catharine Mackinnon, for example, argues that sexuality constitutes gender. In other words, there is no separation between the concepts of gender and sexuality; male and female do not exist outside of the eroticization of dominance and subordination. As she maintains:

Sexuality, then, is a form of power. Gender, as socially constructed embodies it, not the reverse. Women and men are divided by gender, made into the sexes as we know them, by the social requirements of heterosexuality, which institutionalize male sexual dominance and female sexual submission. If this is true, sexuality is the linchpin of gender inequality.This is a powerful argument, but is one that has been criticized for dismissing the importance of other articulations of male power not primarily through sexuality. Whether sexuality is viewed as the primary form of oppression among others, it is, however, agreed by many feminists that women need far greater control over their own bodies and their sexuality.The Gender and Development perspective (GAD) is an appropriate framework within which to analyse gender asymmetries by linking relations of productive and reproductive labour and emphasizing the impact of this double burden on women's lives .The women have ten-to sixteen-hour workdays on the average. It is understandable that the majority of women do not want to encounter intercourse or cannot enjoy the experience in the cramped rooms with little privacy; the whole process does not seem to afford any physical or mental relaxation. Thus, contrary to popular stereotypes about sex as recreation for the poor in India , women's articulations in and about sexual behaviour show that sexual interactions are hardly recreational at least for a poor working class woman. (Arna Seal).

GAD emphasizes gender relations in both the labour force and the reproductive sphere. According to Kate Young, GAD focuses not just on women as with WID and WAD, but on the social relations between men and women in the work place as well as in other settings. GAD emphasizes women's empowerment and male responsibility; it includes a definite role for the state in programmes to bring about equality between the sexes. A GAD perspective is able to reveal how poor women go about their daily existence in a labour intensive, financially tight economy while simultaneously managing their sexual and birth control domains through processes which create and recreate societal class and gender contexts. The author considers sexual relations and birth control careers as intrinsic to the dialectics of women's reproductive roles in the household. These experiences are , therefore, innately linked to women's productive and other socially reproductive roles as paid and unpaid workers, as wives, mothers, daughters and daughters-in-law with in the household. Having explored the circumstances within which women's sexual and birth control histories are created, the ramifications in terms of societal gender and class formation in particular . Implications in terms of Gender and Development policy formulations ,specifically those geared to Family Planning are also considered.

V. METHODS AND TECHNIQUES OF DATA COLLECTION

The present study shall also make use of exploratory and descriptive research designs. Exploratory research method was used to explore and find out the socio- cultural factors affecting the reproductive health of the construction workers. Exploratory studies subject about which either no information or little information is available. Generally, this type of research is qualitative which becomes useful in formulating hypothesis or testing hypothesis and theories. In this research, the assumption is that the researcher has little or no knowledge about the problem or situation under study, or he is unfamiliar with the structure of group he is studying. Exploratory studies are also appropriate for some persistent phenomenon like deficiencies in functioning of educational system, corruption among political elite, harassment by police, rural poverty and so on. They are essential whenever researcher is breaking new ground. But the chief shortcoming of exploratory research is that they seldom provide satisfactory answers to research questions, though they can give insightsinto the research methods they could provide definite answers. Descriptive research describes social situations, social events, social systems, and social structures etc. The researcher observes/studies and then describes what did he find? Since collecting data on scientific basis for descriptive studies is careful and deliberate, scientific descriptions are typically more accurate and precise than casual ones.

VI. INTERVIEW SCHEDULE

With the decision of applying structured or formal interviewing technique, the construction of Interview schedule was also required. When an investigator in an interview situation administers the questionnaire, it is called an interview schedule. The difference between interview and interview schedule is that the former is a 'specific conversational technique' with lot of improvisations. In the latter, the data would be collected from both primary and secondary sources. Primary data is the data that is observed or collected by the researcher from the first-hand experience .On the other hand, secondary data is, all the information collected for purposes other than completion of a research project and it is used to gain initial insight into the research problem. For the primary data interview schedule, interviews and observation methods will be made use of to gather the information. The secondary data would be collected through different books, articles, journals, internet etc.

The total of 60 respondents will be selected purposively which will include 30 labour women working at the construction sites and 30 respondents will comprise of the husbands of these women. Purposive sampling is a type of non-probability sampling. In this technique, the researchers purposely choose subjects who, in their opinion, are relevant to the project. The choice of respondents is guided by the judgment of the investigator. For this reason, it is also known as judgmental sampling. There are no particular procedures involved in the actual choice of subjects.The method of study was based on the interview schedule on which we have recorded the first hand information given by the respondents. The interview schedule was preferred to the use of questionnaire because of high incidence of illiteracy in the population. It consists of both closed and open ended questions regarding respondents name, age, caste, living conditions, working conditions, and socio-cultural aspects. However, observation and secondary information were used in addition to research interviews. Observation is the accurate watching and noting of phenomenon as they occur with regard to the cause and effect or mutual selections. The data thus collected have been tabulated and treated with the help of various mathematical and statistical techniques.

VII. AREA OF THE STUDY

The area chosen for the field work of the study is Jammu city of the Jammu and Kashmir state. The state of Jammu and Kashmir is situated in the extreme north and is bounded in North by China, in east by Tibet, in the south by Himachal Pradesh and Punjab states and in west by Pakistan. It has 640 kms. Length from North to South and 480 kms from East to West. The present area of the study will be Jammu city because it is a place where labourer from other states like U.P, Bihar have shifted in and the migrants in this state do the construction work and their wives work as both the household maids and construction labourers to earn more. The focus would be on the reproductive health of the labourer class women working at the construction sites of the Jammu city selected on the basis of purposive sampling method.The area for field work is proposed to cover the Jammu city and its surrounding region. It seemed appropriate that such a study can only be done in an urban Centre where construction labour market has grown in a big way. Due to inadequate availability of the local labour in city, these infrastructural developmental schemes have generated a greater demand for migrant labour which has also attracted a large influx of migrant labourers in the city from the states like Madhya Pradesh, Orissa, Bihar, Uttar Pradesh, Rajasthan etc. These construction workers, men and women are working everywhere in the city in different spheres of economic activity. Construction labourers are taken from Gandhi Nagar, Rehari, Vikram Chowk ,University ,Paloura as they are scattered in various places of Jammu city.

VIII. REVIEW OF LITERATURE

Sharma and Niranjna (2001) in his Social Structure and fertility Behavior asserted that the reproductive behavior is also institutionalized and carries the differential influences of social structure. Therefore, the constraints which a social structure exerts on different strata of people make the regulatory mechanisms operate in a heterogeneous manner. He argues that regulations vary widely in different cultures and that there are many social factors that affect the reproductive health of the women. The lower age at marriage for women in most societies has been the direct manifestation of the patriarchal system in which the women always had a dual image and status. It was a moral obligation of the group of origin to protect the honour of their women-mother, wife and, particularly the daughter. The honour of the women was the prestige of the group. This was indeed a most difficult obligation to perform, as it also required the suppression of women. This was the reason why women under patriarchy were considered a burden. The child-bearing practices are associated with marriage and the general expectation among the Kinnauras is that a woman should bear a child within the first year of her marriage. This is considered functional as it proves the capability of both men and the women to produce a child. In case a man gives birth to a son, her acceptability increases considerably in the community. This is substantiated by the fact that most families prefer to have one son. This is a value preferred in Hinduism. According to this, a son is preferred for the performance of the last rites. The study also indicates that the educational differences are also very crucial in the determination of fertility differences. It is imperative to mention that in Kinnaur women with higher education have less number of children than the women with less education. The present study suggested that a study of local concepts related with fertility behaviour can provide more and in-depth insights.

Laxmi Thakur (2011) in his Fertility Behaviour and Women's Reproductive Health and Reproductive Rights examined that fertility is the social character of human life and of human reproduction that differentiates human society from those of animals. It is a very important demographic process, which is largely responsible for the replacement of population for the continuity of the society. Fertility refers to biological procreation, i.e. the birth of the child as a result of man impregnating a woman and the latter delivering an infant after the gestation period. Fertility behaviour refers to the processes of bearing and rearing children in the context of the household and the wider society. It covers the processes including institutional mechanism, leading directly or indirectly to childbirth and other demographic outcomes, like child survival and mortality. Fertility behaviour is very effective aspect which directly influence the reproductive health of the person. Reproductive health is not only due to unhealthy or unhygienic behaviour of women only, but it is also because of unhealthy behaviour of their sexual partners. The purpose of this study is to assess women's reproductive health and rights in the present era when sex selective abortions are also taking place in the society.

Yadava K.N.S (1995) in his Status and Fertility of Women in Rural India asserted that the impact of women's status on family planning shows that as the exposure of females towards activities i.e. their role in society or their exposure of interaction with the events occurring outside house/ village/country increases, the percentage of family using contraception or who want to use any type of contraception also increases. However, this study has surprisingly indicated an inverse relationship between autonomy in decision-making and extent of use of contraception. One of the reasons may be a strong patriarchy system in the study region where a younger female may have higher autonomy in domestic decisions but decisions about her reproductive goals , use of contraception are taken by her 'in laws' and 'husband'.

Nevertheless, as women's status increases, the proportion of females using contraception also increases. Education and fertility were inversely related consistent with the other studies. Where educational status is low, women's status has no or little impact on fertility.Responsibilities in decision-taking process should also be given to females.Sandhu(1996) in his book 'Sociology of Fertility' examined that fertility is a very important demographic factor which is largely responsible for the replacement of population for the continuation of society. Human society has always been socially controlled. The relationship revealed the relationship of fertility with social, cultural, economic, demographic and psychological variable. The relationship between different socio-economic variables like caste, education, occupation, land, living conditions, standard of living perceived social status, perceived class and rural urban childhood experience and fertility was examined. The literate respondents had lower fertility than the illiterate ones. In the present study, fertility was studied in relation to husband type, husband and wife communication and participation of women in decision-making. Fertility was not influenced by the level of inter-spousal communication. Sons were preferred mainly for social and economic reasons. Siddiqui (2001) in his Fertility Status of women argued that the major shortcoming in the study of fertility at present time is a comparative scarcity of basic explanations of fertility changes and differentials. The long interest in socio-economic factors of fertility differentials and decline stems from their usefulness in addressing two separate, although related sets of issues. Firstly, socio-economic factors which may indicate the considerations that underlay, fertility decisions, though rarely they are directly interpreted in terms of reproductive motivations. For example, educational factors are not solely the result of the substantive content of school curricula but also reflect greater social mobility through employment and a desire to amulate western life styles. In this fashion, socio-economic factors provide indirect evidence on the factors influencing reproduced motivations.Secondly, analysis of socio-economic factors occupies a central position on the study of fertility distribution and change. In societies, where fertility within marriage is still beyond conscious control, socio economic factors reveal little about the future trends.

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