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INTRODUCTION

DEFINITION OF DECISION MAKING:

According to James Stoner, "Decision making is the process of identifying and selecting a course of action to solve a specific problem".

According to Trewarthe and Newport, "Decision making involves the selection of a course from among two or more possible alternatives in order to arrive at a solution for a given problem,"

There are many steps to be followed in order to arrive at a decision, one must realize that it is going to be necessary to make a decision, determine the goals to be achieved, generate alternatives meet, one's expectations and lastly select the best alternative, the one that implies an efficient global result.

In India, the traditional attitudes towards gender relations have affected the power of decision-making both within and outside the household. (wijeyarantne 1994) commented that Women lack control over the decision making power in reproductive health and women are always pressured by husband and relatives to have large families and maintained that society had not recognized the power of women, instead made only the use of women's knowledge and capabilities.

Women in India have often received little or no attention in decision making with in the family and as well outside the family also. Brown has confirmed that the traditional role of the male as a decision maker which is evidenced in the areas of family planning. (Brown 1994). The effect of the inferior role of women in decision making even on the matters that are related to self is decided by their husbands and in-laws.

Admittedly, pregnancy related complications and deaths could either be prevented or reduced if women who are vulnerable are involved in reproductive decision making more than instead of the dominant role of decision making among men who prefer for more children.

The decision making power in the hands of a woman is not only a symbol of her status, but also an indicator of modern society and the economy as a whole. Women are universally and traditionally, responsible for caring of children and other members of the household and as well for all the domestic work that their caring roles entitle.

Despite the increased autonomy of the modern wife implies that she can make some decisions, and despite several efforts the Indian women in Indian society are still considered inferior to man and she does not have an independent identity.

In recent past there have been significant changes in terms of consumption which has reflected in their roles in decision making regarding lifestyles and in determining the roles. Economic dependence, improvement in education and awareness work oriented life styles, changing social norms increased participation in the role of women in the family related decision making process. Family decision making is the process by which decisions that directly or indirectly involve two or more family members are made.

Recently according to women empowerment project conducted by an NGO, 60% of the women have greater power over planning, purchasing and sending their children to school. (Verma 2008).

Decision making capacity of a human being is one of those criteria which distinguish her from other species, since it is related to intellectual ability to make the right choice and take responsibilities recognizing the right of women to exercise decision making power which also recognizes women as complete human being. But it is a historical fact that, women face much more challenges in accessing the decision making power just because of their sexual difference.

Slum dwellers are usually excluded from decision making process that impact on their lives and

rarely enjoy full legal protection. A great number of barriers for women are related in social values, customs, belief and assumption about the nature of a woman and her capability.

Males are generally referred to as the head of the family. These socially determined roles in the household always have significant effect on reproductive decision making.

Research on women's status has found that the contributions Indian women make to their families often are over looked and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. Further, Indian women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their father then their husband and finally the son.

Among many issues of women, the reproductive health of women is on the top. Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally a woman's health affects the household and economic well-being, as a woman in poor health will be less productive.

Many of the health problems of Indian women are related to their high levels of fertility. High levels of infant mortality combined with the strong son preference motivate women to bear high numbers of children in attempt to have a son. Research has shown that numerous pregnancies and closely spaced births erode a mothers nutritional status, which can negatively affect the pregnancy outcome and also increase the health risk of mothers. (Jejeebhoy and Rao 1995). Unwanted pregnancies, terminated by unsafe abortions also have negative consequences for women's health. Reducing fertility is an important element in improving the overall health of Indian women.

The involvement of women in decisions relating to health treatment, use of contraceptives and breastfeeding was nearly universal. To understand the degree of involvement, an attempt was made to identify individuals whose opinions are important when reproductive decisions are to be taken.

The Wittmann-price Theory of Emancipated Decision-Making theory describes a process of reaching a more positive state of being a state of freedom in choice, by first acknowledging the affective experience of oppression in women's healthcare. The oppression produces a dilemma in decision making by socially sanctioning one alternative as superior over all other alternatives. The theory proposed that five sub-concepts must be present when using the decision-making process which are classified as empowerment, a flexible environment, personal knowledge, reflection and social norms.

Reproductive health is a state of complete physical, mental and social well being, it is not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they are able to reproduce and also have freedom to decide when and how many times they can give birth to a child. Rates of unexplained physical health problems are frequently encountering women's health and mental problems which are leading to women's overall health problems..

According to Murray and Lopez, 1996, The rates of depression in women of reproductive age are expected to increase in developing countries and it is predicted that by 2020, comments WHO.

Reproductive health programmes need to acknowledge the importance of mental health problems for women. As reproductive health conditions also make a major contribution to the global burden of disability, particularly for women.

An estimated 40% of pregnant women (50 million per year) experience health problems directly related to the pregnancy, with 15% suffering from pregnancy related health problems and disabilities including anemia. (WHO, 2009). More than 5,29000 women die of pregnancy related causes each year. (WHO).

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