

The conclusion discusses and summarizes the key findings and arguments, also delineates the contributions and limitations of the study and suggests directions for further research.

6.1 Discussion

In this study, reproductive rights were taken as an illustration for women's empowerment. Women's reproductive agency was studied within the household. The major findings of the study are:

The *first key finding* of the study is that women are able to experience reproductive rights on their terms in their middle-class patriarchal settings. Participants in the study were able to assert themselves in entering matrimony. They were conscious of their choices and decisions and realized when others wanted them to choose options that were not aligned with their self-interest and goals. Self-interest was articulated contextually, preferring ideals of collective values, mutual respect and bonding. Peace and harmony in the family were prioritized but not at the cost of their well-being. When necessary, active resistance was acted upon by the study participants. Women exercised agency in reproductive decision-making in terms of choice of partner, timing, number, spacing and access to and use of reproductive health care.

The *second key finding* is that participants in the study exercised their agency in both overt and covert ways in reproductive decision-making. Decision-making itself was articulated as mutual and collective. The participants expressed their reproductive interests within the broader structure and gender ideologies. Motherhood is aspirational and desired. It is not viewed as a constraint rather as a personal and societal fulfillment by the participants. The husband and the mother-in-law are identified as the two most important relationships that influence reproductive decision-making. Study participants were able to receive support, care and endorsement for their benefit, but this benefit was not fundamentally separate from

the benefit of the household unit. Power exercised by the mother-in-law and husband was acknowledged by the participants. In most cases, this power was viewed as love, care and concern. Active resistance was avoided by the participants. They negotiated with these other actors in the household to achieve benefits. Resistance to the power of the mother-in-law and husband was acted upon in a culturally appropriate manner by garnering the support of natal kin. Where participants did not receive support from mothers-in-law in household maintenance and childrearing, they considered and established separate households, thereby overtly resisting her power and influence. Participants formed ally ship with their spouses to communicate better with their mother-in-law and were thus more direct in communicating with their spouse than with the mother-in-law. Where the participants felt that husbands tried to control their body and choices, they sought help from medical practitioners, friends and resisted covertly. Overt resistance by the participants is articulated as breaking away from marriages that compromised their well-being. This suggests that women were able to utilize their social networks and relationships to their benefit and well-being and consciously align these with cultural expectations without minimizing their role in reproductive decision-making.

The *third key finding* is that participants had a consciousness about their reproductive, sexual, physical, social and emotional/mental well-being and could realize when it was being compromised. A major section of study participants described experiencing perinatal depression and a lack of support to cope with it. They relied on relationships of absolute trust to cope. This suggests that the emotional well-being of mothers is not a priority in the structure they inhabit, providing a new facet to the structure of constraints that has to be navigated. For the most part, they negotiated these compromises within the context of prevalent gender ideologies. Even though the pressure to engage sexually is felt, it is aligned with unless it assumes a violent and abusive form. Participants in the study could not demand quality sexual relations from their spouses. This suggests an alignment with prevalent gender norms and accommodation of dominant ideas.

The *fourth key finding* is that when facing oppression and victimization in marital relationships, women were able to challenge gendered power relations and patriarchal

ideologies. Faced with physical violence and marital rape, the study participants were able to leave these marriages and obtain a divorce. This was achieved through exercising agency and creating support from natal kin. Active resistance then was also achieved in culturally appropriate ways.

As mentioned in the methodology chapter, this research has used a theoretical model based on applying Bourdieu's conceptual schema to the conceptual model charted for reproductive rights, empowerment and agency. The results have been interpreted in light of the same:

Participants in the study possess cultural and economic capital because of which they enter the reproductive field from a location of power. This power shapes their unique dispositions in addition to the cultural dispositions that constitute the habitus in which they are socialized. The habitus predisposes the goals and interests of the participants per the constraints, demands and opportunities of the social reproductive field. The structures of constraint as identified in the study are dominant gender ideologies, collective culture, patriarchy, norms that favour a sexual division of labour, ownership of assets and laws that favour men. These structures exist both at the macro and micro level. At the micro-level of the household, these structures as they further shape and are shaped by the habitus that disposes the study participants' behaviour, results in a regime of contested dominance.

Due to prevailing dominant gender ideologies as shaped by culture and religion, women regard their mothers-in-law as the actor constraining their dominance and not their husbands. Mothers-in-law are perceived as the same category because the fundamental binary division is gender. Gender norms dictate the power and influence of either gender. So husbands are perceived as fundamentally different due to which contests with them are sought to be minimized. They strategize to form ally ship with their husbands and secure their support to safeguard themselves from the influence of the traditional power (social capital) that mothers-in-law possess and simultaneously increase their influence in the household. This is done by navigating self-interests and the interests of the family unit where benefits for themselves can be maximized. The site that offers an advantage for daughters-in-law is their reproductive and sexual activity. Women stay in sexually dissatisfying relationships with their husbands as

long as their wellbeing is not compromised, and their interests are met. Additionally, the cultural habitus and field dictate that sexual satisfaction is not an opportunity to resist as it brings judgment, dishonor and loss of reputation for women. Patriarchy and gender norms present women as beings without sexuality as their sexuality is not of importance until it is deviant and invites disempowerment. They devise strategies to secure their decision-making roles in reproductive contexts. These strategies are either focused on negotiation or alignment. A strategy to resist is avoided unless absolutely necessary.

The strategy of negotiation and alignment in the case of the husband is direct and both overt and covert. Reproductive decisions are made as a couple; because women gestate pregnancy, they are able to negotiate support in their interest. Where the realities are positioned against them, say being of a certain age, they choose strategies of alignment with the expectations of the family.

The context for a strategy of resistance is very rare and used only when women perceive a direct threat to their wellbeing. Separation and divorce are the strategies of resistance used in the study. ART is used as a strategy of alignment where reproductive ability is lacking.

The strategy of negotiation and alignment is the case of the mother-in-law is covert and overt respectively. Direct confrontation is avoided. Negotiation is mediated by the husband. Where self-interests and interests of the mother-in-law meet, strategies of alignment are used. In order to get support in household maintenance and childcare, strategies of alignment are used. The most common strategy of resistance used in the study is the establishment of separate nuclear households.

By using these strategies, women exercise their agency in making decisions in reproductive contexts and gaining support from their husbands and mothers-in-law, thus accumulating social capital for themselves. They also negotiate support from natal kin and female friendships. Use of reproductive health care, exposes them to new knowledge, information and relationships of paid care. Thus, in the process they broaden their ‘durable network of more or less institutionalized relationships of mutual acquaintance and recognition (Bourdieu, 1992)’.

Motherhood in itself provides a site for symbolic capital. By birthing within the expectations of the social structure, they further accumulate symbolic capital in reproductive contexts by attaining the status of being a mother, providing an heir and continuing the lineage.

This accumulation of social and symbolic capital along with the conscious and unconscious use of agency - practice further empowers women in their reproductive lives. However, the field is not transformed; rather the structure is reproduced as the entire process takes place within the expectations of the socio-cultural structure. Therefore, agency can be said to be empowering within the same social reproductive field as women do not strategize to transform the conditions of it. Pronatalism is predominant and women navigate their agency in a culturally appropriate way to attain motherhood, not forgo it. Gender norms are not challenged. Patriarchy continues as the modus operandi where women challenge mothers-in-law for traditional spheres of influence and not husbands in the sexual division of labour in the household. Sexuality remains an area of no communication and discussion. Therefore, the structure offers choices and opportunities at gaining capital without transformation and thus the field is socially reproduced.

The women in this study generally upheld the major middle-class values of maintaining family harmony (Kohli, 2016) in exercising their reproductive rights. Working women in Kashmir are constantly expected to continue to perform traditional gender roles (Shafi, 2002). The support they received from their spouse can be understood as bargaining under patriarchy for exchange of mutual rewards and resources (Kandiyoti, 1988). The support from mothers-in-law can be understood as power disguised as care and benevolent patriarchy (Kohli, 2016): under this form of patriarchy, power operates under the mask of virtue and love (p. 32). Women in this study were able to acquire personal empowerment and empowerment in close relationships (Rowlands, 1998). Women in this study acquired empowerment through interdependence and collective support (Petchesky and Weiner, 1990; Abadian, 1996; Braunstein, 2006; Mishra & Tripathi, 2011) but it did not result in a transformed social structure.

This study adds to the knowledge of women's situation in contemporary Kashmir. It explores and illuminates their empowerment, reproductive and sexual life, reproductive and non-reproductive agency in the household, their relationships with their spouse and kin and also the coercion and violence they face in their intimate relationships. The research suggests that women develop strategies to ensure their wellbeing in culturally appropriate ways.

However, certain limitations remain: women are a diverse group where a range of factors affect their decision-making ability and process. This study exclusively focuses on educated, employed, urban reproductive age women and their decision-making as a measure of empowerment and agency. The perspectives of their husbands, kin and health care providers have not been taken into account. Issues of generalization remain too due to the limited geographical and sample coverage. These limitations offer avenues for further study, particularly comparisons with other groups of women and a rural perspective. A new research question to arise is balancing work and household while exercising reproductive agency.

This research has been carried out with the objective to explore if and how empowerment is transferred from the conventional domain to the reproductive domain through the exercise of agency. Hence, the purpose of this study has been to explore women's agency in the exercise of their reproductive decision making in Kashmir. Interviews with married, reproductive age, educated, employed women, residing in an urban location have been carried out in order to explore the same. It has been found that women incorporate their spouses and affinal kin in making reproductive decisions. Even though women exercised agency, in the sense, that their actions were to a certain extent under their own control, yet women were neither completely free nor completely restrained. A conventional dichotomy that conceptualizes women as either agents acting solely of their own free will or completely restrained, victimized and oppressed by the structural forces has not been found to be applicable here. Women are able and capable to empower themselves in reproductive contexts by exercising their agency to make strategies to receive support from other actors, but this does not mean the social structure is transformed in the process as interests are culturally defined.

6.2 Suggestions

The following suggestions emerge from the study:

A combined lack of information and lack of power make women vulnerable. Uninformed naivety does not equate to purity. Hence, it is in the interest of the well-being of the families and individuals alike that education regarding reproductive health and rights is introduced in school curriculum. It will go a long way in sensitizing, bringing awareness to and contributing to a balanced gender equitable context in which reproductive practices take place, and women's rights in reproduction are not violated. It will equip young girls, who later in life become mothers, to better care for their reproductive health and remove the taboo of misunderstandings around their reproductive health. Young girls who have better understandings of their bodies are likely to have better levels of reproductive health and will be better able to negotiate their reproductive rights. Young men will understand the intricacies of women's health and reproductive concerns and will be better partners, better husbands and better fathers who are attuned to the health needs of their wives and realize the well-being of the family unit depends upon the well-being of the mothers. This is likely to bring balance to the micro-politics of power within the household and contribute to positive change at the locus of women's disempowerment- the home. This also provides a balancing leverage to the process of socialization into some harmful gender ideologies which are societal-culture specific. It ensures future generations have a greater possibility to make informed and gender equitable decisions.

More investments should be made in women's education and they should be encouraged to opt for professional education. Women's enrollment in STEM modules should be encouraged and policy initiatives should be undertaken to increase their enrolment in these modules through instituting scholarships, through outreach and orientation that make these modules accessible to women.

Linked to education, is the issue of generating employment. Gainful employment rectifies some of the power imbalance in conjugal and familial contexts. It empowers women to strategize decision-making and provides a sense of security in terms of

financial well-being and access to various resources, including but not limited to better healthcare. It reduces financial dependency and allows positive models of replication for members of the family and community. Overall, employment is in decline in India. The government needs to implement a robust employment strategy, with a special focus on women. Education, employment, the market, entrepreneurship programmes and funding, and credit accessibility across a gender equitable manner need to be linked in policy.

Health strategies have tended to focus on disease eradication rather than a whole-of-community response to sexual and reproductive health. Preventive measures must be put in place to address community needs and the ongoing trauma and distrust of government services. Parents, adolescents, families and communities should have the support available to do so.

At the policy level, there is a need to develop and enforce standard treatment protocols for the treatment of reproductive health problems. The RCH programme should also focus on the prevention and treatment of reproductive health problems. To overcome the lack of knowledge about reproductive health problems and their rational treatments, it would be important to make the information available in vernacular languages and have a slot on television and radio where women can seek advice through a dial-up-service. A dedicated helpline number for queries related to these concerns can prove quite beneficial. As reflected in the study the use of the morning after pill as a regular contraceptive is prevalent posing health and fertility risks. Such potential risks can be averted through a dedicated information dissemination service.

The quality of care must be made better urgently. There is a need for more and better maternity and childcare hospitals with dedicated labour rooms and better state of infrastructure. The quality of care giving can be made better too. Lactation consultants and counsellors that aid women in dealing with perinatal depression, postpartum depression, infertility related stress, anxiety and the loss of a pregnancy should be hired. These have the potential to be a valuable network of support for women.

There is a need to institutionalise the process of auditing the surgeries conducted by private hospitals. The alarmingly high number of cesarean section births necessitates the same.

The legal status of marital rape poses challenges in how issues are raised and responded to. To the study respondents, no legal recourse was available as marital rape is legal in India. This stems from the idea that a woman is a man's sexual property owing him sex even when she doesn't feel like it. It has repercussions for family and marriage but at the cost of women's well-being. Religious and social norms reinforce this. It is essentially a question of power and not a marital issue. Data from NFHS (2015-16) indicates that the average Indian woman is seventeen (17) times more likely to face sexual violence from her husband than from others. It is high time that the legislature should take cognizance of this legal infirmity and bring marital rape within the purview of rape laws by eliminating Section 375 (Exception) of IPC.

6.3 Limitations of the study

No single piece of research can lay a claim to perfection, in part mandated by human fallacy. The present research has certain limitations. It would have been enriched by the inclusion of couples, family networks and health care providers but due to time constraints and the scope of the study those could not be included. The sample consisted of college educated and employed women residing in urban areas only, hence the perspectives and experiences of college educated and employed women residing in rural areas are not included in this study. Furthermore, only middle-class women are studied. Experiences of women beyond the later reproductive age bracket have not been included, neither have disadvantaged sections of women been studied. Further studies can focus on intersections of gender with class, ethnicity, religion, region, and age. Limitations of geographical scale and sample coverage also remain due to which issues of generalization remain. Surveys with a larger quantitative sample can be undertaken in the future.

6.4 Scope for Further Research

This study exclusively focuses on women and their reproductive experiences in a particular socio-spatial location. To understand the phenomenon in a holistic manner, it would have been desirable to include the perspectives of their spouses, mothers-in-law, mothers, and healthcare providers in the study. However, given the focus of the

research which is to bring women's voices to the centre stage, only their experiences have been studied.

Women is not a homogeneous monolithic category. In this study only a certain class and advantaged section is studied. Further research can focus on rural-urban and class differences in how women experience reproductive rights. Adolescent reproductive health, sexual and reproductive rights outside of marriage, infertility, use of artificial and assisted reproductive technologies, adoption and abortion are topics that can be further explored. Accessibility and affordability of care for disadvantaged sections, for women residing in far flung areas and the choices available for them can be explored. The practice of bringing disadvantaged women from outside and using their reproductive labour through marriage by sale is another area that remains to be explored. The alarming prevalence of c-section also needs to be studies. Exploration of causes and its effects can prove to be a significant area of study. Intimate partner violence in reproductive contexts and reproductive coercion also need to be explored further. The topic offers ample scope for further research.

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