



Intersectionality and Maternal Wellbeing: A Theoretical Examination

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ABSTRACT

This study explores how different aspects of a woman's identity, like her gender, caste, class, and cultural background, all come together and affects her experience of being a mother. We call this idea "intersectionality." It helps us understand that being a mother is not just about being a woman; it's also influenced by other things in her life. This study looks at the challenges faced by mothers from different groups, considering factors like money, social status, and gender. These factors mix together, creating a complicated situation that really impacts a mother's health and happiness. It suggests solutions at both personal and bigger levels, like improving individual health and making changes in society. This study showing how the emotional connection between a mothers and her child is crucial. It tells us that a mother's mental health is really important for a strong bond with her child. Feminist theories add to this by stressing the need to treat men and women equally, making sure mothers get the same chances for good health. The study, inspired by some other ideas on intersectionality, gives us a deep understanding of a mother's wellbeing. It recognizes that many different things, like personal experiences, relationships, and social factors, all play a part in how a mother's feels. This understanding can help create plans and rules that support the health and happiness of mothers in all kinds of situations.

Keywords – Intersectionality, Wellbeing, Maternal Wellbeing.

Introduction

Intersectionality is the context of maternal happiness, serves as an important theoretical framework for unraveling the complex layers of maternal experience. It taps deeply into the naturalness of the interconnectedness of social identities, acknowledging that the journey of motherhood is not determined by a woman's gender alone, but by a combination of various factors such as caste, class, and also shaped by cultural background. Some factors such as economic status, caste, and gender interact with each other to form a complex web that has major impacts on maternal health and happiness. Ecological systems theory, a core component in this examination, maintains the interconnectedness of individual and social systems is important. It emphasizes the importance of interventions at micro and macro levels, from individual health and nutrition to broader societal impacts. Attachment theory further emphasizes the emotional bond between mothers and children, emphasizing the critical role that maternal mental health plays in ensuring secure bonds. Feminist theories make important contributions to the socio-cultural determinants of maternal happiness, which is emphasized by the need to eliminate gender disparities for the overall health of mothers. Kimberlé Crenshaw's pioneering contributions to intersectionality stemmed from her identification of neural deficits in perpetuating discrimination against black women. In summary, this theoretical exploration provides a comprehensive understanding of maternal well-being that acknowledges the complex layers of individual, relational, and social factors, and lays the foundation for interventions and policies designed to promote mothers' health and overall well-being. Feminist theories contribute by highlighting the socio-cultural determinants of maternal well-being, emphasizing the need to address gender disparities for the overall health of mothers.

Exploring the intricate relationship between intersectionality and maternal wellbeing, this theoretical examination delves into the ways various social identities intersect and impact the experiences of mothers. By understanding how factors such as race, gender, socioeconomic status, and more interact, we aim to shed light on the nuanced challenges faced by diverse groups of mothers, ultimately contributing to a more comprehensive understanding of maternal wellbeing within the framework of intersectionality. Mothers' well-being is an important aspect in the context of family dynamics, social structure, and public health. Ensuring the physical, emotional and mental health of mothers is fundamental to the overall well-being of the entire family unit. From a theoretical perspective, various frameworks highlight the multifaceted nature of maternal well-being. Ecological systems theory recognizes that mothers exist within interconnected systems, ranging from the micro level of individual health to the macro level of social impacts. At the micro level, interventions can focus on maternal health care, nutrition and access to quality health services. Attachment theory outlines the emotional bond between mothers and their children, emphasizing the importance of maternal mental health in promoting secure attachment. Furthermore, feminist theories highlight the socio-cultural determinants of maternal well-being, emphasizing the importance of addressing gender disparities to enhance the overall health of mothers. In summary, a comprehensive theoretical understanding of maternal well-being involves recognizing the complex interplay of individual, relational, and social factors, providing a basis for the development of effective interventions and policies aimed at promoting mothers' health and well-being.

In simpler terms, intersectionality provided a theoretical foundation for the well-acknowledged concept of an individual facing discrimination on multiple fronts. It's important to understand that intersectionality doesn't work like a simple addition of different forms of discrimination. Instead, it highlights the dynamic interplay between various aspects of a person's identity, social dynamics, and power structures. For example, the discrimination faced by a black woman isn't just the sum of discrimination faced by a black person and discrimination faced by a woman separately. Rather, the experience of a black woman is shaped by the intricate interactions among the different facets of her identity within the complex web of multiple power systems. Kimberle Crenshaw came up with the idea of intersectionality because she noticed a big problem in American law. The legal system wasn't giving fair treatment to black women or men who faced discrimination. To explain this, she pointed to three court cases where judges didn't understand that people could face discrimination on more than one front. The judges said you could only consider either gender or race as a basis for discrimination, but not both at the same time. They only saw people as either women or black, not as black women. This way of thinking made it tough for black women to get justice because the legal system didn't recognize the complex ways they could be discriminated against.

Maternal well-being is a very multidimensional concept that extends far beyond individual health, reaching into the complexities of social identity and systemic influences. In the quest to understand and enhance maternal health, the lens of intersectionality emerges as a powerful theoretical tool. The purpose of this theoretical examination is to understand the complex relationships between reciprocity and maternal well-being, and to shed light on how different social identities intersect and influence mothers' experiences. Mothers play a very important role in the family as they tend to spend more time than fathers in making plans for family members and in tasks related to raising their children (Damminger, 2019; Nomaguchi & Milkie, 2020), however, it is argued that mothers' well-being is first influenced by family and social factors at the family level and is consequential for the well-being of family members. Its meaning remains especially in relation to the life path approach.

Understanding Intersectionality:

Intersectionality, a term coined by Kimberly Crenshaw, refers to the interconnected nature of social classifications such as race, gender, class, and more. Rather than viewing these factors in isolation, interconnectedness recognizes the dynamic interplay between them. In the context of maternal well-being, it recognizes that a woman's experience is not solely defined by her gender, but by many aspects of her identity within the broader context of the home environment, the behavior of people in the home, and social structures.

Subtle challenges faced by mothers:

The application of intersectionality to maternal well-being seeks to untangle the nuanced challenges faced by different groups of mothers. Factors such as race, ethnicity, socioeconomic status, and cultural background intersect to shape the experiences of pregnancy, childbirth, and motherhood. For example, a woman's journey through motherhood is clearly influenced by the complex interplay of her racial identity and gender, creating unique challenges that are not adequately addressed by a one-size-fits-all approach can be done.

Theoretical Framework

It is important to consider various theoretical frameworks through an intersectional lens in examining maternal well-being. In this, ecological systems theory shows us how there is a deep connection between personal and social identities. At the micro level, maternal health care and services are very important, while at the macro level we understand how social influences maternal well-being. This directly guides us to create interventions and policies that can support mothers and their well-being. Attachment theory helps highlight the emotional bond between mothers and their children, thereby promoting secure attachment. This theory makes maternal mental health important, as it explains how mothers' emotional well-being contributes to the overall development and health of their children. Feminist theory looks at maternal well-being from a socio-cultural perspective and makes an important contribution to addressing gender inequalities. This theory helps towards identifying and tackling gender inequalities in society, which can ensure the well-being of mothers.

Maternal Mortality Reduction Strategies in India

Maternal mortality is an interrelated phenomenon, where social, cultural, biological factors lead to a woman's death. In official records, maternal deaths are attributed to medical complications because these are publicly visible causes, but structurally, maternal deaths are the result of interconnected discrimination at various levels and in various forms. Discrimination ranges from social exclusion of women from communities to lack of emergency maternity care services in public health institutions. Therefore, the woman's maternal death comes with a history of her life experiences and the discrimination she has to face. (Krieger, 1999). "This is because discrimination creates and structures exposure to harmful physical, chemical, biological and psychosocial insults, all of which can impact a woman's ability to survive".

Analysis of household survey data in India (Milazo, 2014) shows that the mortality rate of boys is increasing more during adulthood than that of women, especially among women whose first child is a girl. The analysis also shows that even if children are of the desired sex, they may have more frequent pregnancies, leading to an increased risk of clinically significant maternal mortality and morbidity. Apart from the social and cultural inequalities that force women to have children, they are also disadvantaged by India's public health system, which is not able to provide safe maternal care services. Currently, India has experienced decades of rapid economic growth with GDP growth and public health facilities are still in a negligible state. Das (2017) writes that "in terms of maternal care, three services – high-quality delivery services, referral services, and life-saving emergency obstetric care services – are still not universally available in all districts". This is particularly important as evidence suggests that maternal mortality can be reduced if delivery is attended by skilled birth attendants and, given the unpredictable nature of life-threatening complications occurring at the time of delivery, women are less likely to undergo emergency delivery. Gets access to care (Sydney et al., 2010). Thus, with public health care institutions not able to provide quality care, women resort to private institutions and traditional medical practitioners

Review of Literature

- Kelly L. Edyburn, Agustina Bertone, Tara C.Raines, Tameisha Hinton, Jennifer Twyford & Erin Dowdry(2021) given by **Integrating Intersectionality, Social Determinants of Health. And Healing: A New Training Framework for School- Based Mental Health** this study shows that The proposed framework is based on reflective practice and incorporates three pillars that emphasize the importance of decentralizing psychodiagnostic assessment, centralizing systems-level work, and renewing focus on strengths and healing.
- Greta R. Bauer, Siobhan M, Churchill, Mayuri Mahendran, Chantel Walwyn, Daniel Lizotte and Alma Angelica Villa-Rueda (2021) given by **Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods.** This study shows quantitative research applications of intersectionality from 1989 to mid-2020, to evaluate basic integration of theoretical frameworks, and to identify innovative methods that could be applied to health research.
- Shetal Vohra-Gupta, Liana Petrucci, Casey Jones , Catherine Cubbin (2023) given by **An Intersectional Approach to Understanding Barriers to Healthcare for Women.** This study aims to explore broader healthcare access factors, examining how ethnicity and socioeconomic variables jointly impact barriers. Hypotheses predict heightened barriers for low-income, low-education single Black women, followed by Hispanic, Asian, and White women, with uninsured Black women facing the greatest obstacles.
- Tuyet-Mai H. Hoang and Ainslee Wong (2023) given by **Exploring the Application of Intersectionality as a Path towards Equity in Perinatal Health: A Scoping Review.** This study shows assesses the application of intersectionality, a critical feminist paradigm, in understanding physical and mental health outcomes among perinatal individuals to address maternal health disparities. Analyzing 28 studies with 9,856,042 participants, the review applauds researchers for describing systemic inequalities and employing analyses that consider interlocking social positions. However, it identifies areas needing improvement, including conceptualization, reflexivity, and power structure understanding. Recommendations, including a checklist, guide future impactful research, fostering a more comprehensive approach to perinatal health disparities and mortality.

Conclusion

In exploring the complex relationships between reciprocity and maternal well-being, this theoretical test uncovers a rich tapestry of factors that shape mothers' experiences. It recognizes the interconnectedness of social identities such as caste, class and cultural background, which contribute to the diverse landscape of maternal happiness. Our exploration acknowledges the nuanced challenges faced by mothers across different socioeconomic groups and highlights the impossibility of generalizing their experiences. The interplay of economic status, caste and gender forms a complex web that has a profound impact on maternal health and happiness. Underlines the important role of maternal mental health in ensuring safe attachment between mothers and children's. Feminist theories contribute by emphasizing socio-cultural determinants and advocating gender equality to enhance overall maternal health. Intersectionality serves as a theoretical foundation, not only as a summative approach to discrimination but as a dynamic interplay between different aspects of a person's identity within power structures. Maternal well-being, being a multidimensional concept, encompasses the complexities of social identity and systemic impacts beyond individual health. The study emphasizes the need for tailored interventions and policies acknowledging the multifaceted nature of maternal well-being.

Considering the context of family dynamics, social structure and public health, the importance of ensuring the physical, emotional and mental health of mothers cannot be underestimated. , In a broader context, the examination sheds light on maternal mortality reduction strategies in India, showing how discrimination interconnected contributes to maternal deaths at different levels. The inadequacies of public health systems further disadvantage women, highlighting the need for better services and access. This broad theoretical exploration provides a foundation for recognizing the complex interplay of individual, relational, and social factors in maternal well-being. This not only informs future research but also serves as a call to action for policies that promote the health and overall well-being of mothers in different social contexts.

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