

Decision Making and Role Playing: Young Married Women's Sexual and Reproductive Health in Ahmedabad, India

By

Richa Sharma, MA Candidate

Under Supervision of Prof. Andrea Martinez

School of International Development and Global Studies

Women's Studies Collaborative Program

University of Ottawa

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Abstract

This MA thesis examines the decision-making capacity of young women married during adolescence within the context of their sexual and reproductive health in an urban ghetto in the city of Ahmedabad, India. Specifically, the development literature on married female adolescents (MFAs) is characterized by negative health indicators such as higher rates of unwanted pregnancies, reproductive tract infections, sexually transmitted diseases, high infant and maternal mortality and morbidity coupled with the phenomenon of early marriage, poverty and an overall lower social status. The result is a disempowering discourse that constructs and presents them as powerless victims who lack any decision-making capacity and are perpetually oppressed. This research is an effort to move the discussions of “Other third world women” outside the realm of victimization by challenging and destabilizing this disempowering, hegemonic discourse. We must ask what does decision making look like for these women, as exercised within the context of their sexual and reproductive health. This qualitative analysis is informed by primary research through focus groups and semi-structured interviews with young married women, and was conducted with the help of a local NGO, Mahila Patchwork Co-operative Society. The study provides insights on the young married women’s participation and role in determining their own health outcomes (negative and positive) to better inform programs and services offered by the community NGOs.

Key Words: Young married women, sexual and reproductive health, decision-making, Other third world women, qualitative research

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Introduction

In South Asia, early marriage, early pregnancy, and high rates of maternal and child mortality have positioned adolescent married girls as a “vulnerable” group. With limited autonomy and decision-making ability, there is a growing concern in the specialized literature that this particular group should be recognized as a ‘high risk’ population. While the intention behind this urgency is to encourage researchers and practitioners to understand the negative health consequences associated with young married women’s social status in accessing health care and services, this discourse simultaneously reinforces their image as powerless victims of patriarchy.

Consequently, this thesis aims to better understand the sexual and reproductive health of young women married during their adolescence,¹ in an urban ghetto in the Indian metropolitan city of Ahmedabad, Gujarat. Specifically, it intends to explore patterns of decision-making by this population within the context of accessing sexual and reproductive health care and services in a marginalized Muslim community in a predominantly Hindu state. To this end, I examine the young women’s ability to achieve their desired health outcomes in a patriarchal context where women must constantly negotiate through unequal power hierarchies. By doing so, I hope to move the discussion of young married women in a developing country context beyond a victimizing discourse, often prevalent in development agendas.

¹While the purpose of this thesis was to capture the experiences of married female adolescents’ (MFAs) experiences with sexual and reproductive health, my sample eventually consisted of young married women who were primarily in their early 20s. In the interviews and focus groups, they narrated their experiences of being a married female adolescent as they were married as teenagers. Thus, when specifically talking about the women I interviewed, I will refer to them as “young married women”.

Research Questions

Within the geographic and cultural context of an urban ghetto in Ahmedabad, I explore the following question guided by a set of specific questions: How do young married women exercise decision making within the context of their sexual and reproductive lives?

- i. What types of sexual and reproductive health problems receive more of their attention and the attention of influential family members? Why?
- ii. What factors influence their treatment-seeking behavior?
- iii. To what extent are they able to make decisions about their sexual and reproductive health?
- iv. What factors influence their capacity to make decisions regarding their sexual and reproductive health lives?
- v. In what ways do they exercise resistance vis-a-vis processes of decision making that are either their own or imposed onto them by others?

Rationale and Significance

The current generation of adolescents is the largest one in recorded history as approximately half of the world's population is aged 25 or younger, with a large majority of this population stemming in the "developing" world (Bearinger *et al.*, 2007; also see Bott *et al.*, 2003). In India, young people between the ages of 10 and 24 years represent 30% of India's total population (WHO, 2006a). These figures hold paramount importance due to the reproductive capacity of this age group, as a majority of young people become sexually active between the ages of 16 to 19 years (WHO, 2006a). In India, half of all young women are thought to be sexually active before they turn 18, and one in five are sexually active by the age of 15 (Gupta *in* Capoor & Patel, 2006). While international attention on adolescent sexual activity generally

focuses on premarital sex, in the context of India, sexual debut among adolescent girls usually occurs within marriage (Bott *et al.*, 2003; also see Bruce, 2003; Santhya & Jejeebhoy, 2003). According to the WHO (2009), 38% of the girls in developing countries, especially in South Asia are married before the age of 18 and 14% are married before the age of 15, consequently forced to bear the burden of domestic responsibility as well as the risks associated with early sexual activity, including pregnancy and childbirth.

In India, early marriage is a common phenomenon, especially in rural areas, as well as poorer communities in urban areas. A combination of cultural traditions, poverty as well as lack of opportunity increasingly situates the young women at risk for this phenomenon (ICRW, 2006). Furthermore, Capoor & Patel (2006) argue that from childhood, girls are trained to facilitate male domination and often they enter marriage with little self esteem and poor communication, negotiation and decision making skills (Bruce, 2003; ICRW, 2006). The fact that girls are often married to men who are much older further places them in a new environment with greater responsibilities (domestic and sexual). According to the third Indian National Family Health Survey (NFHS III), almost 42% of the girls married between the ages of 15 to 17 and 40% of those married between the ages of 18 to 20 years had husbands that were at least five to nine years older. Once married, these young women become members of their husbands' households and hold much lower status than any another family member (ICRW, 2006). Specifically, they are expected to follow the will of their mother-in-laws and husbands in not only key life decisions including in matters of sex and reproduction (ICRW, 2006; Ramachandran *et al.*, 2010).

In addition, in India it is suggested that MFA have comparatively less knowledge about their bodies as well as reproductive and sexual health and rights as compared to unmarried

adolescent girls (ICRW, 2003). Also, they have much higher levels of sexual activity than the unmarried girls (Santhya & Jejeebhoy, 2003). This is reflected in the adolescent birth rate of 45.9 per 1000 adolescent girls between the ages of 15 and 19 (ARROW, 2010). This figure is in stark contrast to the Canadian adolescent birth rate of 14.1 per 1000 adolescent women between the ages of 15 and 19 as of 2007 (UN, 2011). When combined with a high maternal mortality rate of 450 per 100,000 live births in 2005 (ARROW, 2010), an expanding AIDS pandemic, and a high unmet need for contraception, the negative health outcomes for MFA are especially staggering within the context of early marriage and early childbearing (Visaria *et al.*, 1999; Nath & Garg, 2008).

And yet, the relative lack of focus on MFA is often justified on the grounds that their needs are met in services available to adult women, ignoring the fact that their reproductive and sexual needs (such as introductory information and education about their sexuality, bodies, menstruation, sex, contraception and healthy pregnancy) are very different than that of married adult women (Santhya & Jejeebhoy, 2003). Specifically, social norms about what questions are acceptable for MFAs to ask, restrictions on their mobility and their lack of decision-making authority severely limits their access to sexual and reproductive health services. As compared to adults then, it is more complicated for young married women to receive appropriate information and treatment for sexual and reproductive health issues because other family members make decisions for them, which are further dictated by community norms (ICRW, 2006).

For instance, as demonstrated in a 2001 (Barua & Kurz) study of married adolescent girls in the state of Maharashtra, it was found that the husbands or the mother-in-laws typically made the decisions; the girls themselves had little influence in decision-making in regards to their own sexual health. Also, the negotiation process to address a perceived health need often delayed

seeking care (Barua & Kurz, 2001). The authors found that in certain situations, a reproductive health need was not addressed at all due to its symptoms being perceived as ‘normal’, especially those related to reproductive tract infections. In such instances, Barua and Kurz (2001) speculate that the need might not be expressed due to shame or embarrassment. Even if it was expressed, the husband might decide that it is not worth requiring treatment and finally, even if husbands did agree to seek treatment for their wives, they often preferred that the MFA seek care on their own (allowing room for the adolescent girl’s own decision-making), which many felt they could not do; consequently the need went unaddressed (Barua & Kurz, 2001; also see Santhya & Jejeebhoy, 2003).

In a comparative 2008 study on early marriage and sexual and reproductive health risks in the states of Andhra Pradesh and Madhya Pradesh in India, Santhya *et al.* (2008) assessed the young married men and women’s role in decision-making related to family finances and health issues. Unsurprisingly, young married women were significantly less likely to report a role in decision-making than their husbands. More importantly, substantial proportions of the young men reported not being involved in decision making at all. The authors of the study suggest that this is likely due to the age-stratified social context where senior family members were the sole decision makers (Santhya *et al.*, 2008).

While such studies demonstrate the many barriers that the MFAs face in seeking treatment, they do not necessarily explore what factors play a role when treatment is indeed sought. Nor do they provide an in-depth understanding of the role of the MFA in the decision-making and treatment-seeking process. Instead, these studies conclude with usually one or two lines stating that the young women did not have any decision-making authority act as disclaimers enabling the “third world woman” Other as a powerless victim of patriarchy discourse.

While there is more evidence available for pregnancy and reproductive care for MFA, little is known about other aspects of their health including sexual risk behaviours, gynaecological symptoms, reproductive tract infections (RTIs) and sexually transmitted infections (STIs) as well as non-consensual sexual relations² (Santhya & Jejeebhoy, 2003). This is particularly problematic given the recognition that young age at first intercourse is a dominant risk factor for STIs and immature reproductive and immune systems further make female adolescents more vulnerable to infection (WHO, 2009). In addition, a relative lack of options, access or utilization of temporary methods of contraception result in a significant proportion of MFA being sterilized in their early 20s or even resorting to unsafe abortions (ICRW, 2003). The NFHS III (2006) reported a heavy reliance on female sterilization among the age group of 20 to 24 for young married women, where it accounted for 40% of all contraceptive use in that age group, as one out of eight married women in this age group were already sterilized. Finally, poor infant and child health outcomes are also strongly associated with the age of the mothers due to the young women's physical vulnerabilities as well as the dearth of social and reproductive health services available for this particular group (Raj *et al.*, 2010). The result is consistently higher mortality rates among infants born to young mothers.

Within the lives of MFA, this is further problematic due to social pressures of proving their fertility. Social constructions of being an “ideal wife”, combined with weaker negotiation skills, might put these young women in situations where their gynaecological, reproductive and sexual health can be compromised. Furthermore, given the fact that this particular group rarely

² Within the scope of the research, I primarily address young women's narratives pertaining to early marriage, pregnancy and childbirth. In pre-test interviews and focus groups, when I asked what kind of health problems young married women face, they largely emphasized experiences with pregnancy and discussed social pressures of proving fertility due to early marriage. When further asked if there were any common “internal” health problems, the young women again brought the discussion towards their experiences with pregnancy as opposed to RTIs/STIs. Thus, for the purpose of this thesis, I emphasize their narratives on early pregnancy, childbirth and family planning.

seems to seek treatment for sexual and reproductive health problems (Barua & Kurz, 2001) it is further crucial to inquire to what extent are MFA able to make decisions regarding their health-seeking behaviour?

Research on age at marriage across different cultural groups around the world has suggested that getting married and bearing children are often the only means for young MFAs to consolidate their status in families (ICRW, 2003). If so, this complicates the question on how MFA exercise decision-making: through subverting hegemonic reproductive norms or fulfilling their socially expected obligations (to be sexually available to their husbands and produce offspring) to benefit their social status, despite jeopardizing their health? Or both? The desire to look for ways the MFA resist and/or reproduce discourses on their sexual and reproductive health stems from Goffman's (1959 *in* Paynter, 2006; also see Thapan, 2003) observation:

While women may act in ways that rearticulate dominant social systems of heterosexual reproduction, dualist gender roles, male dominance and so on, they also act in ways that subvert these systems in subtle, yet critical and often intentional ways (2006:6).

Development and Other bodies

Early marriage and its resultant negative health outcomes for the MFA stand in direct conflict with Millennium Development Goals (MDGs) such as child and maternal health, the prevention of HIV/AIDS, the promotion of basic education as well as gender equality (ICRW, 2003). Despite initial improvements, progress has stalled in reducing the number of teenage pregnancies in South Asia. Although there was a substantial decline in the adolescent birth rate from 89 births per 1000 women in the ages of 15 to 19 years in 1990 to 59 births in 2000, the rate has remained at 53 births in 2007 (MDG Report, 2010). In addition, only 25% of rural women in Southern Asia receive the recommended care during pregnancy (MDG Report, 2010). Although much of the rhetoric around MDGs are based in women's sexual and reproductive

rights, including access to healthcare services, and are often justified as a path to enhancing the status of “women in the developing world”, many Southern scholars and activists argue that such views merely reduce “women’s rights” to “reproductive rights” (Paynter, 2006).

Historically, much of the discourse found in the health movement and the language surrounding the politics of reproductive rights originated in western (white) feminist movements, especially in the United States during the 1970s and early 1980s. These movements primarily concerned themselves with women’s access to abortion, and feminist political framework of women’s rights to have control over their bodies, in matters of reproduction as well as sexuality. It was only around mid to late 1980s that third world feminists mobilized around framing reproductive health and rights issues within a context of development and human rights (Petchensky, 2000; also see Mohindra and Nikiéma, 2010). The mid 1990s brought about an era of cross-fertilization of North/South collaborations, and primarily a push from the third world feminists demanding that reproductive rights encompass all of women’s reproductive health needs, and not just those related to fertility control. Perhaps most importantly, the women pushed for women’s health and empowerment to be treated as an ends in themselves and not just a means towards reaching other social goals of fertility reduction (Petchensky, 2000).

And yet, even today in India, narrow biomedical approaches to health are a primary focus of sexual and reproductive health programs and projects. As argued by Paynter (2006), such initiatives, whether driven by large international bodies such as the Population Council or by India’s National Population Policy, exist as a development initiative. Here, women’s sexual and reproductive health is a means for combating poverty rather than a dialogue for discussing women’s overall wellbeing (Paynter, 2006; Mohindra & Nikiéma, 2010). Specifically, with an almost exclusive focus on family planning (fertility reduction as the goal), many other sexual and

reproductive health matters such as gynaecological symptoms, reproductive cancers, RTIs, STIs, psychological and sexuality issues that may be central to women's lives are excluded.

Unfortunately, the field of development for many decades has largely been shaped by donor-driven policies and “needs”, as “investing in women” has become a catchphrase for all major western development organizations. Bilateral donor agencies as well as government ministries continue to observe women's reproductive health as a means towards their own agendas rather than an end in itself (Silliman, 1997 *in* Petchensky, 2000; Mohindra & Nikiéma, 2010).

In such a discourse of women in development, Mohanty (*in* Wilkinson &Kitzinger, 1996) argues that the vocal subject has almost invariably been a white western woman whereas the third world woman becomes the object of inquiry. Wilkinson &Kitzinger argue that by engaging in a continual speech ‘about’ or ‘for’ the third world woman, white western feminists have further engaged in a form of Othering by reproducing an “orientalist discourse in feminist guise” (1996:6). bell hooks further articulates this process:

Often this speech about the ‘Other’ annihilates, erases: ‘no need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I write myself a new. I am still author, authority. I am still the colonizer, the speaking subject, and you are now at the center of my talk (*in* Wilkinson &Kitzinger 1996:10).

Constructions of the “third world woman” Other as powerless and a victim of state policies and an oppressive, patriarchal tradition results in a development discourse that is not only divisive regarding the notion of rights, but is simultaneously driven by stereotypical perceptions of the passive, helpless “Other” woman upon whose body development and tradition “happen”.

Why “Third World Women”?

I argue that the terms “first world feminism” and “third world feminism” are *both* highly racialized terms. Whereas “first world feminism” evokes the figure of an able-bodied, Caucasian, middle class woman living in the political North (United States, Canada and Western Europe), the term “third world feminism” is paralleled with “women of colour” living “elsewhere”/South. And yet, affluent “women of color”, and third world feminists in Diaspora can just as easily be found in the political North as poor white women. Consequently, while the term “North” and “South” give us a geographic reference to the context, they are not enough to provide us with a multi-dimensional understanding of who occupies these spaces and in what capacity. Thus, my usage of the term “third world feminists” does not necessarily subscribe to the term “women of colour feminists” or even “Southern women”. Rather, I adopt Duncan’s (*in* Hoeveler& Boles, 2001) political definition of the term that includes women of developing countries, poor women of color in the western world, poor women, lesbian, bisexual and transgendered women and any women who are considered to be on the margins of feminist theory and feminism.

Furthermore, my usage of “third world women” speaks to Mohanty’s (2001) suggestion of an ‘imagined community’ of third world struggles. This community is imagined not because it is not real. Rather, it suggests

potential alliances and collaborations across divisive boundaries, and ‘community’ because in spite of internal hierarchies within third world contexts, it nevertheless suggests a significant commitment to what Benedict Anderson call ‘horizontal comradeship’ (Mohanty 2001:196).

Mohanty argues that the idea of the ‘imagined community’ is useful because it suggest alliances based in political struggle as opposed to biological or cultural alliances. That is, usage

of “third world women” is rooted in a “common context of struggle” against exploitative structures of inequities rather than racial or cultural affiliations (Mohanty 2001). Thereby, for the purpose of this research, I position myself as an outsider third world feminist doing research on third world women.

Setting

The state of Gujarat is located on the western coast of India, with 60.3 million people distributed over 26 districts. Approximately 63% of this population lives in rural areas, with a sex ratio of 905 females per 1000 males and a 79% literacy rate (Gujarat State Portal, 2011). The government of Gujarat provides health services through a three-tier (primary, secondary and tertiary) network of health facilities and over the decades, the health infrastructure has been able to provide significant improvements. For instance, the birth rate has declined from 40.0 (1971) to 22.3 (2009), and the death rate has decreased from 16.4 (1971) to 6.9 (2009). Maternal mortality ratio has decreased from 389 per 100,000 women in 1993 to 160 in 2006. The infant mortality rate has also decreased from 144 per 1000 women (1971) to 48 (2009) (Gujarat State Portal, 2011). Gujarat also has multiple programs associated with reproductive child health addressing maternal health care and immunizations for children and reducing discrimination against the girl child. For instance, the E-Mamta project minimizes mother-infant death rates by covering the entire continuum of services starting from ante-natal care to post natal care, child immunisation, nutrition and family planning services. However, a closer look at the urban ghetto of Sanklitnagar provides an underwhelming picture of “Vibrant Gujarat”.

In 1973, displaced persons from the flooding of the Sabarmati River were relocated around the peripheries of Ahmedabad, in a government built housing community of Sanklitnagar in the municipality of Juhapura. While at that time Hindus and Muslims lived together in

Sanklitnagar, communal riots in the 1990s and 2002 especially transformed this community and Juhapura at large as a safe haven for Muslims in Ahmedabad. Stereotypes and violent memories of communal riots have created a sharp divide between Hindus and Muslims. Consequently, this community is intensely isolated and segregated from the rest of Ahmedabad. While Muslims across multiple class strata reside in Juhapura, Sanklitnagar is an urban ghetto, situated in the heart of the municipality, primarily housing poor families, as well as those that live below the poverty line. This is reflective of the fact that Muslim communities in India tend to be overrepresented in informal work. For instance, 12% of Muslim men nationwide are overrepresented in street vending as compared to the national average of 8%. Almost 70% of Muslim women work from home as compared to the national average of 51%. Overall, a large proportion of Muslim workers engage in small enterprises and their participation in formal sector employment is significantly less than the national average (SACHAR Report, 2006). In Sanklitnagar, with a population of approximately 25,000 people distributed across ten wards, most of the men are rickshaw drivers, vegetable vendors, butchers, and owners of small shops and ‘*paan parlours*’³. The women of the community primarily work as kite makers, maid servants for richer neighbours, and do sewing work. While there is one primary government school, there are no government high schools. However, there are numerous private schools located on the periphery of Sanklitnagar.

There is no urban health centre in the community. Instead, there are numerous unregulated private clinics and hospitals, with the closest government hospital being five

³‘Paan’ is a betel leaf containing nuts, lime paste and may or may not contain tobacco. It is chewed and is supposed to be a breath freshener and helpful for digestive purposes.

kilometres away. ‘*Angandwadis*’⁴ are present in only three of the ten wards, leaving a huge gap in child care services. The community has a drainage problem, with flooding during monsoon seasons leading to child morbidity, and the spread of numerous infections and diseases. Finally, there are no parks or gardens, let alone any recreational facilities for the residents of Sanklitnagar. And so it was in this context, that I examined the sexual and reproductive health of young married women.

Overview of Thesis

My thesis is structured around five chapters as follows. The first chapter reviews the literature on third world women as victims and authentic heroines. What unfolds is a discussion on the experiences and processes of Othering between western Self and the third world Other. This process of Othering is further facilitated by Mohanty’s (1988) ‘third world difference’, that allows for the homogenization of a diverse group of third world women. In contrast, scholars attempting to ‘give voice’ to the silenced Other often fall in the trap of romanticizing their ability to resist. Such analyses become pre-occupied with locating instances of resistance, as opposed to examining the determining ways in which inequitable power dynamics shape women’s lives. Furthermore, I argue that a focus on determining the Other woman’s status leads to the construction of an ‘empowerment check-list’ that invariably situates the Other women as oppressed victims of patriarchy.

A closer look at scholar’s attempts to measure women’s empowerment further reveals conceptual conflation among indicators, with the implication that not only do these indicators mean the same thing, but they also look the same for third world women. The tendency to

⁴‘Anganwadi’ is a child care and mother care centre in India, sponsored by the state government. It caters to children in the 0-6 age group, and also is a resource centre for women during pregnancy and post natal care, as well as immunization centre for children.

homogenize lead to instrumentalist approaches for development programs that utilize Other women's bodies to meet development goals. I leave the chapter with a discussion on the deeply seated association between third world women and the concept of oppression. Instead of asking whether third world women are oppressed/empowered, I suggest it is necessary to change the question and examine young women's sexual and reproductive health in light of ever-changing power relations.

In chapter two, I discuss my theoretical framework based in a combination of feminist critiques of theories on power, the Body and intersectionality. Specifically, I explore how Oxaal& Baden's (1997) definitions of multiple forms of power interact with Kabeer's (1999a, b) model of power, choice and status. This provides insights on why and how women can simultaneously resist and reproduce inequitable power structures. Thapan's (2003) model of 'Body-for-Self' and 'Body-for-Others' further makes room to examine how women use their bodies to negotiate through the contradictory processes of subversion and resistance. Collin's (2000in Hankivsky, 2011) intersectional matrix of domination help us better understand how women can simultaneously occupy spaces of power and powerlessness. Finally, an identity based framework makes space for understanding how women can not only hold multiple identities, but also negotiate new ones.

In chapter three, I elaborate on the methodology utilized throughout this research process. I attempt to answer critical questions on the process of knowledge production as posed by Tuhiwai Smith (1999) in *Decolonizing Methodologies*. Doing so requires me to implicate myself at the Self-Other hyphen. This reveals the power hierarchies embedded in shaping the relationship between the researcher and the researched, the research process with questions of unequal exchanges and extractive and exploitative research, as well as the power contained in

post fieldwork through writing and representing the Other. In this chapter, I further pay attention to how despite my best intentions, I unintentionally get caught in the process of Othering as I confront my own assumptions of internalized unequal power hierarchies.

In chapter four, I apply the theoretical framework to analyze the interviews and focus groups with the young married women in Sanklitnagar in order to answer my research questions on how do they exercise decision-making within the context of their sexual and reproductive health. Specifically, I contextualize the young women's narratives within the matrix of domination – of intersecting domains of oppression vis-a-vis interpersonal behaviour, hegemonic expectations, disciplinary control and structural limitations. I explore how the young women's strategies to confront each of these domains reveal their power to, power within, power with and power over subverting and reproducing inequitable structures of patriarchy as applicable within their sexual and reproductive health. Processes of negotiating through imposing power dynamics and conflicting desires create a struggle between the women's ability to create a 'Body-for-Self' and their necessity to maintain a 'Body-for-Others'. This further enables the reader to understand why young married women have a limited ability to realize their desired health outcomes. I conclude this chapter by discussing their expressed needs for a positive change that can increase their agency and access to resources. This discussion further creates room to articulate that rather than assuming that singular interventions can enhance specific levels of power for women, each site of desired change transforms into a space of power struggle, where women and men are bound by limitations of patriarchal values and expectations.

Finally, in chapter five I discuss my experiences with dissemination of the key findings of this thesis across multiple audiences. In doing so, I express ethical dilemmas in (re)presenting the Other women. I then provide recommendations for possible programmatic interventions in

Sanklitnagar, based on my own primary analysis, recommendations from the young women themselves, as well as strategies utilized by other projects on adolescent sexual and reproductive health. In the end, I leave the reader with reflections on how my own body underwent through processes of Othering throughout this research.

Chapter 1: Literature Review

In this chapter, I situate the current literature on third world women as “victims” and “authentic heroine” in order to examine how the Other brown woman is talked about in the development literature. Efforts to determine the Other woman’s status reveal the construction of an “empowerment checklist” that continue to posit Her as oppressed. Closer analysis of the associated terminologies shows conceptual conflation that further homogenizes how the Other woman is talked about. However, even a call for rejecting the autonomy paradigm reveals that certain question about “oppression” themselves remain untouched.

The Other woman: Victim

During the first few development decades (1950s and 1960s), little attention was paid to third world women (Parpart, 1995). While development was largely understood to involve male experts helping males in the South, women and children were largely rendered as only secondary beneficiaries. The third world woman was a “primitive”, in opposition to modernity. Even with the emergence of the Women in Development (WID) discourse, questions of sexual division of labour and women’s subordinate positions went unchallenged. Instead, what resulted was a reinforcement of colonialist assumptions about the Other woman as “backward, premodern beings’, with no agenda of their own, tied to traditional ways of thinking and acting” (Parpart1995:228).

In her landmark essay, “Under Western Eyes”, Mohanty (1988) challenges this western feminist construction of the “average third world woman” Other. This Other woman is assumed to be a monolithic, time-bound entity that is ignorant, poor, uneducated, traditional, domestic, family oriented as well as victimized in opposition to the implicit construction of the western

Self woman who is educated, modern, has control over her own body and sexuality and has the freedom to make her own decisions.

Mohanty (1988, 1997) especially criticizes the tendency in the WID discourse to conflate development with “economic development” while simultaneously assuming a homogeneity of the category “third world women”. What is particularly problematic about such a usage of the term “women” is the assumption of an “ahistorical, universal unity between women based on a generalized notion of their subordination” (Mohanty 1997:83). According to this author, doing so further limits the definition of the female subject to gender identity, completely bypassing constructions of race, social class and ethnic affiliations.

An excellent reflection piece by Heron (2004) on her work on a Women’s Programme with Zambian women illuminates this tendency on the part of western feminists to universalize oppression:

What cemented this story of equality for me was the certainty on my part of a shared common ground: that of gender...the bottom line and ultimate equalizer insofar as power relations were concerned was that we were all women, working together for the good of other women...The struggles of poor rural Zambian women contending with inequitable gender relations...had the effect of positioning all of us, although unevenly so, as comparatively advanced and liberated, and above all as subjects who had control over our own lives (Heron, 2004:120-21).

Heron’s confession also sheds light on how the western Self is implicated in the process of Othering the third world woman. Mohanty (1988) would argue that this “effect of feeling liberated” emerges from a disconnect between the Self and the Other, allowing for the notion that

when the sexually oppressed women is located within particular systems in the third world which are defined on a scale which is normed through Eurocentric assumptions, not only are third world women defined in a particular way prior to their entry into social relations, but since no connections are made between first and third world power shifts, it reinforces the assumption that people in the third world just have not evolved to the extent that the West has. This mode of feminist analysis, by homogenizing and

systematizing the experiences of different groups of women in these countries, erases all marginal and resistant modes of experiences (1988:81).

More importantly, when women are constituted as a coherent group based on gender affiliation, sexual difference becomes affiliated with female subordination; power becomes defined in binary terms – people who have it (men); and people who do not (women) (Mohanty1997). This is especially problematic within the case of third world women who have been objects of Eurocentric, colonial as well as postcolonial discourses. Not only is the third world woman the Other of man, she is also the Other of the West, as well as the Other of the western Other (white woman). Having been caught in this chain of Otherness, as Gayatri Spivak would contend, the subaltern woman has become a “historically muted subject” (Nfah-Abbenyi, 2005:272).

This muted subject is set apart by her “third world difference” – something that is static and ahistorical, oppressing all women in the Other countries. Mohanty (1988) further argues that it is in the production of this difference that western feminists colonize and appropriate the complexities characterizing the lives of a diverse group of women. She asserts the need to define and name the power that resides within these processes of homogenization and systemization of the oppression of the Other woman. In other words, the power of the western Self to homogenize the oppression of the third world Other must be challenged. Within a development discourse, these ways of talking about the Other woman becomes highly problematic, as they perpetuate the “saving the brown woman from the brown man” syndrome (Spivak, 1999; also see Singh, 2007)⁵.

⁵It is important to note that it is not just Western scholars who have operated within this framework. Instead, many Indian scholars themselves have continued to utilize this language when talking about MFAs. To explain this hegemony, I refer to Mohanty (1997) who suggests that western feminist writing on women in the third world should be considered within the larger context of the hegemony of western scholarship, including processes of

The Other Woman: Authentic Heroine

Wood (2001 *in* Paynter, 2006) argues that while it is important to avoid falling in the trap of homogenizing tendencies and making essentialist and universalistic assumptions about women from the South, feminists unintentionally make the mistake of “asking the subaltern to speak” (Spivak, 1999). In their attempt to “giving voice” to silenced voices, feminists end up creating yet another essentialist category of “third world woman as authentic heroine” (*in* Paynter, 2006). Similarly, Alcoff explains that in the anxiety to avoid criticism of the Other, western feminists indulge in romanticizing them instead; thereby further projecting their own political agenda on to Others (Wilkinson &Kitzinger, 1996).

Wilkinson & Kitzenger (1996) state that this camp occupies themselves by refuting the dominant (usually inferior) representations by celebrating the strengths and positive cultural traditions of the Other (Wilkinson &Kitzinger, 1996). However, Thapan (2003) cautions that while it is possible that women’s agency will facilitate change while challenging male power, women may also make decisions that reinforce traditional power relations. If so, it is informative to ask: what is gained from romanticizing the Other?

Romanticizing the Other maintains the “third world difference” as it does not demand change from the western Self. Now, the western Self positions herself as the ally of the “third world woman Other”, giving her voice to continue challenging the oppression that supposedly characterizes the third world. Despite a change in speech, the western Self remains untouched. After all, Cherrie Moraga argues, “It is not difference that is feared, but similarity. The oppressor fears he will have to change his life once he has seen himself in the bodies of the

knowledge production, publication, distribution and consumption that continue to dominate the discourse across many disciplines, especially those in public health. Thus, this hegemony is not without political implications.

people he has called different” (*in* Bulbeck, 1998:217). Moraga then immediately recognizes that this fear is not just that of the oppressor, but also of the oppressed – to see in themselves how they are similar to their oppressor:

We women have a similar nightmare, for each of us in some way has been both oppressed and oppressor. We are afraid to see how we have taken the values of our oppressor into our hearts and turned them against one another. We are afraid to admit how deeply “the man’s” words have been ingrained in us (*in* Bulbeck, 1998:217).

In other words, it is more convenient to romanticize the difference because it does not demand the “oppressor [or the oppressed] to change [her] life”, or their political and theoretical orientation in perpetuating the process of Othering in their work. Instead the Self becomes occupied with determining the “status” of the Other woman – is she a victim? Or is she a heroine? In the next section, I explore how this pre-occupation with determining the Other woman’s status results in the creation of a determining “empowerment checklist” that the Other woman invariably fails to measure up against.

The Empowerment check-list

Certain words dominate the development and health literature on young married women’s health in rural India: “access”, “risk”, “decision-making”, “autonomy”, “power” and “empowerment”⁶ In this discourse, “power” is a conditional quality dependent on the presence and/or absence of certain external social and material conditions. Thus, the solution for “women’s empowerment” often lies in providing the women with access to information, education, skills and paid work, or as Kabeer (1999a) calls it – the resource model of power.

⁶ See Hughes & McCauley, 1998; Jejeebhoy, 1998; Senderowitz, 1999; Visaria *et al.*, 1999; Barua & Kurz, 2001; Bruce, 2003; Gubhaju, 2002; Gupta, 2003; ICRW, 2003; Santhya & Jejeebhoy, 2003; Prasad *et al.*, 2005; Capoor & Patel, 2006; Das & Ray, 2007; Santhya *et al.*, 2008; WHO, 2009; Hamid *et al.*, 2011; Raj *et al.*, 2010; and Ramachandran *et al.*, 2010.

In these models, conventional markers such as economic position, educational status, and marital indicators (children, residence) are often used to assess women's empowerment (Jejeebhoy, 2000). Mumtaz & Salway (2009) contend that within the South and Southeast Asian context, women's empowerment is generally measured by particular emphasis on independent mobility, final decision-making and control over financial resources. Furthermore, these markers are then assessed for correlation with social and health related development outcomes (see Jejeebhoy, 2000; Kishor, 2000; Beegle *et al.*, 2001; Faizunnisa & Haque, 2003; Hamid *et al.*, 2011).

For instance, Beegle *et al.* (2001) explores married women's reproductive health decisions related to prenatal care and childbirth in Indonesia by assessing their decision-making. Here, the level of decision-making itself is measured by the value of a women's assets relative to those of her husband, her control over economic resources, the relative social status of their families, the education of their father vs. father-in-laws, and the status of the husband and the woman's own education. Her results indicate that a woman who is more educated than her husband, whose family has a higher social status than the husband's family, and has assets shares is more likely to have access to health services as well as utilize those services. These indicators imply that the woman is "powerful"; allowing for the conclusion that distribution of power within a couple in the household can have independent effects on decision-making.

Similarly, Hamid *et al.* (2011) explore how young women's marital agency is related to their ability to negotiate sexual and reproductive health decisions. They utilize spousal communication, education, mobility outside of home, social roles and decision making in the natal home as variables to determine the ability to negotiate in marriage. Their results indicate that women who are allowed to participate in decision making in their natal homes have higher

mobility, and higher education, resulting in positive implications for the women's reproductive lives.

While such studies provide a positive reinforcement for pursuing the agenda of “empowering the Other woman”, they raise two problems. Firstly, they have a linear approach, as threshold levels of education, mobility, and economic markers are assumed to translate unproblematically into greater decision-making, that itself is assumed to reflect greater bargaining power within the household (Kabeer, 1999a; Mumtaz & Salway, 2009). In other words, it is assumed that the greater the status of women's autonomy, the more positive effect it has on demographic and health outcomes, or that better uptake of reproductive health services is necessarily explained by greater autonomy (Mumtaz & Salway, 2009). However, Kabeer (1999b) dismantles such resource models of power by reminding us that there is no single linear model of change that can explain women's disempowerment, and then subsequently be altered to bring the desired change. Furthermore, it is critical to understand the difference between potential and “actualized choice”. That is, Kabeer (1999b) argues that access to resources, financial credit, political participation, equalizing educational opportunities provide the *potential* for alternatives that allow for a “transformatory consciousness”, but are unlikely to be empowering in themselves without the presence of women's agency. Thus, Malhotra *et al.* argue, “without women's individual or collective ability to recognize and utilize resources in their own interests, resources cannot bring about empowerment” (2002:9).

Secondly, the evidence calls this approach into question. While there are numerous studies that measure indicators of autonomy (such as unaccompanied travel, economic autonomy, decision-making about household matters, and involvement in household decision-making) against health and demographic outcomes (such as women's contraceptive use,

reproductive health etc.), the results are often contradictory and too variable to be conclusive (Mumtaz & Salway, 2009; also see Mumtaz, 2002; Moursund & Kravdal, 2003; Ghuman *et al.*, 2006; Matthews *et al.*, 2006; & Santhya *et al.*, 2010). For instance, Matthews' *et al.* (2006) study on the relationship between women's empowerment and maternal health care seeking in Mumbai shows that not all dimensions of autonomy are related to care seeking behaviour. Domestic violence, voting, adult education, microcredit, membership of an organization did not show significant association with maternal care seeking behaviour, whereas women's knowledge on laws regarding age at marriage was significant in predicting better child health outcomes. Furthermore, while delivery itself was not associated with any aspect of autonomy, antenatal care was associated with access to resources, and postpartum care was associated with spousal communication (Matthews *et al.*, 2006).

Similarly, Moursund & Kravdal's (2003) study on the effects of women's education and autonomy on contraceptive use in India demonstrates that regardless of how economic autonomy is operationalized, even the context specific indicators fail to explain the assumed positive fertility-education relationship. Finally, Santhya *et al.*'s (2010) study on the association between early marriage and marital and reproductive health outcomes in India found no association between women's age at marriage and their decision-making power. In fact, women who married later were no more likely to participate in decision-making related to day-to-day matters or express self-efficacy when compared to those who got married at an early age (also see Jejeebhoy, 2000; Ghuman *et al.*, 2006; Mumtaz & Salway, 2009).

Thus, the lack of conclusive evidence in support of the linear resource model of power calls into question conventional wisdom on how to "empower the Other woman". The lack of consistency among the relationships found between autonomy and proxy measures such as

education and employment have forced scholars to instead turn towards measuring autonomy directly, looking at context specific indicators mostly being: decision-making, mobility, power relations with husbands, and access to and control over resources (Jejeebhoy, 2000; also see Malhotra *et al.*, 2002). Table 1 further elaborates on proxy and direct indicators used frequently and less frequently according to Jejeebhoy (2000) and Malhotra *et al.* (2002).

Table 1: Empowerment Checklist: proxy and direct indicators (Jejeebhoy, 2000; Malhotra *et al.*, 2002).

Proxy Indicators		Direct indicators	
Frequently used	Less frequently used	Frequently used	Less frequently used
Education	Relative value of woman's economic contribution	Economic decision-making	Freedom from violence
Economic activity: before marriage, after marriage, income/wages earned	Children (sons)	Child-related decision-making	Time use/ division of domestic labour
Age at marriage	Marriage within kin network	Marriage related decision-making	Appreciation in household, sense of self-worth
Post-marital residence	Size of dowry	Freedom of movement	Public space (political participation, confidence in community actions, development of social and economic collective)
Spousal age difference	Marital duration	Access to and control over resources	Power relations with husband, couple interaction, and communication

It becomes apparent that whereas proxy indicators are demographic in nature and easily quantifiable, direct indicators attempt to capture an individual's experience with decision-making, movement and power – here, the indicators are contextual and difficult to quantify. Consequently, it appears that the problem is methodological – determining which indicators are more relevant as well as easily measurable. There are methodological implications for utilizing proxy and direct indicators. Malhotra *et al.*, (2002) argue that increasingly, studies are finding

proxy variables as irrelevant and misleading depending on the geographic region, the outcome being examined, or the dimension of the empowerment of interest. Most of the empirical studies on empowerment are unable to capture empowerment as a process. In contrast, although household level studies have taken significant strides in measuring broader, context-specific frameworks with direct indicators, they are not systematically collected across time and region (Malhotra *et al.*, 2002). In addition, to what extent can we assume that the proxy or direct indicators meant for adult women can also be applicable for *adolescent* married women?

Thus, Blanc (2001) argues that one of the most difficult problems confronting researchers interested in addressing power relations within the context of sexual and reproductive health is the quantitative measurement of power. Specifically, Beegle (2001) argues that a key confounding problem is that of identifying variables and indicators that can measure power in conjunction with the outcome of interest – i.e. development goals such as better health outcomes or poverty reduction at large. However, a closer analysis of the measurements utilized reveals a larger problem of conceptual conflation occurring across scholars' usage of these terms, creating theoretical confusion in addition to the methodological dilemmas about what it is that we are measuring, and what does this say about the women that are being talked about.

Conceptual Discrepancies and Methodological Dilemmas

When scholars measure education, employment status, mobility, decision-making ability, what exactly is it that they are attempting to measure? In my review of the literature, it turns out, these indicators can simultaneously be used to determine a woman's power, empowerment, agency and autonomy – rendering the terms mere synonyms of each other (Jejeebhoy, 2000; Mason & Smith, 2000). This is reflective in some of the definitions utilized by scholars to operationalize these terms. Malhotra *et al.*, (2002) describe agency as the ability to formulate

strategic choices to control resources and decisions that can affect important life outcomes.

Jejeebhoy (2000) uses the term autonomy to reflect on the extent to which women exert control over their own lives within families at a given point in time. Sen and Batliwala (2000) define empowerment as the process by which the powerless gain greater control over their lives (control on resources and ideology). And Blanc (2001) defines power within the context of sexual relationships as the ability of one partner to act independently, dominate decision-making, engage in behaviour against the other partner's wishes and control their actions.

As further evident from Table 2 below, not only is there a convergence in the way these concepts are defined, but the variables used to measure these concepts are also the same, including: economic status, decision-making, physical mobility, educational status, relationship status, access to resources and to some extent political and legal awareness. More importantly, the indicators utilized to operationalize each of these variables are also fairly homogenous.

Table 2: Measuring What?

	Autonomy	Agency	Empowerment	Power
Economic status	✓ Control over financial resources – spend money as they wish (Jejeebhoy, 2000; Moursund & Kravdal, 2003; Mumtaz & Salway, 2009) ✓ Participation in micro-credit schemes and access to economic resources (Matthews <i>et al.</i>, 2006)	✓ Making decisions about spending money (Santhya <i>et al.</i>, 2010)	✓ Control of earnings (Kishor, 2000) ✓ Ownership of properties, employment, income (Pradhan, 2003) ✓ Female professional and technical workers, ratio of estimated female: male earned income (UNDP, 2010)**	✓ Individuals' perception of control over economic resources in family, ownership of assets – houses, vehicles, appliances, jewelry, furniture & utensils (Beegle, 2001)
Decision-Making	✓ Participation in family discussions (Moursund & Kravdal, 2003) ✓ Purchasing food, household goods (Ghuman <i>et al.</i>, 2006) ✓ Making health related decisions for child and self (Ghuman <i>et al.</i>, 2006) ✓ Economic decision-making (Jejeebhoy, 2000)	✓ Making decisions about work, education, marriage and life (Faizunnisa & Haque, 2003) ✓ Participation in decision making about choosing friends, purchasing clothes and household items (Santhya <i>et al.</i>, 2008, 2010) ✓ Marital agency: discussing whom to marry, express opinion, opinion was listened to (Hamid <i>et al.</i>, 2011)	✓ Participation in decision-making for choice of life partner (Pradhan, 2003) ✓ Decision-making in education, age of marriage, vocational training, health care, household purchases, going to the market, spending what is earned (CEDPA, 2001)	✓ Participation in Spouse selection (Gage, 1995) ✓ Relative say of partners in decision making arenas – household, familial, health (Mason & Smith, 2000) ✓ Involvement in major decisions (Schuler <i>et al.</i>, 1997) ✓ Decision-making on health, visiting family and finances

				(Haberland <i>et al.</i> , 2004)
Physical Mobility	✓ Unaccompanied mobility, permission to go to market (Jejeebhoy, 2000; Moursund & Kravdal, 2003; Mumtaz & Salway, 2009) ✓ Visit natal kin, go out socially with friends without permission, go alone to shop for food, take an ill child to doctor alone (Matthews <i>et al.</i>, 2006)	✓ Unescorted mobility to visit a friend, relative within/outside the village for entertainment or health facility (Santhya <i>et al.</i>, 2008)	✓ Freedom of movement (Kishor, 2000) ✓ Unescorted mobility (Haberland <i>et al.</i>, 2004) ✓ Use public transport, go alone to market, permission to visit friends/relatives (CEDPA, 2001)	✓ Women's freedom of movement: seeking permission for accompanied, unaccompanied mobility (Govindasamy & Malhotra, 1996; Schuler <i>et al.</i>, 1997)
Educational Status	✓ Women's educational level (Jejeebhoy, 2000; Matthews <i>et al.</i>, 2006)		✓ Literate parents (Kishor, 2000) ✓ Educational levels (Pradhan, 2003)	✓ Husband and wife's own education, relative education of father vs. father in law (Beegle, 2001) ✓ Educational differences between spouses (Wolff <i>et al.</i>, 2000)
Relationship Status	✓ Asking woman if a husband is justified in beating his wife for specific situations (Moursund & Kravdal, 2003)	✓ Gender role attitudes towards wife-beating (Santhya <i>et al.</i>, 2010) ✓ Women's confidence in expressing opinions to	✓ Husband/wife communication, spousal age difference, age at marriage (Pradhan, 2003)	✓ Each spouse's family's relative social status (Beegle, 2001)

	✓ Spousal communication about health, education and finances (Mathews <i>et al.</i>, 2006) ✓ Deference to in-laws (Mathews <i>et al.</i>, 2006) ✓ Power relations with husband (Jejeebhoy, 2000)	- elders (Santhya <i>et al.</i>, 2010) ✓ Gender role attitudes on inter-spousal violence, and power dynamics between couple (Santhya <i>et al.</i>, 2008)	✓ Spousal communication, gender role attitudes (CEDPA, 2001)	
Control of and Access to Resources	✓ Able to spend money on household items without consultation (Jejeebhoy, 2000; Mathews <i>et al.</i>, 2006)	✓ Respondents had some savings, access to bank or post account (Santhya <i>et al.</i>, 2008)	✓ Access to media (Sen & Batliwala, 2000; Haberland <i>et al.</i>, 2004)	
Political and legal awareness	✓ Voting, knowledge of age at marriage law, involvement with organizations (Matthews <i>et al.</i>, 2006)		✓ Seats in parliament held by women, female legislators, senior officials and managers (UNDP, 2010)**	

**From the Gender Empowerment Measure: a composite index introduced by the Human Development Report in 1995 that measures agency by evaluating progress on women's standing in political/economic forums.

A key problematic implication of such definitional and methodological conflation is the assumption that not only all these terms mean the same thing, but they also *look* the same for third world women. That is, these concepts and variables, defined, categorized, measured and analyzed by scholars and researchers not only assume that autonomy=agency=empowerment=power for third world women, but also that homogenous indicators for all of the above can *accurately* capture and reflect how they are actualized for a vast diverse group of women.

Kothari (2006) contends that there is little analysis done regarding the different terminologies utilized within development and how they are implicated within the context of power. She further argues that in their attempt to take catch words such as “empowerment” around the world, development practitioners have applied them unreflexively across multiple contexts with the assumption that they hold the same meaning everywhere. However, Kabeer’s (1999) definition of (dis) empowerment sheds light upon why this homogenized application of “empowerment” (also agency/autonomy/power) does not hold:

One way of thinking about power is in terms of ability to make choices: to be disempowered, therefore, implies to be denied choice...the notion of empowerment is inescapably bound up with disempowerment and refers to the processes by which those who have been denied the ability to make choices acquire such ability...empowerment entails a process of change. People who exercise a great deal of choice in their lives may be very powerful, but they were not empowered in this sense, because they were never disempowered in the first place” (1999b:2-3).

In other words, empowerment is understood as a process of positive change that stems from a place of confronting one’s disempowerment (the lack of ability to make choices). If a person is already allowed to make choices regarding their health, education, over-all well-being, they are already powerful, as they have the ability to make choices for themselves. However, they are not empowered, because there has been no need to create change. By this definition, it

becomes clear why empowerment would necessarily look different across diverse communities of women. A group of young women who are getting an education in a rural village in Gujarat may not necessarily be empowered if they are allowed to continue to study. However, if unaccompanied mobility for young women was prohibited, and if they decide to walk to school, or market or within their locality alone, this process would be one towards change, one towards empowering themselves. In contrast, a different set of young women may be allowed to go work in the fields alone – i.e., they are autonomous - but are not allowed to study. In this case, unlike the previous group of women, empowerment for them would encompass not so much the continuation of unaccompanied mobility (autonomy), but a process of positive change towards getting an education.

This example then demonstrates the futility of the assumption that a certain pre-determined set of indicators can accurately capture what empowerment looks like for all Other woman. Kabeer (1999b) thus argues that rather than relying on the evaluator's assessment, processes of empowerment are better judged when they are self-assessed and validated by the women themselves. Mumtaz & Salway (2009) provide an illustrative example of this approach in action. Their critique on applying the autonomy paradigm unreflexively in the South Asian context demonstrates why it is problematic to use words such as “autonomy”, “agency”, “empowerment” and “power” as synonyms.

Mumtaz & Salway (2009) explain that autonomy is not a relevant enough paradigm when talking about gendered influences on women's reproductive health in a South Asian context. They argue:

This framework for women's autonomy with its focus on individualism and independence and its assumption of universal applicability, tends to over-simplify

complex and context dependent dimension of women's lives... this framework is silent about the role of gender hierarchies embedded in social institutions and how they serve to create vulnerabilities that undermine women's health. It leaves unquestioned the social hierarchies of gender, class and *zaat* [caste] in collectivities and communities and ignores how these structures ultimately affect women's reproductive health and well-being (Mumtaz & Salway, 2009: 1352 -1354).

They charge several criticisms against the uncritical application of the "autonomy" paradigm within a South Asian context. Among their criticisms are the persistent emphasis on women's independent, autonomous action (such as independent mobility, independent decision-making) which ignores the structural bonds that shape women's relationships with other family members. A singular focus on the husband-wife sexual relationship excludes an analysis of other key actors within the household that influence the women. The one-size-fits-all approach to measure indicators, disregard the cultural specificity and appropriateness of the indicators while simultaneously assuming that a change in women's gendered positioning, is a linear process (Mumtaz & Salway, 2009).

Singh (2010) further argues that the autonomy paradigm ignores intersectionality, acknowledging how multiple identities and social systems affect women's lives. She observes that much of the work on identifying and measuring sources of women's autonomy is guided by researcher's agenda and their disciplinary and academic background, as opposed to any guiding theory per se. In addition, as demonstrated by the studies discussed earlier, the contradictory findings indicate a lack of consistency in correlating autonomy with other indicators of well-being. Thus, Singh (2010) suggests that autonomy by itself is not a holistic enough concept that can accurately capture or measure the status of women's empowerment.

Instead, she proposes that exploring women's autonomy should focus on incorporating an intersectional approach that is culturally relevant and addresses the *values* of region, religion and

economic class-based association. Mumtaz & Salway (2009) reiterate the call for a discourse that: 1) is explicitly informed by concepts of a person embedded in a web of social relationships, as opposed to an isolated individual; 2) accounts for broader social, political, economic, racial and gender hierarchies and how inequities operate at level of individual women, family, society, nation-states and globally; 3) engages men not as oppressors but as partners, recognizing their emotional ties, while being aware of gender imbalances; and 4) incorporates the knowledge and lived experiences of women traditionally excluded from the production of knowledge. Finally, Parpart (1995) calls for development theory and practice to exhibit greater sensitivity to difference and an awareness of multiple oppressions that define third world women's lives in order to better understand the complex and multilayered ways of being.

The rejection of the autonomy paradigm within the South Asian context brings forth the necessity of understanding the relationship between power, empowerment, agency, and autonomy, rather than an engagement with conflated definitions. However, despite the increasing understanding about the theoretical and methodological problematic of operationalizing the autonomy paradigm, it continues to remain a predictor as well as a key outcome variable that informs programmes and policy in international development (Presser & Sen, 2000; Mumtaz & Salway 2009; Singh 2010). In the next section, it becomes evident that doing so further reinforces the development agenda of utilizing women's bodies as a means to achieve a development goal rather than a goal in itself.

Third World Women's Bodies and Development Goals

Kabeer (1999b) comments that attempts to measure third world women's empowerment has given rise to averaging tendencies in the portrayal of empowered women, as evident in the example of instrumentalist advocacy. This form of advocacy, often times adopted by credit

programmes, takes up the image of a virtuous model of the empowered woman. The assumption is that an empowered woman invests her money wisely in successful enterprise, her husband stops beating her, she sends her children to school and she improves the health and nutritional status of her family while also participating in major family decisions (Ackerly, 1995 *in* Kabeer 1999b:41). Such a model accommodates interventions that aim to derive “policy benefits” based on the assumed virtues of third world women. While as Kabeer (1999b) points out that women have also reaped the benefits of this model, at a conceptual level, women’s empowerment as a valued goal in itself becomes secondary to contributions to development goals. As Kishor explains, “this discourse produces a notion of empowerment as electric shock therapy to be applied at intervals to ensure the right responses” (1997 *in* Kabeer, 1999b).

I argue that utilizing Other southern women’s bodies as an instrument to achieve development goals further reflects the systemic unequal power hierarchies that characterize the relationship between western and Global South feminisms. When western feminists fight for pay equity, child care, right to choose, sexual and reproductive rights, lesbian-gay-bisexual-transgender (LGBT) rights, etc., the discourse is not tied with a larger development agenda. The end goal is equity, equality, rights – women’s self-interest- as an end in itself (see England *in* Presser & Sen, 2000). However, tying women’s empowerment with development goals seems to lie exclusively within the domain of third world women. Here, women’s rights for the sake of rights are not enough – the bigger question is how do women’s rights better the development indicators?

The discourse around women’s empowerment in the South has been perpetually tied with the development agenda to the point that it appears as if they both are necessarily dependent upon each other whereas addressing women’s empowerment in the North can bypass

development issues entirely without undermining the cause of empowering the Northern woman. This is further reflective of the notion that the problem of development is one of the South – something that must be dealt with “out there” with the expertise of people “here”, and is not directly associated with women’s empowerment movement in the North. This reasoning forgives the western feminist Self for not implicating, situating, confronting and challenging how she herself is part of perpetuating and maintaining the current structural inequitable world order that continues to posit Other women as powerless.

Even the much celebrated framework of “gender and development’s” (GAD) emphasis on gender relations within the cultural context of patriarchy and social inequality reproduces this hegemony (Singh, 2007). Singh (2007) argues that such feminist development frameworks continue to measure development within economic outcomes; construct uniform realities depicting third world women; set unrealistic goals for women that fail to recognize the realities of their lives; and not seriously consider the opinions and worldviews of the women themselves.

What about Oppression of the Other?

In their attempts to quantify concepts such as power that are inherently fraught with conceptual fuzziness, academics and researchers indulge in creating simplistic indicators of measurement that are often not socially and culturally appropriate or even relevant. While the intention behind such models and frameworks is to provide an empirical basis that can move forward the discussion on how the millennium development goals can be shaped and influenced vis-a-vis “women’s empowerment”, the result is an “empowerment check-list” according to which Other third world women are measured up against. The number of checks on indicators such as education, employment, and mobility is assumed to be causally associated with increased empowerment status. That is, the more educated a third world woman is, the more empowered

she is; if she can earn money, she is empowered; if she can travel alone to a health clinic, she is empowered. However, if *not*, she remains disempowered.

Thus, a key problem with the checklist approach is the impact it has on understanding southern women's own participation in creating, perpetuating, sustaining, challenging, and overcoming systemic inequities that formulate their social fabric. I argue that when southern women are measured against the empowerment check list, the absence of checks across demographic indicators necessarily translate into a disempowered status. The implication of this process is that the Other woman is perpetually trapped in a box of disempowered victimhood – unless the demographic indicators say otherwise, this woman simply *cannot* be empowered. Her empowerment status is held hostage against development goals – until and unless those goals are met, the Other southern woman will remain disempowered.

In lieu of conceptual conflation regarding the terms autonomy, agency, empowerment and power, compounded by the critical problem of attempting to quantify these concepts by a set of uniform, standardized indicators that may or may not be contextually relevant, and the implications of utilizing an arbitrary checklist approach that invariably categorizes the Other woman as a victim, many scholars have called for a rejection of the autonomy paradigm.

Although I support the call to problematize the autonomy paradigm and rethink critically how best to approach an examination of the multiple layers of oppression through a holistic and intersectional approach, it is noteworthy that none of the authors challenge the basic tenet that third world women remain oppressed, let alone reflect critically on the concept of “oppression” itself. In essence, a study of third world women simply cannot be separated from a study of oppression – multiple forms of oppressions originating in multiple sources and spaces. Even

when we remind ourselves that oppression is historically located, context specific and operates on multiple levels, the analysis stops at what are the multiple forms of oppression faced by third world women and how they negotiate them. It does not challenge the assumption that third world women must necessarily be oppressed. It just forces us to examine oppressions from non-imperialist perspectives. I argue that this posits oppression as an intrinsic and inherent quality of being a third world woman. The bottom line is that third world women are still oppressed, and we simply need more nuanced and contextually sensitive approaches to understand, analyze and address their multiple forms of oppressions – perhaps even listen to their voices talking about their own oppression!

Is that enough?

While appreciative of the efforts to situate women within specific layers of context, I am cautious to accept an analysis of interlocking systems of oppressions as the primary key to equitable feminist analysis of the lives of third world women. There appears a need to take the conversation further and question assumptions about not only what does empowerment look like for the Other woman, but go deeper to disentangle discourses of oppression and ways of being a third world woman as separate parameters that have been fused together historically due to colonialist impressions and the lived realities of the Other woman. The goal of such distinction is not to romanticize women or dismiss the oppressions defining their realities. Rather, it is simply to challenge the persistent tendency to equate “third world women” as synonymous for “oppression”.

Highlighting this distinction allows us to ask new questions about the relationship between oppression and third world women: Do Others even identify with the concept of

“oppression”? Is there a space that allows a third world woman to refuse to being labelled as oppressed? Whose purpose does an analysis of oppression really serve? How and does that analysis reflect into practice? How do Others benefit from an analysis of interlocking systems of oppression?

Do these theoretical and methodological dilemmas mean that researchers should entirely forego investigations of women within a developing world and health research context? I think not. Instead, I believe there is a necessity to change the question. I propose that the discourse must move beyond asking “are these women empowered/have autonomy/agency/power?” Instead, it is more informative to ask what happens when we pay attention to how young women qualify their own sense of power and oppression. What implications does this have on how they negotiate their own health outcomes? Consequently, the issue is not one of evaluating the degree to which the “third world woman” Other is empowered or disempowered. Rather as Paynter (2006) suggests, reflective of Abu-Lughod’s (1990) argument, the challenge exists in examining the sexual and reproductive health of the Other woman in light of the existing and ever-changing power relations.

Chapter 2: Theoretical Framework

To address questions about power and oppression, I begin this chapter by exploring the multiple forms of power as defined by Oxaal& Baden (1997) and how they interact with Kabeer's (1999a) model of power, choice and status. This model allows space to acknowledge the complexities of how women can simultaneously perpetuate and challenge social inequities. The problematic of submission/resistance is further made explicit through Thapan's (2003) model of Body-for-Self/Body-for-Others that sheds light upon contradictory processes of how women can simultaneously appear to comply and resist oppressive structures. An intersectional framework further complicates questions of oppressions by a matrix of domination revealing how spaces of power and powerlessness can be occupied simultaneously. Finally, an identity based framework makes space for the possibility that not only can women hold multiple identities, they can also negotiate new ones.

Making Sense of Power

Oxaal& Baden (1997:1) provide a way to think about power as operating at multiple levels including the institutional, the household and the individual:

Power over: This power involves an either/or relationship of domination/subordination. Based on socially sanctioned threats of violence and intimidation, it requires constant vigilance to maintain, and it invites active and passive resistance;

Power to: This power relates to having decision-making authority, power to solve problems and can be creative and enabling;

Power with: This power involves people organizing with a common purpose or common understanding to achieve collective goals;

Power within: This power refers to self confidence, self awareness and assertiveness. It relates to how can individuals can recognize through analyzing their experience how power operates in their lives, and gain the confidence to act to influence and change this.

For some scholars, power becomes a zero-sum game, where an increase in the power of one individual or a group necessarily involves another's loss of power. It involves a conflict and direct confrontation between the "powerful" and the "powerless" (Oxaal& Baden, 1997). Much of this work focuses on "power over", where the common denominator among different forms of oppressions becomes the ability of one person or a group to claim superiority over others (Bishop, 2003). However, feminists have challenged this notion that power must be attached with domination and oppression (Oxaal& Baden, 1997). For instance, the other levels of power, when applied in practice can mean power to build capacity, power associated with collaboration, social mobilization, building alliances and coalitions, and the power within to increase self esteem, awareness and build confidence (Oxaal& Baden, 1997).

What does this mean for notions of empowerment? Oxaal& Baden (1997) argue that when it comes to developing policies and programs to "empower women", practitioners are often positioned with "power over" the women needing to be empowered, leading to formulating top-down strategies. However, it becomes less clear how empowerment is operationalized within the other levels of power. Kabeer (1999b) states that for many feminists, the usefulness of empowerment as a concept lies precisely in this fuzziness. She argues that central to the notion of empowerment is power – the ability to make choices. Disempowerment subsequently implies

being denied the ability to make choice. Consequently, empowerment becomes the process “by which those who have been denied the ability to make choices acquire such an ability” (Kabeer 1999b:2). Instead of being an end product, empowerment is a process of positive change dependent on the ability to make choices. These choices and processes of change can take place at these multiple levels of power.

However, for the notion of choice to be relevant to the analysis of power, it must be understood that not all choices are equally relevant to the concept of power. That is, some choices have a greater impact than others in terms of the consequences that they have on people’s lives. Thus, Kabeer (1999a) further breaks the concept of choice down under first order and second order choices. While the former refers to strategic life choices that are critical for people to live in the way they want (i.e. choice of livelihood, where to live, who to marry, whether to marry, whether to have children, how many children, rights over children etc.), the latter refers to the less consequential choices that are important to the day-to-day quality of life, but do not have a determining quality.

The process of exercising strategic life choices (first order choices) further entails three dimensions:

- a) Resources: These are the pre-conditions, the material human and social resources that can enhance the ability to exercise choices (enabling factors) and are acquired through social relationships within the domain of family, market, state and community;
- b) Agency: This is the ability to define one’s goals and act upon them and is usually operationalized as decision-making in the social science literature. However, it can

also include processes of bargaining, deception, negotiation, subversion, resistance, manipulation, reflection and analysis. It also includes the meaning, motivation and purpose that individuals bring to their activities;

- c) Achievements: Resources and agency together make up capabilities – the potential that people have for living the lives they want, of achieving valued ways of “being and doing” (Sen 1985 *in* Kabeer 1999b).

This way of thinking about power allows us space to rise above the exercise of determining the “Other women’s empowerment”. Instead, it provides a means to understand the relationship between these concepts, while allowing for the fact that they will be operationalized differently as informed by cultural and social contexts. It reflects that power is not an end result that is determined by the presence of certain material conditions or expressions of agency. Nor is it a mutually exclusive either/or dichotomy of “power”/“powerless”. Rather, power is at the core of all social fabric; how it is negotiated and expressed is influenced by larger societal structures of hierarchy and inequalities. More importantly, it allows space to acknowledge that “women carry within them the positions of power and powerlessness at the same time” (Singh, 2007:106) In other words, most of us belong somewhere in between this spectrum of power and powerlessness – our identity is simultaneously that of an oppressor as well as the oppressed (Bishop, 2003).

Bishop (2003) believes that only those who are involved in confronting their own oppression can become an ally in another person’s process of liberation. Such an analysis makes space for the Self to investigate and confront their own experiences of oppression in order to better support the Other. Consequently, the Self is no longer disconnected from the Other – instead, once the Self sees “[her]self in the bodies of people [s]he calls different” she will change

her life (Moraga *in* Bulbeck, 1998:217). It may help the Self to further accept and acknowledge the different ways of being and doing of the Other women, without trivializing or essentializing their choices.

For instance, within a South Asian context, Kabeer (1999b) argues that women's acceptance of their secondary claims to household resources, their willingness to bear children at the detriment of their own health and their submission to marital violence are examples of women undermining their own well-being. She argues that while these examples could be said to reflect choice, these are choices that stem from and reinforce women's marginalized status in these societies. Thus, while power relations can be expressed through agency and choice, a bigger question addresses *which* choices are being made? Addressing this complication reflects the uncomfortable fact that women can make choices that maintain their subordinate position within the social hierarchy. Sen similarly argues, "There is much evidence in history that acute inequalities often survive precisely by making allies out of the deprived. The underdog comes to accept the legitimacy of the unequal order and becomes an implicit accomplice" (1990:126 *in* Kabeer 1999b:7).

Here, it becomes easy to dismiss and attribute these particular choices (that do not fit in the "empowerment checklist") to false consciousness (Kabeer, 1999b; also see Abu-Lughod, 1990), or worse, engage in patronizing claims of "they don't know any better". And yet, Agarwal (1977 *in* Kabeer, 1999b) reminds us that compliance needs not translate into complicity as she examines ways in which women in South Asia appear to comply with cultural and social norms, while simultaneously securing their own interests in an indiscreet manner. However, development researchers and demographers are currently limited by their methodologies that fail to capture these discreet acts of resistance, and subversion.

For instance, a pre-occupation with determining women's autonomy within a South Asian context may well reflect that a woman is not allowed to travel alone, consequently rendering her as disempowered, or powerless. However, these indicators measure an end product assessed to be suitable by the researcher, but are insufficient to shed light on the process itself. Within a rural Pakistani context, Mumtaz & Salway (2009) argue that while there is space for young women to participate in and even greatly influence decisions made in private, they will go to great lengths to credit the men with the decision-making in public. Crediting women with decision-making capacity can undermine the impression of the husband's masculinity within the social fabric. Thus, given that the researcher-participant interaction would be considered as a 'public' exchange, it becomes evident why the women would undermine their own participation within the decision-making process in front of the researcher—giving fodder for the researcher to continue on with the misconstrued labelling of "powerless".

Kabeer (1999b) shows that the concept of status helps us better address this methodological gap. Status is defined in terms of social standing within a community, and meeting the expectations set up by a hierarchal structures larger than the individual (Kabeer 1999b). By definition then, it reflects how the individual is necessarily situated within social life. The concept of status helps us understand why within certain contexts, women would chose dependency over autonomy, not only by limiting their own ability to act autonomously but simultaneously honouring and valuing those who do conform to the norms (Kabeer 1999b). Does this mean that we should develop new methodologies to assess the ways in which women resist and subvert?

Feminist anthropologist Abu-Lughod (1990) cautions against the tendency to "romanticize resistance" as such scholarship is often more concerned with "finding resisters and

explaining resistance rather than with examining power” (1990:41). She instead argues that resistance is better used as a diagnostic of power. Playing on Foucault’s “where there is power, there is resistance” sentiment, she suggests that “where there is resistance, there is power” (1990:42). This inversion then helps us strategically use resistance to shed light upon not only different forms of power, but also how people are situated within them. That is, Abu-Lughod is more concerned about “what the forms of resistance indicate about the forms of power that they are up against”, as opposed to the status of resistance itself (1990:47). If resistances (of any form) signal sites of struggle, we can then explore new questions about power.

Within the context of MFAs, such a diagnostic presents the challenge of understanding firstly how these young women subvert and resist in creative ways the power of those who control much of their lives without devaluing their practices as misguided or primitive (Abu-Lughod, 1990). Secondly, it provides an avenue for analyzing what such forms of resistance reveal about how the women operate within the fabric of inequitable power relations.

The Other woman’s Body

We must be creative and look at new spaces that can be sites of power, as understood, defined, and experienced by the voices, actions as well as silences of the Other. More importantly, we must explore what happens when we move beyond examining just the words said by the participants, to include *how* they are said and what is being *not* said. What new insights on empowerment and power will be revealed then? Within the South Asian context, one source of power unexplored by many demographic studies is the body as a site of resistance and understanding that resistance as a diagnostic of power (Abu-Lughod, 1990).

Kuhlmann & Babitsch (2002) argue that many theoretical models and empirical results in women's health research focus on an analysis of social positioning and/or symbolic practices as opposed to the materiality of the body itself – leaving open spaces for new insights from a theoretical standpoint. One attempt of talking about the body itself lies in Paynter's (2006) work in examining how women negotiate their reproductive intentions not only through their body, but also with their bodies in the context of the village, state regulations and norms in rural India. She contends that while the women she interviewed might at surface lack individual freedom, and might be easily situated as “disempowered”, they demonstrate “a calculated defiance of laws and norms that do not mesh with their sexual and reproductive intentions” (2006:6).

Similarly, postcolonial feminist scholar Thapan (2003) argues that women use their bodies to express resistance to unequal power relations. Specifically within the context of marriage, Thapan (2003) asserts that women can engage in a

twin-track process of compliance and resistance, submission and rebellion, silence and speech, to question their oppression in the family, community, and society. Resistance can be overt and vocal, or muted, expressed in everyday life, in ‘gestures, habits, desires – that are grounded in the body...as the sources of resistance and protest’ [Kuhlmann, 1998] (2003:77).

Subsequently, Thapan (1995a) has created a theoretical model that helps us look at modes of resistance in new spaces and manners, as suggested by Abu-Lughod (1990). In her Body-for-Self/ Body-for-Others model, Thapan (1995a) states that within patriarchal cultures, women experience their bodies as out of their own control; subsequently, their bodies become a socially constructed body-for-others. For instance, within the context of socializing girls in rural India, Thapan (1995b) argues that girls are conditioned to perceive their body as a vehicle of procreation and are prepared primarily for a life of compulsory heterosexuality and inevitable motherhood – constructing a body-for-others.

Thapan (1995a) emphasizes that in this context, a woman's body becomes a symbol of the community or family's honour, thereby coming under the constant gaze of others. However, by participating in sexual activity and reproduction in culturally expected ways, they can not only gain higher status, but can also create a body-for-self. Furthermore, she argues that the gaze of the Other is further internalized to turn inwards and subsequently becomes a gaze on the self, formulating how the women understand their own bodies. That is, by internalizing the family, and community's understanding and expectations of their body, the MFAs, albeit reluctantly, may agree to unprotected, risky or coercive sexual activity because it is in their best interest as it serves a means to increase their status within the household, creating a body-for-self.

As an illustrative example, George's (2002) study on working-class adolescent women in Mumbai demonstrates how marital sexual experiences transform the women's bodies from a body-for-others to also a body-for-self. In examining their first sexual experiences, George (2002) breaks down her data, constituting of the women's narratives into four distinct categories: reluctant brides ("I was tricked into it"); shy brides ("Daily *sharam*"); fearful brides ("What will happen? How will it be?"); and pragmatic brides ("This is married life"). These four narratives provide a unique opportunity to examine the heterogeneity in the construct of the young married adolescent woman as "powerless". George (2002) argues that through these narratives created by the young women, they could be seen as women who lack "autonomy" to regulate their sexual experience and are subsequently victims of social practices and patriarchy that violate them. Or, from a more cultural relativist stance, they could simultaneously be seen as pragmatic women who accept the dominant discourses of femininity, and utilize their bodies for sex and reproduction in culturally and socially expected ways.

Within the context of adolescent married women specifically, George (2002) suggests that theories of the body can inform a few general patterns: a) newly married adolescent women are disciplined into adult womanhood through “embodied experiences” of sexual relations; b) in response, the women can be pragmatic and utilize this regulation to create their identities as good wives; c) women’s emotions can mediate between their social contexts and their sense of control over life situations; and d) the women’s bodies become sites where individual, cultural and political conditions intersect and are expressed in the form of experiences of pain, pleasure or ill health (2002:69). Thus, George (2002) claims that women’s bodies have the potential for personal and social transformations. In the next section I further explore how women’s bodies can become sites of intersectional analysis.

Complicating Intersecting Oppressions

Hankivsky (2011) acknowledges that despite the popularity of the theory of intersectionality, it has had a slow uptake in health research and policy. And yet, because it is necessary to address seriously how people’s identities and their interactions are affected by power in “interlocking, overlapping, ever-dynamic, always relational, unbounded and unfixed ways”, the framework of intersectionality can hold an important place in theorizing and researching health (Hankivsky, 2011:1).

An intersectionality framework challenges the privileging of singular categories, and rises above an additive approach by emphasizing simultaneity and mutuality of differences (Hankivsky, 2011). It is concerned by how social difference, identity, and forms of systemic oppression interact at micro and macro levels. Hankivsky (2011) argues that this paradigm can address the complexities of othering – the way in which difference is produced to reinforce standards of normalcy. Thus, this framework provides an avenue to think beyond binaries, and

instead address the variations within and between the binaries. By addressing these variations, intersectionality challenges homogenization in the study of social groups, and shows that differences exist in relation to other socially produced differences, and are not isolated. Context is at the centre of this framework, highlighting the importance of time and space particularities, and their implications on social life. Finally, power is a central theme of analysis, not only addressing the multiple axes oppression, but also how power and resistance interact (Hankivsky, 2011:13-14).

A problem with a focus on identity however is the tendency to over determine and essentialize even when multiple aspects of identity are analyzed together (Hankivsky, 2011). This can happen when various forms of difference in one individual or specific group are positioned as representative of a larger collective. The tendency to essentialize can further encourage researchers to look for “authentic” subjects, or a “pure Other”. Yuval-Davis (2006 in Hankivsky, 2011) suggests that identities and categories of difference are often conflated to a point that the identity of a subject is described in terms of categories. Sometimes categories themselves are treated as analogous to each other. In other words, it may be assumed that an adolescent married woman may be oppressed because she is a woman, she is married in India, and she is young. While it is understood that categories are interlocked with each other, it is important to avoid analytic conflation.

Thus, feminist theories focus on “interactive processes of differentiation” and “interactive systems of domination”:

Processes of differentiation are self-directed, other-directed and other-imposed so as to constitute, organize and govern identities and categories. This includes processes as racialization, gendering, sexualization, ethnicization and disabling. Systems of domination are those that organize the privilege of some norms and, some subjects over

others. These include such systems as racism, colonialism, patriarchy, sexism, capitalism, homophobia, disableism, and so on (Hankivsky, 2011: 24).

In such an analysis, the emphasis is on what the interactions and intersections between these processes and systems reveal about power. Hankivsky (2011) argue that this form of analysis attends to the many expressions of otherness as opposed to essentialist characterization of social groups. The relationship between processes of differentiation and system of domination can further reveal about how power operates, and how it is resisted. Then, the focus shifts from categories of otherness to better understand the process of othering and normalization (Hankivsky, 2011).

This shift highlights that there are “few pure victims or oppressors [as] each individual derives varying amounts of penalty and privilege from the multiple systems of oppression which frame everyone’s lives” (Collins 2000 *in* Hankivsky, 2011:304). Dhamoon (2009 *in* Hankivsky, 2011) states that attending to how individuals can be oppressors, members of an oppressed group or simultaneously both reveals not only the relational differences between Others, but also between different kinds of Others. Hankivsky (2011) suggests that when adopting an intersectionality framework, three aspects of complexity must be considered: the multi-dimensional ways in which power operates; the different levels at which interactions occur; and the various degrees and forms of penalty and privilege between social locations and subjects.

Collin’s (2000 *in* Hankivsky, 2011) “matrix of domination” can help us understand how multiple forms of oppressions are organized and can intersect at various levels. She argues that regardless of the intersections involved, structural, disciplinary, hegemonic and interpersonal domains of power are visible across different forms of oppression. When power is understood as not something to be possessed, but rather as an intangible entity that has individuals positioned in

varying relationships, this matrix helps us look beyond the need to identify “pure victims” and “oppressors”.

The structural domain of power refers to how large scale, interlocking social institutions are organized. The disciplinary domain relies on bureaucratic hierarchies and techniques of surveillance to manage power relations, becoming efficient in reproducing oppressions and in masking their effects. The hegemonic domain manipulates ideology and culture, creating a popular sense of “common sense” ideas that support the right of the dominant groups to rule. In order for this domain to function smoothly, the support of subordinated groups becomes critical. Finally, the interpersonal domain functions through routinized, every day practices of how people treat one another. While these matrices can shed insight on the multiple spaces of power and powerlessness occupied by individuals and social groups, Singh (2007) argues that the power to define problems and to design solutions continues to reside with development and research experts.

Thus, Singh (2007) proposes an alternative framework to the Gender and Development (GAD) paradigm. The “identities of women” framework is based in an interdisciplinary approach that combines poststructuralist critique of feminism, a cultural anthropology based understanding of social context and a socio-psychological understanding of relationship between context and individual performance (Singh, 2007). Poststructuralist feminism emphasizes that women carry within themselves positions of power and powerlessness at the same time, as opposed to an either/or category. Cultural anthropology situates a female identity within specific context without generalizing it as a representative reality. And finally, socio-psychology reveals complexity, multiplicity and negotiations of identity (Singh, 2007).

This framework considers women to be the primary source of information on their lives and recognizes them as agents who can assess and evaluate their own realities. This framework is based on a rejection of generalization about third world women's identities. It accepts these women's unique place in specific, time bound, socio-cultural contexts and acknowledges that not only do women have multiple identities, but they also have the ability to negotiate new ones. Thus, an analysis of power and oppressions operating at multiple intersectional levels as lived in the bodies of women can better inform an analysis on how young married women in Sanklitnagar negotiate their sexual and reproductive lives.

Chapter 3: Methodological Framework

Self and Others are knottingly entangled...Despite denials, qualitative researchers are always implicated at the hyphen. When we opt, as has been the tradition, simply to write about those who have been Othered, we deny the hyphen...When we opt, instead, to engage in social struggles with those who have been exploited and subjugated, we work the hyphen, revealing far more about ourselves, and far more about the structures of Othering (Fine in Wilkinson & Kitzinger, 1996:16).

What is the difference between Self/Other and Self-Other? While the former often conjures up ideas of simplistic binaries with universalizing tendencies, the latter provides space to bridge the gap between the two, acknowledging that both are mutually constitutive. And yet, this space of situating the Self in relation to the Other is not devoid of problematic power hierarchies. As Wolf (1996:2) argues, “the most central dilemma for contemporary feminists in fieldwork, from which other contradictions are derived, is power and the unequal hierarchies or levels of control that are often maintained, perpetuated, created, and re-created during and after field research.” Power structures become apparent in three interrelated dimensions: 1) power differences stemming from different positionalities of the researcher and the researched (such as race, class, nationality, sexuality, life chances, urban-rural backgrounds; 2) power exerted during the research process, such as defining the research relationship, unequal exchange, and exploitation; and 3) power exerted during the post fieldwork period through writing and representing (Wolf, 1996:2). In this chapter, I attempt to demonstrate how implicating myself at the hyphen reveals more about processes of Othering as well as showcases how inequitable power relations were operationalized during the research process. I do so by responding to critical questions on the process of knowledge production, as raised by Tuhiwai Smith (1999) in *Decolonizing Methodologies*.

1) Who owns it/ Whose research is it?

As much as I would like to claim that this is a participatory research project, it is not. The primary name attached to this thesis is mine – I own it, I am responsible for it, and I am accountable for it. This research is sanctioned by my university, my department, and my work at International Development Research Centre (IDRC). Even the way this study was introduced to the community members in Sanklitnagar reflected my ownership of the project: “This is Richa; she has come here to do a project on....”

While my guide, Mrs. Farzana Shaikh⁷ (secretary) at Mahila Patchwork Co-operative Society was consulted about setting the interview and focus group questionnaires, and was the dominant gate keeper between me and the community members, her level of involvement, as well as those of the other women working at the NGO was variable throughout the research process. While they were key to carrying out this research in Sanklitnagar, the scope, the methodology, and in large part the analysis were determined and set by me. My strong sense of ownership was subconsciously reflected in how hard I was trying to situate myself in juxtaposition to my Others.

I anticipated that my fair complexion as compared to people in Gujarat, my foreign body language, my educational background, as well as the fact that I am not married despite being 25 years old, might juxtapose me in unexpected ways with the participants. I assumed that participants may not feel comfortable sharing certain pieces of information with me given my single status or they might just lie to me and tell me what they think I want to hear, given my “foreign Indian” status. Consequently, throughout the process of data collection and “being in the field”, I was conscious of how my personhood might be perceived, as well as the power

⁷Hereby I will refer to her as Farzanaben, ‘ben’ referring to a sign of respect for elder women in Gujarat.

dynamics I shared with the participants. Nevertheless, my starting point was situating myself in juxtaposition to my Others who I hoped to work with collaboratively. But it was still about “me”, not “us”. I kept expecting situations of how *they* might respond to *me*, not even considering how they might respond to other community members’ engagement in the process.

I struggled with the concept of “giving voice” to my Others due to many problematic implications. Wolf (1996:25) argues that the assumption that “giving voice” to women is empowering not only masks unequal power relations within the research process, but also glosses over the appropriation that is taking place. Beatriz Pesquera forces us to answer: “Are we concerned with the empowerment of the women whose voices we will record and analyze, or are we empowering ourselves, our colleagues, and university students through the use of other women’s voices who are often less privileged than ourselves” (*in* Wolf, 1996:26). That is, “giving voice” to women without a just analysis might conceal “multiple and contradictory oppressions” in their lives (Gorelick, 1991 *in* Wolf, 1996:26). In fact, the very language of “letting women speak” suggests that first world feminists are once again allowing the “third world subjects” to have an audience (Spivak, 1988 *in* Wolf, 1996:26). Consequently, my anxieties regarding the ideological and theoretical implications of “giving voice” to the “silenced woman”, and the impact it had on the power dynamics between the “halfie researcher” and the “researched Other” in such a context nonetheless prevented me from subscribing to such claims. And yet, never for a moment did I question my right as a researcher to speak with, listen to and write about my Others, albeit in their “own voices”.

Perhaps one reason for this assumed right was my understanding of my own positionality as an “outside/insider”. I was born in Ahmedabad and lived there until I was 12 years old. Over the last 12 years, I have kept going back for personal visits as well as for an internship

opportunity through the Canadian International Development Agency (CIDA). I thought I was familiar with the region, I knew the language, the customs, the social milieu – it was another home. In fact, one of the reasons why I picked to do research in Ahmedabad was because of my assumed familiarity with the city and the people. But as Wolf (1996) reminds us, this common shared position due to race, gender or even nationalities does not always lead to common understandings.

Instead, a more useful tool to understand positionality comes from Donna Haraway's "politics and epistemology of location" (1991 in Wolf, 1996). Here, "partiality and not universality is the basis for knowledge claims. Situated knowledges are marked knowledges that produce maps of consciousness, reflecting the various categories of gender, class, race, and nationality of the researcher" (1996:14). It requires us to understand that our positionality is not fixed, but relational, allowing for multiple viewpoints, without privileging one particular position over another. More importantly, it moves the discussion beyond the realm of "haves" (insiders) and "have nots" (outsiders) (Wolf, 1996:14). But an even more distinct way of better understanding my position as an insider/outsider comes from Tuhiwai Smith's assertion that the major difference between outsiders and insiders doing research is that the insiders have to "live with the consequences of their processes on a day-to-day basis for ever more, and so do their families and communities" (1999:137).

From that aspect, far from my assumptions of being an "insider", I was very much an outsider. While I chose to hold myself accountable to the community members, had I chosen not to do that, the worst-case scenario for me would be being labelled an unethical researcher, but that would not necessarily translate into any immediate direct material/financial consequences. Furthermore, other than answering curious questions about what an "NRI (non-residential

Indian)” like me was doing in a community “like Juhapura”, my extended family in Ahmedabad did not face any direct consequences either. Several indicators such as being a foreign national and my religion, educational status, class status, as well as the geographic location I situated myself in Ahmedabad explicitly marked me as an outsider.

I lived on the other side of the bridge - on the wealthy, affluent, primarily Hindu side. Going to the “field” every morning was ritualized by negotiating with rickshaw drivers in my neighbourhood to take me there. Some would explicitly refuse to take me; others were conditional, that they would only take me to the main roads, and not go inside the area; and others reinforced my outsider status by asking me what *I* am doing *here*, standing in front of a broken down community hall in the heart of what many Hindus consider to be a highly dangerous and violent space. The end of my day was marked by taking a rickshaw (the driver who sometimes was the husband of one of the women I interviewed) and going back to the familiar. Even the geographic spaces reinforced my sense of separation from Sanklitnagar. *The field* was a space filled with public calls to prayers – *azans* - , mosques, cell phone towers erected on residential buildings, the streets marked with the green and red flags with the star and moon. *My home* instead was erected in the familiar landscape of my childhood neighbourhood (Vastrapur), made up of multi-storied residential apartments, multinational chains like McDonalds and Pizza Huts, multi-lane highways, malls, university campuses, coffee shops and luxury cars.

Clifford (1990 in Wolf, 1996:36) asks us, “what constitutes the field and where does it begin and end?” Before I left for fieldwork, I assumed I was going home, rather than going for “fieldwork” per se. But when I reached Sanklitnagar, the stark differences in the feelings evoked by the two spaces indicated to me that I clearly felt a separation of “home” and “field” even

within the “field”. Home was a safe space, with familiar faces and ways of being. Field was “my work”, a place that I physically entered and exited every day for three months – a place of unease, differences, shared commonalities and a learning opportunity.

Specifically, my “field” was the MPWCS office space, located in the heart of Sanklitnagar. The organization develops income generation activities based in patchwork, embroidery and sewing work, training and employing women in the community for livelihood opportunities under the brand name ‘*Muskaan*’⁸. Situated in a centrally based community centre in Sanklitnagar, MPWCS is surrounded by a ‘*ghodiyaghar*’⁹, a youth centre called ‘Sarjan’ focusing on providing arts and crafts facilities for the adolescents in the neighbourhood and finally, a small dispensary clinic run by the St. Xavier school. Thus, this space is highly valued resource in the community. And, it is this space that I entered and exited every day for three and half months to explore questions of power and decision-making for young married women within the context of their sexual and reproductive health.

My “field” and my “home” were interconnected socially, economically and politically – marked by history of communal riots, segregation, discrimination and isolation. However, because of my assumptions about my “field” being “closer to home”, I overlooked how my privileged Other home, and my Other Selves (privileged richer Hindus in a Hindu dominated state) were also implicated in the process of Othering and marginalizing the “field” and those who lived there – Sanklitnagar, a ghetto of poor Muslims. I overlooked what were the implications of hegemonic assumptions and narratives about Muslim sexuality and fertility, state driven population control programmes, and a history of poverty and isolation on the sexual and

⁸‘Muskaan’ literally translates into ‘smile’.

⁹‘Ghodiyaaghar’ is a day care centre run by the federal government for children between the ages of 2-5. Given the lack of sufficient *anganwadis*, this facility helps ease the day care burden.

reproductive lives of women in Sanklitnagar. Instead, I had framed the scope of the project by situating the women, their relationships and status within the household structure, and within “their own” communities. By doing so, I perpetuated the cycle of situating Muslim women’s sexual and reproductive lives largely within the realm of their “home” as opposed to making critical space for deeply examining how larger systemic forces marked their realities.

Inadvertently, my assumptions of my insider/outsider status implicated me in an unexpected and unexamined exercise of Othering.

Despite such established markers and feelings of “outsiderness”, I felt that this project was mine. I still hoped that by creating a platform that reflects the perspectives of these young women with honesty and integrity will challenge stereotypical notions of this particular group and assumptions about what “decision-making” and “resistance” can look like among a group of young women who are persistently positioned as “powerless”.

At this point, some may caution to the dangers of situating myself and my sense of ownership of as an exercise in self-indulgent naval gazing. For example, Thorne argues that

problems can occur if you aren’t careful about the extent to which you, the researcher, have ‘become one’ with the data. ...because you may be learning intimate details about amazing lives, it is tempting to think that you have been entrusted with data that are especially rich by virtue of the special relationships you have formed with your study participants and, as a consequence, you have become an important part of the story... Apparent self-absorption or “hyper-reflexivity” will detract dramatically from the credibility and impact of your findings... [Important to] find safe and friendly self-reflective strategies for keeping yourself out of the way of your research (2008:157).

Daphne Patai (1994 in Wolf, 1996:35) says that self-reflexivity does not change reality, nor does it inherently alter the power dynamics between the researcher and the researched. Thus, the challenge is to write in ways that do not place the researcher in the centre and the researched in the periphery. It is my hope that the rest of the sections reveal more about how the Self-Other

are both implicated in the process of knowledge production, rather than simply read as memoirs of a “halfie researcher”.

2) Who defined the “research problem”? Who has designed its questions and framed its scope?

My research question is as much a product of my ideological anxieties regarding the Self/Other dichotomy of first world and third world feminisms in “doing” research about the “third world woman”, as it is of my positionality of a “halfie woman” or an “inside/outsider” (see Abu-Lughod, 2006). While much of my academic training in Canadian institutions has made me acutely aware of the often stereotypical portrayals of the “brown woman” as a powerless victim of patriarchy, being born in India, having spent my childhood there, maintaining a strong connection with my family and friends in India as well as my Indian heritage while growing up in Canada has continually shown me remarkable examples of powerful Indian women who cannot be contained in that black box. It is because of these women, I wished to challenge the western, hegemonic disempowering construction of the “Other woman”.

As a graduate student wanting to do a research project with the elements of “fieldwork”, I had selected Ahmedabad as my site of occupation. Financial limitations of doing field research made it further lucrative as I already had established resources and connections that could facilitate my day-to-day living expenses. Also, it gave me an opportunity to go back to my city with the dual purpose of accomplishing a research project as well as spending more time with extended family members.

But how *did* I reach Sanklitnagar? Of all the communities, why this one? Choosing to work with MPWCS was a co-incidence rather than a pre-determined plan. After selecting the

city that I wanted to do “fieldwork” in, I started to seek NGOs I could collaborate with in Ahmedabad. Subsequently, I approached CHETNA¹⁰ as a leading organization working on youth and sexual and reproductive health issues. The vice director suggested a list of three organizations that may be interested in this project, one of them being MPWCS in Sanklitnagar. It was by going through that list that I was first introduced to Farzanaben who agreed to work with me. By the time I talked with her, I had already selected my research topic, research questions, and even the methodology! My research proposal was well-drafted by then, outlining my theoretical frameworks, my rationale and my time line among many other things. Although she agreed, at that point it didn’t occur to me to ask Farzanaben *why* she agreed to support a health focused project given that the mandate of the NGO primarily revolved around income generation activities.

I provided her with my explanations of why I was interested in this particular research topic. I elaborated on how I plan to do my research – utilizing a qualitative approach with interviews and focus groups. Over the months of July to November 2010, many conversations ensued between Farzanaben and me about the research questions, the interview and focus group questionnaires. We discussed possible arrival dates, dependent on her availability, the season and my time schedule as shaped by my internship at IDRC. We discussed what appropriate gifts I could bring for the women who would participate, and whether I could bring any useful resources for MPWCS. We debated about budget, what type of an individual would best meet my needs for a research assistant and time frame for the planned activities. Most importantly, when I was challenged by colleagues and peers about why this topic, why this particular group, ethical concerns and logistical arrangements, I turned to her for validation. Did she consider this

¹⁰CHETNA: Centre for Health Education, Training and Nutrition Awareness

project worth doing? To my immense relief, her response was yes. She explained that although the NGO could provide supplemental income to the women in the community, this study could potentially reveal a deeper analysis of a part of the women's lives that the NGO currently did not have immediate access to, despite it being central to women's state of well-being.

Although I tried to include and address her inputs from the beginning of our interaction, the core framing of the research questions and scope was done by me. That is, until I reached Sanklitnagar. Once there, the scope of how the project was shaping up, who was included in the interviews, where the interviews took place, who helped me conduct the process, and how I was presented to the community members were shaped by the extent of Farzanaben's reach and the history of MPWCS with the community.

For the focus groups, I had assumed that conducting the focus groups before the pre-tests would provide a good opportunity to identify the points of convergence and divergence among the women. However, getting together the women in the beginning was difficult. In addition to time conflicts, Farzanaben anticipated that because the women were unfamiliar with me and were not clear on what to expect, it would be better that we conduct the focus groups towards the end of my stay, rather than the beginning. The women would have had their individual interviews by that point and would be more familiar about what to expect. Due to this shift, the focus group questionnaire was slightly modified in order to be more responsive to the views expressed during the interviews. However, a key area of Farzanaben's and MPWCS influence was on determining the research sample.

Who was researched?

Before I reached Sanklitnagar, I had proposed that I will talk with married female adolescents aged 15 to 19 in rural areas. However, during the project development phase,

Farzanaben insisted that we also include voices of women living in Sanklitnagar itself. Subsequently, we allocated 10 interviews for villages, and 10 interviews for women in Sanklitnagar. However, once there, it became clear that MPWCS no longer had the same access to neighbouring villages that it did years ago. Hence, instead of going to the villages, we interviewed women who were currently residing in Sanklitnagar as well as those women who were married in nearby villages but were able to visit their natal families in Sanklitnagar during the summer months.

Over the course of the three months for fieldwork from mid-April to mid-July, I conducted interviews with 28 women and held 2 focus groups. However, of the 28 interviews, I utilized 25 for the purpose of analysis¹¹. Within this group of 25, 14 were raised and married in Sanklitnagar, 6 were raised in villages and married into Sanklitnagar, 4 were raised in Sanklitnagar but were married into nearby villages, and finally only 1 was raised and married into a village. These residential patterns impacted not only our access to the young married women, but also had a determining effect on their ability to realize their sexual and reproductive health outcomes, as demonstrated later in the analysis. The average current age among these 25 women was 21 years. In our discussions, they narrated their experiences of being a married female adolescent, as the average age at marriage among this group was 18 years. This is reflective of the state average where 39% to 47.5% of young women are married between the ages of 18-19 (NFHS III, 2006). Although there were three cases of marriage below the age of 10, the average age at engagement was 16 years. Thus, as mentioned in the introduction, I refer

¹¹One woman did not continue on with her interview, and did not express her desire to finish the interview. Thus, I did not include her interview for analysis. Another woman, who although did not meet our sample criteria for age, insisted that she be interviewed. Given that her current age was 31 years, and was recalling incidents more than ten years ago, I did not include her interview in the analysis. Finally, one interview transcript of a third participant was left unfinished due to time restrictions, and was consequently excluded from the final analysis. The omission of these three interviews resulted in an analysis based on a sample of 25 interviews.

to them as young married women as opposed to married female adolescents. So who are these young married women?¹²

Because MPWCS served a primarily Muslim community, all my participants were Muslims. All of them belong to low-income households, primarily run on single income from the husbands' work as rickshaw drivers, and as owners of small shops within the neighbourhood. Many young women who participated were either trained and/or employed at MPWCS for doing patchwork, embroidery and sewing work. Some of them had participated in awareness sessions and programs held at the centre as children. Others were exposed to the organization because of their mother-in-law's participation with the centre's activities. When asked why they agreed to participate in this project, some simply replied that they had been invited by Farzanaben, and they knew she wouldn't do anything "bad" to them. The trust built over a history of 33 years' work in the community was reflected in the young married women's willingness to participate in a project being facilitated by Farzanaben. While it was highly re-assuring to see their faith in Farzanaben and their level of comfort with MPWCS, this trust nevertheless also spoke to a larger limitation of the sample.

The young women constituted a selective group who already had at least some history and connections with the centre's activities and ideologies. Consequently, it is possible that the women in this study were more exposed and articulate to begin with as compared to those women who were not affiliated with MPWCS, or were socially isolated within the community. Thus, I recognize that attributing these young women's voices to that of the larger community of Sanklitnagar might be an over-generalization.

¹²For a demographic table, please refer to Table 1.

Fourteen of the young married women lived in a joint family, seven currently lived in a nuclear family, and one resided with her natal family after her in-laws disowned her and her husband left to work in a foreign country. Three young married women lived in the same house as their in-laws, but ran their households separately. That is, in a joint family with multiple sons, families distributed multi-storied houses in separate sections for different family members. In a community with chronic poverty, for those who could not afford to rent an entirely separate house and live in a nuclear setting, this strategy provided ways to co-reside in the same household with joint family, while maintaining separation of finances, household work, and privacy.

Most importantly, rather than just participants in my study, these young married women were individuals with their unique aspirations for themselves and their children. While some loved to read books, others loved to go out for fun and watch movies. Some won state-wide painting competitions, while others attended beauty parlour courses. Their role models included the Indian female Prime Minister Indira Gandhi, their teachers, their mothers as well as Farzanaben. Some wanted to become sportswomen and nurses whereas others simply wanted to study further. When asked what their hopes were for their children, all of them expressed their desire to educate their children.

3) Who will carry out the research?

My research assistant, Farhat Shaikh is a 21-year-old student finishing her Bachelor's degree, with job experiences in real estate. She is one of Farzanaben's daughters. Fair skin, stylish clothes, higher education, mobility with her own vehicle, internet and tech savvy, as well as fluency in English make her appear similar to me than with any of the women in Sanklitnagar. Such similarities were the source of my scepticism in having her as my assistant. How can two

unmarried young girls, very visibly different from the Others, talk with young married girls about their sexual and reproductive health? I shared my scepticism with Farzanaben and discussed the possibility of having Farhat assist in conducting the pre-test interviews. I had assumed that having someone like Farzanaben, an older married woman who is a trusted member of the community, and is trained in doing this work would be better received. And yet, in the interviews where Farzanaben was present, many times the young women would choose to skip the questions about their sexual lives. Understanding the unease, Farzanaben would excuse herself from the conversation, immediately making space for the young woman to reveal intimate details to Farhat and me.

While I was the explicit outsider, I had assumingly imposed the Outsider status to Farhat as well, given our shared commonalities. What I overlooked was that growing up in Sanklitnagar, being Farzanaben's daughter, she was also very much an accepted member of the community. In some interviews, when discussing past cases of pregnancies in the community, some women would turn to Farhat and discuss the details of a woman they both knew. When the women would try to explain to me certain religious customs, they often relied on Farhat to explain the custom to me in a more accessible manner. While I was hesitant that Farhat's presence in the interview might put certain women at unease for fear of gossip, most women appeared comforted by Farhat's presence in the interview. Other women appreciated her presence as although I spoke in Hindi, they could not understand me despite being Hindi speakers. A combination of my accented Hindi, as well as the words in Hindi used to ask the questions were unfamiliar to some women. Having access to both the social milieu that formed my experiences as well as those of the young women, Farhat bridged across our differences, helping the young women and I understand and speak with each other better.

All the interviews and the focus groups were conducted at the NGO office space. Not only was this space familiar to the community members, but it was also very safe. Because of the NGO's relationship with the community members, women often accepted Farzanaben's invitation to come to the office. Some young women came with a friend, female family member or alone. Most came with their babies and older children. Because the community centre also had a daycare centre, it provided a safe space for the children to play while the women gave us their time for the interview.

Upon arrival, Farzanaben introduced me to them and briefed them about the project. If the young woman was interested, Farhat and I invited her to join the two of us in a multipurpose room upstairs, also part of the MPWCS office space. Anyone who was accompanying her was told to stay in the main office, interacting with Farzanaben and the other women present. Because of their familiarity with each other, this was not a point of conflict. Once upstairs, the three of us were largely left alone as everyone in the vicinity was aware of what we were doing in the room. The doors and windows were open, but we still had privacy. There, I read out the informed consent form in Hindi, explaining the full purpose of the study, the benefits and the risks. The young woman was told that she could stop the interview at any point she wished, she only had to reveal as much as she felt comfortable with, and that whatever was said would only remain between the three of us. If she agreed, she gave her consent orally¹³. With the women who could not read or understand Hindi, Farhat provided the informed consent details in Gujarati and asked for their consent orally. Before starting the interviews, we also took their permission in using a voice recorder. It was explained to the participants' that the sole purpose of the voice

¹³Despite the fact that all women interviewed could at least sign their name, I opted for oral consent. This is primarily due to the community's skepticism in signing any documents that could be misused against them by outsiders. Signing also provides a written documentation revealing the participant's identity. Thus, even in their oral consents, I specifically asked all the participants to not reveal their names.

recorder was to help with the transcribing process later on .The interviews lasted up to an hour or less. Of the 28 women we interviewed, only one stopped the interview not wanting to continue. Half way through the interview, she recalled that she had a house chore she needed to complete, but assured us that she will be back. However, she did not return, and nor did she provide any explanation.

During the focus groups, the women were debriefed about the purpose of the study and Farhat drew a seating chart, assigning each woman a number. In addition to voice recording the discussion with the consent of everyone in the room, the participants' dialogue was tracked by noting down their number. During the interviews and the focus groups, no names, personal information, or any information that might identify the person was recorded. Only Farhat¹⁴ and I had access to the notes and the interview transcripts.

Although just as integral to carrying out the research, a clear hierarchy defined my relationship with Farhat – she reported to me. At the same time, Farhat deferred any discussions on salaries and workload to Farzanaben. That is, any points of conflict were to be directly discussed with Farzanaben rather than Farhat. Farzanaben herself was almost 20 years elder to me, and had we met under any other context, I would have deferred to her seniority as a sign of respect and address her as “aunty”. However, notions about my ownership over this project provided me with a sense of authority, having a determining impact on the project content-wise as well as financially. My conflicting position in relation to Farzanaben juxtaposed my cultural notion of power and authority vested in an elder in direct opposition to notions of power and

¹⁴While it was mentioned in the proposal submitted to the ethics committee that my research assistant and I will have access to this information, it was only after my arrival in Sanklitnagar did I learn about Farhat’s relationship with the community. However, as discussed in this section, any fears of gossip were elated as by and large, the young women seemed comforted by Farhat’s presence. As well, to my knowledge, information about the interviewees was not divulged even to Farzanaben.

authority derived from my role as the principal researcher of this study, providing me with the imperative to “make the final call”.

4) What are the risks involved and how can they be eliminated?

Even though the official marriage age of a girl in India is 18, almost 12% of girls in Gujarat are married between the ages of 15 to 17 (NFHS III, 2006). Consequently, I had assumed that cases of child marriage (punishable by law) might show up frequently. According to the India law “Prohibition of Child Marriage Act, 2006”, under any cases of child marriage, no woman involved will be punished. Furthermore, although this legislation makes child marriage voidable, once the marriage has taken place, the onus is on the child or their guardians to get the marriage declared void. In addition, this can be done within two years of the child gaining legal adult status. Even though the probability of the participants or their family members facing any legal repercussions was highly unlikely, I was still aware that the current law made it easier for me to conduct this study without jeopardizing the participants and their family’s legal security.

The risks involved for the young women included emotional or psychological stress due to the sensitive nature of the topics involved. Discussions on their experiences with sex, familial struggles, family members and children dying during childbirth moved women to tears. While some chose to stop the interview at that point, others kept going. In addition, participating in the interviews and focus groups took time away from household duties. Most women brought their babies with them during the interviews, feeding them while talking with us. In some cases, we shortened the interview when a baby could not stop crying or wanted to go home.

It was only halfway through the interviews conducted, that one participant expressed her anxiety about her interview being published in a local newspaper. Apparently, some of the

previously interviewed women had also shared this concern but had not asked me about it. Although I immediately clarified that misconception, I was once again reminded that this is a heavily interviewed group of people. While some had exposure to being interviewed during the communal riots in 2002, others had been interviewed about getting abortions. They had previously experienced “outsiders” coming in, extracting painful information and publishing it without producing any tangible benefits for the community. Thus, I appreciated women asking me what this information would be used for, and holding me accountable to them.

Although there were many risks for women participating at an individual level, I believe perhaps the largest risk that Farzanaben took was choosing to invite me in their community at all, especially given the fact that our interactions had only been via telephone conversations at that point. The three decades long history of MPWCS with the community members, and the women’s individual relationships with Farzanaben added an enormous sense of comfort as well as unease about not jeopardizing that trust given that the exercise of using gatekeepers to access the community is inherently exploitative. There was one such instance where my fears about jeopardizing this trust became uncomfortably real.

In the first few weeks, when Farzanaben was taking me around Sanklitnagar, introducing me to the people by going to their homes, we met a young woman who was staying alone with her husband and two children. The visit was very brief, just a few minutes, and the conversation was casual, mostly between her and Farzanaben. We invited her to come to the office so we could discuss more about the project. A few days later, she arrived at the office with a black eye. Immediately I was petrified about whether her interaction with me was the trigger for this violence. While Farzanaben provided her with a safe space to talk if she wanted to, the young woman did not disclose anything at that point and chose to go ahead with the interview. After

the interview, she started distancing herself from the office, and upon my repeated insistence, Farzanaben inquired what the cause of this drift was. Later on, it was revealed that the woman had been facing conflicts with her extended family members for a long time and had been disturbed due to the friction. Although at no point did she blame her participation in this study, and has resumed her socialization with Farzanaben, moments such as these were extremely frightening and forced me to question why I was doing this. Despite getting ethical clearance from a Canadian university, and failed attempts at getting in-country ethics review in India, I believe that working under the guidance of Farzanaben was itself a highly relevant and appropriate ethics check in itself.

5) Who writes (the story)?

Code (1995) asserts the politics of speaking for, about and on behalf of Other women is one of the most contested areas in contemporary feminist research and activism. For instance, Katherine Borland was criticized by her grandmother for misconstruing her history and doing what pleased Borland: “This story is no longer *my* story at all...but has become your story” (1991 in Wolf, 1996:32). Nagar’s (2002) discussion with feminist scholars in India revealed a further complexity:

When feminist scholars from Western countries come here to do their research, they often try hard to do everything in our local language and idiom. But why is it that when they return to their institutions, they frequently write in ways that are totally inaccessible and irrelevant to us?... The question of access is not just about writing in English. It is about how one chooses to frame things, how one tells a story [and forms theory]....you tell my story in a way that makes no sense at the conceptual level to me or my community, why would we care what you have to say about my life? (Nagar 2002:179).

The exercise of “including Other voices” is incomplete if it does not extend beyond the realm of data collection. How do the women understand their own data? What are the points of

analysis that they wish to emphasize? Because of time and financial limitations, as well as work commitments, I could not stay in Sanklitnagar until the point of conducting data analysis.

Nevertheless, I utilized Patricia Collin's (2000 in Hankivsky, 2011) matrix of domination to make sense of the Other stories. This model is based on the idea that systems of domination are mutually dependent but analytically distinct (Hankivsky, 2011). It is designed to confront the additive approaches to intersecting oppressions, a frequently cited dilemma for intersectionality researchers. The multiple levels of domination address "the overall social organization within which intersecting oppressions originate, develop and are contained." (Collins 2000 in Hankivsky, 2011:28) While Collins utilized this model to deconstruct the portrayal of Black women as matriarch or welfare mothers, I utilize it in order to destabilize the construction of young married women as authentic heroines or oppressed victims. The model centers the young married women's experiences, showing how they respond, create and negotiate their environments, revealing their agency as well as limitations. The different degrees of power experienced by women within each of these levels further shed light on processes of creation and maintenance of their social status. Finally, an examination of spaces of resistance provide insights on the struggles in creating a "Body-for-Self" while maintaining a "Body-for-Others".

Within the scope of this research, structural domain of power refers to the institution of compulsory heterosexual marriages contextualized in a patriarchal society. Disciplinary domination is reflected in the creation and surveillance of bodies to ensure adherence to and the maintenance of status quo, as designed by the institution of marriage. Hegemonic domination refers to the creation of popular "common sense" that not only allows bodies to be disciplined and monitored, but also upholds the values inherent in a patriarchal institution of marriage. Finally, interpersonal domain refers to the actual behaviour enacted by individuals that reinforce,

negotiate and/or disrupt the cumulative forces of the other domains. There is no linear hierarchy between these domains of power.

In order to extract and organize the data from this model, I utilized guidance on coding from the methodology of grounded theory, with three distinct forms of coding (Thorne 2008:145):

Open coding: involves fracturing the data – taking it apart and examining discrete parts for the similarities and differences they reveal. It helps to distinguish basic conceptual units within the data, delineate the properties that characterize them, and organize them into categories.

Axial coding: begins with the categorized conceptual data and creates the mechanism through which interactions among them can be worked out by identifying properties and conditions that give rise to them and the contexts within which they are typically embedded.

Selective coding: occurs when axial coding has illuminated core categories to which all other subcategories relate and builds a conceptual framework from which to generate the new-grounded theory.

The process of understanding and analyzing implicate me even further in the process of Othering. Although I did not have control over the imposed restrictions of time and finances, I chose to have the final transcripts in English, a language inaccessible to Farzanaben. I chose to utilize the software QDAMiner, rather than do manual coding with Farhat as my assistant. Consequently, despite good intentions, I retained the power of sense-making, as even the process of translating gave me the power to define. This was evident in how my coding scheme was deducted from the data. To begin with, I uploaded all completed transcripts in the QDAMiner

software to organize the information in conceptual units organized by life events such as early marriage, pregnancy, childbirth, abortion, post natal care and miscarriages. This also included behavioural patterns towards accessing private or public health care, utilizing family planning and seeking treatment and care. I then looked for interactive mechanisms within these codes by identifying emerging patterns of decision-making and attitudes regarding these life events and seeking care, and relationship dynamics with family members as evolved during the women's narratives. Finally, I examined these codes against the backdrop of the four domains of oppression to better understand how the women utilized their bodies.

Although there were several codes that I had expected to come up in the initial coding, such as narratives on pregnancy, family planning, childbirth and delivery, there were several issues that came as a surprise. To begin with, while abortion was not a part of my original questionnaire, young women voluntarily interweaved narratives of abortions with their experiences of giving birth. In addition, the role of the natal families beyond marriage, and women's experiences with livelihood and income generation expanded the initial focus of the questionnaire. Also, women's attitudes towards their residential patterns and household work, and reflections on changes in themselves before and after marriage, as well as aspirations and hopes for their children highlighted the multi-dimensional characteristics of their personhood.

6) To whom is the researcher accountable?

I hold my power to “make sense” of the data captive against whether chosen frameworks are relevant and meaningful for the women who participated in this study. I hold myself primarily accountable to them. Wilkinson & Kitzinger (1996) argue that the Self/Other dichotomy can be destabilized when we “work the hyphen”, translating in: a) checking with the Other the validity of their representations formulated by the Self; b) listening to Other's account

of the Self as a strategy to expose the process of Othering; c) listening to the dominant group's ways in which they construct the Other; and d) developing opportunities for dialogue between Self and Other that privileges neither (Wilkinson & Kitzinger, 1996).

Ristock& Pennell (1996) state that in traditional research, validity refers to methodology and signifies the degree to which the research design yields findings that provide an accurate picture of reality, and are therefore generalizable beyond the research sample (1996:49). However, for researchers who are critical of universalization and homogenization, validity is more concerned with ensuring that the research process has integrity. This does not mean biasing the findings to only speak in favour of the communities that we worked with. Rather, it is about ensuring that the information is relevant and resonates with the experiences of the participants (Ristock& Pennell, 1996). In other words, it has “face validity” – ensuring that the work makes sense to others by checking the analysis, description and conclusion with at least some participants in the research (Lather, 1991 *in* Ristock & Pennell, 1996).

Listening to the dominant group's ways in which the Self constructs the Others includes having “construct validity” - recognizing and confronting the theoretical discourses and be willing to challenge and change them (Lather, 1991 *in* Ristock & Pennell, 1996). This can refer to situating yourself in the literature on the research topic and being cognizant of how the Others are constructed and (re) presented. Finally, “catalytic validity” is achieved when participants and the broader community affected by the research, feel energized or re-oriented in some way by the project (Lather, 1991 *in* Ristock&Pennell, 1996:50). One day, a month and half after being in Sanklitnagar, as I sat in the main office making notes and playing with children, I realized that the other older women present were having a discussion on early marriage, the pros and cons of getting their daughters married within the city, within the village, within their own family, and an

outsider family. While these discussions by themselves cannot substantiate a claim of the community being “energized” or “re-oriented” in any manner, it was nonetheless encouraging to see such conversations taking place without my inclusion.

7) How will the results be disseminated?

Markham (2005 in Liamputtong, 2007) argues that decisions to represent our findings are an ethics decision. Although this thesis will serve my academic and career needs, it does not speak to the community members in Sanklitnagar. As elaborated in the conclusion of this thesis, in a subsequent trip to India in November, I took the analysis back to Sanklitnagar. In a series of meetings organized with the young married women who participated in the interviews, and elder women from the community, I shared the findings to not only obtain “face validity” but also get feedback from the community members. I did this by translating the findings in Hindi and presented them verbally to the community in discussion sessions. In addition, presenting the findings to other NGOs working in Juhapura provided a way forward with this research. Such a dissemination strategy proved to be not only relevant to the community members, but it also spoke to their experiences more directly than a booklet or pamphlet produced. Finally, I hope to produce feminist articles based on my experiences in conducting this research, recognizing Farzanaben as second author, as a contribution toward feminist academic knowledge.

8) Who will benefit from this research?

In my first hour of landing in Ahmedabad, I was confronted with this question. When my uncle picked me up from the airport, I gave him a brief description of why I was there. After a few moments of silence, he asked me, “There are so many interns like you in Ahmedabad doing research on one thing or the other. How does this benefit the people here?” My hesitation in replying to this question made me even more acutely aware that for this project, my research

agenda was driven by my own needs, rather than those expressed by the people I was hoping to work with. Almost as an afterthought, I was confronted with how do I make this project relevant and useful for the people who had generously invited me in their lives? The answer lay in the work already done by MPWCS. The NGO has historically run “*Kishori Vikas Kendra*” (adolescent girls’ development camp) where young adolescent girls are trained in ‘*mehndi*’ trainings, beauty parlour courses, and have awareness programs. However, due to lack of funding, this program is no longer running.

In discussions with Farzanaben, one possible contribution is me writing a proposal for restarting the Muskaan Youth group. This youth group will be formed of two groups: unmarried girls (age 12 -17 years) and married girls (18-25 years). The former will receive tuition classes, training in mehndi, embroidery, sewing, beauty parlour and self-defence training in addition to awareness meetings. The latter will receive skill training and employment in patchwork, embroidery and sewing in addition to holding awareness meetings on issues like family planning, legal rights and gender equality. A component on peer mentorship can be implemented as the young women act as mentors for the girls. As further elaborated in the conclusion, findings and analysis from this study, as well as the feedback received from the community members further provided suggestions on modifying this model to better address the identified needs within the youth group. I listened to the solutions provided by the young married women, mother-in-laws and NGOs and incorporated them in a set of recommendations prepared for MPWCS. Particularly, the exchange with the NGOs also opened up possibilities for collaboration on future projects implemented in the community.

Finally, what did I gain out of this exercise? Tuhiwai Smith (1999:5) says “indigenous research is a humble and humbling activity”. More than a thesis and data for further

publications, this research project has taught me lifelong lessons in humility. By reflecting critically on my assumptions and weaknesses, I hope to better myself as a feminist researcher who puts the needs of my research partners at the forefront. It has made me become more aware of my own positioning and implications in processes of Othering and marginalizing those less privileged than me. It has forced me to accept that “good intentions” are not enough and do not necessarily translate into good actions. Finally, it has complicated my notions of how can we do “equitable research” while entangled in layers of confusing power relations.

9) What processes are in place to support the research, the researched and the researcher?

This research project and I were supported academically by the University of Ottawa and institutionally by IDRC that generously funded me. Along the way, I had to defend this research to my thesis supervisor, gain ethics approval from the university and also address questions raised by colleagues and supervisors at IDRC. If I encountered any difficulties at any point in the process, I could rely on three supervisors across two Northern institutions to help me address the issue. In addition, I had the support from the IDRC regional office in New Delhi. Finally, I also received support from Farzanaben and MPWCS to come in Sanklitnagar and conduct this research. In contrast, the women who participated in this research could seek support from Farzanaben and MPWCS if they encountered any difficulty.

Since the point of conception of this project, at no point was I ever challenged on the basic assumption underlying my research: my right to do field research in India. Reflecting on her assumptions about the rights she had as a researcher, Heron (2004:118) says, “It seems to me now that imperial power relations inscribed my sense of entitlement to carry out research in Africa and my assumptions about the availability of African people to meet my research needs”.

Heron reflects on how she considered herself as an exception in respect to imperial relations. Her exceptionality stemmed from her long-time experiences in Africa, implying an insider location or an ‘honorary African’, ‘an old Africa hand’ (2004:120). Similarly, I myself was implicated in this process of Othering by the unquestioned assumption that women of Sanklitnagar will be available to meet my research needs.

Approval from northern institutions and Farzanaben’s facilitation of the research process reinforced that sense of entitlement. The weight of this assumption bares even more heavily when I imagine what might have been if I was a student researcher from an Indian university seeking to explore the sexual and reproductive lives of young married women in Canada. My first questions to myself would have been “Why would they want to talk with me? Do I have a right to ask them these questions? What if they are offended and someone takes action against me?” The very fact that I did not realize let alone question this basic assumption until the very end of the research process starkly reveals my own sense of internalization of power hierarchies associated with bodies in the North and those in the South. Thus, more than just a commentary on the methods of this fieldwork, this chapter has revealed more about confronting my assumptions, unintentionally engaging in processes of Othering and internalizing unequal power hierarchies as I worked through the methodologies and ethics of doing “field work”.

Chapter 4: Her Body and Their Power

In this chapter, I explore the narratives of marriage and compulsory motherhood as experienced by the 25 young married women in Sanklitnagar as an entry point to understand how their bodies are situated for the Self and Others. I also discuss how multiple intersecting levels of power dynamics shape the participant's ability to take decisions for their sexual and reproductive lives. Situating these young married women's acts of subversion and resistance within Collin's (2000 in Hankivsky, 2011) "matrix of domination" reveals their limited ability to disrupt the core structures of patriarchy. I conclude this chapter by discussing the young married women's expressed needs and desires that demonstrate how each site of change becomes a site for power struggle.

Marriage and decision-making

In Sanklitnagar, as with other patriarchal communities, marriage is an inevitable part of people's lives. And yet, discussions with the young women revealed that often they were not involved in making key decisions for their marital life, beginning with selecting the partner. Parents were the primary decision-makers in choosing husbands and this was established as a social truth for young women like "Geeta" who stated, "*Hamarein mein*"¹⁵, parents choose husbands." Such statements reflect the normalization of the hegemonic "common sense" idea of parental "power over" young women's marital decision-making. Every young woman interviewed was married to a man approved of, and/or selected by her parents. Two dominant responses constituted the young women's experiences with processes of decision-making

¹⁵ "*Hamare mein*" literally translates into "in our". However, this can mean, "in our home", "in our community", "in our society". Thus, it is best understood as a reference to their sense of belonging to a particular group of people, may that be at a familial, communal or societal level.

regarding marriage. While some accepted their parent's choice as their own choice, others challenged their parents' choice, only before resigning to it.

"Parents' wish is my wish": When the match was fixed, even when asked their opinion, many girls chose to accept their parents' choice of partner. For instance, "Raveena" revealed that when a young man saw her at a wedding, he expressed his desire to marry her to his family, who in turn consulted Raveena's father about the match. Her parents went to see the boy, and approved the match. In turn, when asked about her opinion, she responded that "if you all like him, then I also like him." "Raveena" was expected to be responsive, rather than pro-active in choosing her partner. "Sonam" explained this deference as, "when parents take a decision for the girl, she will think that parents are deciding for her good and will not take any wrong decisions. They will only take favourable decisions for her, that's why a girl cannot say anything." Here, the agency to make first order choices for their life partners was guided by being responsive to socially acceptable and culturally aligned manners. Collin (2000 in Hankivsky, 2011) reminds us that support from subordinate groups is critical in maintaining hegemonic ideologies. In Sanklitnagar, young women's acceptance of their parents' choices as their own choice reinforced and continued to legitimize the hegemonic idea that parents are the primary decision-makers, making it tougher for others to challenge it.

"Challenging parent's choice":

Yes it was an arrange marriage. My father had decided and in front of everyone I had said yes. At that time I thought that I could talk with him privately at home. They had shown me the groom, but my father is very strict and whatever he wants happens at home. So in front of everyone, I told my father that whatever you feel is correct. I thought that nothing is going to happen right now. At home, I told my mother that I don't like the boy as he only works in a dairy and I am a graduate. All my friends in college would ask me what my husband does, so what would I tell them? And then, exactly near the sewing machine, where my older sister got slapped, I also got slapped. ("Rakhi")

“Rakhi” could not jeopardize her parent’s reputation by undermining their authority in a public sphere. However, even when she challenged their choice in a private sphere, she suffered violent consequences and was forced into submission. Her power to make this choice was compromised by the family’s greater need to shape her response to be better aligned with social expectations not only from her, but from them as well. Similarly, “Farida” tried to convince her family to not get her married to a particular boy, by fighting them for a month. Yet, “after getting fed up of this, I told him [her father], if this makes you happy then so be it. What can I do in this? If you are happy, then I am happy.” Placing her parents’ happiness above her own was a resignation to socialized expectations that a young woman puts others happiness before her own, initiating the process of creating a marital “Body-for-Others”.

One of the circumstances when a woman could directly undermine her parental decision-making over marital choices was if she had already gone through lived experiences of abusive marriage. In addition, the parents were painfully aware of the devastating impact their choices had on their daughter’s life. When “Rakhi’s” father realized his mistake after her in-laws forced her to leave their house, she insisted that this will not happen with her younger sister:

We will look for a proper suitable match for her. We did what he told us to do, and we won’t declare that in front of others, we have accepted this as our fate. But now when we talk about my younger sister, I tell him that even if she stays unmarried for her whole life, that is fine. But I don’t want her to go through what I went through, and get slapped.

While this relationship was previously characterized by the father’s power over the daughter’s marital life choices, it was replaced by “Rakhi’s” power to fight for her sister’s brighter future. “Rakhi’s” acknowledgement of not “declaring” her father’s failed choices in public while simultaneously taking on a pro-active role as “decision-maker” further reflects that the power to make-decisions is not necessarily a zero-sum game. “Rakhi” made space for her

ability to make decisions, while at the same time upholding her father's image as the decision-maker of the family, highlighting that an increase in the power of one individual does not necessarily involve another's loss of power. However, the need to put with appearances further questions to what extent was "Rakhi's" power to make decisions made publicly visible? What impact would such visibility have on disrupting societal norms of parental power over decision-making? Interestingly, at no point did "Rakhi" question her own right or her father's right to make decisions for her sister. Albeit the necessity of more nuanced and informed decision-making from family members during marriage, the hegemonic notion that elders made these choices for the young women itself went unchallenged.

"Rakhi" further alluded to young women being a burden on their families, something to be "rid of" through marriage. "Farida" explained that her father got her married against her wishes because he "thought that they should get their daughter married off quickly so their tension will lesson. Now he himself is repenting by getting me married there...But I tell him, now what's the point? Now my entire life is ruined." Literature on early marriages provides many historical, social and cultural explanations for her father's "tension". Two are particularly relevant in this context: protecting and managing daughter's chastity and modesty, as well as the financial burden of arranging and paying for her wedding (ICRW, 2003). In a patriarchal structure, a woman's sexuality is not hers to control. Instead, it is considered familial property, their honour and shame being defined by a woman's sexually chaste pre-marital status, making for a sexualized Body-for-Others. Thus, fears of pre-marital sexual activity and the young woman falling in love become significant concerns for family members who are held accountable socially to "protect" and control a woman's sexuality (ICRW, 2003).

The need to control a woman's sexuality directly influences her mobility. Restrictions on education and ability to work outside home are direct results of impaired social mobility. This limits a woman's ability to engage in productive activities that can financially contribute to household expenses, further consolidating her image as an economic burden (ICRW, 2003). In the context of Sanklitnagar, structural limitations of chronic poverty, and patriarchal demands on controlled sexualisation of young women's bodies (enforced through restricted mobility) facilitates the parental need to marry off their daughters early. This is reflected in the average ages for engagements and marriage (See Figure 1 in Appendix).

Among the 25 young married women, the average age of engagement (and/or fixing the match) was 16.4 and the average age at marriage was 18.2. While most of them(20) were married at or above the legal age of marriage 18, a lower age of engagement suggests that parents ensured early on that their daughters will be married off, guaranteeing the lessening their burdens. A lower age at engagement could also facilitate greater parental power over their daughters' life choices, minimizing the adolescent women's ability to challenge their parents. For two young married women, although they were married in childhood, they were sent to live with their in-laws family after the age of 18. This further suggests that while parents wanted to ensure their daughters get married, it is possible they were aware of the importance of delaying residence with in-laws in order to delay pregnancy.

Structural limitations of poverty, disabling patriarchal contexts and the positioning of young women as burden often lead to young women's internalization of their bodies as burdens. "Riya" directly justified getting married at 18 with lessening her parent's encumbrance: "you get married at 18 so that their burden is lessened, right?" When young women become a social and

financial charge that must be “rid of” through marriage, there are several strategies to increase her value in a patriarchal marriage market.

Creating a Body-for-Others

Education

A disciplinary mechanism that ensures young women’s subordinate status is restrictive education not perceived as conducive to creating a “Body-for-Others”. “Asha” wanted to study beyond 10th grade, but in her village, it was thought that “if girls study further, they will get spoilt.” Even though her father wanted to let her study further, other community members refused him because daughters could not go alone to a different city to study. Girls were not allowed to study outside their villages, as “it’s not a good environment” (“Isha”). Parental fears of their daughters studying with boys alluded to the possibility of falling in love, and worse yet, engaging in pre-marital sexual activity that could bring disrepute to the family honour. Furthermore, going to classes would take time away from learning how to take care of household duties, diverging from creating a body that serves others. “Riya” recalled her experiences growing up:

In our home, it is like, she is a girl so she should be less educated. Even if she studies a lot, she still has to be in the kitchen. I wanted to study more, but my grandmother said no, I shouldn’t study too much. I had studied till 7th, and that was enough, I knew how to write my name. Now I had to learn all the household work. So that my in-laws wouldn’t say that my parents didn’t teach me how to cook.

In this context, education and serving Others are mutually exclusive characteristics that cannot occupy space in the same body. Finally, structural problems such as lack of public high schools in Sanklitnagar forced parents to invest in private education if they desired higher education for their daughters. In a community where a majority of the population lived below the poverty level, educating daughters beyond primary levels added a significant source of financial

burden. Not surprisingly, almost half (11) of the young married women interviewed had attained some secondary level education, while the other half (12) had completed some primary level education. Only 2 had attained some tertiary level education.

Although they did not have power over determining their access to education, there was an acute awareness of the impact that a lack of education had on their lives. “Riya” recognized education as a resource that could have provided her a better quality of life:

Like me, I am not that educated, I at most can only do some menial labour, like patchwork, or making kites, but I cannot do anything to make more money. At most I can earn about Rs 1000-1500, but not more than that. But if she is more educated, she has more skills, and she is earning about Rs 2000-3000, then she wouldn’t have to bow in front of anyone, she can even advise her parents that her father shouldn’t get her married off so soon, she wants to learn more things, so it will be good for her too.

Here, education is a material resource, as well as social capital that can provide more financial opportunities. More importantly, education was associated with increased participation in decision-making processes regarding marriage. Finally, education was recognized as inherently valuable in the creation of a “Body-for-Self.”

In contrast, “Rakhi” argued that “even if she is educated, she will have to do as her family tells her.” For instance, their level of education did not stop “Farida’s” (secondary level) or “Rakhi’s” (tertiary level) parents from marrying them to men with much lower education levels. Neither of the two young women was successful in resisting familial pressures to marry someone they did not approve of. Thus, while education was recognized as critical in attaining monetary resources, it was unclear to what extent this resource necessarily altered the young women’s sense of agency or even improved their social status within the family and/or community.

Socialized into Subservience in 'Sasurals'

Young women could gain valuable social capital through displayed virtues of subservience. One site for disciplining the young women into subservience was in grooming them for married life. “Nutan” recalled the advice given to her before her wedding: “I shouldn’t talk with anyone in loud voice in ‘sasural’¹⁶, no matter what work they give, you should do it. Always say yes for work, never say no. Don’t sit on top [on the couch] in front of the father-in-law and always have ‘ghoonghat’¹⁷ on my head.” “Rani” was told that she should not speak in front of her elders, and should not reply back to her in-laws. “Zeenat” knew that she had to respect her husband, by not replying back to him, listening to whatever he said and not speaking in a loud manner.

Socializing young women to be subservient in their ‘sasural’ further consolidates the message that a woman’s body is for Others. This body is unobtrusive and not imposing; it is positioned in the bottom of the social ladder and is responsive to other’s physical and social expectations, with no space for asserting or even imagining a Body-for-Self. Such a discourse further enables in-laws’ power over the young women’s lives. Hegemonic ideas about the woman’s place in her ‘sasural’ shape interpersonal behaviour reflective of the established hierarchies.

For instance, young women characterized ‘sasural’ as a space where “you cannot do as you wish. You have to do as they say. They say that this is our house and you have to be the way we want you to be” (“Riya”). Repeatedly the ‘sasural’ was characterized as a controlled space, associated with restrictions and force, requiring permission for mobility and decision-

¹⁶ ‘Sasural’ refers to the in-law’s home.

¹⁷ “Ghoonghat” refers to a woman covering her head with one end of her sari – one way of observing “purdah”.

making. In contrast, the '*pier*'¹⁸ was associated with freedom of movement, ability to express and make choices, as well as rights to make demands from their parents. "Neha" articulated the difference between the two spaces as "after marriage, your life changes. Before marriage, you can just tell your mother, 'I am going here.' And after marriage, you ask, 'Can I go?' in a quiet voice. And if they say yes, then I can go. If they say no, then you just sit at home." "Shruti" explained this difference by claiming, "Initially you cannot do anything because as a new daughter-in-law, their decisions are taken by the mother and father-in-law. We cannot say anything in front of them as we are new and much younger." Live realities of their position in the '*sasural*' are consistently reflective of hegemonic notions of young women's subservient social status in relation to Other family members within a patriarchal context. More importantly, it is the act of disciplining young women into subservience that bridges the gap between hegemonic notions and corresponding interpersonal behaviour.

Sexualized Subservience

It was evident that young women were groomed for a life of sexualized subservience in their '*sasurals*'. Such regulations could be observed in the controlled circumstances under which young women were informed about sex. Almost three-fourth of the participants (17) interviewed were informed about sex on the day of the wedding by married women in their natal families, or on their wedding nights by their husbands (See Figure 2 in Appendix).

Elder married women in the extended natal family (not including the mother)¹⁹ surrounded the young bride and disclosed to her what she should expect to happen. However,

¹⁸"Pier" is natal home

¹⁹It was considered socially inappropriate for a mother to talk about "such things" with her daughter. During the interviews, when asked whether they would teach their daughters about family planning and sex, several laughed and refused as they replied that how can a mother talk about such things with her daughter. She will learn from her elder sisters or friends.

knowledge provided in this interaction focused on events to occur during the night rather than explaining the act of sex itself. For instance, young women were informed about various rituals such as showing their *mehndi*²⁰ to their husbands, the husband giving a gift to the wife for '*mu-dikhai*'²¹, husband and wife reading '*namaaz*'²² and then asking for '*dua*'²³ together and finally showering afterwards. During this information session, unmarried young women were purposely kept away from this circle of knowledge. For example, "Shilpa" was not allowed to go to weddings as an unmarried girl – her parents didn't think it was appropriate for her to go as she might overhear things that were inappropriate and unnecessary for her. Informing the young bride about the events was further proceeded by grooming the young woman's responses to the events. "Sridevi" was told by her married friends that "whatever he does, don't stop him and say yes to everything."

More than a third of the participants(9) revealed that they learnt about sex from their husbands on their wedding night²⁴. "Asha" revealed that her husband gave her a book on sex as a present for the ritual of '*mu-dikhai*'. While communication with husband on sex facilitated "Asha's" consensual sexual initiation, this was not necessarily the case with others. "Raveena" was told by her sister-in-law that on her wedding night, she has to go in her husband's room and "sleep" there. On her wedding night, when her husband realized that she did not know what "sleeping" meant, he described to her what they had to do.

²⁰'Mehndi' refers to the art of applying henna to hands and feet as a temporary form of body decoration.

²¹'Mu-dikhai' refers to the customary ritual where the wife reveals her face to the husband for the first time after marriage.

²²'Namaaz' refers to reading passages from the Quran as act of prayer.

²³'Dua' literally translates into "wish". In this context, a couple asks a *dua* from Allah to initiate them into married life.

²⁴ In a social context where the power to construct the initiating sexual experience is retained by the husband, it becomes crucial to further examine the accuracy and reliability of the sources of sexual knowledge utilized by men in Sanklitnagar. Given that I only had access to young married women, this was beyond the scope of this research.

I told him I don't want to do such things and I stayed away from him for two, three days. After the third day, my husband told this to his sister-in-law, and she scolded me that why am I doing this. Didn't anyone tell me about this? So I got more scared and after that we made relations. ("Raveena")

Thus, while married women in natal families had the power to groom the young brides into sexualized subservience, and the husbands had the power to construct the initiating sexual experience, married women in-laws could further exercise their power to discipline young women into adhering to creating a sexualized "Body-for-Others"²⁵.

In fact, "Asha" even claimed that, a "husband and wife's [sexual] relation is controlled by the mother-in-law." Because of the close physical proximity in which the families reside, a couple's sexual activity could be monitored through visible markers such as showering after sexual activity. Availability of such visible markers created opportunities for mother-in-laws to not only monitor, but also regulate the couple's sexual activity. For instance, "Asha" revealed that some mother-in-laws scolded daughter-in-laws if sexual activity was occurring on a daily basis. Such regulation was triggered by social superstitions about daily sexual activity causing "weakness" in men. Interestingly, while on the one hand, young women were expected to fulfill the sexual desires of their husbands, they were simultaneously blamed for sexualizing them. Thus, on the one hand, sexual surveillance by young women in-laws ensured the availability of the young woman's sexualized "Body-for-Other". On the other hand, it simultaneously assumed that young women had the power to create and control sexual behaviour.

²⁵Mother-in-law continues to exercise disciplining power over the women as young brides. "Asha" suggests, "The mother-in-law will decide what the daughter-in-law can wear while going out. They think if they allow their daughter-in-law to do as they want, she will get used to more freedom. She can't do make-up because she will look more beautiful and then the husband will start loving her even more..."

Less than a third of the participants (7) revealed that they had knowledge of sex prior to their wedding. Level of education, work backgrounds as health workers, awareness sessions at MPWCS and talks with married friends were identified as other sources of information. One possible explanation for this figure could be that it was perceived as inappropriate for a woman to have this knowledge prior to marriage. For instance, when asked whether she would teach her daughter about sex, “Kajol” replied,

I will teach her about periods. But I will not teach her about sexual relationship and that babies are born after having sex. That I will not teach her because even I did not know these things at that age...Some things are taught before marriage and some after marriage.

Learnings about sex and reproduction were meant to occur after, or at the time of marriage. Perhaps this could explain why “Isha” lied in front of Farzanaben about her level of awareness on this topic prior to marriage. During her interview in Farzanaben’s presence, when asked where she learnt about sex from, “Isha” claimed, “They tell all that at the time of marriage, but of course a girl doesn’t know all these things before marriage.” However, once Farzanaben left the room, “Isha” laughed and confided, “All these things I knew before marriage. In today’s times, what do we don’t know? All the girls are very smart today. I was not able to speak up in front of Munnibai²⁶, I felt shy.” “Isha’s” perceived need to role-play was particularly heightened in presence of elder young women, as opposed to those their own age (Farhat and I). This further indicates that while social expectations could be and were subverted at an interpersonal behavioural level, these subversions did not directly challenge hegemonic expectations of gendered and sexualized bodies.

²⁶Farzanaben is fondly called referred to as “Munni” among community members.

Power over wives and Over-powered Husbands

“Isha” characterized her relationship with her husband as conditional. If she did as he said, then he would be happy and keep her well. “So as long as I continue to agree with him, only then will he respect me.” Her experiences of sex with her husband not only revealed the one-sided nature of their sexual relationship, but also her recognition that she has to stay in his control:

But then you should also understand that if it's his wish, then you have to fulfill it. If we do not fulfill it then of course he will go outside. That's how it happens [pause] I never say no to him... You have to put aside your tiredness because then he will also feel bad that when he comes to me, I give him attitude that I am tired. Then the next day you see his grumpy face, and he does not talk until evening. So just for some time, we bother him. And you ruin your whole day in that. So it is better to just finish the work and get free from it [laughs].

When asked about what would happen if she is in the “mood”, and he is not, she replied, “Yes that happens! In those cases then you have to understand that ok, let it go, if he is not in the mood, then you have to kill your desire and just sleep.” While she did have the option to refuse sex, “Isha” did not exercise it as a wife's sexual (un)availability was perceived to be directly correlated with the husband's loyalty and faithfulness. This narrative positions “Isha's” sexualized “Body-for-Other” as literally, a body only for her husband's sexual desires, making invisible any sexual desires of its own. Consequently, a “Body-for-Self” is actively desexualized in the process of becoming responsive to Other sexualized bodies. While “Isha” placing her husband's sexual needs above her own indicates a space of powerlessness, she simultaneously converts his sexual experience into a mundane chore for her that is better finished. However, this is rendered invisible in her compliance with expected sexualized behaviour for Others, as well as with disciplinary ideologies that validate the sexualisation of young women's bodies, as long as they remain a “Body-for-Others”.

While the husband continues to occupy spaces of power over the young women's lived realities, in the interviews, they reflected on the space where the husband himself is overpowered. Within patriarchal contexts, sons are often raised to be the bread-winners of the family, the "walking stick" for the parents in their old age, and more importantly, they bear the burden of carrying forward the '*vansh*'²⁷. Their social positioning within this familial context provides them with simultaneous occupation of spaces of domination and subservience – power over their wives and other female family members, while simultaneously being over-powered by their parents, especially their mother. However, for "Riya", her husband's subservience to his mother had an undermining impact on his perceived control over "Riya". She laughingly mocked her husband by claiming, "When they themselves cannot take decisions for their own life, how can they make decisions for their women?" For instance, in "Geeta's" case, her husband's inability to speak up in front of his parents caused her to directly confront them:

I would tell my husband that if you want to be with me, then why don't you tell your parents? That's why we would have more fights. If my husband would have said something to them, then I wouldn't have needed to reply back. But he doesn't say anything, he just listens to them. But everyone would come and taunt me, so how can I keep listening to all this? My husband would keep telling me that I have to listen to all this, but why should I listen to all this from so many people? I would tell my husband that *he should speak up for me so there is no need for me to say anything* [author's emphasis].

Husbands' subservience to their parents facilitated the in-laws power over the young women. While in this case, "Geeta" was able to challenge her husband's subservient status, it is important to note that asserting her Self in front of the in-laws emerged as a reaction to husband's inability to do so. That is, she upheld the hegemonic idea that she should not have to

²⁷ "*Vansh*" refers to the patriarchal lineage lines. A son carries forward the "*Vansh*" by producing a male heir, thereby passing the family name further down the lineage.

speak. While she was forced to create a “Body-for-Self”, she continued to uphold the need to conform to the socialized expectations from her “Body-for-Others”.

“Joru Ka Gulam” Husbands

One reason why husbands did not directly support their wives was the implications for their own status and social standing within the community. For example, when “Asha” had difficulty conceiving, and was taunted by others, her husband supported her by not letting others pressurize her. She went on to mention that even though her husband had been “very supportive” and gave her “full freedom to do anything she wants”, his support for his wife made others taunt him that he was a ‘*joru ka gulam*’²⁸. This image undermined a husband’s control and authority over his wife, further revealing that men as well as young women were simultaneously trapped together in negotiating through hegemonic ideologies that were reflective of a patriarchal marital institution.

When the husband’s interpersonal behaviour deviated from the socially expected norms, this had consequences on the husband’s relationship with his parents. For instance, “Zarine” claimed that her in-laws had told her husband to separate from his family because “they [said] he is of his wife now. He doesn’t listen to them and listens only to his wife”. In Sanklitnagar, where large joint families would reside together in small spaces due to chronic poverty, separation from family was an option only a few could afford. Despite repeated conflicts with her in-laws, “Geeta” and her husband could not separate from them due to financial reasons. Thus, forceful co-habitation can place greater pressure on husbands and wives to comply with socially established norms about ways of being and living in a patriarchal household, forcing husbands to support their wives in indirect ways. For example, “Rakhi” mentioned that when she did not

²⁸ ‘*Joru ka Gulam*’ literally translates into a wife’s servant.

want to have a child immediately after marriage, her mother-in-law and sister-in-law “told the entire community that I don’t let my husband even touch me...But my husband would always make an excuse that we have just gotten married and he doesn’t want a child immediately.”

Here, “Rakhi’s” husband was able to manipulate his role as a decision-maker to realize his wife’s reproductive desires in a way that was socially acceptable and aligned with his status as a husband. Nevertheless, his behaviour could not disrupt hegemonic ideas of compulsory childbearing, nor challenge the disciplinary surveillance of his wife’s body for proven fertility.

Conceiving Pregnant Bodies

Multiple narratives of compulsory motherhood shaped the lived reality of the young women interviewed in different ways. Among the 25 young married women, 19 currently had living children, 3 were pregnant, and 3 had no children at the time of interview (See Figure 3 in Appendix). Thus, among 22 women, average age at first pregnancy was 19.6. Given that the average age for marriage was 18 (See Figure 1 in Appendix), pregnancy within the first year of marriage was the common norm. As “Neha” articulated: “After marriage, within one year, she has a child almost certainly. By the time their first anniversary comes, she has a child in her hands. That’s how it is. No one bothers keeping any gap. It’s the second year of marriage, means you need to have your second child by then.”

Although complying with expectations of proven fertility, young women were acutely aware of the risks during pregnancy. “Payal” described pregnancy, “as if one leg is in the coffin and one is outside [laughs]. We fight with death. It’s not so simple to deliver a child. We have to fight against many decisions.” Many young women spoke about friends and relatives who had died in pregnancy and childbirth. In addition, their young age at pregnancy was further identified in making this event more painful. For instance, “Sonam” expressed that “when you

get married at a young age, you have problems in delivery. If you are married at early age, then you don't have the strength to bare that pain." In addition, numerous women reported of complications related to blood pressure, increased blood loss, excessive fatigue, extreme swelling, vaginal bleeding, depression and mental disturbance during pregnancy. At least two reported going in a coma after delivery.

And yet, "Farida" stated that

One of the biggest decisions is taken by the husband, whether a woman wants another child or not, it is important to ask the husband, that whether she should have it or not. And even if she doesn't want to have it, then also she has to ask her husband, and even if you want a child, then also you have to ask the husband.

As will be illustrated throughout the rest of this section, pregnancy was an event continually marked with multiple actors and decision-makers, as a woman's body literally transformed into a "Body-for-Other".

Majority of the young married women who had children at the time of interview expressed happiness when they found out about their first pregnancy. For instance, when "Aishwarya" learned that she was pregnant, "it felt very good. Every woman waits for that moment, that even I will also become a mother now. It felt very good. More than me, my husband was happy [laughs]." For "Aishwarya", giving birth and experiencing motherhood were intimately tied with her sense of what it meant to be a woman. A year after her marriage, "Asha" finally conceived:

Yes I was happy. I wanted the child then. Because my husband wanted the child at that time. Everyone in our age group were married, they all had at least one child by then. And we had been married for a year at that time, but still we didn't have any. So then I thought why I should upset my husband, so for his sake I had the child.

Unlike “Aishwarya”, for “Asha” having a child would give the couple the power to be ‘normalized’, as their friends were. However, other couples having children within the first year of marriage not only legitimized and reinforced mandatory early pregnancy as the norm, this validation further made it difficult for other couples to question it, let alone challenge it.

For example, “Farida” expressed that when she got pregnant within a month of her marriage, even her father mentioned that she is too young to have a child. However, because her in-laws insisted, she had to go through with the pregnancy. “Sonam” further expressed that “if the husband doesn’t agree, then she has to go through with [pregnancy] out of helplessness. So she will keep it, she will kill her wishes and will have the baby. What else can happen?” The first pregnancy was invariably carried through, whether or not the woman wanted the child. However, as explored later, young women were able to challenge Other reproductive desires imposed on them in subsequent pregnancies.

Family Planning: a disciplinary tool

Ensuring the creation of a “Body-for-Others” through compulsory reproduction was facilitated by withholding knowledge from young women on family planning and consequences of sex. As discussed earlier, while the young women were taught about processual events, and were even explained the act of intercourse, some reported that they were not informed that unprotected sex could lead towards pregnancy (“Farida”, “Sadhana”, “Kajol”). “Kajol” insisted: “I did not know at that time that after having sex I would get pregnant. After a long time, I came to know that due to sexual relations we get pregnant. I had immediately gotten pregnant and I was shocked that I was pregnant so soon. I didn’t know that we have to take care from the beginning to avoid this.” “Farida” even mentioned that had she understood these things before hand, she wouldn’t have had her son.

Almost half the participants (12) revealed that they received information on family planning after the birth of their first child through a doctor (See Figure 4 in Appendix). This was to encourage spacing and delay subsequent pregnancies. Around a quarter of the participants (6) reported they had knowledge on family planning prior to their marriage. While some cited their work in community health as the source of their knowledge, others attributed it to education levels, having learnt about sex in school. The quarter of the participants (6) who said they received information on family planning after marriage often cited their husbands as the primary source of information. One respondent identified that despite having two children, she did not have any information on family planning (See Figure 4 in Appendix). She was also the only participant who was raised and married into a village (See Figure 5 in Appendix). Only those young women who were raised in Ahmedabad reported having knowledge on family planning prior to marriage. Due to the small sample size, these figures may not be representative to provide conclusive evidence on the impact of specific socio-economic indicators on levels of awareness on family planning. However, the narratives do identify the space of young women's access to knowledge as a site for disciplinary mechanism to ensure compliance with hegemonic ideologies of compulsory reproduction.

Challenging Other reproductive desires

While many young women could not disrupt the societal norms of mandatory motherhood in the first year of marriage, the birth of their first child provided them with more space to question ideologies of compulsory reproduction. In a focus group discussion, "Riya" mentioned:

If at that time I had known all this, then my health would have been better, my family's condition would have been more stable, and our child's health would have also been better. Now I was just married for six months when I got pregnant. Nine months went

into the pregnancy, and then you end up spending all your time in just looking after the house, the elders, and the baby. But when do you look after yourself?

“Nutan” agreed, “It is true. If you have a child too soon, then you cannot look after yourself, you can't look after your family and you cannot even experience the world. Now you have a child, and then your entire life is over after that.” “Shruti” further reiterated that, “I was just married for one month when I had to start making the clinic visits... At that time I should have been roaming around visiting places, we had just gotten married! But instead we were running around in the hospital.” Thus, contrary to notions of a pragmatic Other woman who aligns her reproductive behaviour to gain higher social status, these young women complied with reproductive behaviour while identifying it as another restriction in their ability to create a “Body-for-Self”.

Perhaps this can explain why some young women challenged these norms strongly during their subsequent pregnancies, and particularly, their mother-in-law's ability to determine their reproductive behaviour. When “Neha's” son died shortly after birth, her mother-in-law insisted on another pregnancy just two months later. ” However, she delayed her second pregnancy by a year, against her mother-in-law's wishes, saying:

This is my life, and we should be able to live it the way we want. Why do they interfere? We give birth to these kids, how can I do two deliveries in one year? What impact it will have on the child's health? The mother-in-law does say this, but it doesn't work like that. You have to take so much care with your diet, you have to make another being healthy...Mother-in-law says sometimes, but that's all she can do. Even mine tells me (laughs).

While “Neha” undermined her mother-in-law's disciplinary power over her own reproductive desires due to painful experiences of childbirth and death, Shabana's reproductive desires were shaped by the lived realities of chronic poverty and work burden. She noted that, “in these days, two children are enough. It's so expensive to feed them, their education, and their

clothes. If your salary is less, then what to do? You can't even feed or educate your child properly. So if you have two, that's enough." "Isha" further expressed that her own sister-in-law kept getting pregnant repeatedly.

Right now, all of us are there to support her, so we can look after her child... Now since three years, she has consecutively been pregnant. Your own health is also worsened and you are not able to take care of your child either. Because so many of us are there, her son had support. But if she was alone during these three years, would she look after the child, herself or her husband or would she do the house work?

In these narratives, young women's compliance with normative reproductive behaviours was not necessarily an entry point into higher social status or more power and authority. Rather, having a child led to further financial and social constraints. Thus, while hegemonic ideologies on compulsory motherhood were not disrupted or even necessarily challenged, the day-to-day realities, costs and consequences (financial and physical) of raising a child did make space for young women to assert their own reproductive desires over others.

Burden of Antenatal care

Young women's ability to take care during their pregnancy terms were sharply influenced by the attitudes and responses of their in-laws. Pregnant young women's expressed needs for care were often perceived as exaggerated complaints or even lies to avoid housework. For instance, "Nutan" said,

In '*sasural*', if we are in a lot of pain, then they say that we are doing drama to avoid doing the work. They think we sleep because we want to avoid the work; we get lazy if we have to wash clothes. They say that we are just making excuses that our stomach is in pain, or our feet are in pain.

Unfortunately, in some cases, this led to the young women silencing their needs in order to avoid reprimand ("Rakhi"). In addition to a normative trivialization of the woman's health needs during pregnancy, getting antenatal care was further perceived as a financial burden,

further limiting young women's and their family's ability to access and utilize care. For example, "Riya" expressed:

My mother-in-law said that what's the need of getting check-ups done? She says that until delivery for the nine months, there is always something in pain. So every month why would I take you to the doctor? Don't I have anything else to do? [Laughs]. She says, the way we run the house, the money that we have, should we look after the house or should we get your medicines?

For some, medical care and attention were not perceived as necessary investments to produce healthy babies. "Shruti" reiterated that "they think that the child will be born whether or not we take the medicines or the injections." In other cases, even while the importance of care was understood, the ability to seek care was curtailed due to financial limitations. "Simi" shared that, "my aunt is pregnant and we went for sonography, blood test and urine test with Rs 200. But the tests cost Rs 320. So we came back and we haven't gone back yet. I used to tell her that let's go, I will pay for your tests, but she said no, my husband will earn, and then we will go."

One implication for the in-laws' inability to provide financial support for care was a push for increased reliance on home remedies. For example, "Geeta" revealed that her in-laws mostly relied on home remedies, and would refuse her from going to hospitals or clinics: "They will lose a lot of money, that's why they don't send us to hospitals and rely mostly on home remedies. They run after money. They will lose money in treatment." "Sanjana" said, "forget us, even for the child they say that if we go outside, then there will be too many expenses, and whatever medicines are given, we don't have to bring them all. They say that earlier they would only do home remedies, they wouldn't go to the clinics."

Unsatisfied with home remedies, and lack of financial resources of their own forced several young women to turn towards their parents for financial support to get care. However,

this option was not available to those whose natal families lived farther away, increasing the young women's dependence on their in-laws even further.

Unfortunately, lack of proper care and understanding from the in-laws resulted in some young women suffering miscarriages. In some cases, violence from the mother-in-law was the cause of miscarriage. "Sadhana's" miscarriage was caused by her mother-in-law:

She pushed, and I fell on my stomach, so the baby died inside me. When we went to the doctor and got the sonography done, they could tell that the baby was hurt inside. So they said that I could do a case on her. Now in just a month and half, what case should I do on them? So I told them no I just fell like that...Then later on everyone explained to my mother-in-law that it has already happened once, if it happens again, then she will be troubled. So then she started keeping me well.

Because "Sadhana" was recently married when this happened, she did not believe she could hold her mother-in-law accountable. It was only through the fear of being penalized through law that the mother-in-law took more care during the second pregnancy. Unlike the physical violence experienced by "Sadhana", "Antara" suffered due to a lack of understanding of adequate care on the part of in-laws. She explained that her first miscarriage was due to the housework she was forced to do during her pregnancy. It was only when she suffered the miscarriage,

They all cried. Then they understood that what I was saying was correct. That I was in pain, but they didn't understand. But when I was pregnant for the second time, for the entire nine months, they kept a maid servant. For the entire nine months, and then I didn't do any work. So at that time, I got their full support.

"Antara's" experience is reflective of a key limitation in young women receiving adequate antenatal care. In addition to a normative trivialization of pregnancy associated pains and care being perceived as a financial burden, the young women and their mother-in-law's lack of knowledge in adequate care drastically shaped the young women's experiences. For instance, "Geeta" reiterated, during her first pregnancy, "I was not aware of anything, so what could I

do?” Her lack of knowledge further increased her dependence on advice from her mother-in-law, making them a key source of knowledge on antenatal care in ‘*sasurals*’.

“Sonam” mentioned that “only when an elder tells us how to take care, then we come to know how to keep a baby.” And yet, “Sadhana” expressed that her mother-in-law couldn’t provide her with any information on how to take care during pregnancy:

She wouldn’t explain anything to me. If something went wrong, then she would say that I shouldn’t have done that...Like how all the mother-in-laws would explain what to do, what not to do, she didn’t do any such thing. My aunt explained to me how to sit, or what not to do. But her [mother-in-law], in fact she would give me things to eat that I shouldn’t be eating. But she didn’t know. She was not interested in taking care during pregnancy...The doctor had said that I shouldn’t sit for long, I should keep lying down. But now if I just kept lying down, then who would do the work? And whenever I would lie down, she would scream that all I do is sleep [laughs].

“Sadhana” expected her mother-in-law to provide information on how to take proper care during her pregnancy. However, when her mother-in-law failed to do so, she had to rely on other family members to get this information. Consequently, she turned to her mother to make all decisions; however, she herself couldn’t make any decisions because she didn’t have the necessary awareness. Similarly, “Raveena” relied on her mother to make decisions during her pregnancy because “she had four children, so she knew more”. But she admitted that she herself was not a source of knowledge because she didn’t have any married friends who could provide her with such information. These narratives showcase dependency on the mother-in-laws and their own mothers to make decisions regarding antenatal care not as a way to adhere to social expectations, but rather due to pragmatic concerns of who could have more informed knowledge. A dependence on elder young women and married friends would be an obvious choice, given their own experiences with pregnancy and childbirth. This further highlights the limited resources made available to a young woman in matters of health. But it requires us to question,

even if she did have the adequate awareness, would she be able to implement that knowledge for proper care?

Interestingly, widespread lack of proper care during pregnancy in the '*sasural*' resulted in an established custom in the community that young married women would spend the first seven months of their first pregnancy with the in-laws, and spend the last two months at their natal families. While going to their '*pier*' did improve the likelihood that young women will receive care, it also meant that the financial expenses for the first delivery were distributed between the in-laws and the natal families, depending on the amount of time spent with each family. Like "Revathi", many of the participants reported that it was customary that the expenses for their first delivery as well as postnatal care were paid for by their natal family, whereas the subsequent pregnancies could be paid for by the husband and/or the in-laws. However, as noted earlier, due to lack of antenatal care and financial support from the in-laws, young married women could be forced to seek financial support from their natal families. Here, while on the one hand, societal strategies were put in place to address a well-founded health problem, it also consolidated the perception of young women as "burden" on natal families. Financial expenses for natal families did not end with the payment of dowry. Rather, they continued even after marriage, through paying for care during pregnancy. For some, on-going dependence on natal families continued even beyond pregnancies, as they sought their natal family's financial support in seeking care and treatment for their children. For example, "Pooja" recalled:

I would have to call my parents and tell them that I am ill. Then my parents would come and take me for treatment...They didn't pay even for my son's medicines. Once, his medicines came for Rs 200. For that also they all fought with me. From that day, I stopped my son's medicines. I don't buy his medicines anymore. I just get him better on food. But I care for my son so I have to call my mother and tell her everything that happens, that these people don't get me any medicines. And then my parents would come and get my son treated.

When asked how she felt about relying on her parents for support, she replied: “I feel that it would be better if my parents had not married me off. They could have kept me and looked after me.” Thus, lack of financial resources to support themselves further consolidated their dependence not just on their in-laws, but also on their natal families.

Public/ Private care: Structural Impositions

Social and financial limitations in seeking quality care were further compounded by structural barriers in the health system. “Payal” identified that the primary factor in seeking care was the availability of money: “We don’t have money. If we go, then the doctor will ask for Rs 200 – 300. So where will I get that money from? We do hard work, just cook and eat, that’s all I have.” “Sonam” further mentioned that even if you are able to access the doctor, “if they give you one pill that is Rs 10 or 20, even if he gives you 5 pills for Rs 50, sometimes you cannot get that, you cannot do the entire course, so your treatment is incomplete.” Chronic poverty for families then often became a determining factor in accessing public or private health services. In Sanklitnagar, utilizing medical services at private health clinics was more expensive than going to the government hospital (Vadilal Sarabhai General Hospital, hereby referred to as VS).

And yet, despite the heavy financial constraints, and the structural set up of public health care as being cheaper than private health, there was a heavy reliance on accessing private health services. Of the 19 young married women who currently had children, half (10) reported accessing private health services for both antenatal care and delivery whereas the other half(9) reported accessing private health services for antenatal care and public health care during deliveries. There were no reported instances of sole reliance on public health care for only antenatal care, nor for combined antenatal care and delivery. A primary factor that can explain this reliance on private health services is the quality of care offered by the two options.

Although private clinics were more expensive, they were associated with receiving timely treatment. “Shruti” mentioned that “with private, it’s not as crowded so you can get treatment quickly.” In addition, private clinics provided more privacy. She further explained that, “In private, here they put down curtains for each person.” “Rani” identified that the main “difference is that they pay more attention in private. There is no hassle or problem there. During delivery they pay full attention.” Those who preferred private care associated it with “better care”. In addition, two of the main private clinics frequently cited by the young women were on the outskirts of Sanklitnagar, being more accessible than VS, which was at least five kilometres away.

However, another pattern emerged of private clinics sending patients to the public hospital towards the end of their pregnancy in case of arising complications. “Antara” and her family were told to go to VS post-delivery because they didn’t have an incubator for babies: “The people at the private clinic had given up. They had handled the case till the seventh month but at the end, they couldn’t handle it so they said I should go to VS, now it’s not under their control.” Thus, “Zarine” felt that “in private if our health gets very bad, then they tell us to go to VS. Then it is better to go to VS from the beginning only.” Thus, several young women sought to start their files at both VS and their choice of private clinic at the beginning of their pregnancy, increasing costs for care. For those that wanted to access the services at VS, multiple visits added to the financial burden of seeking care. “Nutan” explained:

If we go to VS, then they make us go there again and again. Rs 10 for check-up and Rs 20 for going and coming back. So if you go there it’s about Rs 50...it is better that you just go to private once rather than to the government ten times... they ask you to buy needles, you have to

bring this injection, that injection, this bottle, they make you run around a lot. They keep telling you to bring this and that, so you end up sending a lot of money here.

In addition, she further pointed out that care at VS demanded at least 2-3 people to be with the woman – one to be by her side, and another to get medicines as necessary. Furthermore, “Shruti” mentioned that “there we have to wait a bit as the line is longer. Because many people go to government hospitals, it takes us longer. Or on some days, when it is closed, then you can’t go. It’s closed on Sundays. And on Mondays there is a crowd there, but the pills are cheaper.”

However, “Zarine” expressed that, “yes fees are less but the doctors for check-ups are male. Sonography and internal check-ups are also done by male doctors. So in these matters, some young women are shy so they don’t prefer VS.” Finally, lack of privacy was a main cause of concern for young women: “They do three operations at the same time, all in the same room. During caesarean, they do three operations all in the same room. During my time too, we were two girls” (“Nutan”). When “Shruti” went to VS to get her pregnancy case filed there in case there were any last minute complications at the private clinic:

I couldn’t get it done because in private, there they put down curtains for each person. But here, there is a cabin, and there are no curtains or doors; everyone is together. And it’s all open. Anyone can look inside while coming and going, there are windows everywhere and they don’t close them. They don’t think that whatever treatment they are doing, no one else should see it. There, only those people who can break through their ‘*sharam*’, can go for treatment. When I went there, I cried and left immediately. I didn’t get the check-up.

However, “Riya” challenged this opinion by saying, “You have to break through your ‘*sharam*’ if you want to save your life or your child’s life.” “Shruti” was forced to pick between her modesty and increased financial burden – she could afford to choose her modesty. However,

“Riya”, who came from a poorer background, did not have the power to choose. She could only afford going to VS, even if it meant breaking through her own limits of modesty.

Thus, given the limitations imposed by the structure of the health system, the option to “choose” became a mirage – where those that select private care could be forced to go to public due to unregulated and inadequate facilities, and those that could only afford to go to public were forced to seek private care due to privacy concerns, and lack of timely and appropriate care. More importantly, there was very little that the young women could do to subvert these structural barriers and control how they shaped their pregnancy experiences. Instead, the structure of the health systems further highlighted why young women’s bodies and pregnancies were considered to be a financial burden.

Postnatal Care: gendered care

Narratives of postnatal care offered to the young women after deliveries further make explicit the process of undervaluing the girl child at the beginning of her life cycle. “Farida” revealed that her in-laws wanted her to have a daughter, whereas they wished for their own daughter to have a son. She said,

They were not at all happy when he was born. They wanted a son for their daughter, and they wanted me to have a girl. So I thought why is it like that? Why keep that difference between a daughter and a daughter-in-law? Even if I had a girl, she wouldn’t have been “heavy” for me. I would have still raised her like a boy, but why did they think about me like? He is their blood. First theirs, then mine. But still why did they think like that about me, that I should have a girl? But I asked for many ‘*duas*’ from Allah. I read a lot of ‘*namaaz*’ that I only wanted a boy. And then I had a boy, he is like the moon. Everyone’s eyes were on him, they were all surprised. Bad happens with people who think bad.

For “Farida”, her in-laws wishing her to have a daughter was an act of ill-will, especially, when there was an expressed desire for their daughter to have a son. “Geeta” explained:

Just for the sake of having a son, people keep insisting that a son is a must...They say that a '*vansh*' is taken forward only by the son, not the daughters. Daughters become '*parai*'²⁹. Daughters leave their natal homes, and the home becomes empty, but the '*vansh*' is carried forward only by the son.

"Farida" internalized this ideology as birthing a son was associated with privileges that her in-laws were unwilling to grant her. However, giving birth to a son did not undermine the fact that she was disciplined into proving her fertility within the first year of marriage. Rather, patriarchal privileges associated with a son made her perpetuate the normative practices of undervaluing the girl child.

"Rakhi" articulated another incident that further reinforced the unwanted status of a girl child. Her cousin sister was pregnant at 18 and was hospitalized 17 times during her pregnancy. Yet, her in-laws had insisted that she go through with the pregnancy, despite the health risks.

So because this is her first pregnancy, she must deliver, whether the couple wants the child or not. And then she had a daughter so everyone got upset about that. They completely ignored how weak she had become, and instead they focused on that she gave birth to a girl. They don't even take care of her. It's so hot outside and they don't even consider making the child wear socks and gloves. If she lives, she lives and if she dies, she dies.

In-laws' care for the first born was a fatally gendered response. The much wanted and sought after first born was only revered if it happened to be a boy. "Sadhana" mentioned that when her mother-in-law found out that she had delivered a son, she became very happy and talked nicely with her. She even looked after the grandson properly. However, she did not think that her mother-in-law would have cared for her baby or looked after her had it been a daughter. "Antara's" mother-in-law had told her to leave their home after she suffered a miscarriage in her first pregnancy. However, when she subsequently gave birth to a son, "then they told me to come back and live with them [laughs]".

²⁹'*Parai*' literally translates into for Others. In this context, after marriage, girls are considered to become "*paraya dhan*", "Other's wealth".

The sexist and conditional nature of some in-laws providing childcare support to young mothers continued into early childhood. “Geeta” recalled:

When my son was small, and he started going to school, I used to go drop him off. During that time when my daughter would be home and crying, they wouldn’t even push her crib or clean her if she did toilet... [but], they took his care. He is a boy, that’s why. Even now they take his care. You cannot say anything to him. Even now when we had the police case, it happened because I hit him. They said that I shouldn’t hit him. So what if he is a boy? Shouldn’t I hit him if he is misbehaving? But still I cannot say anything to him...It’s good that I had a boy first, otherwise they wouldn’t let me live there.

“Geeta’s” ability to discipline her children was overpowered by the disciplinary power of her in-laws. They tried to regulate the nature of her parental behaviour so it would be more reflective of the hegemonic desire for the valuable son, while simultaneously rendering “Geeta’s” daughter as invisible and invaluable. The invisibility of the girl child was further evident in the sex ratio of the children born to the young women interviewed. Among the 19 young married women who currently had children, 14 had at least one son or more, 4 had at least one son and a daughter, whereas only 1 woman had only a daughter, for a total of 21 sons and 5 daughters (See Figure 6 in Appendix). While there was no conclusive or evident factors that could directly account for this invisibility of the girl child, the narratives nevertheless did establish a preferential care for son.

Abortion and Sterilization: “Body-for-Self”?

Surprisingly, several young women interviewed volunteered information on their experiences with abortion. While these narratives revealed young women’s unrealized reproductive desires, there was a silence on sex-selective abortions – it simply was never mentioned. The ability to get an abortion was largely determined by religious beliefs. When “Simi” discovered that she was pregnant within the first month of marriage, she expressed that she did not want the child:

I didn't want this child, but my in-laws said that this is the first pregnancy and they want this child, so here he is...She [mother-in-law] said you shouldn't abort the first child...Then I also didn't said anything. They said that Allah will get angry with me if I abort the first child. They told me then that Allah wouldn't give me any children...everyone said let it be as it is. Even everyone at my natal family said that I should go through with it.

Aborting the first child was especially considered taboo. While “Simi’s” desire for an abortion was overturned due to religious convictions of the family members, religious beliefs of the health service providers also shaped young women’s experiences with abortions. For example, when “Nutan” found out she was pregnant within months of her marriage, she confided:

Honestly, I didn't want to have a child then. Because I had just had an appendices operation before. It had just been a month since the operation and I got pregnant. So I didn't want a child then, but then I went to the doctor, and the doctor explained to me that if I reject the first child, then Allah will be upset. And sometimes it is possible that I may not have a child again, so it is better that I have the baby. So then I had the baby.

While some young women reported going through unwanted pregnancies to appease their in-laws (“Simi”), others were convinced by their doctors (“Nutan”), and some were forced by their own parents (“Kajol”), young women were not able to exercise their reproductive choices in the first pregnancy.

However, abortion became a realistic option for young women during subsequent pregnancies – the primary reason cited for abortions here being spacing (“Simi”, “Shabana”, “Asha”, “Geeta”, “Revathi”). For example, after her first child, “Simi” underwent two abortions. When asked whether Allah would get angry with her for getting two subsequent pregnancies aborted, she replied:

I have my first child, so what if even Allah gets angry with me...My first child is a son, so there is no rush. But had the first child been a daughter, then still I would have considered it. Then they would have insisted that no they want at least one son, so even

if there are three-four daughters before we get a son, I would have to do it. But because the first child itself is a son, now they say it's your own choice, whatever you want to do.

While there was no explicit mention of aborting a girl child, the preference for and the birth of a son did make it acceptable for her to even consider abortion as a choice. The birth of a son enabled her to assert her own subsequent reproductive desires, creating a "Body-for-Self".

Sterilization

Much like abortion, sterilization was also not a popular option. The cited responses primarily attributed this to religious reasons. "Aishwarya" declared that she will not undergo sterilization because her husband "says no, I shouldn't get it done. And in our religion, getting operation done is not considered good. That's why I don't want to get it done." However, "Geeta" refused to accept such ideologies and fought her family with the help of her husband to get the operation:

Muslims usually don't get such operations, especially when they just have two children. But I got it done by being stubborn...My neighbours, they are '*jamaati*'³⁰, they have so many children. They have adult children, and still they continue to have more children because they believe that if they get an operation done, their '*namaaz*' will not be accepted, and they won't be able to do '*Hajj*'³¹. So that lady went to her mother's place, and without telling anyone at home, she got her operation done. She told that what can she do, she has a young married daughter, and she herself is still having kids, so it doesn't look good. When her husband finds out, then she will tell him.

While this woman had to engage in subversive behaviour due to a lack of support from her husband, for "Sridevi", although her husband supported the idea of her getting the operation, he insisted that he would want a son first. After her first child (a daughter), she "said to him now no more children after this daughter. So he said one more child. If again we had a girl, then we would try for a boy." Only if the next child was a son, would she be able to go for the operation.

³⁰ A sub-caste that is considered to be the most conservative and traditional in the community.

³¹ "*Hajj*" refers to the Muslim pilgrimage to Mecca, a requirement for every Muslim.

Thus, not only were the husband's reproductive desires privileged, "Sridevi's" ability to assert her own desires – create a "Body-for-Self", was also dependent on the birth of the son.

Similarly, in "Kajol's" case, because she already had a son, her husband was more open to the idea of her getting sterilized. The following narrative makes explicit how "Kajol" herself perpetuated and enabled sex selective reproductive desires:

My husband always wanted a son. He did not want a girl. He thinks after having a girl, parents always have their head bowed down –if a girl does anything wrong, all the blame is given to the parents, that they didn't give good manners to their daughter. That's why he did not want a girl and a son came so I was very much happy...Initially I was thinking differently from him. But I had seen some of the cases in this world that parents keep their daughters very well but sometimes girls show them their real "*aukat*"³². Girls do such things that they shame their parents. They meet boys, talk with them, and get pregnant. In love marriage they would fight and they come back to their family. What would be the reputation of the parents if a girl becomes pregnant and comes back home? By seeing this we don't want to have a daughter. Whatever manners we give to her and if she back stabbed us in this way, then? So we don't want a girl child...A boy can also do this [smiles] but it cannot be seen... if the parents are strict then they also punish their son and they don't keep him in their house...Anyway parents need a girl only when they have lots of work in their home, thinking that if they have a girl, they will have some support. Few people think that our girl would study and we would be proud of her. There are very few who think that way. That's why he wants a boy.

"Kajol's" narrative provides insights on how she negotiates through the systems of domination while perpetuating and maintaining them. Young women's sexual and romantic behaviour are strictly disciplined so that they reflect adherence to hegemonic ideologies of what is appropriate behaviour for a woman. Deviation from that behaviour causes not only the woman to be (sometimes fatally) reprimanded, but because her sexual purity is directly tied with her family's honour, families are also socially ostracized – creating greater incentives for the family to exercise control and discipline a woman's body into a sexualized "Body-for-Other" that fulfills reproductive demands of a male heir. This further reinforces the patriarchal structure and

³² "*Aukat*" refers to the boundaries and markers of a person's social status. "*Aukat mein raho*" is literally translated into "stay in your *aukat*"/"stay in your limits".

keeps it in place. While there were several young women interviewed who would strongly oppose “Kajol’s” perception on the value of a daughter, some challenged and resisted norms by subverting interpersonal behaviour in sometimes obvious and sometimes subtle ways. While these individual acts of subversion and resistance may have transformational effects for their power within themselves, their power to challenge as well as perpetuate multiple forms of oppressions leave intact the core structures of patriarchal domination. While thus far, I identified the processes that keep the young women bounded in structures of patriarchy, the next section focuses on their reflection on strategic changes that would increase their agency and access to and utilization of resources, for higher capabilities (Sen *in* Kabeer, 1999a).

Expressed needs in Sanklitnagar

I ended each interview by asking the young married women what is necessary for them and their children in order to be happy and healthy in Sanklitnagar. In response, they expressed several desires for positive changes. To begin with, many young married women expressed the need to not only delay marriage beyond the legal age of marriage at 18, but more importantly being part of the decision-making process (“Farida”, “Nutan”, Aishwarya”, “Rani”). For instance, “Rani” said: “I feel like girls should start speaking up to their parents, that no mother you can do whatever you want but I will not get married now. Right now it's not my age to get married now.” In addition to negotiating their age at marriage, “Farida” highlighted the importance of a woman’s power to determine not just when she marries, but also *who* she marries:

First of all, they should know about the husband, that what type of person is he, they should understand him, only then they should marry him. If their thinking doesn't match, then they cannot spend their life together, which is what is happening with me right now...You need to know the person, can you spend an entire life with that person or not? That is very important to know.

Various young women identified a need for more knowledge and information on sexual and reproductive health. “Zarine” insisted that young girls should be made aware of the value of family planning, and having only two children.

Sometimes husbands ask for more children, but she should be able to make him understand...One case happened where a girl was pregnant and all made her understand why she is having the other child when she has daughters. She wanted a boy and after giving birth the child died. She should have understood that she has three daughters so she should provide good education to them. Girls are the same as boys now. So a girl's thinking should be changed first.

Thus, it was identified that a woman should have the power to negotiate for marital decision-making and using family planning. More importantly, she should also have the power to disrupt the social norm of son preference, rather than perpetuate it.

However, it was also recognized that a woman's power to achieve her own desired sexual and reproductive health outcomes required facilitating mechanisms within the community. Thus some young women also expressed need for more support from family and community members to create a more enabling environment. “Nutan” demanded a “supportive environment [where] she doesn't have to have a baby. She can use family planning, her family understands her, her husband understands that right now she doesn't want a child”-an environment where young women “shouldn't have a child too soon” (“Asha”, “Riya”).

One identified way to realize such positive change lays in enabling the power within through education and skills building. “Geeta” articulated:

Educating girls is very important, even if you don't educate your boys that much. Educate girls; teach them every type of work, so they don't face any problems in life. You should educate them as well as teach them skills...You have to tell them about early marriage, so they understand that it is very important that she has some skills for herself. So that she is not dependent on anyone, she can earn herself and be self-dependent.

In addition to education and skills building, “Nutan” stressed the need for awareness sessions on broader topics such as early marriages and gender equality.

What are our rights...there are so many girls who don't know what are their rights...when you kept the awareness sessions, and invited that madam³³, you should invite her again and keep a meeting for young girls so they also come to know what happens after marriage, what they should and shouldn't do before marriage. They should have all the information.

Thus, increased awareness and knowledge on rights as well as social norms was assumed to enable the power within young women, that it would further facilitate their power to make decisions. Interestingly, they also focused on not only receiving the information themselves, but also including younger unmarried girls in the awareness activities, recognizing the importance of having access to this knowledge prior to their entry in marriage. However, rather than just focusing on individual power, young women also stressed the importance of a collective power with other young women through coalitions – *sangathans*.

For example, “Pooja” insisted that MPWCS create “a *sangathan* in my village so that everyone can come and sit together.” Similarly, “Simi” expressed that “there should be a meeting so that we can all come and sit together. That will make us feel fresh. We get bored at home. If you come here, then we will feel good. How we made Parwaaz Sangathan³⁴, make another *sangathan* here.” “Neha” recognized that a *sangathan* could especially help reach the isolated young women within the communities:

A mother-in-law doesn't even let the girl go outside, then how can she even come to this centre? I know someone near here, her mother-in-law doesn't permit her to go outside, and the mother-in-law herself never leaves the house. She sits there like a watchman, so

³³During my field visit to Sanklitnagar, we invited health workers from an HIV focused NGO to conduct two one hour awareness sessions with the women on topics related to early marriage, family planning, and abortion. These sessions were very well received, and were frequently requested.

³⁴ MPWCS has an organizational history in successfully creating a coalition of seven self-help groups with over 270 members.

how can the girl leave the house? There has to be a medium so that we can go to her house and talk with her, ask advice from her too. Something that allows young women to listen and talk with other young women...

In addition to having a peer support group, others like “Riya” stressed the importance of having a mentorship relationship with young unmarried girls in the community so that “whatever happened with us shouldn’t happen with them.” They also expressed the need to destabilize their husbands and in-laws power over their Self, demanding shifts in the power dynamics shaping these relationships. For instance, “Asha” voiced against the mother-in-law’s monitoring of the husband-wife sexual relationship:

First of all parents need to understand that this is a matter of two lives. Tomorrow those two have to live together...Because the boy's mother thinks that, often in the initial phase of the marriage, they have sex every day, so the boy's mother screams at the daughter-in-law. Like if she notices that her son and daughter-in-law have just showered, then she shouldn't say anything.

While “Asha” demanded more privacy and respect from mother-in-laws towards her sexual life, “Aishwarya” expressed an increased desire of support from husbands:

Boys should learn that the girl has come from outside, they should understand her. He is the only person in the ‘*sasural*’ who she accepts with her whole heart from the beginning. So the boy should understand that, and accept her whole heartedly, he should understand her. *He should balance it in such ways so that no one feels bad.* [Author’s emphasis]

It is important to note that while “Aishwarya” expressed greater need for support and understanding from husbands, she recognized that this should be done in a way that does not compromise other relationships. In other words, it is important to acknowledge that men are also simultaneously negotiating through unequal power structures and are often forced to shape their support within those dynamics.

While an overview of these examples might give the illusion that certain types of desired changes speak directly to different levels of power, the following section clearly demonstrates

that these levels are not mutually exclusive. More importantly, their interconnectedness has a determining effect in inherently shaping the quality of each strategy.

The case for increased livelihood

There were repeated requests that young women be provided with skills based training such as patchwork, sewing, embroidery and ‘*mehndi*’ work, both in Sanklitnagar as well as in villages. A key priority was getting livelihood opportunities from home. However, the multiple narratives shaping the desires for increased livelihood demonstrated that rather than an activity being directly correlated with specific aspects of the power spectrum (i.e. livelihood = power to earn money), power is at the core of each strategy, playing out in multiple and at times contradictory ways.

It was recognized that the income earned by young women would be supplemental, the primary bread earner still being the husband. For instance, “Sadhana” mentioned: “Even though he meets all the needs, still we are not able to meet the extra expenses. He can earn Rs. 5000-6000. From that, we have our household expenses, but we cannot have any savings...” Although “Sadhana” had the power to earn income to save for her future, her husband nevertheless had determining power over the household financial condition. The understanding that a woman’s earned income would be supplemental sometimes restricted her ability to work. “Neha’s” husband refused her from working:

My husband says no, he says when he is providing for us, then why do I need to go outside? And it’s not proper for a girl to go outside, so why should we force her to go outside? At her parent’s place, they had financial problems, that’s why she worked. But here we don’t have that problem, so why should she work?

More often, a woman’s decision to work, even within the home was determined by her family. “Nutan” revealed that the decision for her to not work was taken by her in-laws. “I

married as per my wish and my in-laws didn't want me to work. That '*hamare mein*' no one works. So don't educate her either, there is no benefit in that. They told my parents that I could study if I want to but I cannot work. I really wanted to do a job." Thus, although the ability to do a job itself could increase young women's perception of their power to improve their quality of living, it was nevertheless dependent on seeking approval from Others who had power over the young women's first order choices.

When, asked about the option of doing patchwork, sewing and embroidery work, "Farida" replied that although she was skilled, "but then there is no time left to do housework." In addition to social norms about the extent of a woman's contribution to the household income, and Others overpowering the woman's desire to do a job, household workload limitations could inhibit young women from working even at home. In some cases, working to earn even supplemental income was seen as consolidating the double burden of managing the household as well as doing productive work. For instance, "Sadhana" fought with her mother-in-law in order to not work:

She would say that because I worked at my mother's place, so she wanted me to work here as well. Her question would be, then why did you do job at your mother's place? If you could do job there, then what problem do I have doing job here? So then I told her that at my mother's place I did not do all the household work. I did not do any cooking, cleaning. In the morning, I would just get ready and go to the office. But here it is not like that. Here I have to do my own work, take care of family, and clean the house. So where will I get the time to do a job?

"Neha" further highlighted the gendered nature of the double burden: "Even if she does office work, even if she earns, she still has to do household work. Even if the husband earns less, Rs. 6000-7000, still he does not have to work. But even if a woman earns Rs. 20,000, she still has to

come home and cook *rotis*³⁵.” Thus, the ability to earn money by itself is not necessarily empowering. In some cases, it adds to the young woman’s double burden, and is not necessarily welcomed in her life. Rather than her ability to work, it is more informative to understand whether she is able to choose if she wants to work or not.

However, even if a woman is able to work with her consent, what impact does this have on improving her health outcomes? Although the direct link between increased income and improved health outcomes was not specified, narratives from the young women suggested that it could improve over-all standards of living. “Nutan” suggested that she would spend the income on her son:

We can buy clothes for the child, whatever his necessities are, I can get him that. That’s what I mostly do. And my Mr. never asks for how much money I have. He says you earn for yourself. He does not ask me to earn and save up the money. Whatever I want to buy, I can buy from my money, and I don’t have to give it to him. That’s what he says.

“Riya” associated earned income with increased sense of agency, i.e., increased power within:

If you can earn two paise for yourself, then you don’t have to spread your hands in front of anyone. You don’t have to starve for anything. If we have our own money, then we don’t have to spread our hands even in front of our husband, that I want this or that. We can get it for ourselves.

Furthermore, increased self-reliance could be facilitated by ownership of financial resources. For example, “Shruti” reinforced that “the money stays with us. So until there is no need, you can keep on saving, and when you need it, you can spend that. No one will ask for that money. That is your hard work, so you keep that money.” Although “Nutan” and “Shruti” could control access and utilization of their monetary resources, this was a point of debate among young women.

³⁵‘Roti’ refers to a form of bread, part of the staple diet in many Indian cuisines.

“Simi” confided that when she used to live with her in-laws, “I didn’t show them how much money I have. I directly deposited all my money in the bank. And I haven’t told them that I have money. If we have money, then they would take it from me. They don’t allow me to keep money with me...Even if we have money, still we have to follow our mother-in-law.” In other words, for “Simi”, access to and control over financial resources did not unproblematically transfer in increased power within as she still continued to be overpowered by her in-laws. This problem was especially compounded for those young women who were currently living in villages. When “Isha” was married into a village, she would take patchwork materials from MPWCS to her village to work from home, “but I had to return it. Because my mother-in-law and the rest said no, that I shouldn’t bring this work there...It’s a tradition. Not just in our house, but in everyone’s home. That you just have to do housework, not anything else.”

Thus, expectations of young married women’s ability to contribute to the household income, the gendered double burden of household and other productive responsibilities, combined with questions on ownership of money revealed the various ways in which increased livelihood becomes a site for power struggle. Overall, this example demonstrates that livelihood is not necessarily solely focused on young women’s power to earn income. Instead, it is also a space where intersecting power levels determine lived realities and influence capacities to bring positive change.

In this chapter, I have demonstrated that young married women in Sanklitnagar have constrained ability to negotiate through the multiple intersecting levels of power within the context of their sexual and reproductive health. While some are able to resist hegemonic ideologies and subvert disciplinary domination at an interpersonal behavioural level to create a “Body-for-Self”, young women and men are deeply situated in the larger structure of patriarchy,

which itself remains unmoved. A key force in maintaining the status quo is the young women's participation in reproducing the existing unequal power hierarchies by embodying a "Body-for-Others". Although their own behaviour reflects adherence to expectations from their social status, young women nevertheless articulated a desire for a positive change that could increase their agency and access to resources for greater capabilities. On the surface, each of the expressed needs suggested interventions that focus on enhancing their power at specific levels. However, a closer look at the need for increased livelihood demonstrated that rather than specific interventions enhancing only singular levels of power, each desire for positive change was instead a site for power struggle, where men and young women negotiate through the structures of patriarchy to live the life they want, of achieving valued ways of "being and doing".

Chapter 5: Conclusion

In this thesis, I have demonstrated that using resistance as a diagnostic of power reveals the complex ways in which multiple forms of oppressions intersect. While young married women in Sanklitnagar were particularly suited to challenge inequitable power dynamics through subverting interpersonal behaviour, core structures of dominations remained unmoved. More importantly, they revealed the intricate ways in which the young women, as well as men were caught in various structures of domination, limiting their capacities and aligning their responses to hegemonic norms of sexual and reproductive lives. By situating the young married women's narratives in a power analysis, I complicated the question of the Other brown woman as powerless victim and/or authentic heroine in attempts to disrupt the unidimensional characterization of this group in development agendas. I demonstrated that power is not a conditional quality. Instead, power is at the core of all interactions, determining and shaping the lived realities of women and men negotiating their way through systems of domination. A focus on resistance and subversion emerged not from a desire to look for the powerful Other heroine to dispel the myth of the Other victim. Rather, it revealed the extent of young women's ability to manoeuvre and negotiate through unequal power dynamics within a patriarchal society.

Their narratives of realizing their desired sexual and reproductive lives demonstrated how the Other women can simultaneously occupy spaces of power and powerlessness. Undertaking an intersectional analysis not only demonstrated the multiple oppressions that define third world women's lives, but it further highlighted the multiple identities taken on by individual bodies as oppressors and the oppressed.

In this thesis, their bodies became a site for power struggle as young married women adhered to hegemonic and disciplinary dominations by embodying a “Body-for-Others” that conformed to social expectations, in order to maintain the patriarchal status quo. Simultaneously, they struggled to create a “Body-for-Self” that would better reflect their own needs and desires – this was often done by indirect acts of subversion through interpersonal behaviour. However, the invisibility of these acts and in some cases, the explicit efforts to put up appearances of conformity reproduced and perpetuated the unequal power dynamics, keeping the structural domination of patriarchal values in place. Better understanding women’s role as oppressors and oppressed further disrupted the application of the “autonomy” paradigm in a South Asian context as it dismantled the illusion of the Other woman as a victim striving for autonomous action. Instead, it became clear that across women could perpetuate and reproduce the inequitable structural bonds that maintain co-dependence on other family members, and even penalize other women for creating a Body-for-Self.

In light of my research question examining young married women’s decision-making within their sexual and reproductive lives in Sanklitnagar, it was demonstrated that capacities to make and assert decisions were largely determined by a need to conform to the socialized expectations from their bodies. For instance, in my sample, marital decisions were largely made by parents and young women were groomed by their natal family into subservience for life in ‘*sasural*’. Once in ‘*sasural*’, women in-laws and husbands controlled the young married women’s sexual behaviour, erasing their sexual desires and instead, creating a sexualized “Body-for-Other”. Due to the lack of knowledge on family planning and inability to negotiate for birth control, women were by and large not able to challenge the social norm of early pregnancy within the first year of marriage.

Accessing health services for ANC and delivery were determined by multiple factors. The financial status of the family and the availability of money played a key role in determining access to the type of health services. Lack of financial support from in-laws would sometimes force women to turn to their natal families, consolidating the perception of women as “burden” even beyond marriage. In addition, lack of money often led to an increased reliance on home remedies. Lack of awareness on proper antenatal care and increased work burden during pregnancy sometimes resulted in miscarriages. The decision to access government hospitals and/or private clinics was largely shaped by structural barriers of quality of care. Although private clinics were expensive, they were nevertheless correlated with better care with more privacy. In contrast, while government hospital provided cheaper treatment, women associated it with lack of privacy, long waiting times and repeated visits. Thus, two main care seeking patterns emerged during pregnancy: utilizing private clinics for both ANC and delivery and utilizing private clinics for ANC and having delivery at government hospital. Both the patterns nonetheless revealed a heavy reliance on private health care services despite chronic poverty. Participants reported exercising the option to get an abortion and getting sterilized only in subsequent pregnancies, that too after the birth of at least one son. The gendered nature of post-natal care revealed the presence of son preference, at the expense of the well-being of daughters.

And yet, when asked what is necessary for young married women like them in Sanklitnagar to remain happy and healthy, they vocalized their desire for positive change – change that could make space for equitable health systems within their community, as well as increase their own capabilities. Firstly, they stressed the importance of increased participation in decision-making about marriage, and delaying the age of marriage beyond the legal age of 18. They recognized that girls need to be equipped with more emotional maturity at the time of

marriage, and thus should be at least 20. They further insisted on having more information on sexual and reproductive health, and family planning prior to entry in marriage or immediately after marriage. This suggested that accessing and understanding this knowledge at that point as opposed to during or after the first pregnancy would facilitate in delaying the first pregnancy. Furthermore, while young married women expressed the importance of higher education for girls, they simultaneously emphasized that girls must also have skills (patchwork, sewing, '*mehndi*', embroidery) from which they could earn.

Several demanded increased awareness sessions for young women on gender equality (legal and religious rights). However, the young married women also understood the importance of involving mother-in-laws and husbands in order to bring about sustained positive changes in the community, given their role as primary decision-makers in the household. Thus, they suggested that awareness sessions be held for these family members on impact of early marriage and early pregnancy, as strategies to gain more support from in-laws and husbands. The young married women also suggested that a '*sangathan*' be created for youth that could enable them to realize their collective power. In addition, they expressed a need for increased livelihood opportunities from home.

I suggest that these types of desired changes point towards the need for a holistic programmatic intervention on the sexual and reproductive health of young people in Sanklitnagar, rooted in power analysis as opposed to providing quick fixes with singular categorical focus. That is, an intervention focusing on enhancing contraceptive use among adolescents, or addressing their social vulnerabilities through life-skills program is insufficient in this context. Here, the young married women's expressed needs touched upon issues such as higher education, increased participation in marital decision-making, skills-building, awareness

on rights and sexual and reproductive health , coalition building as well as desiring increased livelihood opportunities, as opposed to a singular focus on delaying first pregnancy through contraceptive use. Such a holistic approach then calls for a rejection of women's empowerment models based on a resource model of power (Kabeer 1999a) where pre-determined indicators are assumed to accurately capture what empowerment looks like for Other women.

It further highlights a need for holistic strategies for interventions that can aim to meet these multiple requirements. Mutually constitutive, realizing these needs in a consolidated manner can help improve the sexual and reproductive health outcomes of young married women in Sanklitnagar. Such an intervention in Sanklitnagar can make space to better understand how these seemingly disconnected needs shape and determine sexual and reproductive health outcomes of young married women. Furthermore, an intervention based in a power analysis will take into account and confront unequal power dynamics within and among community members shape how these needs are realized. Thus, a holistic intervention in Sanklitnagar that addresses these multiple aspects of young married women's lives also becomes a site for power struggle.

Telling their Story

As a feminist researcher, throughout this research I continually struggled with an ethical unease about speaking for, or (re)presenting the Other woman. I worried about not falling in the trap of making their story my own. I was cautious about the ethical hazard of imposing my own research agenda on their voices by hearing what I naively wanted to hear – narratives of clever Other women subverting and undermining the patriarchal structure in order to disrupt the status quo and dismantling the notion of the oppressed brown Other woman as victim. What I heard instead were stories of oppression, women reproducing patriarchal inequities, as well as the stark limitations of the young women I talked with in challenging the status quo. While their desires

and hopes for the future provided respite in imagining an equitable community for other girls, the reality of many of the young women in this project centered on a deeply rooted structure of patriarchy that continued to posit young women in subservient positions. While they may navigate through these structures through hidden and invisible acts of subversion, and hope for a better future residing with the next generation, their own lives were nevertheless dictated and shaped by restrictions. Coming face to face with this difficult reality further accentuated my unease with representing the Other women. Is this body of work adding to the literature of the victimized Other woman? Or does it highlight the need for a holistic and truthful analysis of power relationships that shape people's lives in determining ways?

Given what I heard, it became critical for me that I validate my findings from the women. Thus, in November 2011, I once again visited Sanklitnagar to share the analysis process (or results?) with the young women. My aim in doing this was to check for “face validity” (Lather, 1991 in Ristock & Pennell, 1996) and also to bring the discussion back to the community – how do they want to utilize this information for a way forward? Farzanaben and I decided to take the young women to a picnic to a neighbouring city an hour outside of Ahmedabad. This not only provided an opportunity for them to go on a recreational trip, but it also created a safe space to discuss some difficult findings. While initially more than twenty women expressed interest in coming to this trip, on the morning of, more than half did not come. While we were provided with numerous excuses, Farzanaben suggested it was highly likely that their family members may have refused at the very last moment, despite having agreed earlier.

Nevertheless, I was able to share the findings with a group of 14 out of the 25 young women previously interviewed. As the discussion ensued, the young women largely expressed agreement with what they heard. One even went as far as to say, “This sounds like my own

story.” When I asked whether anything they heard surprised them, they were curious about the sex ratio of the children among the women interviewed. While some immediately defended that they did not get any “operation” done, others suggested that a community wide survey be done to assess the sex ratio of the children being born. They reinforced the need to make a ‘*sangathan*’³⁶ among women. However, they recognized that a key obstacle will be in reaching the isolated women whose mobility is controlled by their mother-in-law and/or husband. Interestingly, the two elder women accompanying us on this trip, who were also mother-in-laws to other women, remained largely silent.

It is precisely to gauge further into other community member’s response to these findings, Farzanaben proposed we arrange a lunch at the MPWCS hall, inviting others for a discussion. On the day of the community meeting, a mixed group of ten young women as well as elder mother-in-laws to other women joined us for a discussion. All these women had one thing in common – their affiliation with MPWCS over numerous years. Although there was agreement once again on the restrictions imposed on young women’s lives, there were two key points of debate. Firstly, the elder women insisted that today’s girls are very clever, and they know everything ahead of time – they don’t need to be told anything about sex or family planning. However, the young women argued that at the time of their marriage, they were indeed reliant on other women to inform them about what to expect on the wedding night. Secondly, the elder women tended to blame young women for problems during pregnancy. One elder woman said that during pregnancy, a girl does not seek advice from her elders and tends to eat unhealthy food that can have fatal effects on the baby’s health, as opposed to numerous narratives from the young women that presented their lack of access to information.

³⁶ ‘Sangathan’ means a coalition.

These two brief examples not only highlight the contradictory narratives shaping women's experiences, they further reveal gaps that must be addressed from different points of views. While this study had a limited scope focusing only on young married women, I nevertheless acknowledge the importance of including multiple voices in any future project. Having the two groups of women discuss these issues presented a unique opportunity to construct a meaningful and relevant dialogue around these pertinent issues. And yet, I was fully aware that the only reason these women were able to engage in a discussion was their sensitization to these issues over numerous years through MPWCS. When we invited other young women to come for a meeting with their mother-in-laws, some refused. They did not want to discuss or even hear about this in front of their mother-in-law, signalling the importance of starting out with separate meetings for different members of the community.

Given the feedback we received from the women, the next step was to take this information to the local NGOs working within Juhapura. Thus, we invited four organizations³⁷ at the MPWCS office to share our findings. The aim for this dissemination session was to explore possible opportunities for collaboration with other NGOs working in the community. This meeting resulted in a dynamic discussion regarding the social welfare and well-being of the young married women in Sanklitnagar. The groups could relate with the findings and expressed their agreement with the present situation of young women in this area. More importantly, they conveyed their support for participating in future interventions addressing this issue in

³⁷i) Jamaat-e-Islame-Hind: an Islamic organization in Juhapura providing community services.

ii) Sankalp: An NGO in Juhapura that creates youth groups, with a focus on microfinance loans.

iii) Ahmedabad Muslim Women Association: An NGO in Juhapura working towards enhancing the lives of marginalized Muslim women.

iv) Sarjan: a youth group located in Sanklitnagar working with adolescents in arts and crafts.

Sanklitnagar. Finally, as discussed below, they also shared insights on what strategies for future programming may or may not be successful in this specific context.

Recommendations

Where does the process of research and feedback lead us? MPWCS has an organizational history of creating youth groups as well as mobilizing self-sufficient '*sangathans*'. I recommend that MPWCS once again create a Muskaan³⁸ Youth Group. This group can consist of two subgroups of unmarried girls and married girls. This structure would facilitate the formation of a mentorship component within the program, where older married women can provide guidance and mentorship to younger unmarried girls. In addition, in the meeting with other NGOs, representatives from Sarjan group stressed the importance of including unmarried boys in this group as well. Given that MPWCS primarily has a history of working with women, the Sankalp NGO offered to provide their expertise in mobilizing mixed-sex youth groups, suggesting a component on peer-to-peer support groups between boys and girls.

The primary focus of the Muskaan Youth Group would be on skills building and training for unmarried girls and young married women for livelihood opportunities through '*mehndi*' classes, embroidery, sewing, patchwork and beauty parlour courses. This focus would have a key advantage in providing a safe(r) guise for the women and girls to get together as opposed to holding explicit meetings on sexual and reproductive health issues. In addition to addressing the young women's needs for increased livelihood, it would also enable women to get together on a regular basis in a safe communal space, creating opportunities for conducting the much desired awareness meetings on sexual and reproductive health issues, legal and religious rights for

³⁸'Muskaan' is the brand name for all MPWCS produced products.

women and negotiation skills. The Jamaat-e-Islame-Hind organization offered their assistance in providing awareness meetings on religious rights granted to young women in Islam. Finally, the Muskaan Youth Group could further plant the seeds for a '*sangathan*', enabling young women to create a dynamic collective.

It is equally important to have strategies to include other family members, especially the mother-in-law and the husband. Other projects focusing on youth sexual and reproductive health³⁹ could include infotainment and home visits by community health workers (CHW) for the mother-in-laws to discuss the advantages of allowing delayed marriage and childbirth. Currently in Ahmedabad, there are "Link workers" (state funded government health workers) who work in primary health centres providing information and resources during pregnancy and postnatal care. Unfortunately, due to lack of government monitoring mechanisms, and unregulated visits, "link workers" do not provide services in Sanklitnagar, despite the fact that a few themselves reside in the community. It would be helpful to explore strategic collaborations with the primary health centre workers and the "link workers".

One possible limitation in this approach would be that while the workers can communicate with young pregnant women their own age, it is unclear to what extent they would be able to communicate with older mother-in-laws. Would they be taken seriously? One suggestion from the elder mother-in-laws was that MPWCS make use of the elder women associated with the organization in reaching others their age. Doing so could not only provide opportunities for elder women to engage in discussions with each other, but those associated with MPWCS would also provide an example for their peers.

³⁹Reproductive Health of Young Adults in India: The Road to Public Health, Pathfinder International (1999-2006). The project focused on 12-19 year old married and unmarried youth in poor rural and urban areas across four states.

It would be further crucial that any holistic programmatic intervention be inclusive of the men in the community, addressing their own limitations and capacities in improving health outcomes. The scope of this research project's was limited to young married women, and my own lack of access to unmarried boys and men in general in Sanklitnagar make it unclear how an intervention focused on reaching men would be received. However, one suggested strategy to gauge their response is through inviting husbands and wives in joint meetings. Specifically, given that some women with extensive history with MPWCS have already sensitized their husbands to the work done by the NGO, accessing those men in the beginning can possibly provide strategies on how to include more men in the discussion as allies.

Finally, it is important to be cautious of assuming that singular interventions based on improving livelihood, educational opportunities and access to information will unproblematically and necessarily transfer into increased levels of empowered women. Given the established problematic of measuring Other women's empowerment levels associated with singular interventions, it would be imperative to design an intervention creatively, to allow for measuring positive change in meaningful ways at a community level. Thus, for any future intervention, it would be important to have an evaluation component in the project that facilitates capturing the success of the project. As Jejeebhoy (2006) argues, it is critical to look beyond pre-and post-test awareness levels, and instead focus on long term and sustainable changes in behaviour, attitudes and access to appropriate care that can only be captured after a sufficiently long period beyond the post-intervention phase.

As I leave...

After spending three and half months with the people of Sanklitnagar, my body and I moved through spaces of Self and Other. Staying in a posh, Hindu neighbourhood of the city,

talking about my experiences with this project often placed me in the midst of discussions with mostly well off Hindus about why “they [Muslims] are the source of their own problem.” I negotiated through debates on the violent history of Muslims in Gujarat and why they finally “learnt their lesson” under a right wing Hindu government. While I wanted to speak for them, on behalf of them, I found it disabling to be defending “the Other”. My experiences were written off as an “interesting exercise”, while others blatantly pointed out that what do I know, I am just a naive outsider that these people are taking advantage of. Some even suggested that I work with other more deserving Hindu organizations. While I was allotted the status of a quasi-Other (an outsider insider – non-resident Indian), in Sanklitnagar initially I was clearly established as an outsider, their Other. And yet, as the time came for me to leave, many women would laughingly joke that I should continue to reside with them, while others offered to get me married here. Several women inquired when am I coming back and why am I leaving so soon? The lines between my Self and their Others started to blur, even if just for a moment in a smile. All the while, underneath the smiles, we continued to remain aware of my privileges that constantly reinforced my Otherness. And nothing could bridge, let alone erase that gap between us.

The young women in my interviews often spoke of their limitations, their fears, their loss and pain. And yet, their hopes for their future, for their children as well as for other young women revealed their strength, courage and potential to dream and shape their own lives, as well as those in their communities, in meaningful ways with integrity. They taught me that we all occupy the liminal space in between “power” and “powerlessness”. And in that in-between space, we struggle to create our bodies – bodies for self, bodies for others.

Bibliography

Abu-Lughod, L.

1990 The Romance of Resistance: Tracing Transformations of Power through Bedoin Women. *American Ethnologist* 17(1):41-55.

2006 Writing against Culture. In *Feminist Anthropology: A Reader*. Ellen Lewin, ed. Pp. 153-169.

Asian Pacific Resource and Research Centre (ARROW)

2010 Women are watching their Governments: MDG 5 Watch.

Bailey, C.A.

2007 A Guide to Qualitative Field Research. California: Pine Forge Press.

Barua, A., & Kurz, K.

2001 Reproductive health-seeking by married adolescent girls in Maharashtra, India. *Reproductive Health Matters* 9(17):53-62.

Bearinger, L.H., Sieving, R.E., Ferguson, J., & Sharma, V.

2007 Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The Lancet* 369 (9568):1220-1231.

Beegle, K., Frankenberg, E., & Thomas, D.

2001 Bargaining power within couples and use of prenatal and delivery care in Indonesia. *Studies in Family Planning* 32(2):130-146.

Bishop, A.

2003 Becoming an Ally: Breaking the Cycle of Oppression in People. Halifax: Fernwood Publishing.

Blanc, A.K.

2001 The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence. *Studies in Family Planning* 32(3):189-213.

Bott, S., Jejeebhoy, S., Shah, I., & Puri, C.

2003 Towards adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia. World Health Organization. Department of Reproductive Health and Research.

Bruce, J.

2003 Married Adolescent Girls: Human Rights, Health, and Developmental Needs of a Neglected Majority. *Economic and Political Weekly* 38(41):4378-4380.

Bulbeck, C.

1998 Re-orienting western feminisms: women's diversity in a postcolonial world. United Kingdom: Cambridge University Press.

Capoor, I., & Patel, P.

2006 Adolescent and Young People's issues and concerns in South Asia: Challenges Ahead. Paper presented at the International Conference on Best Practices for Scaling Reproductive Health and Family Planning Programme and Reducing Maternal and Neonatal Morality, Islamabad, November 20-21.

Center for Development and Population Activities (CEDPA)

2001 Adolescent Girls in India Choose a Better Future: An Impact Assessment.

Code, L.

1995 "How Do We Know? Questions of Method in Feminist Practice." Pp. 14-44 in *Changing Methods: Feminists Transforming Practice*, edited by S. D. Burt and L. Code. Peterborough, Ontario, Canada: Broadview Press.

Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators. December 2007. Washington, DC and New York, NY: Inter-Agency Working Group (IAWG) on the Role of Community Involvement in ASRH.

Crossley, M.L.

2002 'Could you please pass one of those health leaflets along?' Exploring health, morality and resistance through focus groups. *Social Science & Medicine* 55:1471-1483.

Das, B.M., & Ray, S.

2007 Adolescent Male Reproductive Health: Awareness and Behaviour among Peri-Urban and Rural Boys in West Bengal, India. *International Journal of Men's Health* 6(2):79-99.

Doyal, L.

2000 Gender equity in health: debates and dilemmas. *Social Science & Medicine* 51(6):931-939.

Faizunnisa, A., & Haque, M.

2003 Adolescent reproductive health: the role of agency and autonomy. *Pakistan Development Review* 42(4):569-587.

Gage, A.

1995 Women's socioeconomic position and contraceptive behaviour in Togo. *Studies in Family Planning* 26(5):264-277.

George, A.

2002 Embodying identity through heterosexual sexuality – newly married adolescent women in India. *Culture, Health & Sexuality* 4(2):207-222.

Ghuman, S.J., Lee, H.J., & Smith, H.L.

- 2006 Measurement of women's autonomy according to women and their husbands: Results from five Asian countries. *Social Science Research* 35:1-28.

Government of Gujarat

- 2008 Socio-Economic Review, Gujarat State. Directorate of Economics and Statistics. Gandhinagar. <http://www.gujaratindia.com/pdf/ser0708.pdf> accessed July 10, 2010.

Govindasamy, P., & Malhotra, A.

- 1996 Women's position and family planning in Egypt. *Studies in Family Planning* 27(6):328-340.

Gubhaju, B.B.

- 2002 Adolescent Reproductive Health in Asia. Paper presented at the 2002 IUSSP Regional Population Conference, Bangkok, June 10-13.

Gujarat State Portal

- 2011 State Profile, Demography. <http://www.gujaratindia.com/state-profile/demography.htm>, accessed November 2011.

Gupta, S.D.

- 2003 Adolescent Reproductive Health in India: Status, Policies, Programs and Issues. POLICY Project.

Haberland, N., Chong, E.L., & Bracken, H.J.

- 2004 A world apart: The disadvantage and social isolation of married adolescent girls. Brief based on background paper prepared for the WHO/UNFA/Population Council Technical Consultation on Married Adolescents. New York: Population Council.

Hamid, S., Stephenson, R., & Rubenson, B.

- 2011 Marriage decision making, spousal communication, and reproductive health among married youth in Pakistan. *Global Health Action* 4:5079-5086.

Hankivsky, O.

- 2011 Health Inequities in Canada. Intersectional Frameworks and Practices. UBC Press: Canada.

Heron, Barbara

- 2004 Gender and Exceptionality in North-South Interventions: Reflecting on Relations. *Journal of Gender Studies* 13(2): 117-127.

Hughes, J., & McCauley, A.P.

- 1998 Improving the Fit: Adolescents' Needs and Future Programs for Sexual and Reproductive Health in Developing Countries. *Studies in Family Planning* 29(2):233-245.

Hoeveler, D.L., & Boles, J.K.

2001 *Women of Color: Defining the Issues, Hearing the Voices*. CT: Greenwood Press.

Indian Youth Portal

N.d. Indian Youth on the Peak of a New Era. <http://www.youthportal.gov.in/>, accessed January 26, 2010.

ICRW

2003 *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*.

2006 *Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions*. Final Report of the Adolescent Reproductive Health Program in India.

International Women's Health Coalition

2007 *Young Adolescents' Sexual and Reproductive Health and Rights: South and Southeast Asia*. October: www.iwhc.org/resources/youngadolescents/youngadossea.cfm, accessed January 20, 2010.

Jejeebhoy, S.J.

1998 Adolescent sexual and reproductive behaviour: A review of the evidence from India. *Social Science Medicine* 46(10):1275-1290.

2000 "Women's autonomy in rural India: Its dimensions, determinants, and the influence of context," in Harriet B. Presser and Gita Sen (Eds.), *Women's Empowerment and Demographic Processes: Moving Beyond Cairo*. New York: Oxford University Press.

2006 *Sexual and Reproductive Health of Young People: Expanding the Research and Program Agenda*. Prepared for the David and Lucile Packard Foundation. Population Program Review Task Force.

Kabeer, N

1999a Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. *Development and Change* 30:435-464.

1999b The Conditions and Consequences of Choice: Reflections on the Measurement of Women's Empowerment. UNRISD Discussion Paper No. 108.

Kishor, S.

2000 "Women's Contraceptive Use in Egypt: What do direct measures of empowerment tell us?" Population Association of America, Los Angeles.

Kothari, U.

2006 Critiquing 'race' and racism in development discourse and practice. *Development Studies* 6(1):1-7.

- Kuhlmann, E., & Babitsch, B.
 2002 Bodies, health, gender – bridging feminist theories and women's health. *Women's Studies International Forum* 24(4):433-442.
- Liamputtong, P.
 2007 Researching the vulnerable: a guide to sensitive research methods. SAGE Publications.
- Mack, N., Woodsong, C., MacQueen, K.M., Guest, G., & Namey, E.
 2005 Qualitative Research Methods: A Data Collector's Field Guide. A document for Family Health International. <http://www.fhi.org/NR/rdonlyres/emgox4xpcoyrysqspsgy5ww6mq7v4e44etd6toiejyxalhbmK5sdnef7fqlr3q6hlwa2ttj5524xbn/datacollectorguideenrh.pdf>, accessed July 28, 2010.
- Malhotra, A., Schuler, S., & Boender, C.
 2002 Measuring women's empowerment as a variable in international development. Gender and Development group of the World Bank.
- Mason, K.O., & Smith, H.L.
 2000 Husbands' versus wives' fertility goals and use of contraception: The influence of gender context in five Asian countries. *Demography* 37(3):299-311.
- Matthews, Z., Ramasubban, R., Rishyasringa, B., & Stones, W.
 2006 Autonomy and maternal health-seeking among slum populations of Mumbai. SSHRC Applications and Policy Working Paper A03/06.
- MDG Report
 2010 The Millennium Development Goals Report 2010.
<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf#page=34> accessed August 17, 2010.
- Messages from the UN Millennium Project Reports
 2005 Population, Reproductive Health and the Millennium Development Goals. June:
<http://www.unmillenniumproject.org>, accessed January 21, 2010.
- Mohanty, C.T.
 1988 Under Western Eyes: Feminist Scholarship and Colonial Discourses. *Feminist Review* 30:61-88.
- 1997 Under Western Eyes: Feminist Scholarship and Colonial Discourses. In *The Women, Gender & Development Reader*. Nalini Visvanathan, Lynne Duggan, Laurie Nisonoff & Nan Wiegersma, Eds. Pp. 79-85.
- 2001 Cartographies of Struggle: Third World Women and Politics of Feminist. In *Race Critical Theories*. David Theo Goldberg & Philomena Essed, Eds. Pp. 195-219.

Mohindra, K.S., & Nikiéma, B.

2010 Women's Health in Developing Countries: Beyond Investment? *International Journal of Health Services* 40(3):543-567.

Moursund, A., & Kravdal, O.

2003 Individual and community effects of women's education and autonomy on contraceptive use in India. *Population Studies* 57(3):285-301.

Mumtaz, Z

2002 Gender and reproductive health: a need for reconceptualization. Unpublished Ph.D. thesis, submitted to the London School of Hygiene and Tropical Medicine, UK.

Mumtaz, Z., & Salway, S.

2009 Understanding gendered influences on women's reproductive health in Pakistan: Moving beyond the autonomy paradigm. *Social Science & Medicine* 68:1349-1356.

Nagar, R.

2002 Footloose researchers, Traveling Theories and the Politics of Transnational Feminist Praxis. *Gender, Place and Culture* 9(2):179-186.

Nath, A., & Garg, S.

2008 Adolescent friendly health services in India: A need of the hour. *Indian Journal of Medical Sciences* 62(11):465-472.

National Family Health Survey

2006 A Profile of Youth in India. http://www.nfhsindia.org/sub_report.shtml, accessed January 10, 2012

Nfah-Abbenyi, J.M.

2005 Gender, Feminist Theory, and Post-Colonial (Women's Writing). In *African Gender Studies: A Reader*. Oyèrónké Oyěwùmí, ed. Pp.259-278. New York: Palgrave Macmillan.

Oxaal, Z., & Baden, S.

1997 Gender and empowerment: definitions, approaches and implications for policy. Briefing prepared for the Swedish International Development Cooperation Agency (Sida).

Parpart, Jane

1995 "Deconstructing the Development 'Expert': Gender, Development and the 'Vulnerable Groups'," pp. 221-243 in Marchand and Parpart, eds., *Feminism/Postmodernism/Development*.

Pathfinder International

2006 Reproductive Health of Young Adults in India: The Road to Public Health: Pathfinder International's RHEYA Project Demonstrates Widespread Community Results in Youth Reproductive Health.

Paynter, S.

2006 Using Bodies: Negotiating reproductive health in an Indian village. MA Thesis, Department of Geography, Simon Fraser University.

Petchensky, R.P.

2000 Reproductive and Sexual Rights: Charting the Course of Transnational Women's NGOs. Geneva. Occasional Paper No. 8.

Pradhan, B.

2003 Measuring Empowerment: A methodological approach. *Development* 46(2):51-57.

Prasad, J.H., Abraham, S., Kurz, K.M., George, V., Lalitha, M.K., John, R., Jayapaul, M.N.R., Shetty, N., & Joseph. A.

2005 Reproductive Tract Infections Among Young Married Women in Tamil Nadu, India. *International Family Planning Perspectives* 31(2):73-82.

Presser, H.B., & Sen, G.

2000 Women's empowerment and demographic processes: Moving beyond Cairo. Oxford: Oxford University Press.

Raj, A., Saggurti, N., Winter, M., Labonte, A., Decker, M.R., Balaiah, D., & Silverman, J.G.

2010 The effect of maternal child marriage on morbidity and mortality of children under 5 in India: cross sectional study of a nationally representative sample. *British Medical Journal* 340:b4258.

Rani, M., & Bonu, S.

2003 Rural Indian Women's Care-Seeking Behaviour and Choice of Provider for Gynaecological Symptoms. *Studies in Family Planning* 34(3):173-185.

Ramachandran, D., Das, P.D., Canny, J., & Cutrell, E.

2010 Mobile-izing Health Workers in Rural India. CHI April 10-15, 2010, Atlanta, GA, USA.

Ristock, J.L., & Pennell, J.

1996 Community research as empowerment. Oxford: Oxford University Press.

Santhya, K.G., & Jejeebhoy, S.J.

2003 Sexual and Reproductive Health Needs of Married Adolescent Girls. *Economic and Political Weekly* 38(41):4370-4377.

Santhya, K.G., Jejeebhoy, S.J., & Ghosh, S.

2008 Early marriage and sexual and reproductive health risks: Experiences of young women and men in Andhra Pradesh and Madhya Pradesh, India. Population Council.

- Santhya, K.G., Ram, U., Acharya, R., Jejeebhoy, S., Ram, R., & Singh, A.
 2010 Associations between early marriage and young women's marital and reproductive health outcomes. Evidence from India. *International Perspectives on Sexual and Reproductive Health* 36(3):132-139.
- Schuler, S.R., Hashemi, S.M., & Riley, A.P.
 1997 The influence of changing role and status in Bangladesh's fertility transition: Evidence from a study of credit programs and contraceptive use. *World Development* 25(4).
- Sen, G., & Batliwala, S.
 2000 Empowering women for reproductive rights. In Women's empowerment and demographic processes, ed., H. Presser and G. Sen. Oxford: Oxford University Press.
- Senderowitz, J.
 1999 Making Reproductive Health Services Youth Friendly. FOCUS on Young Adults Program. February: <http://www.pathfind.org/focus.htm>, accessed January 25, 2010.
- Singh, Shweta
 2007 Deconstructing 'gender and development' for 'identities of women'. *International Journal of Social Welfare* 16: 100-109.
- 2010 Women's autonomy in rural India: Need for culture and context. *International Social Work* 53(2):169-186.
- SACHAR Report
 2006 Social, Economic and Educational Status of the Muslim Community of India. Prime Minister's High Level Committee, Cabinet Secretariat, Government of India.
- Speizer, I.S., Magnani, R.J., & Colvin, C.E.
 2003 The Effectiveness of Adolescent Reproductive Health Interventions in Developing Countries: A Review of the Evidence. *Journal of Adolescent Health* 33:324-348.
- Spivak, G.
 1999 'Can the Subaltern Speak?' Toward a History of the Vanishing Present. Cambridge, Mass: Harvard University Press.
- Thapan, M.
 1995a Images of the Body and Sexuality in Women's Narratives on Oppression in the Home. *Economic and Political Weekly* 30(43):WS72-WS75+WS77-WS80.
- 1995b Gender, Body and Everyday Life. *Social Scientist* 23(7/9):32-58.
- 2003 Marriage, well-being and agency among women. *Gender & Development* 11(1):77-84.
- Thorne, S.

- 2008 Interpretive Description. Walnut Creek, CA: Left Coast Press.
- Tolman, D.L.
 1999 Femininity as a Barrier to Positive Sexual Health for Adolescent Girls. *Journal of American Medical Women's Association* 54(3):133-138.
- Tolman, D.L., Streipe, M.I., & Harmon, T.
 2003 Gender Matters: Constructing a Model of Adolescent Sexual Health. *The Journal of Sex Research* 40(1):4-12.
- Tuhiwai Smith, L.
 1999 Decolonizing Methodologies. New York: Zed Books.
- United Nations
 2011 Department of Economic and Social Affairs, Population Division.
<http://www.un.org/esa/population/unpop>, accessed January 10, 2012.
- Visaria, L., Jejeebhoy, S., & Merrick, T.
 1999 From Family Planning to Reproductive Health: Challenges Facing India. *International Family Planning Perspectives* 25(Supplement):S44-S49.
- Wilkinson, S., & Kitzinger, C.
 1996 Representing the Other. London: SAGE Publications.
- Wolf, D.L.
 1996 Feminist dilemmas in fieldwork. Oxford: Westview Press.
- Wolff, B., Blanc, A.K., & Gage, A.J.
 2000 Who decides? Women's status and negotiation of sex in Uganda. *Culture, Health and Sexuality* 2(3):303-322.
- World Health Organization
 2006a Adolescent Sexual and Reproductive Health & HIV/AIDS among Young People. Compendium of Institutions in India.
- 2006b Defining Sexual Health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva.
- 2009 Women and Health: Today's Evidence Tomorrow's Agenda.
- 2010 Reproductive Health. http://www.who.int/topics/reproductive_health/en/, accessed August 5, 2010.

Appendix

Table for Chapter 3: Methodological Framework

Table 1: Demographic Details of Interviewees

	Current age (W)	Education	Type	Age at engagement (W)	Age at marriage (W)	Age at marriage (H)	Duration of marriage	Age at first pregnancy	Children
Interview 1	23	10th class	Type A	21	21	24	2 years	22	1 mc, cp
Interview 2	22	10th class	Type A	20	20	24	2 years	20	1s, 2a
Interview 3	25	BA	Type A	21	21	31	4 years	24	1s
Interview 4	22	7th Class	Type B	16	20	22	2 years	20	1s
Interview 5	24	10th class	Type C	17	18	23	6 years	19	1dd, 1s
Interview 6	20	7th Class	Type B	17	18	21	2 year	19	1 mc, cp
Interview 7	28	10th class	Type A	17	19	24	9 years	21	2s
Interview 8	24	12th Class	Type A	17	19	21	5 years	19	1 mc, 1s
Interview 9	26	7th Class	Type B	19	22	24	4 years	N/A	no child
Interview 10	27	6th Class	Type A	14	18	26	9 years*	18	1s, 1d, 1a
Interview 11	21	10th class	Type A	17	18	23	3 years	19	1s
Interview 12	22	10th Class	Type B	19	20	20	2 years	20	1s
Interview 13	22	3rd Class	Type C	10	10	13	4 years **	19	1 SBg, 1s
Interview 14	23	6th Class	Type C	6	6	8	3 years ***	21	1s
Interview 15	22	12th Class	Type A	18	22	25	6 months	N/A	no child
Interview 16	24	12th Class	Type A	18	19	20	5 years	19	1d, 1s
Interview 17	24	8th Class	Type A	10	20	22	4 years	21	1 mc, 1s
Interview 18	20	10th class	Type A	17	19	22	1 year	20	1 mc, cp
Interview 19	21	N/A	Type D	16	17	28	3 years	18	1d, 1s
Interview 20	19	7th Class	Type C	19	19	30	4 months	N/A	no child
Interview 21	26	7th Class	Type C	15	18	21	8 years	19	2s, 1d
Interview 22	23	6th Class	Type C	16	17	24	6 years	18	1s
Interview 23	23	8th Class	Type A	16	19	19	4 years	19	1 mc, 1s
Interview 24	21	6th Class	Type A	17	19	22	1.5 years	17	1d

Interview 25	26	Incomplete BA	Type A	18	19	25	7 years	19	2s
Average:	23.12			16.44	18.32		22.48	19.5909091	

Notes:

Type A: Raised and Married in City

Type B: Raised in City Married in Village

Type C: Raised in Village Married in City

Type D: Raised in Village Married in Village

* sent to husband's house at 19

** sent to husband's house at 18

*** sent to husband's house at 20

s - son(s)

d - daughter

cp - currently pregnant

mc - miscarriage

a - abortions

dd - deceased daughter

SBg - Still birth, girl

Figures for Chapter 4: Her Body Their Power

Figure 1: Age at engagement and marriage, N=25

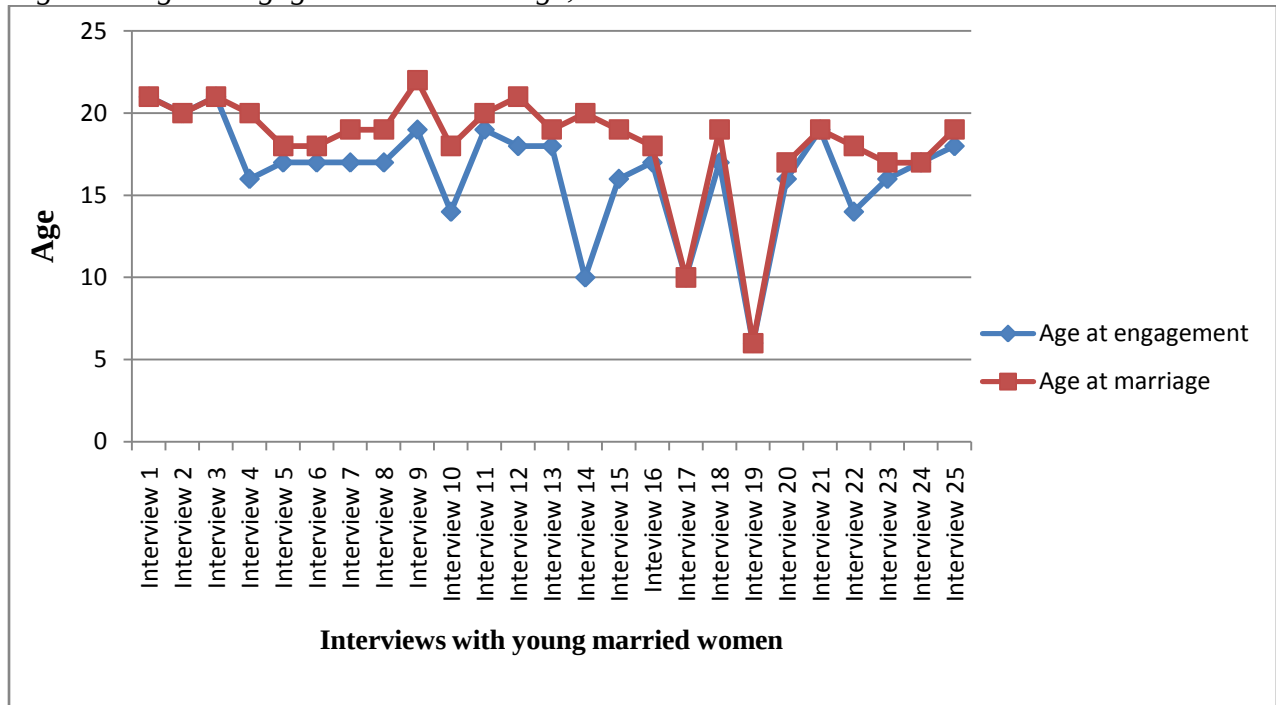


Figure 2: Source of Knowledge on Sex, N = 25

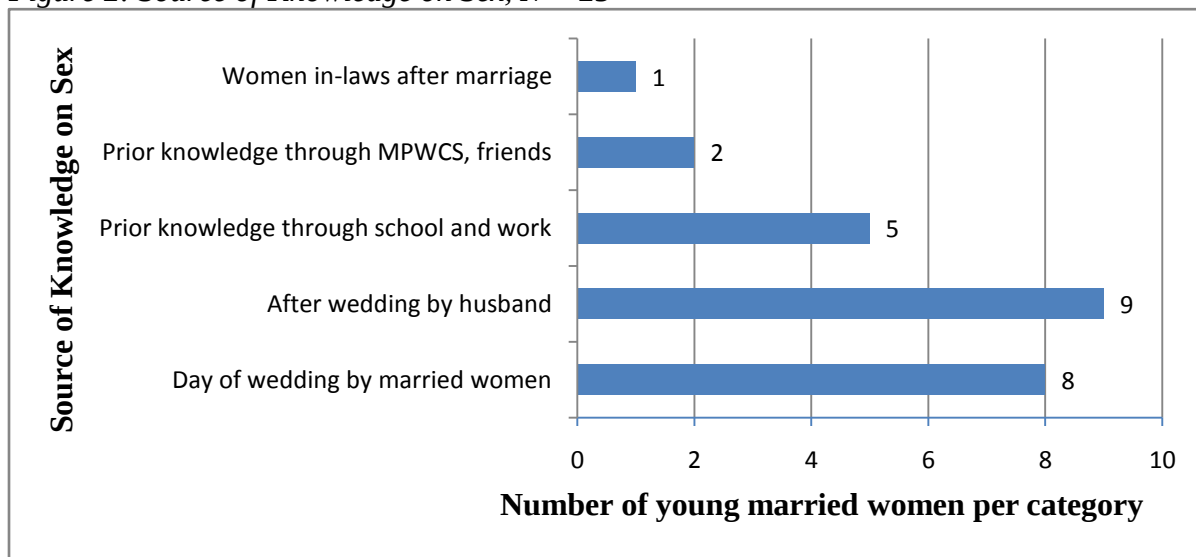
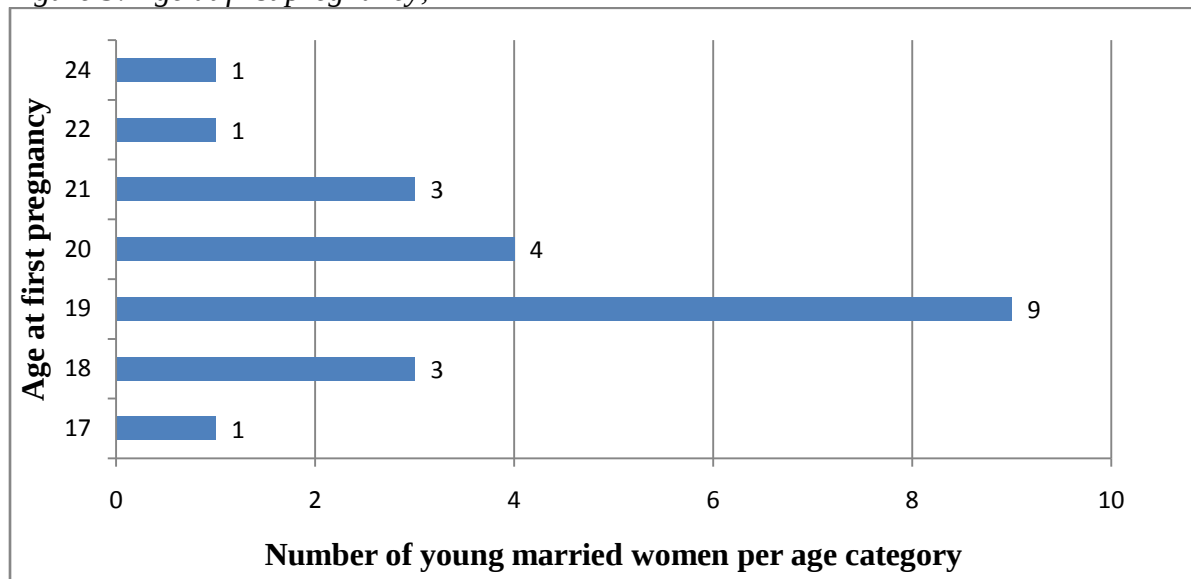


Figure 3: Age at first pregnancy, N=22*



*Of the 25 young married women, 19 currently had living children, and 3 were pregnant at time of interview, thus N=22 for this graph.

Figure 4: Knowledge on Family Planning N= 25

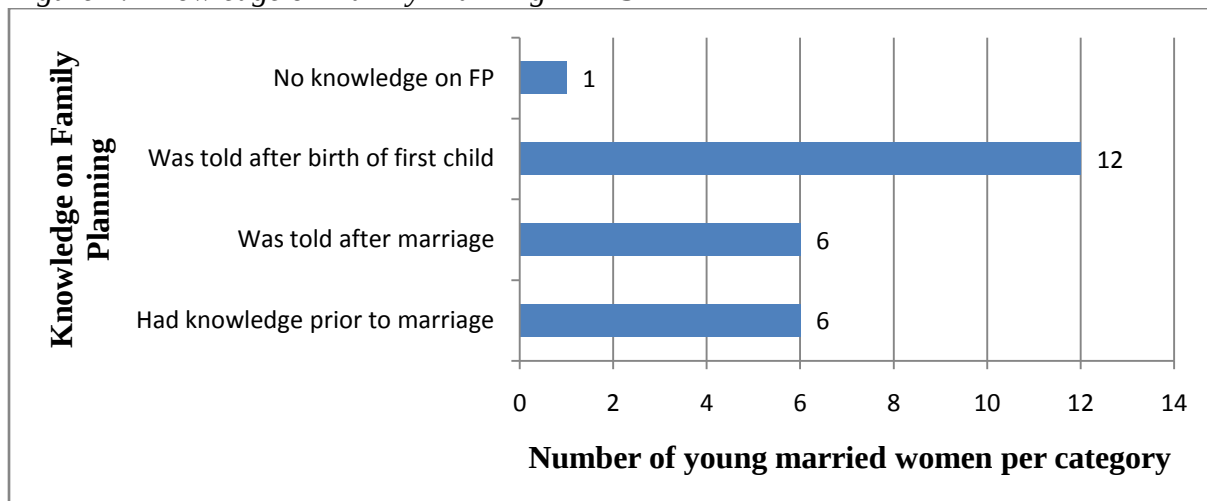


Figure 5: Awareness on Family Planning and Residential Status, N=25

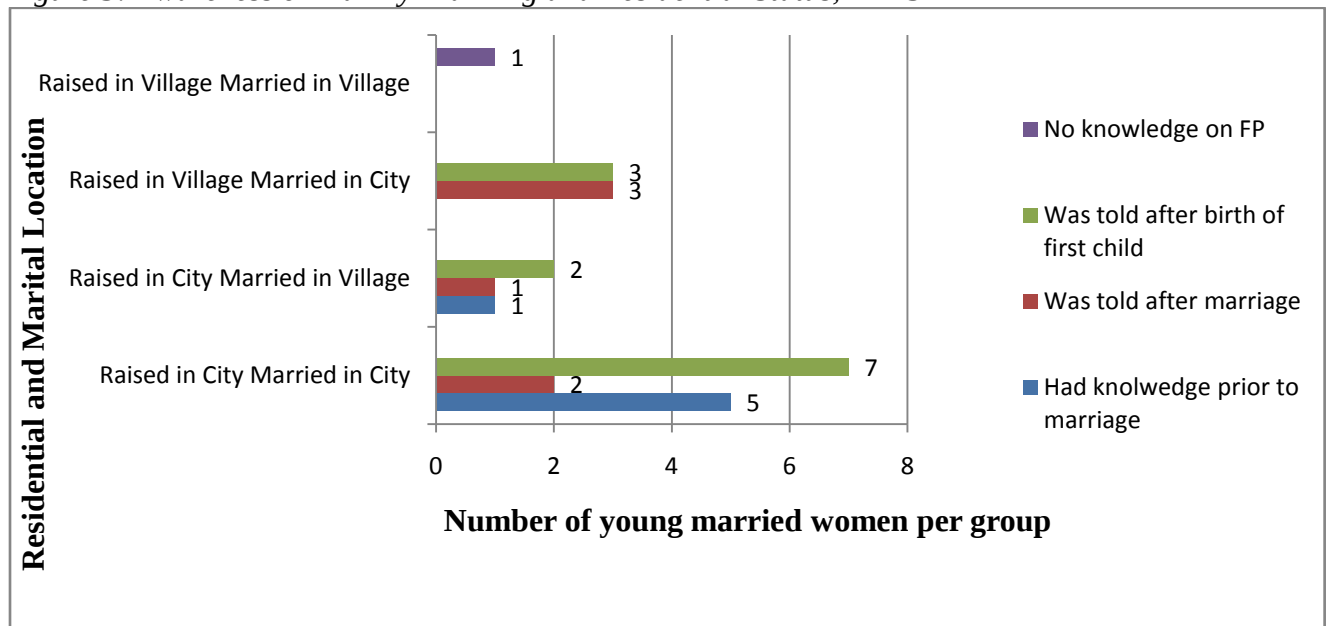
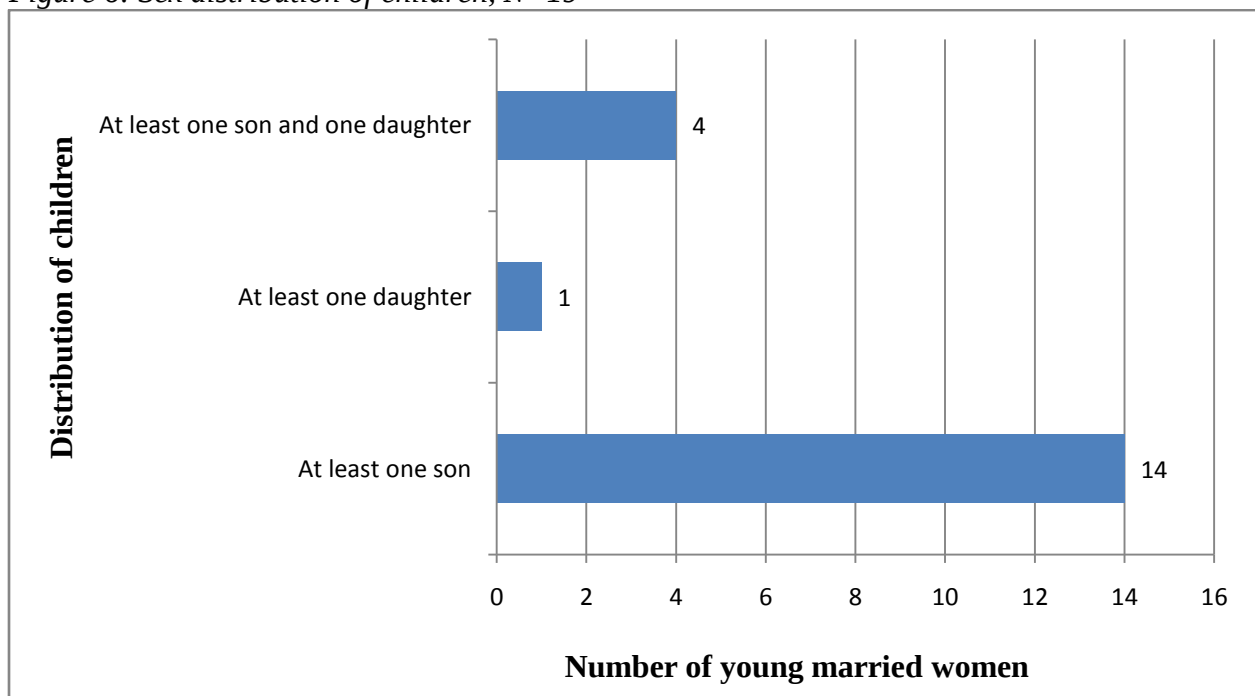


Figure 6: Sex distribution of children, N=19*



*Of the 25 women, 19 had living children at the time of interview. Thus, N=19 for this figure.

Ethics Approval

File Number: 09-10-15

Date (mm/dd/yyyy): 11/23/2010



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice Social Science and Humanities REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Andrea	Martinez	Social Sciences / Others	Supervisor
Richa	Sharma	Social Sciences / Others	Student Researcher

File Number: 09-10-15

Type of Project: Master's Thesis

Title: Decision Making and Role Playing: Married Female Adolescents' Sexual and Reproductive Healthcare Seeking Patterns

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
11/23/2010	11/22/2011	Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:
N/A

Letter of support from Mahila Patchwork Co-operative Society

Hey Richa,

Hope all is well at your end!!

Mahila Patch work Anya Udhyog Co-Op Society is working in Gujarat since 32years. And we are also working in the ahmedabad's surrounding villages for this activities. It is Mahila Patch Work's mission and vision to keep the women aware about her rights and also to help her in her need and to increase their strength.

You had shown your interested in working with the organisation is very good because very less number of work are been done on Health & Sexuality. Nobody agrees in working this kind of issues.

We had a lot of expectations from your side also and from this project. This will make a lots of changes in our work also.

We hope you will be doing your best. We will provide you a candidate from the organisation hope you will charge for it..

Thanks and Regards,
Farzana Shaikh

Guide for Focus Group Discussions

1. What types of health problems are common among young married women in your community? Which problems do young married women seek treatment for? Why not others?
2. What are some problems young married women face in seeking treatment for sexual and reproductive health problems? How do they address those problems?
3. What kind of decisions can a young married woman make regarding her health? What are some decisions she cannot/is not allowed to make? Why? What happens if she does not agree with the decision made for her?
4. How can NGOs such as Mahila Patchwork help young married women overcome barriers to being healthy? What types of services will be useful to you?
5. How do you feel about this discussion? Did you learn something new today that is valuable for you?
6. Do you have any additional comments or questions you would like to ask?

Interview Questionnaire

A) Introduction to the participant

- i) Can you tell me a little bit about yourself?
 - Demographic questions
 - o Where did you grow up? Who do you live with now?
 - o When did you get married? How long have you been married for?
 - o What is your age? Your husband's age?
 - o Did you go to school? How much have you been studied?
 - Personal
 - o What is your day like?
 - o What do you like to do? (Are you able to do it?)
 - o Who are your role models? Why them?
 - o What do you wish for your children?
 - o Do you consider yourself healthy? What does it mean for you to be healthy?

B) Early Marriage

- i) How did you get married?
 - Were you consulted about your marriage? Who made the decision about your marriage? How did you feel about that?
 - Were you happy with the match?
 - If not, did you try to talk with them about it? Did they listen to you?
- ii) When you got married, did you know anything about what it means to be married?
 - Did you know about the relationships between a daughter-in-law and her in-laws? Between husband and wife?
 - If you have a daughter, would you teach her about these things? Why or why not?
- iii) After you are married, and you reach your new home, what is the atmosphere like there?
 - How is it different from your natal home?
 - What do you think is the difference in yourself before and after marriage?
 - Can you tell me a bit more about your relationship with your in-laws?

C) Pregnancy

- i) Do you have any children?
- ii) Can you tell me a bit more about your experience during your pregnancy?
 - When you got pregnant, were you happy about your pregnancy? Did you want to be pregnant then?
 - During your pregnancy, who made the decisions for what you should do and what you should not do? Why that person? How did you feel about that? Did you always agree with their decisions? What happened if you disagreed with them? What could you do? What did you do?
 - How often did you go for check-ups? Where did you go? Why there?
 - What types of complications did you experience?

- How long did you wait before getting help? If long gap between the presence of problem & treatment: Why did you wait so long?
- Who accompanied you when you went for check-ups? Why that particular person? What impact did this have on what you were able to say to the health service provider?
- Who paid for your check-ups? Were you able to pay yourself? Does that make a difference in you getting treatment?
- Did your family support you while you were pregnant? How?
- Did someone help with your work? How did you feel about that? What did you do about it?
- iii) How was your experience with the delivery?
 - Where did you deliver? Why there?
 - If your baby was born in a hospital, who took you to the hospital?
 - If your baby was born at home, who came to your home to help?
 - Did you experience any complications during delivery?
 - Which place do you prefer delivering – home or hospital or private clinic? Why?
- iv) Was the child healthy? Did he/she have any problems?
 - Were you healthy after delivery?
 - Did your family take care of you after delivery? What about your child? Why or why not?
- v) Do you want to be pregnant again? (Are you pregnant now?) How will that pregnancy be different than your previous one? What will you do differently?

D) Abortion

- i) Have you ever had an abortion?
- ii) Who decided for it? Did you agree with the decision? What was the reason for the abortion?
 - Did everyone in the family know about it? Did they agree with the decision? Who do you think should make such decisions?
- iii) Where did you go to get an abortion? How was that experience?
 - Who went with you? Was it expensive?
- iv) Do you think an abortion had any impact on your health?
- v) After your abortion, what kind of family planning did you utilize? Who decided about which method of family planning to utilize?

E) Family Planning

- i) Do you discuss family planning, pregnancy and other sexual matters with your husband? Why or why not? Does he listen to you?
 - Do you try to convince him? How?
 - Does your husband ever force you to have sex? How do you handle that situation?
- ii) Where did you get information about family planning from? What types of options are available in family planning?
- iii) If you have already had one child, what form of family planning do you use for spacing? Who decides what to use? Why? Is there something that you never use? Why not?

F) Conclusion

- i) Which factors do you think are important for the health and well-being of young married women? Why? What does a family/community need to do to achieve that?

- ii) Are you aware of any organizations in your community that are working on helping young married people?
 - What types of services would you like to see for young married women like yourself?
 - How can NGOs like Mahila Patch Work help?
- iii) Do you have any questions you would like to ask me or any comments you would like to make?

Consent Form

Title of the study: Decision Making and Role Playing: Married Female Adolescents' Sexual and Reproductive Healthcare seeking patterns.

Researcher: Richa Sharma, School of International Development and Global Studies, Faculty of Social Sciences, University of Ottawa, Canada. Phone number: (will be added once in India).

Supervisor: Prof. Andrea Martinez, School of International Development and Global Studies.

Invitation to Participate: I am invited to participate in a study conducted by Miss Richa Sharma, who is a student from Canada, under the supervision of Prof. Andrea Martinez from the University of Ottawa.

Purpose of the Study: The purpose of the study is to talk with me about my personal health and my ability and/or opportunities to make decisions regarding my health and "family planning" within the family.

Participation: I will be asked to participate in a focus group, being involved in a discussion with other married young women my age, talking about health issues and making decisions in our social environment. This will last for an hour or hour and half and will take place at the Mahila Patch Work NGO office in Ahmedabad. I will be provided with money to travel to Ahmedabad and once there, I will also be provided with refreshments and snacks. I will also be asked if I want to participate in an individual interview that will ask more detailed questions about my health, family planning and my opinions on making decisions within the family. The interview will last for an hour and it will take place at the village anganwadi (community health centre).

Risks: Participating in this study might make me feel uneasy and uncomfortable because I will be asked questions about family planning and my life as a young married wife in a house. Talking with them might take some time away from my time to do household duties. But, I am assured from the researcher Ms. Richa Sharma that I don't have to answer any questions I feel uncomfortable about. I can stop the interview anytime I want and she and her assistant will talk with me when it is convenient to me.

Benefits: Talking with me will help them understand better my life as a young married wife and how I take care of my health. With that knowledge, they can then talk with Mahila Patch Work and help them understand how they can improve their services that are offered to young women like me. I will also find out more information about who I can contact if I need to talk with someone or if I need help for anything.

Confidentiality and anonymity: Ms. Richa Sharma has assured me that whatever I tell her during the interview will not be told to anyone else. My name or any information that can identify me or my family will not be asked or noted down. Everything I say will be recorded so that they can listen to the tape and write down what I said. Even when she writes about her interviews, Ms. Sharma will not reveal my name. Instead, if she wants to use something I say, she will use my fake name that I have picked out for myself. Only Ms. Sharma, her assistant and her study's supervisor will actually know my identity and they will not reveal that to anyone or write it down anywhere. If I participate in the focus group discussions, the other girls may know who I am, and I will know who the other girls are. But we will take care about not telling our family members or other friends about who said what during those discussions.

Conservation of data: The information collected will be kept on computers and notes, questionnaires and other documents will be locked away in Ms. Sharma's room. Only Ms. Sharma and her thesis

supervisor will be able to have that information. This information will be stored for 5 years but after that will be deleted.

Compensation: If I have to go to Ahmedabad for the focus groups, I will be offered money to travel there, and I will also be provided with snacks and refreshments. I will be offered the compensation even if I choose to withdraw from the study.

Voluntary Participation: I am not being forced to participate in this study. I know that I can stop talking at any point I wish and I can choose not to give answers to questions that make me uncomfortable. I will not have problems at home if I participate in this study because they have permission from my mother-in-law and/or husband. If I choose to stop the interview and decide that I don't want to participate anymore, all the information that I have given to them will be destroyed and will not be used.

Acceptance: I, (*Name of participant*), agree to participate in this study with Ms. Richa Sharma, who is a student from Canada and who is here with the NGO Mahila Patch Work. If I have any questions about this study, I can contact Ms. Richa Sharma at (phone number will be provided upon arrival in India).

If I have any questions about health and need more information or help, I can contact Ms. Farzana Sheikh from the NGO Mahila Patch Work. Their office is in Ahmedabad.

If I have any concerns or requests regarding ethics of the study, I can also contact the Ethics officer at the University of Ottawa.

There are two copies of the consent form, one is for me and the other is for Ms. Richa Sharma.

Participant's signature: (*Signature*) Date: (*Date*)

Witness (needed in the case where a participant is illiterate, blind, etc.):
(Signature) Date: (*Date*)

Researcher's signature: (*Signature*) Date: (*Date*)

Verbal Recruitment Script

You are invited to participate in a study regarding your life as a young married wife, your health and “family planning”⁴⁰. If you agree to participate, then you will talk with a lady from Canada. She is a student there and she wants to learn more about all these issues. Your participation will involve giving us an interview, which will last for around an hour. We will interview you at the village anganwadi (community health centre). You will also be invited to participate in a group discussion with other young women like yourself. That discussion will last from an hour to an hour and half, and it will take place in our office in Ahmedabad. If you chose to travel to Ahmedabad, you will be provided with money for your transportation and we will also give you refreshment and snacks once you are at our office. Participating in the interview and the group discussions may make you feel uncomfortable because we will ask you some personal questions about family planning, your relationship with your husband and in-laws, and your ability to take decisions for yourself and your health. However, if you feel uncomfortable or if you don’t want to answer the question, you can refuse. If after starting the interview, you feel like you don’t want to participate anymore, we will stop it and we won’t use any of the information you provided. Also, if you have any problems or if you need any help, we will provide you with more information regarding some of the services that Mahila Patch Work offers to young married women like yourself. If at any point you have any questions or concerns, you can call Farzanaben or Richaben at (number will be provided upon arrival in India).

Would you like to participate in this study?

⁴⁰ We are using the term “family planning” instead of sex and reproduction in the verbal recruitment. This is because within the social context of rural Gujarat, the terms “sex”, “sexuality” and “reproduction” are considered too direct and almost invasive. “Family Planning” on the other hand includes reference to sex and “reproduction” as well as pregnancy and childbirth issues and overall as a term is less offensive to people’s sensibilities. More importantly, people are aware of this term due to the strong presence of government run campaigns regarding family planning.

Verbal Assent Script

I (*name of participant*) agree to participate in the study with Richaben, who is a student from Canada and who is working here with the NGO Mahila Patch Work. I am not being forced to participate in this study. I know I can stop talking at any point I wish and I can chose not to give answers to questions that make me feel uncomfortable. If I chose to stop the interview and decide that I don't want to participate anymore, all the information I have given to them will not be used. If I have any questions about health or anything else, and I need more information or help, I can contact Farzanaben from Mahila Patch Work. If I have any questions regarding the study, I can contact Richaben.

Debriefing Text

Thank you very much for your participation in this study. Your insights are invaluable and they will help us understand better the lives of young married women like yourself and their health. You are reassured that all information shared will be kept confidential and will not be disclosed to anybody else except Richaben, her assistant and her thesis supervisor. At no point will we use your real name or any information that may reveal your identity. The information that you have provided us will be used to write a report on young married women and their life, especially their ability and opportunities to make decisions regarding their health. We will share this report with the NGO Mahila Patch Work and hope that what we learn from you can help improve the services provided and/or available to you through such NGOs. If you have any questions regarding the study, please contact Richaben at (number will be provided upon arrival in India). If you need more information about health issues or help regarding other things, please contact Farzanaben.

Thank you for your participation!

Research Assistant Confidentiality Agreement

University of Ottawa

In signing this agreement, I agree to ensure the confidentiality of all materials associated with the research study conducted by Richa Sharma, under the supervision of Prof. Andrea Martinez.

To ensure confidentiality:

- ◆ The identities of participants will not be identified in any way to anyone. This includes the identification of names, or any other personal information
- ◆ None of the content (ideas, quotes, etc) of any of the interviews and focus groups will be shared.
- ◆ The interview material (recordings or transcriptions) will not be left in a public location. To ensure this, all translating and transcribing work will be done on a password protected computer.
- ◆ The data is the property of Richa Sharma and her supervisor Andrea Martinez and is therefore only to be used by them.

Research Assistant: Signed _____

Date _____

Principal Investigator: Signed _____

Date _____